



<p style="text-align: center;">NURSING ASSISTANT PROGRAM (NUA) STUDENT ACKNOWLEDGMENT</p>
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I have oriented myself to D2L where syllabus, handbook and other class documents are found. I have read and understand the nursing assistant program student handbook and specific course descriptions for NUA 1001, 1070 and 1071 as found in the Pikes Peak State College course catalog. I know that I am responsible for the content. I further agree to abide by all policies stated herein.

I understand there are additional costs associated to the nursing assistant program, including the cost of testing for certification by the state of Colorado. Information on the certification of nursing assistants is found on <https://www.colorado.gov/pacific/dora/Nursing>. Information and documents related to state testing can be found at <https://credentia.com/test-takers/co>

ALL PPCC CAMPUS POLICIES WILL BE STRICTLY ENFORCED

Responsibilities of Student

I understand that I am responsible for uploading the Nursing Assistant Program required documentation to CastleBranch [Pikes Peak Community College - Package Selection \(castlebranch.com\)](https://www.ppcc.edu/programs/nursing/nursing-assistant/index.php). I understand that I am not eligible to enroll in NUA 1001, 1070 or 1071 until all documentation has been submitted to CastleBranch, the NUA application packet has been completed and reviewed by NUA staff. I understand that I must attend a NUA information night – dates and times found at: <https://www.ppcc.edu/programs/nursing/nursing-assistant/index.php>

While involved in any clinical learning experience, I understand that I will adhere to facility/agency policies. Including but not limited to, confidentiality, HIPAA, smoking, break time and parking. **Facility resident transfer policy must be adhered to, any questions should be discussed with the clinical instructor.**

My signature authorizes PPSC to release information concerning program requirements (such as CPR, immunizations, background check and drug screen information) to clinical facilities if requested by the facility.

I understand when electing to do a clinical in a semester later than the one I am currently enrolled, there may be additional requirements, to include, but not limited to a new background and urine screen at students' expense.

I have read and understand the Nursing Assistant Program student handbook and specific course descriptions for NUA 1001, 1070 and 1071 as found in the Pikes Peak State College course catalog. I acknowledge I am aware and responsible for the NUA handbook standards and content. I further agree to abide by all policies stated herein. I am verifying that I can perform my duties as a Nursing Assistant student (see Essential Skills and Functional Abilities).

I will address any questions on the policies to my classroom, clinical or lab instructor or the NUA Program Coordinator.

Student Signature _____

Student Printed Name _____ Date _____

PIKES PEAK STATE COLLEGE COLORADO SPRINGS, CO
The policies remain in effect regardless of student's signature.
Policies may be changed at any time. Students will be notified on D2L.