

## Admission Requirements



There are several steps that need to be completed prior to your enrollment in the Nurse Aide Training program. A summary checklist is on the next page. Please use this checklist to help organize your forms and complete your background clearance(s), physical, urine drug screen, PPD's and influenza vaccine.

The entire checklist must be completed prior to starting the Nurse Aide Training program. Please make sure you have allowed at least four to six weeks to complete the necessary entrance requirements prior to choosing your class. You may view class schedules at <https://www.mc3.edu>.

**Updated procedure as of January 2021:** As you gather your documents, submit well-lit photos or PDFs of each document to the Nurse Aide Training Department at the following website:

<https://sft.mc3.edu/filedrop/NurseAideDocumentSubmission>. ***You must bring all original documents with you to the program orientation, which will be scheduled 1-2 weeks prior to the start of each session.***

If you have any questions relating to the Admission Process, please call the Nurse Aide Training Department at 215-619-7454 or send an email to [nurseaide@mc3.edu](mailto:nurseaide@mc3.edu).



## Admission Process Summary Checklist



- High School Diploma, GED, or College Transcript/Diploma
- Two forms of identification. The approved forms of ID are: driver's license, passport, library card, credit card, green card, and state issued identification card. One form of ID must have a photo. All forms of ID must be originals. No copies will be accepted.
- If an applicant is not a citizen of the US, the applicant must submit a copy of their Visa I-94, or Resident Alien card (Green Card) at the time of registration for the program.
- Complete the Verification of Pennsylvania Residency form. A copy of this form is located in this document. You must complete this form and bring the original page with you to the program orientation.
- Complete the Attestation of Compliance with Act 14 form. A copy of this form is located in this document. You must complete this form and bring both original pages with you to the program orientation.
- Criminal History Record Information (CHRI) – Must obtain and submit a CHRI report, using your entire name (first, middle, last), with a watermark seal from the PA State Police within one year of the program start date. The CHRI report must be free of prohibitive offenses as cited in Act 14. There will be a fee for this report. See page 3 for further instructions.
- FBI Criminal Background Report - Only complete if you have **not** lived in Pennsylvania for two consecutive years in a row prior to starting the Nurse Aide Training program. There will be a fee for this report. It must have been obtained within a year of the program start date. See pages 4 and 5 for further instruction.
- Health Examination Form, Test for Tuberculosis (2 Step PPD or QuantiFERON TB Gold within one year or chest x-ray within five years), Influenza Vaccine and 10 panel urine drug screen. See Page 6 for further instruction. You must complete this form and bring original pages with you to the program orientation.
- Signature Page – This is located in the full Nurse Aide Training and Competency Evaluation Program (NATCEP) Student Handbook. It verifies that you have been given a copy of, and have read through, the handbook and have had any questions answered to your satisfaction.

## Detailed Instructions for Gathering Documents

**Important Reminder:** Applicants should submit well-lit photos or PDFs of each document to the Nurse Aide Training Department at the following website:

<https://sft.mc3.edu/filedrop/NurseAideDocumentSubmission> as soon as possible so staff can determine eligibility to begin the program.

All original documents, forms, and identifications must be brought to the orientation, which will be scheduled 1-2 weeks prior to the start of each session.

- 1.) High School Diploma, GED, or College Transcript/Diploma.
- 2.) Two Forms of Identification – Must be originals. No copies will be accepted. One ID must be a photo ID. Both forms of ID must have a signature. Acceptable forms of ID are: PA Driver’s License, PA State ID, Passport, Library Card, Credit Card, and Resident Alien Card.
- 3.) US Citizenship – original ID’s required. If you are **not** a US Citizen, provide your Visa, I-94 or Green Card.
- 4.) Verification of Pennsylvania Residency form – complete in its entirety. A copy of this form is located in the “Necessary Forms” section at the end of this handbook.
- 5.) Attestation of Compliance with Act 14 Form – read both pages and complete in its entirety. A copy of this form is located in the “Necessary Forms” section at the end of this handbook. Please read the Nurse Aide Resident Abuse Prevention Training Act 14 of 1997 (P.L. 169). If you do not possess any of the offenses listed, check the box on the first page, sign and date below. Bring both original pages with you to orientation.
- 6.) PA Criminal History Record Information (CHRI) Report obtained from the State Police within a year of the program start date. Go to <https://epatch.state.pa.us>. You will need to use your entire name for the report (first, middle, last). There will be a fee for this report. You will need to have an email address and a credit card. Reports are usually generated within 24 hours. *You must print out the certificate with the watermark seal. This is the only form that will be accepted.*
- 7.) FBI Criminal Background Report – **This report is only required if you have not lived in PA for two consecutive years in a row prior to starting the Nurse Aide Training program.** If you have not lived in PA consecutively for the last two years, you must complete an FBI clearance. This report is in addition to the CHRI report and must be obtained within a year of the program start date.

**The FBI report is a fingerprint based background check and has several steps, listed below:**

**Step 1: Registration.** The applicant must register prior to going to the fingerprint site. Walk in service is allowed but all applicants are required to complete pre-enrollment in the new Universal Enrollment system. Pre-enrollment can be completed online or via telephone. The registration website is available on the **IDEMIA website** at <https://uenroll.identogo.com/>. Telephonic registration is available at 844-321-2101 Monday through Friday, 8am to 6pm EST. During the pre-enrollment process, all demographic data (name, address, etc.) for the applicant is collected along with notices about identification requirements and other important information.

When registering online, an applicant must use the appropriate agency specific Service Code **1KG6NX** to ensure fingerprints are processed for the correct agency (Pennsylvania PDE-AVTS). Select Schedule and Manage Appointment. Note that if the applicant proceeds with the process under an incorrect Service Code, the pre-enrollment and/or results cannot be transferred to another state agency and the applicant will be required to start the process over and pay for the background check again.

**Step 2: Payment.** The applicant will pay a fee for the fingerprint service and to secure an unofficial copy of the Criminal History Record. Major credit cards as well as money orders or cashier's checks payable to **MorphoTrust** will be accepted on site for those applicants who are required to pay individually. No cash transactions or personal checks are accepted.

IDEMIA has also established a payment option for fingerprinting services for entities interested in paying the applicant's fee. This option provides a payment 'coupon' that the entity will provide to each applicant for use. Each coupon is unique and may only be used one time. Account applications must be completed prior to the applicant visiting the fingerprint site. The authorized representative must complete the account application. To establish a billing account, download an application at <https://www.identogo.com/locations/pennsylvania>.

**Step 3: Fingerprint Locations.** After registration, the applicant proceeds to the fingerprint site of their choice for fingerprinting. The location of the fingerprint sites and days and hours of operation for each site are posted on the IDEMIA website. The location of fingerprint sites may change; applicants are encouraged to confirm the site location.

**Step 4: Fingerprinting.** At the fingerprint site, the Enrollment Agents (EA) manage the fingerprint collection process. The fingerprint transaction begins when the EA reviews the applicant's qualified State or Federal photo ID before processing the applicant's transaction. A list of approved ID types can be found on the IDEMIA website. Applicants will not be processed if they cannot produce an acceptable photo ID. After the identity of the applicant has been established, all ten fingers are scanned to complete the process. The entire fingerprint capture process should take no more than five minutes.

NOTE: If the applicant's fingerprints cannot be transmitted electronically by IDEMIA to the FBI a second time, the applicant will be notified that a "name check" process will be instituted. The name check is a manual review of records completed by the FBI, with the results being sent to PDE. Upon receipt of name check results from the FBI, PDE mails a letter directly to the applicant. The letter contains the applicant's name check results and may be presented to schools in lieu of the electronic

report. The name check process takes 4 to 6 weeks.

**Step 5: Reviewing an FBI Report.** Nurse Aide Training program staff do not access the applicant's FBI Report online.

In order for the designated and approved PDE staff to access an applicant's FBI report, the prospective nurse aide trainee must provide to PDE a legible **written request** via fax 717.783.6672 or email [ra-natcep@pa.gov](mailto:ra-natcep@pa.gov) that includes:

- (1) applicant's full name and
- (2) current mailing address and
- (3) Universal Enrollment Identification (UEID) number and
- (4) email address and
- (5) telephone number

PDE staff will print the FBI report and stamp each page "**original**" in red ink. PDE will send only one copy of the FBI report per UEID via certified mail to the applicant within 30 calendar days of the written request.

The designated and approved PDE staff members are:

Sheri Weidman  
Coordinator, NATCEP  
Email: [ra-natcep@pa.gov](mailto:ra-natcep@pa.gov)

Arthur Richardson  
Support Staff  
Fax: 717.783.6672

The applicant must provide the FBI report to the nurse aide training program staff for their review and determination for eligibility to enroll in a nurse aide training program in compliance with PA Act 14 of 1997 – Title 22 Chapter 701 prohibitive offense list **prior to** enrollment in a PDE-approved Nurse Aide Training program. Be advised that crime codes differ by state so some research may be necessary. If the program determines that additional information is needed for evaluation and determination for enrollment eligibility, it is the applicant's responsibility to make a request to the appropriate jurisdiction and provide any additional documentation to the program staff for further evaluation **prior to** enrollment in the Nurse Aide Training program.

**Step 6: Obtaining Unofficial Copy.** Applicants have a **one-time opportunity** to obtain an unofficial copy of their report via email from the IDEMIA website. The unofficial copy cannot be reviewed by Nurse Aide Training program staff but you may want to keep an unofficial copy for your records.

If you have any questions, please call the Nurse Aide Training Program Coordinator at 215-619-7454.

- 8.) Health Examination Form, Test for Tuberculosis (2 Step PPD or QuantiFERON TB Gold), Influenza Vaccine and 10 panel Urine Drug Screen - should be scheduled **at least 6 weeks** before your expected date of admission to the Nurse Aide Training program

The entire health form must be completed by a healthcare practitioner. This includes a physician (MD or DO), a physician assistant, or a nurse practitioner. A copy of this form is located in the "Necessary Forms" section at the end of this handbook. *The original form must be brought with you to your interview. Please review the form to ensure that there are no missed or blank areas.*

Tuberculosis (TB) transmission has been documented in health care settings where workers and patients come in contact with people who have TB disease. All applicants are required to obtain a 2 Step PPD or the QuantiFERON TB Gold test. If documentation indicates a positive result or history of a positive reaction, a chest x-ray within five years will be accepted. *Copies of the QuantiFERON TB Gold test or a chest x-ray must be brought with you to the orientation.*

All clinical sites require a negative urine drug screen. Your physician will need to order a 10 Panel Urine Drug Screen.

A negative finding is required in order to be eligible for participation in the clinical component of the Nurse Aide Training program. A positive result requires retesting at a College designated site to ensure standardization of test results for all students.

- 9.) Nurse Aide Training and Competency Evaluation Program (NATCEP) Student Handbook Signature Page: It is the responsibility of each student to read the entire Nurse Aide Training and Competency Evaluation Program (NATCEP) Student Handbook and read and sign the Signature Page. The handbook will be e-mailed to applicants.
- 10.) Tuition – The cost of the Nurse Aide Program at Montgomery County Community College is \$1,500.00. Please see "Additional Program Costs not Covered by Tuition" located under the "Tuition Policy".

**Remember:** Applicants should submit well-lit photos or PDFs of each document to the Nurse Aide Training Department at the following website: <https://sft.mc3.edu/filedrop/NurseAideDocumentSubmission> as soon as possible so staff can determine eligibility to begin the program. All original documents, forms, and identifications must be brought to the orientation, which will be scheduled 1-2 weeks prior to the start of each session.

**Contact the Nurse Aide Training Department at 215-619-7454 or [nurseaide@mc3.edu](mailto:nurseaide@mc3.edu) with any questions.**





## Attestation of Compliance with PA Act 14 Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.

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All candidates must submit an original or copy of an original PA CHRI obtained through the Pennsylvania State Police during the year prior to enrolling in a PA NATCEP as required by Act 14. If a candidate has not been a resident of Pennsylvania for the last two (2) consecutive years, a PA CHRI and a FBI criminal history report are required prior to enrollment.

As evidence you have not been convicted of any of the Prohibitive Offenses Contained in 63 P.S. § 675, check the box then sign and date the Attestation of Compliance with Act 14 below.

Candidates who were convicted of a Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2) of the Prohibitive Offenses Contained in 63 P.S. § 675 must provide a PA CHRI and an FBI report to determine eligibility for enrollment in a PA Nurse Aide Training Program.

### Attestation

This form represents my request to enroll in a nurse aide training program and is verification of compliance with Act 14 – Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.

I have reviewed the list of Prohibitive Offenses Contained in 63 P.S. § 675 and hereby testify that I have not been convicted of any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3):

- (1) an offense designated as a felony under the act known as "The Controlled Substance, Drug, Device and Cosmetic Act",
- (2) an offense under one or more of the following provisions of Title 18, and
- (3) a Federal or out-of-state offense similar in nature to those crimes listed under paragraphs (1) and (2).

I check this box to confirm I have not been convicted of any Prohibitive Offense contained in Act 14 of 1997 (set forth in 63 P.S. § 675 and found on the following page).

I understand if a conviction for any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3) is present, it is possible I will not be eligible for employment in a long-term care or other health care setting. A potential employer is responsible for reviewing my official Criminal History Record Information report.

By signing this form, I certify under penalty of law that the information I have provided on this application is true, correct and complete. I understand that false statements herein shall subject me to criminal prosecution under 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(MM/DD/YYYY)

## Prohibitive Offenses Contained in 63 P.S. § 675

In no case shall an applicant for enrollment in a State-approved nurse aide training program be admitted into a program if the applicant's criminal history record information indicates a conviction of any of the following offenses:

1. An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act." (See 35 P.S. § 780-101 et seq.). These offenses may be designated as "CS" on a criminal rap sheet.
2. An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes below.
3. A Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2).

Offense Code	Prohibitive Offense Description	Type/Grading of Conviction
CC2501	Criminal Homicide	Any
CC2502	Murder	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2507	Criminal Homicide of Law Enforcement Officer	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	1 Felony or 2 Misdemeanors
CC3921	Theft by Unlawful Taking	1 Felony or 2 Misdemeanors
CC3922	Theft by Deception	1 Felony or 2 Misdemeanors
CC3923	Theft by Extortion	1 Felony or 2 Misdemeanors
CC3924	Theft by Property Lost	1 Felony or 2 Misdemeanors
CC3925	Receiving Stolen Property	1 Felony or 2 Misdemeanors
CC3926	Theft of Services	1 Felony or 2 Misdemeanors
CC3927	Theft by Failure to Deposit	1 Felony or 2 Misdemeanors
CC3928	Unauthorized Use of a Motor Vehicle	1 Felony or 2 Misdemeanors
CC3929	Retail Theft	1 Felony or 2 Misdemeanors
CC3929.1	Library Theft	1 Felony or 2 Misdemeanors
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	2 Misdemeanors
CC3929.3	Organized Retail Theft	1 Felony or 2 Misdemeanors
CC3930	Theft of Trade Secrets	1 Felony or 2 Misdemeanors
CC3931	Theft of Unpublished Dramas or Musicals	1 Felony or 2 Misdemeanors
CC3932	Theft of Leased Properties	1 Felony or 2 Misdemeanors
CC3934	Theft from a Motor Vehicle	1 Felony or 2 Misdemeanors
CC4101	Forgery	Any
CC4114	Securing Execution of Document by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C or D	Obscene and Other Sexual Materials and Performances	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any

Any two Misdemeanor convictions for offenses CC3901 thru CC3934 in any combination is prohibited.

**VERY IMPORTANT**

**PLEASE READ  
INSTRUCTIONS BELOW REGARDING THE  
HEALTH EXAMINATION FORM**

1. Date of examination **MUST** be after the PPD / QuantiFERON Gold / Chest x-ray results are read and the flu vaccine is administered.
2. PPDs must read as example: 0.0 mm. The results should not be listed as “negative” or 0.
3. Physical examinations completed within **6 months** prior to the start of the Nurse Aide Training class will be accepted.
4. Along with the physical exam, applicants will need to submit a medical clearance for N95 mask fit testing, in case such masks are required by the clinical site. Bring the fit-testing form with you to the physical and submit it with your paperwork.

## Health Examination Form for Admission to the Nurse Aide Training Program

TOP PORTION TO BE COMPLETED AND REVIEWED **BY THE STUDENT** (please print):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Student Eligibility Requirements for Nurse Aide Training**

#### *Note to Healthcare Professional performing physical assessment:*

- The student must pass a physical examination and must be free of communicable diseases to enter the Nurse Aide Training program.
- Student must have completed the 2-step PPD test prior to the first day of class or bring the QuantiFERON Gold blood test results and complete a 10 panel urine drug screen.
- Transferring, pushing, bending, positioning, and the turning of residents is an important part of the training program. Each student must have the physical ability to succeed in such training. The student must be able to lift 40 pounds to waist level without restrictions.

#### **TO BE COMPLETED AT PHYSICIANS OFFICE/MEDICAL CLINIC (there can be no blanks):**

All students are required to have the influenza vaccine if attending the Nurse Aide Training program between the months of September through March. If applicable, please document date administered \_\_\_\_\_

All students are required to have a **10 Panel Urine Drug Screen**. The original results must be turned in to the College.

**2-step Tuberculin test, PPD** - This is required. Form is not complete until the results are read and reported.

Step 1 Date administered: \_\_\_\_\_ R FA L FA (circle one) by whom- signature and title: \_\_\_\_\_  
Date read: \_\_\_\_\_ By whom- signature and title: \_\_\_\_\_  
Results: \_\_\_\_\_ mm

#### **7-21 days after the first PPD is read Step 2 must be administered**

Step 2 Date administered: \_\_\_\_\_ R FA L FA (circle one) by whom- signature and title: \_\_\_\_\_  
Date read: \_\_\_\_\_ By whom- signature and title: \_\_\_\_\_  
Results: \_\_\_\_\_ mm

If PPD results are positive, please describe the treatment given and the date completed: \_\_\_\_\_

**NOTE:** If PPD's are not given, bring lab results from the QuantiFERON® – TB Gold In-Tube test (QFT–GIT) or Chest X-ray results (within 5 years). These tests, with negative results, will be accepted if PPD's are not completed.

#### **TO BE COMPLETED BY MD, DO, CRNP or PA:**

Yes \_\_\_ No \_\_\_ I certify that the student/employee is free from communicable diseases in the communicable state.

Yes \_\_\_ No \_\_\_ I certify that the student/employee has no medical conditions/restrictions, which will prevent the student/employee from performing the essential function of the job. (If the student/employee has restrictions that require accommodation, please note them in the comments section below.)

Yes \_\_\_ No \_\_\_ Is applicant able to lift 40 lbs. to waist level?

Comments: If applicant has any limitations, please explain: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Examiner's Name and Title (Print or Stamp): \_\_\_\_\_

Examiner's Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### **PLEASE NOTE:**

All students must undergo a physical examination as well as a 2-step Tuberculin test (PPD) or QuantiFERON Gold blood test. A PPD expiring during the course of the class will require an annual PPD (one step) in addition to proof of the 2- step PPD.

**Questions? Call the Nurse Aide Training Department at 215-619-7454.**



**Montgomery County Community College**

**Medical Clearance to be Fit tested and Wear an N95 Respirator Mask**

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

Program: Nurse Aide Training

The individual listed above is medically cleared to be fit tested and wear an N95 Respirator mask for clinical activities as required by the clinical agency.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

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

Practice Name: \_\_\_\_\_

Printed Name/Credentials: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

**Individual to Complete:**

I have been fit tested before and can provide documentation Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please attach the documentation and complete below:*

The mask I have been fit tested for is made by \_\_\_\_\_ and is size \_\_\_\_\_

I do not know what mask I was fit tested for \_\_\_\_\_