Joliet Junior College  
Certified Nurse Assistant (6.0 credit hours)  
**2019 SUMMER SCHEDULE**

SELECT ONE OF THE SECTIONS BELOW. TO REGISTER BY PHONE, CALL 815-744-2200.

STUDENTS MUST COMPLETE A MANDATORY ORIENTATION SESSION (ONLINE OR IN PERSON) PRIOR TO REGISTERING. PLEASE VISIT THE CERTIFIED NURSE ASSISTANT WEBPAGE FOR MORE INFORMATION

<table>
<thead>
<tr>
<th>COURSE #</th>
<th>LOCATION</th>
<th>TIME</th>
<th>DAYS</th>
<th>DATES</th>
<th>INSTRUCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA 101-500</td>
<td>Main Campus U-3009</td>
<td>7:30AM-3:30PM Theory</td>
<td>M/W</td>
<td>05/20/19-07/03/19 Theory</td>
<td>TBA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7:00AM-3:00PM Clinical</td>
<td>M/W</td>
<td>07/08/19-07/29/19 Clinical</td>
<td></td>
</tr>
<tr>
<td>NA 101-501</td>
<td>Main Campus U-3009</td>
<td>7:30AM-3:30PM Theory</td>
<td>T/Th</td>
<td>05/21/19-07/02/19 Theory</td>
<td>TBA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7:00AM-3:00PM Clinical</td>
<td>T/Th</td>
<td>07/09/19-07/30/19 Clinical</td>
<td></td>
</tr>
<tr>
<td>NA 101-560</td>
<td>Romeoville RMB 1033</td>
<td>7:30AM-3:30PM Theory</td>
<td>T/Th</td>
<td>05/21/19-07/02/19 Theory</td>
<td>TBA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7:00AM-3:00PM Clinical</td>
<td>T/Th</td>
<td>07/09/19-07/30/19 Clinical</td>
<td></td>
</tr>
<tr>
<td>NA 101-530</td>
<td>Main Campus U-3009</td>
<td>4:00PM-9:00PM Theory</td>
<td>T/W/Th</td>
<td>05/21/19-07/10/19 Theory</td>
<td>TBA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4:00PM-8:30PM Clinical</td>
<td>T/W/Th</td>
<td>07/11/19-08/08/19 Clinical</td>
<td></td>
</tr>
<tr>
<td>NA 101-700</td>
<td>Main Campus U-3011</td>
<td>7:30AM-3:30PM Theory</td>
<td>T/Th</td>
<td>06/25/19-08/08/19 Theory</td>
<td>TBA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7:00AM-3:00PM Clinical</td>
<td>T/Th</td>
<td>08/13/19-09/03/19 Clinical</td>
<td></td>
</tr>
<tr>
<td>NA 101-701</td>
<td>Main Campus U-3011</td>
<td>7:30AM-3:30PM Theory</td>
<td>M/W</td>
<td>06/24/19-08/05/19 Theory</td>
<td>TBA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8:00AM-2:15PM Clinical</td>
<td>M/W</td>
<td>08/07/19-09/09/19 Clinical</td>
<td></td>
</tr>
<tr>
<td>NA 101-730</td>
<td>Main Campus U-3011</td>
<td>4:00PM-9:00PM Theory</td>
<td>T/W/Th</td>
<td>06/25/19-08/14/19 Theory</td>
<td>TBA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4:00PM-8:30PM Clinical</td>
<td>T/W/Th</td>
<td>08/15/19-09/12/19 Clinical</td>
<td></td>
</tr>
</tbody>
</table>

***The NA 101 course is not Pell Grant eligible and is not covered by Financial Aid***

Refund date is the day before class starts

ALL STUDENTS MUST BE CPR-CERTIFIED THROUGH THE AMERICAN HEART ASSOCIATION: BLS PROVIDER PRIOR TO THE START OF CLINICAL WORK. A SCHEDULE OF JJC’S CPR 120 CLASSES IS ATTACHED.
Select one of the following:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR 120 500</td>
<td>CPR for Healthcare Provider (BLS Provider)</td>
<td>Monday</td>
<td>05/20/19</td>
<td>9:00AM-2:00PM</td>
<td>U-3006</td>
</tr>
<tr>
<td>CPR 120 501</td>
<td>CPR for Healthcare Provider (BLS Provider)</td>
<td>Tuesday</td>
<td>05/21/19</td>
<td>9:00AM-2:00PM</td>
<td>U-3006</td>
</tr>
<tr>
<td>CPR 120 700</td>
<td>CPR for Healthcare Provider (BLS Provider)</td>
<td>Wednesday</td>
<td>06/05/19</td>
<td>9:00AM-2:00PM</td>
<td>U-3006</td>
</tr>
<tr>
<td>CPR 120 701</td>
<td>CPR for Healthcare Provider (BLS Provider)</td>
<td>Thursday</td>
<td>06/27/19</td>
<td>9:00AM-2:00PM</td>
<td>U-3006</td>
</tr>
<tr>
<td>CPR 120 900</td>
<td>CPR for Healthcare Provider (BLS Provider)</td>
<td>Monday</td>
<td>07/15/19</td>
<td>9:00AM-2:00PM</td>
<td>U-3006</td>
</tr>
</tbody>
</table>

**FEES:** $75.00 for CPR 120 (complete face-to-face course)

Pre-registration is required. Call (815) 744-2200
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
THIS CLASS IS NOT COVERED BY FINANCIAL AID
**BASIC NURSE ASSISTANT PROGRAM**

**EXPENSE LIST**

<table>
<thead>
<tr>
<th>Description of Expenses</th>
<th>Cost</th>
<th>Location to Purchase</th>
<th>Due Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR Class: CPR 120</td>
<td>$75.00</td>
<td>Joliet Junior College</td>
<td>End of 6th week</td>
</tr>
<tr>
<td>Basic Nurse Assistant Course (includes tuition/fees plus course fees)</td>
<td>$1,021.00</td>
<td>Joliet Junior College Payment Center</td>
<td>By the purge date</td>
</tr>
<tr>
<td>Basic Nurse Assistant Course Books (3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Textbook</td>
<td>$32-62</td>
<td>Joliet Junior College Bookstore</td>
<td>1st day</td>
</tr>
<tr>
<td>2. Workbook</td>
<td>$40-43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Student Handbook- Basic Nurse Assistant</td>
<td>$6.95</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(book prices vary depending if new/used/rental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fingerprint Criminal Background Check State Competency Exam Fee</td>
<td>Included in tuition/fees</td>
<td>See Certified Nurse Assistant web page for more details re: fingerprinting. State exam discussed in class</td>
<td>Fingerprinting due before 1st day of class</td>
</tr>
<tr>
<td>Physical Examination</td>
<td>Determined by Health Practitioner</td>
<td>Student’s Healthcare Provider</td>
<td>By the 6th week</td>
</tr>
<tr>
<td>TB Test</td>
<td>Fees on sliding scale</td>
<td>Grundy Cty Health Department</td>
<td>By the 5th week</td>
</tr>
<tr>
<td></td>
<td>Free to Will County residents</td>
<td>Will County Health Department</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monday &amp; Friday (815) 740-4420</td>
<td>(815) 941-3404</td>
<td></td>
</tr>
<tr>
<td>Uniform Top (Ciel blue)</td>
<td>$12.95-$14.95 (Depending on size)</td>
<td>Joliet Junior College Bookstore</td>
<td>End of 6th week</td>
</tr>
<tr>
<td>Watch with second hand</td>
<td>$15.00 - $30.00</td>
<td>Local Stores</td>
<td></td>
</tr>
<tr>
<td>Uniform Pants (black) &amp; white socks</td>
<td>$20.00</td>
<td>Local Stores</td>
<td></td>
</tr>
<tr>
<td>Uniform Shoes (white)</td>
<td>$25.00 - $40.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure Cuff/Stethoscope Kit</td>
<td>$34.95</td>
<td>Joliet Junior College Bookstore</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$1,300.00 Approx</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Prices subject to change*
Students who successfully complete the NA 101 course are eligible for NU400, Nurse Assistant Certificate of Completion:

**NU 400 NURSE ASSISTANT CERTIFICATE OF COMPLETION:**
NA 101  Certified Nurse Assistant Training  6.0 credits

**TOTAL CREDITS:**  6.0 CREDITS

In addition to earning the Nurse Assistant Certificate of Completion, students have the opportunity to add to their skill set by completing one or both of the following certificates:

**NU 073 ELECTROCARDIOGRAPHY TECHNICIAN CERTIFICATE OF COMPLETION:**
NA 122  Basic Electrocardiography Tech  3.0 credits
NA 125  Basic Electrocardiography Tech Pract.  1.0 credits

**TOTAL CREDITS:**  4.0 CREDITS

**NU 071 PHLEBOTOMY TECHNICIAN CERTIFICATE OF COMPLETION:**
NA 120  Phlebotomy Technician Trng  3.0 credits
NA 123  Phlebotomy Technician Trng Prac  2.0 credits

**TOTAL CREDITS:**  5.0 CREDITS

Acquiring multiple certificates and/or certifications can lead to more job opportunities in the health care field. For more information regarding these certificates, please visit the individual program webpages or call (815) 280-2463. Some of the courses listed above require pre-requisites and have a closed registration system.
PHYSICAL EXAM FORM

To be completed by student:

Name_________________________________ Student ID#____________________

Address_________________________________________________________________

   Street   City   State   Zip

Phone #____________________________

E-mail address __________________________

Birthdate_________________ Age_______

Person to notify in case of emergency:

Name______________________________________________________________

Phone#___________________________________________________________

Relationship_______________________________________________________

Primary Healthcare Provider________________________________________

Phone# __________________________

Address___________________________________________________________
To Be Completed by M.D. or Advanced Healthcare Practitioner:

Immunizations:

Tdap: Date given: ________________

Tuberculosis skin test: #1. Date given: _______ Signature: ________________________
   Date read/reaction: ___________ Signature: ________________________
   (2-step Mantoux)

#2. Date given: _______ Signature: ________________________
   Date read/reaction: ___________ Signature: ________________________

The second Mantoux test must be administered within 7-21 days of the first test, if the reaction to the initial test is negative. Reaction at test site should be read within 48-72 hours. **TB Tine is not acceptable.** If a student has a recorded positive Mantoux, a chest x-ray is required. **Student may choose to have a Quantiferon Gold blood test in place of 2-step TB.**

**Hepatitis B Vaccination** (OPTIONAL) 1.______ 2.______ 3.______

PHYSICIAN: In the section below, denote whether area is within normal limits (WNL) or abnormal. Record details in the remarks section.

WNL       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
______     ______ Back (attention to list, pelvic, tilt, scoliosis, ROM)
______     ______ Neurological (Include reflexes)
Explain any checks in the abnormal section. (Note asthma or diabetes)

Student is able to participate in all aspects of the course (clinical included) without restrictions.

Practitioner signature: __________________________ Date: __________________________

Practitioner name printed: __________________________________________________________

________________________________________  City  State  Zip Code

Phone # ________________________________

Fall 2018
FINANCIAL ASSISTANCE INFORMATION

- **Workforce Development Council of Will County**
  2440 Glenwood Ave.
  Joliet, IL  60435
  (815)727-4444
  
  Government sponsored for those who qualify.

- **Will County Center for Community Concerns**
  2455 Glenwood Ave.
  Joliet, IL  60435
  (815)722-0722
  
  Must be Will County low income resident to qualify.

- **Grundy County Workforce Services**
  1715 N. Division, Suite 104
  Morris, IL  60450
  (815) 942-0566
  
  Tuition, books and materials for those who qualify.

- **Silver Cross Hospital Healthcare Scholarship**
  For students living within zip codes 60432, 60433, 60436 and 60441
  