

# Copper Mountain College

Nurse Assistant Program  
and  
Home Health Aide Program

## Pre-Enrollment Program Packet



More Information:

Website  
Email  
Phone

[http://www.cmccd.edu/prospective-students/health-sciences/  
nursing@cmccd.edu](http://www.cmccd.edu/prospective-students/health-sciences/nursing@cmccd.edu)  
(760) 366-3791 ext. 5801



## Copper Mountain College

### Nurse Assistant and Home Health Aide Programs

### Requirements and Standards Agreement

Failure to meet any of the requirements and regulations of the California Department of Public Health (CDPH), and the standards and/or deadlines of the Copper Mountain College Nurse Assistant Program and/or Home Health Aide Program will result in my immediate dismissal.

**I understand I must meet the following requirements, at my own expense, and agree to:**

- Submit my completed Pre-Enrollment Program Packet no earlier than 6 (six) weeks before the first day of class and no later than 2 (two) weeks before the first day of class. I understand I may be dropped from the Program without penalty for failure to meet pre-enrollment requirements.**
- Keep copies of every document I submit. I understand that the office will not make copies for me.
- Undergo a physical examination by a physician, Nurse Practitioner or Physician Assistant which will include laboratory work validating immunity and no acute disease
- Provide documentation of (within six (6) months) a negative 2-step PPD (TB) screening. If I have a history of a positive PPD, I will provide documentation of a clear chest x-ray (within six (6) months) and I will provide documentation of the positive PPD).
- Provide documentation of a Tdap (Tetanus, Diphtheria, Pertussis) vaccination completed within the past ten (10) years.
- Provide documentation of completion of COVID-19 vaccination series.**
- Provide documentation of the annual seasonal flu vaccination (October 1 through March 31).
- Provide documentation of a clear background check and negative drug screen with Englander Investigations.
- Maintain American Heart Association Basic Life Support for the Healthcare Provider CPR certification during the entire Program. **NO** Red Cross certifications accepted.
- Complete all of the hours required by the Program in which I enroll.
- Sign-in and out of every class session.
- Complete all of the clinical rotations to which I am assigned. I understand those rotations cannot be made-up or rescheduled once assigned.
- Submit to random drug/alcohol testing as required by clinical sites and field agencies. I understand that failure to do so, or a positive test, will result in my immediate dismissal from the Program.
- Be subject to the Program, clinical and field agencies' grooming standards.
- Adhere to College, Program, clinical and field agencies' HIPAA policies at all times. I will not take or post pictures, discuss or post ANY patient information related to my clinical and field rotations on ANY social media sites or blogs.**

I acknowledge that I understand and will comply with these requirements. I will submit the required documentation no earlier than 6 (six) weeks before the first day of class and no later than 2 (two) weeks before the first day of class.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

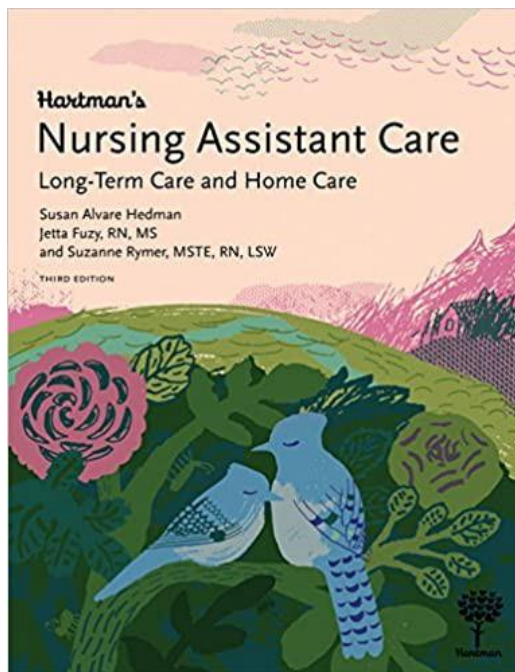
\_\_\_\_\_  
Date

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NURSE ASSISTANT PROGRAM TEXTBOOK & WORKBOOK  
HOME HEALTH AIDE PROGRAM TEXTBOOK & WORKBOOK

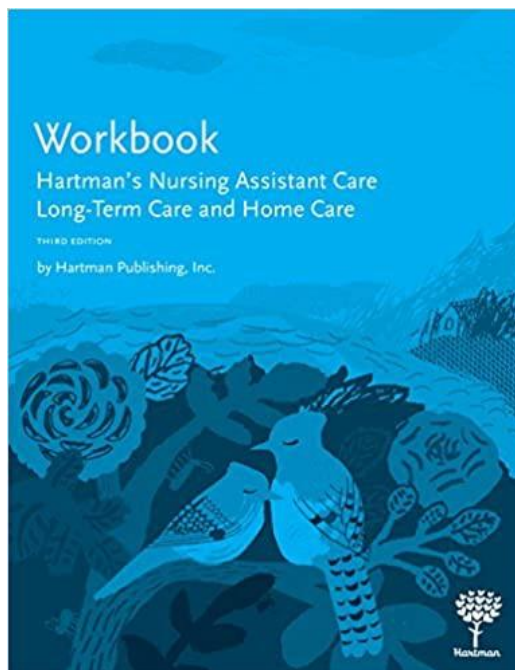
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# Nurse Assistant Program Home Health Aide Program at Copper Mountain College

## **Nurse Assistant Certificate Program**

**Must submit pre-enrollment Program packet prior to registration**

This Program includes basic nursing principles used in the care of clients in long term care facilities. Successful completion of the Program results in eligibility to take the State-approved exam that leads to certification. Certification exam consists of written exam and practicum following completion of Program.

- Must be 16 years old on first day of class (concurrent enrollment in high school allowed)
- 6 units (72 hours classroom, 100 hours clinical); 15 seats each offering
- 12 week Program
- Approximate cost: \$1725.00
- **NO ABSENCES OR TARDINESS ALLOWED**

## **Home Health Aide Certificate Program**

**Must submit pre-enrollment Program packet prior to registration**

This Program expands on the content taught in the Nurse Assistant Program to provide preparation for care of residents in home care settings.

- Must be a California Certified Nurse Assistant
- 2 units (27 hours classroom, 27 hours clinical); 15 seats each offering
- 6 week Program
- Approximate cost: \$1271.00 (lower if HHA Program completed immediately following NA Program)
- **NO ABSENCES OR TARDINESS ALLOWED**

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## Nurse Assistant and Home Health Aide Programs

**The following documents MUST be submitted**

**❖ no earlier than 6 weeks prior to first day of class**

**❖ no later than 2 weeks prior to first day of class**

- Pre-Entrance Medical Record
  - PPD (TB) 2-step screening
  - Tdap immunization within last 10 years
  - **COVID-19 vaccination**
- Laboratory report showing titers
  - ▶ Resources: ▲ Borrego Health 760.321.6776
  - ▲ Yucca Family Medical Care 760.365.8500
  - ▲ Avalon Urgent Care 760.365.0851
  - ▲ Best Choice Labs 855.339.5227 (discount titer screenings)
  - ▲ Travel Medicine 760.321.0967 [www.TravelRX.net](http://www.TravelRX.net) (vaccinations)
- Copy of American Heart Association BLS for Healthcare Provider CPR card
  - ▶ Resources: ▲ Morongo Basin Ambulance 760.366.8474 [www.mbambulance.org](http://www.mbambulance.org)
  - ▲ Weil Center for Education 760.778.4911 [weilCPRorg@gmail.com](mailto:weilCPRorg@gmail.com)
  - ▲ Revive Education 760.673.9283 [www.rendoncpr.com](http://www.rendoncpr.com)
- Copy of Government issued photo ID (State driver's license, State ID card, Military ID)
- Copy of signed Social Security card
  - ▶ Resource: Social Security Administration 760.369.6535 [www.ssa.gov](http://www.ssa.gov)
- Student Release of Information form
- Hepatitis B Vaccine form
- Requirements and Standards Agreement
- Hospital Hazard Awareness
- COVID-19 Documents
- Background check and drug screen through Englander Investigations

NOTE: Students should be aware that the results of the background check and/or drug screen may have an impact on academic program eligibility or clinical/community site placement. Students may be denied access to a program on the basis of the results of the background check. The College is required to comply with licensing requirements and with policies of our partner agencies. If you have a felony or misdemeanor in your background, please consult the Health Sciences/Nursing Programs Office to discuss the impact on your academic and professional career.

**REQUEST YOUR BACKGROUND CHECK AND DRUG SCREEN  
60 DAYS  
BEFORE THE FIRST DAY OF CLASS**

More Information: Website [http://www.cmccd.edu/prospective-students/health-sciences/  
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# COPPER MOUNTAIN COLLEGE Pre-Entrance Medical Record

Patient/Student Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Program:  RN  VN  NA  HHA

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**HEALTH CARE PROVIDER TO COMPLETE THE FOLLOWING INFORMATION**

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**1. ALLERGIES**

Does the student have any allergies?  No  Yes (list and specify severity) \_\_\_\_\_

**2. FITNESS**

Upon completion of a health history, physical examination and consideration of the physical and sensory requirements of the Program, it has been determined that the student does not have any health condition that would create a hazard to himself/herself, fellow students/employees or patients, and is physically and emotionally able to safely participate in the educational program and perform patient care in a clinical setting.  Yes  No

**3. TUBERCULOSIS SCREENING**

**2-STEP PPD** (See page 2 for PPD instructions)

Day 1 (date): \_\_\_\_\_ Location:  L Forearm  R Forearm Administered by \_\_\_\_\_  
Day 3 (date): \_\_\_\_\_ Result:  Negative  Positive \_\_\_\_\_ mm Read by \_\_\_\_\_  
Day 7 (date): \_\_\_\_\_ Location:  L Forearm  R Forearm Administered by \_\_\_\_\_  
Day 9 (date): \_\_\_\_\_ Result:  Negative  Positive \_\_\_\_\_ mm Read by \_\_\_\_\_

**CHEST X-RAY (positive PPD):** Date \_\_\_\_\_ Results \_\_\_\_\_ (attach report)

**4. Diphtheria/Pertussis/Tetanus (Tdap)** Immunization Date \_\_\_\_\_ Administered by \_\_\_\_\_

**5. LABORATORY SCREENINGS (attach laboratory report)**

Hepatitis Acute Panel (Hep Bs AG, Hepatitis C, Hep B Core Ab, Hep A IgM)

Rubella Titer Result:  Immune  Not Immune

Vaccination Date: \_\_\_\_\_

Rubeola Titer Result:  Immune  Not Immune

Vaccination Date: \_\_\_\_\_

Administered by \_\_\_\_\_ Day 1

Vaccination Date: \_\_\_\_\_

Mumps Titer Result:  Immune  Not Immune

Vaccination Date: \_\_\_\_\_

Administered by \_\_\_\_\_ Day 1

Administered by \_\_\_\_\_ Day 30-90

Varicella Titer Result:  Immune  Not Immune

Vaccination Date: \_\_\_\_\_

Administered by \_\_\_\_\_ Day 1

Administered by \_\_\_\_\_ Day 30-90

Hepatitis B Titer Result:  Immune  Not Immune

Vaccination Date: \_\_\_\_\_

Administered by \_\_\_\_\_ Day 1

Administered by \_\_\_\_\_ Day 90-97

Vaccination Date: \_\_\_\_\_

Administered by \_\_\_\_\_ Day 1

Administered by \_\_\_\_\_ Day 30-37

Administered by \_\_\_\_\_ Day 180-187

Healthcare Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Provider Name (Print) \_\_\_\_\_ Licensure  NP  PA  MD  DO

Office Street Address \_\_\_\_\_ Office Phone \_\_\_\_\_

Office City, State, ZIP \_\_\_\_\_

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## COPPER MOUNTAIN COLLEGE Pre-Entrance Medical Record

In compliance with the Americans with Disabilities Act of 1990, students must be, with reasonable accommodation, physically and mentally capable of performing the essential functions of the program. The health and fitness requirements adopted by the Nursing Programs are as follows:

### **Physical Demands**

- Must be able to be on feet 6-12 hours at a time and perform activities that include reaching, balancing, carrying, pushing, pulling, stooping, bending and crouching;
- Lift and adjust positions of bedridden patients including pulling as much as 12 inches toward the head of the bed;
- Physically apply up to ten pounds of pressure to bleeding sites or to the chest in the performance of CPR using hands, wrists, and arms;
- Maneuver in small spaces quickly and with ease;
- Perform fine motor skills that require hand-eye coordination in the use of small instruments, equipment and syringes;
- Feel and compress tissues to assess for size, shape, texture, and temperature;
- **Registered Nursing, Vocational Nursing, Nurse Assistant and Home Health Aide** students must be able to lift up to 50 pounds and transfer adults and children from a stooped to an upright position to accomplish transfers that include activities such as bed-to-chair and chair-to-bed transfers.

### **Sensory Demands**

- Visually read calibrated scales in increments of one-hundredth of an inch on a device measuring not more than three inches;
- Perform close and distinct visual activities involving persons, paperwork and devices;
- Visually discriminate depth and possess color perception;
- Identify and distinguish odors that are pungent or the products of infection or metabolic imbalance (i.e. ketones);
- Respond and react immediately to auditory instruction, requests, signals, and monitoring equipment;
- Perform auditory assessments requiring the distinguishing of variances in sounds (i.e. tones and pitches).

### **PPD Instructions**

- A two-step PPD is required for **ALL** students unless the student can provide proof of annual on-time PPDs for at least the preceding two years.
- The initial PPD is placed (Day 1) and then read 2 days later (Day 3). The second PPD is placed not sooner than 1 week (Day 7) after the first placement. This second PPD is read 2 days later (Day 9).
- If PPD is positive, reaction must be recorded in mm of induration.
- If PPD is positive or patient/student is a converter, a chest x-ray must be done and the report must be attached to this document. Active Tuberculin disease excludes the student from participation until treatment is in progress in accordance with the CDC recommendations.

### **Titers/Immunizations Instructions**

- All Measles, Mumps, Rubella, Varicella and Hepatitis B laboratory titer reports may report quantitative or qualitative results.
- All Hepatitis Acute Panel titer reports must report qualitative results (reactive or nonreactive).

### **Hepatitis B Instructions**

- Patient/student recognizes that opting out may exclude him/her from participating in some healthcare education programs based on clinical facility requirements. Completed and signed declination document must be attached.

More Information:    Website    <http://www.cmccd.edu/prospective-students/health-sciences/>  
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## Copper Mountain College Nursing Programs

### HEPATITIS B VACCINE Questions and Answers\*

- 1. What is Hepatitis B?**  
Hepatitis B affects the liver and can cause mild illness lasting a few weeks, or it can lead to serious lifelong illnesses such as liver cancer and cirrhosis.
- 2. How do you catch Hepatitis B?**  
Hepatitis B is spread when blood or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected.
- 3. Who needs the Hepatitis B vaccine?**  
People who are at high risk for exposure to the virus including healthcare students and workers.
- 4. What is the Hepatitis B vaccine?**  
The Hepatitis B vaccine is made from parts of the Hepatitis B virus. The vaccine is highly effective in preventing Hepatitis B in those at risk of developing infection. It cannot cause the Hepatitis B infection.
- 5. How does the Hepatitis B vaccine work?**  
The vaccine stimulates the body's immune system to produce antibodies which will fight off Hepatitis B infection.
- 6. How is the vaccine given?**  
It is given in a series of three shots (Day 1, Day 30 and Day 180).
- 7. Are there any contraindications?**  
Contraindications are sensitivity or a previous allergic reaction to the vaccine.
- 8. What are the side effects of the vaccine?**  
With any vaccination there is a chance of side effects. The side effects, if any, are usually mild (soreness where the shot was given, temperature of 99.9°F or higher) and go away on their own.

*\*Information in this document taken from the Hepatitis B Vaccine Information Statement, US Department of Health and Human Services, Centers for Disease Control and Prevention 42 USC §300aa-26 (7/20/2016) <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.pdf>*

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## Copper Mountain College Health Sciences/Nursing Programs

### Department HEPATITIS B VACCINE

Our clinical affiliates, under OSHA regulations, require that all students complete and sign this form before being permitted to participate in clinical rotations at their facility.

I understand that, due to my occupational training and exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infections. I have been informed that the Hepatitis B vaccine is available and will help to protect me from infections of Hepatitis B.

I have read the fact sheet about the Hepatitis B vaccine and I understand the risks and benefits.

**AND**

I have demonstrated immunity to Hepatitis B.

**OR**

I choose to protect myself and get the Hepatitis B vaccine.

**OR**

I decline the Hepatitis B vaccine. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. I agree to hold harmless the Copper Mountain Community College District and its employees, agents and representatives and the sponsoring facilities from any and all liability and damages which may arise from my exposure to the Hepatitis B virus.

Please explain why you choose not to receive the vaccine: \_\_\_\_\_

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Street Address City State ZIP

\_\_\_\_\_  
Mailing Address (if different from above) City State ZIP

\_\_\_\_\_  
Home Phone Cell Phone E-mail Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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# Copper Mountain College

## Nursing Programs STUDENT RELEASE OF INFORMATION FORM

Enrollment and participation in the nursing programs at CMC requires that students provide proof of general and specific health status, immunization status, CPR certification, criminal background check, social security number, driver's license/photo identification card, urine/blood tests for drug screening and any other information that may be required by college or clinical facility policy or legal mandate to establish students' fitness to care for live patients in a clinical setting.

The nursing programs are required to share this information with clinical facility partners which provide the sites for the required clinical training portions of the courses. Pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1231g ("FERPA"), the college may not release information without the written consent of the student, subject to the exceptions specified under FERPA. You may obtain more information about Student Rights and Responsibilities (FERPA) from your course catalog or at <http://www.cmccd.edu/>. The clinical facilities are required to maintain the confidentiality of these records and may only use them to determine that a student meets the standards of the institution and thus does not present a threat to their patients or staff.

Choosing to not provide permission for the release of this information will prohibit participation in CMC Nursing Programs as it will result in a ban from the clinical facilities where students are required to complete the clinical portion of training. Admission to, and successful completion of, the clinical training portions of courses are required for program enrollment and completion.

NAME OF STUDENT (Last, First, Middle Initial):	STUDENT ID NUMBER/SSN:
<p>I understand that some of my records are protected under the Family Educational Rights and Privacy Act of 1974 (FERPA) and cannot be released without my written consent. I hereby grant permission for release of all applicable records to clinical facilities and grant access to those records by agents of those clinical facilities as required for my participation and completion of the CMC Health Sciences/Nursing Program in which I am or intend to be enrolled. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to Copper Mountain College Health Sciences/Nursing Office. I understand that revocation of this consent will result in ineligibility to enroll in and/or continue in any CMC Health Sciences/Nursing Program. This authorization is in effect for the duration of my participation and enrollment in CMC Health Sciences/Nursing Program courses unless revoked in writing, and photocopies of this release form may be accepted, when presented in person with appropriate identification.</p>	
Student Signature	Date

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**COPPER MOUNTAIN COLLEGE**

**HOSPITAL DRUG AND HAZARD AWARENESS FORM**

Student Name: \_\_\_\_\_ will signify that they have read the following materials concerning drug and/or medicinal therapies to any/all clients.

The following items represent the students' responsibility/awareness when in the clinical/field areas.

The student is aware that:

- A. Each clinical facility has a hazard policy according to Title 8 California Code of Regulation, Section 5194, and Federal Regulations 29, Part 1910.1200, requirements.
- B. All drugs given by the student must be adequately researched according to school policy, prior to giving it to the client to ensure safe administration. This includes using the drug inserts, clinical facility, formulary and/or a student pharmacology text for the current year.
- C. Handling of drugs and storing of hazardous materials will be done per clinical facility policy.
- D. New drugs being used have various drug reactions and interactions or toxic effects may occur.
- E. Toxic drugs may become aerosolized, absorbed through the skin or mucous membranes, or inhaled.
- F. Note: Mercury (used in certain equipment – BP, Cantor Tube) is toxic and absorbed via the skin. Never handle mercury without gloves.
- G. All clinical facility spills of body fluids should be managed according to facility policy. Check with the RN on the Unit for direction. Bleach (e.g. Clorox) is a universal cleanser.

Student signature verifies:

- 1. Receipt of this notice.
- 2. Commitment to read, know and comply with these directions.
- 3. Agreement to ask questions when in doubt.
- 4. Student has been informed and understands the clinical facility hazards.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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COPPER MOUNTAIN COLLEGE  
HEALTH SCIENCE PROGRAMS  
COVID-19 ATTESTATION FORM

I hereby certify and attest that the following facts are true:

- During the past 6 weeks I have experienced one or more of the following COVID-19 symptoms:  
Fever Dry Cough Shortness of Breath Chills Muscle Pain Headache Sore Throat Loss of taste/smell
- I have been diagnosed with COVID-19 Yes No
- I have taken a swab test to see if I am infected with COVID-19 Yes No  
If Yes: Date of test \_\_\_\_\_ Result: Positive Negative  
Date of next test \_\_\_\_\_ Result: Positive Negative
- I have taken a blood test to see if I am infected with COVID-19 Yes No  
If Yes: Date of test \_\_\_\_\_ Result: Positive Negative  
Date of next test \_\_\_\_\_ Result: Positive Negative
- During the past 3 weeks I have been in close contact with someone diagnosed with COVID-19 Yes No
- During the past 3 weeks someone in my family has experienced one of the COVID-19 symptoms above Yes No
- During the past 3 weeks someone at work has experienced one of the COVID-19 symptoms above Yes No
- During the last 3 weeks I have practiced social distancing when in public Yes No
- During the last 3 weeks I have worn a mask when in public Yes No
- During the last 3 weeks I have traveled:  outside the US  to another city  on a bus or plane

I further certify and attest that I will immediately notify my faculty if any of the above facts change so that this attestation remains true and accurate on a continuing basis.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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COPPER MOUNTAIN COLLEGE  
NURSING PROGRAMS

**COVID-19 EDUCATIONAL ACTIVITY POLICY & PROCEDURE**

In response to the COVID-19 pandemic, the following requirements are instituted for any in-person educational activity.

Students will:

1. Sign the *CMC Release of Liability*.
2. Sign the *Covid-19 Clinical Screening* form for each educational activity.
3. Not carpool to any educational activity.
4. Not bring any personal items into the clinical facilities.
5. Align with the State of California social distancing guidelines, maintain social distancing at all times, including breaks and mealtimes.
6. Take meals and breaks outside of the facility while maintaining social distancing.
7. Social distancing parameters will be maintained except during direct supervision of patient care activities.
8. Wear a mask at all times. Faculty will distribute masks to students. Students are required to maintain/preserve their mask as instructed.
9. KN95 masks are one size fits all and require students to be clean shaven and not wearing foundational make-up.
10. Follow all facility guidelines set forth.

Failure to comply with the above requirements, will result in immediate removal from the educational activity and all future in-person educational activities; therefore, the student will be unable to meet the Program student learning outcomes and, thus, will be required to exit the Program.

**My signature verifies that I have read, understand, and agree to abide by all requirements set forth.**

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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COPPER MOUNTAIN COLLEGE  
NURSING PROGRAMS

**COVID-19 EDUCATIONAL ACTIVITY POLICY & PROCEDURE  
RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS**

Activity: CMC Health Sciences Clinical Rotations

Activity Date(s) and Time(s): Designated dates and times of CMC Program Clinical Rotations

Activity Location(s): Designated facilities for CMC Program Clinical Rotations

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs, and representatives, I release from all liability and promise not to sue the Copper Mountain College and their employees, officers, directors, volunteers and agents from any and all claims, including claims of CMC's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/ or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold CMC harmless from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If CMC incurs any of these types of expenses, I agree to reimburse CMC. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing CMC from all liability, (b) promising not to sue CMC, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

More Information:    Website    <http://www.cmccd.edu/prospective-students/health-sciences/>  
                                  Email        [nursing@cmccd.edu](mailto:nursing@cmccd.edu)  
                                  Phone        (760) 366-3791 ext. 5801



**COVID-19 EDUCATIONAL ACTIVITY POLICY & PROCEDURE**  
**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS**  
**Page 2**

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing CMC from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian (print): \_\_\_\_\_

Date: \_\_\_\_\_

Minor Participant's Name: \_\_\_\_\_

**More Information:**      **Website**      <http://www.cmccd.edu/prospective-students/health-sciences/>  
                                 **Email**              [nursing@cmccd.edu](mailto:nursing@cmccd.edu)  
                                 **Phone**              (760) 366-3791 ext. 5801



**REQUEST YOUR  
BACKGROUND CHECK  
AND DRUG SCREEN  
60 DAYS  
BEFORE THE  
FIRST DAY OF CLASS**

## **ENGLANDER INVESTIGATIONS**

301 Science Drive, Suite 132  
Moorpark, CA 93021  
(805) 529-5288 / Fax (805) 529-5579  
PI-22024

### **Background Check and Drug Screen Request Instructions**

Please follow these instructions to assist you with completing the request for the required background check and drug screen as requested by the Copper Mountain College Health Sciences Office:

- 1) Log on to <https://englanderinvestigations.com>
- 2) Go to Forms
- 3) Go to Request Healthcare Investigation
- 4) Firm -- Enter: **COPPER MOUNTAIN COLLEGE**
- 5) Address -- Enter: **6162 ROTARY WAY  
PO BOX 1398  
JOSHUA TREE, CA 92252**
- 6) Phone -- Enter: **760-366-3791 X5801**
- 7) E-Mail -- Enter **YOUR e-mail address.**
- 8) Specific Service Requirements: Check -- **Both**
- 9) Subject of Investigation -- Enter **all of your information**
- 10) Authorization and Release -- Enter: **COPPER MOUNTAIN COLLEGE**
- 11) Name of Person requesting information -- Enter: **HEALTH SCIENCES OFFICE**
- 12) Reason for Background Check -- Enter: **REQUIRED** (and for what program: **NA, HHA, VN or RN**)
- 13) Check the box for female or male
- 14) Check the box to indicate that you agree with the Authorization and Release Statement
- 15) You can choose to pay with a credit card. If you do not have a credit card you may print the form and send to our office in Moorpark at the address listed above. We will accept Cash, Cashier's Checks and Money Orders only. **NO PERSONAL CHECKS.**

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**Englander Investigations will send you (via e-mail) information for the laboratory which will conduct the drug screen along with directions to the laboratory. (PLEASE NOTE THAT THE DRUG SCREEN FORM WILL BE VALID FOR A LIMITED TIME AND THAT YOU MUST COMPLETE THE DRUG SCREEN PROMPTLY.) All Applicants must use the laboratory we contract with (you will not have to pay an additional fee at the time of the drug screen if you use our laboratory). Failure to use our laboratory will result in additional charges for which Englander Investigations will bill you an additional \$50.00.**

**Englander Investigations will complete the required investigative requests and will send you the results via US Mail. You will be required to submit the original results letter to the Copper Mountain College Health Sciences Office.**

**If you have any questions please contact our office at (805) 529-5288 or via e-mail at [info@englanderinvestigations.com](mailto:info@englanderinvestigations.com).**

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## Copper Mountain College Health Sciences/Nursing Programs Department

### CONVICTION OF STATE PENAL CODE SECTIONS WHICH CONSTITUTE DENIAL OF ACCESS TO CERTAIN HEALTHCARE FACILITIES

- 187 Murder defined; death of fetus
- 192(a) Manslaughter, Voluntary
- 203 Mayhem (Includes 204 punishment)
- 205 Aggravated Mayhem
- 206 Torture
- 207 Kidnapping (Includes 208 punishment for victims under the age of 14 years)
- 209 Kidnapping for ransom, reward, or extortion or robbery
- 210 Extortion by posing as kidnapper or by claiming ability to obtain release of victim
- 210.5 False imprisonment for purpose of protection from arrest or use as shield
- 211 Robbery (Includes degrees in 212.5 (a) and (b) (Includes 213 punishment)
- 220 Assault with intent to commit mayhem, rape, sodomy, oral copulation, rape in concert with another.
- 222 Administering stupefying drugs to assist in commission of a felony
- 243.3 Sexual battery (Includes degrees (a)-(d)
- 245 Assault with deadly weapon or force likely to produce great bodily injury (Includes degrees (a)-(e)
- 261 Rape (Includes degrees (a)-(e)
- 262 Rape of spouse (Includes degrees (a)-(e) (Includes 264 punishment)
- 264.1 Rape or penetration of genital or anal openings by foreign object, acting in concert by force or violence
- 265 Abduction for marriage or defilement
- 266 Inveiglement or enticement of unmarried female under 18 for purpose of prostitution
- 267 Abduction; person under 18 for purpose of prostitution
- 273a Willful harm or injury to a child; endangering person or health (Include degrees (a)-(c)
- 273d Corporal punishment/injury to a child (Includes degrees (a)-(c)
- 273.5 Willful infliction of corporal injury (Includes (a)-(c))
- 285 Incest
- 286(c) Sodomy with person under 14 years against will by means of force, violence, duress, menace, or fear
  - (d) Voluntarily acting in concert with or aiding and abetting
  - (f) Sodomy with unconscious victim
  - (g) Sodomy with victim with mental disorder or developmental or physical disability
- 288 Lewd and lascivious acts with child under age of 14 (Includes 288a punishment)
- 288a(c) Oral copulation with person under 14 years against will by means of force, violence, duress, menace or fear
  - (d) Voluntarily acting in concert with or aiding and abetting
  - (f) Oral copulation with unconscious victim
  - (g) Oral copulation with victim with mental disorder or developmental or physical disability
- 288.5 Continuous sexual abuse of a child (Include degree (a))
- 289 Penetration of genital or anal openings by foreign object (Include degree (a)-(j))
- 289.5 Rape and sodomy (Includes degree (a) and (b))
- 368 Elder or dependent adults; infliction of pain or mental suffering or endangering health; theft or embezzlement of property (Include degrees (b)-(f))

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- 451 Arson of structure, forest, land of property; great bodily injury (Include degrees (a)-(e))
- 459 Burglary (Includes degrees in 460 (a) and (b) (Includes 461 punishment)
- 470 Forgery, intent; documents of value; counterfeiting seal; falsification of records (includes (a)-(e))
- 475 Possession or receipt of forged bills, trading stamp, lottery tickets or shares (includes degrees (a)-(c))
- 484 Theft
- 484b Intent to commit theft by fraud
- 484d-j Theft of access card, forgery of access card, use of card unlawfully altered or obtained; false representation of card ownership
- 487 Grand theft (Includes degrees (a)-(d))
- 488\* Petty theft
- 496\* Receiving stolen property (Includes (a)-(c))
- 503 Embezzlement (Includes 504,504a, 505, 506, 506a, 506b, 507 and 580)
- 518 Extortion
- 666 Repeat convictions for petty theft, grand theft, burglary, carjacking, robbery and receipt of stolen property

Copper Mountain College Nursing Programs require a criminal background check. Students should be aware that the results of the background check may have an impact on academic program eligibility or clinical/community site placement. Students may be denied access to the program on the basis of the results of the background check. The College is required to comply with licensing requirements and with policies of our partner agencies. If you have a felony or a misdemeanor in your background, please consult your program director to discuss the impact on your academic and professional career.

California Department of Public Health (CDPH) evaluates criminal convictions for any offense and either grants or denies criminal record clearance by reviewing evidence of good character and rehabilitation provided by applicants, or information gathered by CDPH in relation to criteria outlined in Health and Safety Code Section 1337.9(c). Any conviction receives an evaluation by CDPH. Due to longer processing times, it is a possibility that the student may complete a Nurse Assistant Training Program (NATP), pass competency examination, pay tuition and testing fees, and still not obtain a background clearance. Failure to obtain background clearance prohibits students from obtaining CNA certification.

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## Copper Mountain College Uniform & Equipment Requirements

### Nurse Assistant / Home Health Aide

Uniform garments MUST be as described below. Similar style uniforms will not be permitted.  
No additions or modifications to the official uniform may be worn (e.g. "logo" or colored undershirts etc.).

WW 620 WW 670	Cherokee Revolution	Ladies' Top Men's Top	Wine
WW 120 WW 140	Cherokee Revolution	Ladies' Pant Men's Pant	Wine
OPTIONAL WW 310 WW 360 Long/short sleeve t- shirt	Cherokee Revolution Cherokee Revolution Any Brand	Ladies' Jacket Men's Jacket Any Brand	Wine Wine White



### RESOURCES

Nurse Assistant Program Home Health Aide Program	Online such as <a href="http://www.amazon.com">www.amazon.com</a>	Uniforms Penlight Gait Belt Blood pressure cuff	White shoes and white socks Watch w/sweep second hand Bandage scissors Stethoscope
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