National Nurses of America

CNA
APPLICATION PACKET

Please complete the attached application packet.

When all forms are completed and you have all required documents,

call 318-484-6111 for an appointment to return your packet.

Our office hours are:

Monday-Thursday, 8:00am-5:00pm

Friday, 8:00am-3:00pm

All credentials and forms must be returned with your application packet. You will not be able to schedule shifts until the application process has been completed in full.

- CPR Card
- TB Test *(current within one year)*
- 2 Valid Forms of Identification *(Drivers License, Social Security Card)*
- Flu Vaccine
- Void check for direct deposit

Should you have any questions, you may call 318-484-6111.

National Nurses of America looks forward to working with you!

Sincerely,

National Nurses of America Administration

5820 Jackson Street Ext., Alexandria, LA 71303
Phone: 318-484-6111 Fax: 318-484-2090

National Nurses of America

CERTIFIED NURSING ASSISTANT JOB DESCRIPTION

POSITION SUMMARY:

Provides direct patient care, both medical and non-medical; and are typically supervised by registered nurses and often assist LPNs. CNAs are often given patient duties with minimum supervision therefore it is necessary for a CNA to be capable of working in such a manner.

DUTIES, ACCOUNTABILITIES, AND RESPONSIBILITIES:

- Take and document vital signs
- Assist patients entering or leaving their beds and with walking
- Clean patient rooms, change linens, supply and empty bed pans
- Answer patient call lights/signals
- Monitor and document food and liquid input/output
- Collect and deliver specimens such as urine, feces, or sputum for testing
- Bathe, groom, shave, dress, and/or drape patients to prepare them for surgery, treatment, or examination
- Feed patients and restrain patients if necessary
- Turn and re-position bedridden patients, alone or with assistance, to prevent bedsores

QUALIFICATIONS, REQUIREMENTS, AND SKILLS:

- Current state certification
- Communication and documentation skills
- Hospital assignments require a minimum of one-year recent experience.
- Nursing home, home health, and hospice assignments requires a minimum of six months recent experience.

ENVIRONMENTAL CONDITION:

- Potential for cuts, bruises, muscle strains, and exposure to airborne pathogens via blood and body fluids; and exposure to contagious diseases and may be exposed to hazardous materials

PHYSICAL REQUIREMENTS:

- Constant walking, standing, bending, stooping, and pushing/pulling heavy objects

COMMENTS:

The intent of this job description is to provide a representative summary of the major duties and responsibilities performed by incumbents of this job. Incumbents may be requested to perform job-related tasks other than those specifically presented in this description.

I have read and fully understand the job description of the position I am applying for; and do not have any further questions.

_____ _____

Signature Date

_____ _____

Agency Representative Date

National Nurses of America

REQUEST FOR VERIFICATION OF EMPLOYMENT

TO: _____

DATE: _____

ATTN: _____

PHONE: _____

FAX: _____

FROM: NATIONAL NURSES OF AMERICA
5820 Jackson Street
Alexandria, LA 71303
PHONE: 318-484-6111
FAX: 318-484-2090

PLEASE FAX COMPLETED FORM TO 318-484-2090 OR EMAIL
nationalnurses@suddenlinkmail.com

SUBJECT: _____

SSN: XXX-XX-_____

DOB: _____

Category	Provided by Applicant	Provided by Employer
Job Title		
Start Date (mm/dd/yyyy)		
End Date (mm/dd/yyyy)		

_____ _____

Signature of Verifier/Title Date

I, the undersigned, give permission to release the above information to National Nurses of America.

_____

Signature

5820 Jackson Street Ext. Alexandria, LA 71303
Phone: 318-484-6111
Fax: 318-484-2090
Email: nationalnurses@suddenlinkmail.com
Website: www.nationalnursesofamerica.com

National Nurses of America

Work Placement Medical Declaration Form

I, _____, do hereby state that I am in good health, free from any communicable diseases, and able to perform all of my job duties.

_____
Signature

_____
Date

_____
NNA Representative

National Nurses of America

INDEPENDENT CONTRACTOR REQUIREMENTS

Please only accept shifts you are certain you can fill. Late cancellations put both the client (facility) and National Nurses of America in a difficult situation and also give a poor reflection of both you and National Nurses of America. Cancellations should only be made in the case of an **extreme** emergency.

Accepting a shift and not reporting to the assignment will be labeled a **NO CALL/NO SHOW**. If there is any reason you will be unable to fulfill a shift assignment you previously committed to, you are **EXPECTED** to call as soon as possible and no later than two hours before the shift begins. If you are running late, call us so we may notify the facility. Not showing up is completely **UNACCEPTABLE** and you will be released from working with National Nurses of America.

You may be required by the facility to report to your scheduled shift at least **one hour** early for new facilities. You will be paid for this time. This **ONLY** applies to your first scheduled shift with each new facility.

Let us know as early as possible of your availability so we can have adequate time for scheduling.

It is also important to maintain a good bedside manner and be polite and courteous. You are expected to act respectful to hospital staff and administration at client facilities. This will reflect well on you and solidify your ability to retain shifts.

You are important to us. We want you to have a fulfilling and rewarding career as a medical professional.

Print Name: _____

Signature: _____ Date: _____

National Nurses of America

DRUG TESTING REQUIREMENTS

Drug testing under this company requirements will be performed by collecting urine on company premises. All testing will be conducted in a professional and sanitary manner with due regard to your privacy, dignity, and confidentiality. A secure written chain of custody process is implemented from the time of the collection of the specimen until the disposal of the specimen. All specimens will be analyzed for the presence of illegal drugs or other such substances.

All specimens will undergo an initial screening test and a positive test result will be confirmed further. A positive test result will be reviewed by a Medical Review Officer as defined by Louisiana law. The Medical Review Officer must provide an opportunity for an interview with the employee prior to the positive test result being communicated back to the company. This will ensure that positive test results are not due to authorized prescription, off-the-shelf, or over-the-counter medications appropriately used or other factors; which the Medical Review Officer feels could justify the presence of the drugs, alcohol or other such substances.

If you are suspected of being under the influence of illegal drugs or other such substances, may at the option of the company, be suspended from work until the results of the drug and /or alcohol test are received and are viewed by the company's administrator. You have the right, to receive the results of your test. If your test is verified positive by the Medical Review Officer you will be notified by either the company, the certified laboratory conducting the testing/screening, and/or the Medical Review Officer.

Consequences of a Positive Drug or Alcohol Test

1. In the event of a confirmed positive test result for the presence, use, or abuse, of illegal drugs, alcohol and other substances during a drug or alcohol screening, the applicant will not be contracted unless you have a prescription for the medication you tested positive for.
2. Once contracted and we receive a confirmed positive test result for the presence, use, or abuse, of illegal drugs, alcohol and other substances; you will be immediately terminated (2) may be reported to state and federal authorities and agencies.

BY SIGNING HEREIN BELOW:

1. I expressly confirm that I have read and understand the company's requirements.
2. I understand that participation in the company's requirements is a mandatory.
3. I further agree and expressly consent to all terms, conditions, mandates and prohibitions set forth in the company's requirements.

Name (PRINT):_____ Social Security No.:_____

Signature:_____Date:_____

Administrative Signature: _____ Date:_____

National Nurses of America

WAIVER

NAME (print)_____

HEPATITIS

1) I am not able to obtain records of the Hepatitis B vaccination series, but attest that He/She has received them and releases the Agency and its Clients of any responsibility should I come in contact or contract the above-mentioned disease.

OR

2) I have not received the Hepatitis B vaccination series, and releases the Agency and its Clients of any responsibility should I come in contact or contract the above-mentioned disease.

Signature _____ **Date** _____

MMR (Measles, Mump, and Rubella)

1) I am not able to obtain records of the MMR shot but attest that I have had it and releases the Agency or its Client of any responsibility should I come in contact or contract the above-mentioned diseases.

OR

2) I have not taken the MMR shots and releases the Agency and its Clients of any responsibility should I come in contact or contract the above-mentioned diseases.

Signature _____ **Date**_____

OSHA TRAINING

I was not able to obtain records but have received training in OSHA Blood and Body Fluid Precautions or Bloodborne Pathogens.

Signature _____ **Date**_____

BACKGROUND/REFERENCE CHECK

I authorize National Nurses of America, its representatives or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions; and to verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any/all rights and claims I may have regarding National Nurses of America, its agents or representatives; for seeking, gathering and using such information in the contract process and all other persons, corporations, or organizations for furnishing such information about me.

Signature _____ **Date**_____

National Nurses of America

HIPAA TRAINING MODULE TEST

T	F	1. HIPAA stands for Health Insurance Portability Accountability Act
T	F	2. The date for compliance with HIPAA privacy standards is April 14, 2003
T	F	3. The HIPAA regulation affects only electronic transmission of health information
T	F	4. PHI stands for Protected Health Information
T	F	5. National Nurses of America is a "business associate" of hospitals, clinics, and other healthcare providers subject to HIPAA
T	F	6. You must know and comply with the privacy policies and procedures of any organization where you work
T	F	7. The HIPAA regulation affects me and my responsibilities to the patients I provide services for
T	F	8. You are allowed to repeat protected health information only when it is necessary to do your job
T	F	9. Only information that would virtually be impossible to identify the person is not subject to the privacy rules
T	F	10. No one will ever know that I don't follow the law about privacy, so I can ignore the part about criminal penalties

I understand and will honor the privacy standards set forth by National Nurses of America; and am aware that violations of the privacy policies and procedures may result in disciplinary action including termination.

Signature _____ Date _____

Score _____

National Nurses of America

CERTIFIED NURSING ASSISTANT
SKILLS CHECKLIST

NAME:	DATE:	
Directions: This self evaluation is for assessing your experience in specific clinical areas. Enter the number that best describes your skill level. Please complete as accurately as possible.	**No experience**	**1**
	Limited experience, supervision needed	**2**
	Experienced, no supervision required	**3**
	Proficient, able to supervise and teach	**4**

GENERAL NURSING		Care of Patient with	
Complete Bed Bath		Intoxication	
Partial Bed Bath		Diabetes	
Bed Making-Occupied		AIDS	
Bed Making-Unoccupied		Multiple Trauma	
Back Care		Burns	
Care of Confused Patient		Care of Combative Patient	
Bed Making Post Op Surgical		Care of Suicidal Patient	
Range of Motion		Care of Confused Patient	
Assist/Perform Bathing		Seizure Precautions	
Catheter Care		Asthma/COPD	
Colostomy Care		Open/Closed Head Injury	
Oral Hygiene		Spinal Cord Injury	
Tracheostomy Care		Drug Overdose	
Apply Restraints		Amputation	
Shaving a Patient		Chest Tubes	
Perineal Care		Renal Failure	
Intake and Output (I&O)		Abdominal Wounds	
Post Mortem Care		Drains	
Assist with Feedings		Hospice Care	
Pre-Operative Care/Preparation		Do you have a Stethoscope? ☐ YES ☐ NO	
Weighing Patients		VITAL SIGNS	
Enemas		Pulse	
Charting in Nurses Notes		Temp-Oral	
Computer Charting		Temp-Axillary	
Wound Care		Temp-Rectal	
Positioning/Transferring		Temp-Tympanic	
Assist with Toileting Activities		Respirations	
Dressing Changes		Blood Pressure	
Monitor Restraints			
Blood Glucose Monitoring			
Urine Dipstick			
Pulse Oximetry			
Documentation			
Reporting to Supervisor			

AGE APPROPRIATE CARE: Ability to adapt care to incorporate normal growth and development, adapt method, and terminology of client instructions as it relates to the age and comprehension level of the client; and to ensure a safe environment.

AGE		AGE	
Newborn (birth – 30 days)		**Adolescents (12 – 18 years)**	
Infant (30 days – 1 year)		**Young Adults (18 – 39 years)**	
Toddler (1 – 3 years)		**Middle Adults (39 – 64 years)**	
Preschooler (3 – 5 years)		**Older Adults (64+ years)**	
School Age (5 – 12 years)			

The information I have given is accurate, and I hereby authorize National Nurses of America to release this skills checklist to their client facilities.

_____ _____

Signature Date

_____ _____

Agency Date

National Nurses of America

CNA COMPETENCY EXAM

1. What is the term for a device used to take the place for a missing body part?
   A) Proration
   B) Abduction
   C) Prosthesis

2. When is it appropriate to change gloves?
   A) When gloves are grossly contraindicated.
   B) When gloves become torn or punctured
   C) All of the above

3. When a client has left-sided weakness, what part of a sweater is put on first?
   A) Both sleeves
   B) Left sleeve
   C) Right sleeve

4. It is appropriate for you to share the information regarding a client's status with:
   A) Any one the nurses aide sees fit
   B) The client's family members
   C) The staff on the next shift

5. If a piece of equipment such as a whirlpool is suspected of being contaminated with a resistant organism, which of the following actions is appropriate?
   A) Culturing the equipment
   B) Considering a change in the cleaning technique
   C) Allowing a patient to use the equipment

6. When helping a client who is recovering from a stroke to walk, you should assist:
   A) On the client's strong side
   B) On the client's weak side
   C) From behind the client

7. While handling an oxygen tank remember that:
   A) The tank should not lie on its side to be secured
   B) The smoking area should be limited around the tank
   C) It is a combustible gas and can explode if dropped

8. The purpose for padding side rails on the client's bed is to:
   A) Use them as a restraint
   B) Have a place to connect the call signal
   C) Protect the client from injury

9. Exercises that move each muscle and joint are called:
   A) Abduction
   B) Range of motion
   C) Rotation

10. What must be done if the eyes are splashed with contaminated material?
    A) Flush the eyes with water, remove contact lenses, and consult medical personnel
    B) Wipe up the material and put on protective eye gear
    C) Wash the face and put on a face shield

11. You are asked by a confused client what day it is. You should:
    A) Explain that memory loss is natural and the date is not important
    B) Ignore the request
    C) Point to the date on a calendar and say the date

12. When working or coming in contact with a patient who has a respiratory infection such as active tuberculosis, what is the most important isolation gear to wear to prevent infection from the aerosol or droplet inoculates?
    A) Mask and goggles
    B) Protective shoe coverings
    C) All of the above

13. To avoid pulling the catheter when turning a male client, the catheter tube must be taped to the client's:
    A) Bed sheet
    B) Upper thigh
    C) Hip

14. In storing pharmaceutical solutions, it is appropriate to:
    A) Store the solutions in a cool, dry place
    B) Store them in a dark, dry area
    C) Consult the manufacturer of the US Pharmacopeia (USP)

15. You can assist clients with their spiritual needs by:
    A) Taking the clients to the nurses aide church
    B) Allowing clients to talk about their beliefs
    C) Avoiding any religious discussions

Signature _____ Date _____

Score _____

National Nurses of America

OSHA BLOODBORNE PATHOGENS TEST

1. If you are exposed to potentially infectious materials on the job, you may request a vaccine for which bloodborne disease?
   A) HIV
   B) Syphilis
   C) Hepatitis

2. Which of the following materials could contain bloodborne pathogens?
   A) Bloody Saliva
   B) Vaginal Secretions
   C) All of the above

3. If you wear gloves when cleaning up an accident site, it is not necessary to wash your hands afterwards.
   TRUE_____ FALSE_____

4. Bloodborne pathogens may enter your system through:
   A) Open cuts
   B) Dermatitis
   C) All of the above

5. You should always treat all body fluids as if they are infectious and avoid direct skin contact with them.
   TRUE_____ FALSE_____

6. You should never eat, drink, or smoke in a laboratory or other areas where there may be potential exposure to bloodborne pathogens.
   TRUE_____ FALSE_____

7. If you have blood or potentially infectious materials splashed into your eye, you should flush your eye with clean, running water for:
   A) 5 minutes
   B) 10 minutes
   C) 15 minutes

8. Uncontaminated sharps may be disposed in regular trash bags.
   TRUE_____ FALSE_____

9. A quarter cup of household bleach to one gallon of water provides a strong enough solution to effectively decontaminate most surfaces, tools, and equipment if left for 10 minutes.
   TRUE_____ FALSE_____

10. Needles should never be recapped.
    TRUE_____ FALSE_____

Signature _____ Date _____

Score _____