

Joliet Junior College
Certified Nurse Assistant (7.5 credit hours)
2010 SPRING Schedule

Following is the schedule for Certified Nursing Assistant (CNA) classes being offered by JJC for the SPRING 2010 semester.

SELECT ONE (EXPENSE LIST ON BACK) To register call (815) 744-2200

COURSE #	LOCATION	TIME	DAYS	DATES	State Board Exam	INSTRUCTOR
NA 101-01	Main Campus	7:30AM-4:15PM Theory	TR	01/12/10-02/23/10 Theory	05/2010	SCACCIA
	C1007	7:30AM-4:15PM Clinical		02/25/10-03/25/10 Clinical		VILLA
NA 101-02	Main Campus	7:30AM-4:15PM Theory	MF	01/11/10-02/26/10 Theory	05/2010	MOORE
	C1007	7:30AM-4:15PM Clinical		03/01/10-03/29/10 Clinical		SUNNY HILL
NA 101-03	Main Campus	7:30AM-4:15PM Theory	MF	03/01/10-04/19/10 Theory	06/2010	TBA
	C1007	7:30AM-4:15PM Clinical		04/23/10-05/14/10 Clinical		
NA 101-06	Main Campus	8:00AM-1:45PM Theory	TWR	02/25/10-04/15/10 Theory	06/2010	DELLAMANO
	C1007	8:00AM-1:45PM Clinical		04/20/10-05/12/10 Clinical		ROSEWOOD
NA 101-30	Main Campus	4:30PM-9:30PM Theory	TWR	01/12/10-03/03/10 Theory	05/2010	FL00D
	C1007	4:30PM-9:30PM Clinical		03/04/10-04/08/10 Clinical		SUNNY HILL
NA 101-36	Main Campus	7:30AM-4:15PM Theory	S	01/09/10-03/27/10 Theory	06/2010	COLEMAN
	C1007	7:30AM-4:15PM Clinical	SU	04/10/10-05/01/10 Clinical		SUNNY HILL
NA 101-40	North Campus	7:30AM-4:15PM Theory	MF	01/11/10-02/26/10 Theory	05/2010	OLSON
	NC31	7:30AM-4:15PM Clinical		03/01/10-03/29/10 Clinical		Meadowbrook
NA 101-42	North Campus	4:15PM-9:15PM Theory	TWR	01/12/10-03/03/10 Theory	05/2010	CHANCEY
	NC63	4:15PM-9:45PM Clinical		03/04/10-04/07/10 Clinical		ROSEWOOD
NA 101-43	North Campus	4:15PM-9:15PM Theory	TWR	01/12/10-03/03/10 Theory	05/2010	KRAMER
	NC31	4:15PM-9:45PM Clinical		03/04/10-04/07/10 Clinical		ROSEWOOD
NA 101 44	North Campus	7:30AM-4:15PM Theory	MF	03/01/10-04/16/10 Theory	06/2010	DAVIS
	NC31	7:30AM-4:15PM Clinical		04/19/10-05/10/10 Clinical		Meadowbrook
NA 101-68	North Campus	7:45AM-4:30PM Theory	S	01/09/10-03/27/10 Theory	06/2010	STRLE
	NC63	7:45AM-4:30PM Clinical	SU	04/10/10-05/01/10 Clinical		VILLA

If you have any questions or concerns please contact Cathy Schley at (815) 729-9020 ext 2463.

Refund date for all NA 101 classes is 24 hours before the first day of class.

The NA 101 course is not Pell Grant eligible.

ALL CNA STUDENTS MUST COMPLETE CPR 100 (CPR for Healthcare Professionals) PRIOR TO THE START OF CLINICAL WORK. A SCHEDULE IS ENCLOSED.

BASIC NURSE ASSISTANT PROGRAM

EXPENSE LIST

Description of Expenses	Cost of Expense	Location to Purchase	Due Dates
CPR Class (CPR-100)	\$90.00	Joliet Junior College	End of 6 th week
Basic Nurse Assistant Course (Price subject to tuition change)	\$822.50	Joliet Junior College Payment Center	Must be paid prior to 1 st day
Basic Nurse Assistant Course Books (3) 1. Textbook and Workbook (package) 2. Handout Book	\$65.00 approximate	Joliet Junior College Bookstore	1 st day
Medical Physical	????	Student's Physician	By the 6 th week
TB Test	Fees on slide scale Free	Grundy Cty Health Department Need appointment (815) 941-3404 Will County Health Department Monday & Friday (815) 740-4420	By the 5 th week
Uniform Top Watch with second hand	\$10.25 - \$16.25 Depending on size \$15.00 - \$30.00	Joliet Junior College Bookstore	End of 6 th week
Uniform Pants (white) & white socks Uniform Shoes (white tennis shoes)	\$20.00 \$25.00 - \$40.00	Local Stores	End of 6 th week
Name Tag	\$3.00	Joliet Junior College Health Care Continuing Education Dept.	End of 6 th week
TOTAL	\$1086.75 Approx		

REFUND FOR NA CLASS IS 24 HOURS PRIOR TO START OF CLASS...

All students are required to be self-insured for medical coverage. Joliet Junior College will not be responsible for illnesses or injury during this course.

Note: Prices subject to change

08/12/09

JOLIET JUNIOR COLLEGE

CPR 100

SPRING 2010 CLASS SCHEDULE

Using American Heart Association Guidelines

All classes will be held on JJC's Main Campus.

Select one of the following:

Course #	Course Name	Day	Date	Time	Room
CPR 100-01	CPR for Healthcare Provider	Thursday	01/07/10	9:00AM-4:00PM	C2012
CPR 100-02	CPR for Healthcare Provider	Friday	01/08/10	9:00AM-4:00PM	C2012
CPR 100-37	CPR for Healthcare Provider	Saturday	01/09/10	9:00AM-4:00PM	C2028
CPR 100-38	CPR for Healthcare Provider	Saturday	01/16/10	9:00AM-4:00PM	C2028
CPR 100-52	CPR for Healthcare Provider	Friday	01/22/10	9:00AM-4:00PM	C2012
CPR 100-39	CPR for Healthcare Provider	Saturday	01/23/10	9:00AM-4:00PM	C2028
CPR 100-40	CPR for Healthcare Provider	Saturday	01/30/10	9:00AM-4:00PM	C2028
CPR 100-50	CPR for Healthcare Provider	Friday	02/05/10	9:00AM-4:00PM	C2012
CPR 100-41	CPR for Healthcare Provider	Saturday	02/06/10	9:00AM-4:00PM	C2028
CPR 100-41	CPR for Healthcare Provider	Saturday	02/13/10	9:00AM-4:00PM	C2028
CPR 100-43	CPR for Healthcare Provider	Saturday	02/20/10	9:00AM-4:00PM	C2028
CPR 100-44	CPR for Healthcare Provider	Saturday	02/27/10	9:00AM-4:00PM	C2028
CPR 100-51	CPR for Healthcare Provider	Friday	03/05/10	9:00AM-4:00PM	C2012
CPR 100-45	CPR for Healthcare Provider	Saturday	03/06/10	9:00AM-4:00PM	C2028

FEE: \$90.00

Select one of the following: Must have a current AHA Card exp by 1-month only

Course #	Course Name	Day	Date	Time	Room
CPR 111-01	CPR Renewal	Wednesday	01/06/10	9:00AM-1:00PM	C2012

FEE: \$60.00

Preregistration is required. Call (815) 744-2200

For additional information CALL (815) 729-9020 ext 2356

Payment must be made prior to attending class.

No refunds 48 hours prior to beginning of the class session

NO REFUNDS IF YOU FAIL TO ATTEND CLASS

Beginning in the Fall of 2003, Joliet Junior College has offered a certificate of achievement and a certificate of completion in the Certified Nurse Assistant curriculum area. These programs enable students to further their education in the healthcare field and provide credentialed proof of skill competency. Additional program offerings are detailed below.

ADVANCED CERTIFIED NURSE ASSISTANT CERTIFICATE OF ACHIEVEMENT

NA 101	Certified Nurse Assistant	7.5 credits
BIO 100	Medical Terminology	3 credits
(Prerequisites: Satisfactory placement test score; or “C” or better in ENG 021 and ENG 099; or ENG 095 or 096; and satisfactory placement score; or “C” or better in MATH 090)		
MGMT 102	Human Relations	3 credits
NA 120	Phlebotomy	4 credits
NA 122	EKG	4 credits
NA 123	Phlebotomy Clinical	4.5 credits
NA 125	EKG Clinical	1.5 credit
OFS 101	Basic Keyboarding	2 credits
PSCH 101	Basic Psychology	<u>3 credits</u>
TOTAL		32.5 credits

CERTIFIED NURSE ASSISTANT CERTIFICATE OF COMPLETION:

NA 101	Certified Nurse Assistant	7.5 credits
BIO 100	Medical Terminology	3 credits
(Prerequisites: Satisfactory placement test score; or “C” or better in ENG 021 and ENG 099; or ENG 095 or 096; and satisfactory placement score; or “C” or better in MATH 090)		
OFS 101	Basic Keyboarding	<u>2 credits</u>
TOTAL		12.5 credits

For information regarding both of these certificates, please call (815) 280-2463/2356.

FINANCIAL AID

Information

- **Workforce Development Council of Will County**

214 N. Ottawa Street

Joliet, IL 60432

(815)727-4444

Government sponsored for those who qualify.

- **Will County Center for Community Concerns**

1 Doris Avenue

Joliet, IL 60433

(815)722-0722

Must be Will County low income resident to qualify.

- * ***Division of Adult & Family Services (Displaced Homemaker)***

Joliet Junior College

214 N. Ottawa Street

Joliet, IL 60432

(815) 280-1333

Tuition, books and materials for those who qualify.

- ***Grundy County Workforce Services***

1715 N. Division, Suite 104

Morris, IL 60450

(815) 942-0566

Tuition, books and materials for those who qualify.

JOLIET JUNIOR COLLEGE
1215 Houbolt Road
Joliet, IL 60431
Department of Health Care Continuing Education

PHYSICAL EXAM

SECTION A: To be filled out by student .

Name _____ SS# _____

Address _____

Street

City

State

ZIP

Phone # _____

Birthdate _____

Age _____

Person to notify in case of emergency:

Name _____

Home Phone _____

Relationship _____

Work Phone _____

Family Physician _____

Phone _____

Address _____

Street _____

City/State/Zip _____

To be filled out by the Physician.

Immunizations:

DT: _____ date

Diphtheria/Tetanus boosters suggested if it has been more than 7 years.

Tuberculosis skin test: 1. _____ Date/Reaction
(Mantoux)

2. _____ Date/Reaction

TB Tine test is not acceptable

The Department of Public Health in the State of Illinois requires that each new employee or student in a long term care facility shall have a record of a 2 Step Mantoux test prior to clinical. The second Mantoux test must be administered within 21 days of the first test, if the reaction to the initial test is not significant/negative. A single step Mantoux is adequate if a two step Mantoux was done in the past year and followed with annual PPD. **TB Tine is not acceptable.** If a student has a recorded positive Mantoux, a chest x-ray is required.

Reaction at test site should be read within 48-72 hours.

Hepatitis B Vaccination (OPTIONAL) 1. _____ 2. _____ 3. _____
(Required for Phlebotomy program)

PHYSICIAN: In the section below, denote whether area is within normal limits (W.N.L.)
Or abnormal. Record details in the remarks section.

W.N.L

ABNORMAL

- _____ General Appearance
- _____ Eyes (Include lids, pupils, fundi, EOM)
- _____ Nose
- _____ Mouth
- _____ Throat (Include pharynx, tonsils)
- _____ Teeth and Gums
- _____ Neck (Include carotids and thyroid)
- _____ Lymph Nodes (cervical axillary, inguinal, epitrochlear)
- _____ Chest and lungs
- _____ Heart (Size, rhythm, murmur, quality of tones, thrill)
- _____ Abdomen (appearance, liver, spleen, scars, mass, tenderness)
- _____ Hernia (umbilical, inguinal, femoral, incisional)
- _____ Extremities (Feet, edema, pulses, ROM, deformity)
- _____ Skin
- _____ Rectal
- _____ Pelvic
- _____ Back (attention to list, pelvic, tilt, scoliosis, ROM)

_____ Neurological (Include reflexes)

Explain any checks in the abnormal section. (Note Asthma or diabetes)

Is this student acceptable for clinical participation without restrictions? _____ If no, please explain thoroughly the reason and suggested limitation. If student is currently pregnant, give specific release due to pregnancy and specific number of pounds able to lift and other restrictions as appropriate.

Physician signature: _____ / _____
DATE

Physician name printed: _____

Street Address City State Zip Code

Phone # _____

OFFICE USE:

DATE RECEIVED _____

10/07