Nursing Assistant Certified (NAC) Training Program
https://ce.highline.edu/programs/areas/nursing

Summer 2019 Session 2 (B901)

Classroom Theory - Building 23, Room 115  
Class Dates: June 24\textsuperscript{th} - July 11\textsuperscript{th} (3 Weeks)  
Class Time: 4:00pm - 9:30pm (Monday-Friday)  
(No class July 4\textsuperscript{th}, 5\textsuperscript{th} or 12\textsuperscript{th})

On-site Clinical - Judson Park (10 students go the first week/10 students go the second week)  
Week #1 - Week #1 - Clinical Dates: July 15\textsuperscript{th} - July 19\textsuperscript{th} (1 week)  
Clinical Time: 2:00pm - 10:30pm (Monday - Friday)  
Or  
Week #2 - Clinical Dates: July 22\textsuperscript{nd} - July 26\textsuperscript{th} (1 week)  
Clinical Time: 2:00pm - 10:30pm (Monday - Friday)

Entrance Requirements:  
In order to apply for the Nursing Assistant Certified Training Program you must meet the following entrance requirements:

1. Be able to read, write, and speak English proficiently. (ESL level 4 or above preferred)  
2. Have completed a Highline College Application for Admission
   - New Highline students must complete a Highline College Application for Admission  
     You can fill out the application in-person in Building 6 or  
     You can also fill out the application online by clicking I'M READY TO APPLY at the following link: https://admissions.highline.edu/apply/

Nursing Assistant Certified Application Steps:
All application materials should be submitted to the Continuing Education office in Building 99 Room 101. Incomplete or illegible applications will not be considered.

1. Complete the attached Nursing Assistant Certified Application for Admission form and Nursing Assistant Certified Training Policies form. (see pages 9 and 13)  
2. Complete the attached Background check Authorization section 2 only on page #15  
3. Provide evidence of a negative Tuberculosis (TB) test reading (within the past year) or current chest x-ray/symptom check reading (within the past 2 years).  
4. Provide payment in full for the course upon submission of application. If you are receiving funding, you will be required to submit proof from the funding source stating you have been approved for tuition assistance.
5. A reading/math assessment will be administered in our office upon submission of application. You will have 50 minutes to complete this requirement. You will need to arrive at least 60 minutes before our office closes, or you will be asked to return the next business day.

Criminal Background Check:
Students cannot participate in week #4 of the Nursing Assistant Program clinical sites without providing a clean national background check. This includes any previous addresses within the last 3 years. Failure to pass this background check will prevent you from completing the program.  
If you have questions about the Background Check Central Unit background check process, contact BCCU at bccuinquiry@dshs.wa.gov or call 360-902-7555.
Tuberculosis (TB) test:

A primary care physician or community health center can provide this service for a fee. The fee will vary depending on the provider. Please visit the sites below to find a provider near you.

http://www.ushealthworks.com/Home.html (usually $15-$20 - use next page to receive discount)

http://www.kingcounty.gov/healthservices/health/locations/community.aspx

http://www.doh.wa.gov/YouandYourFamily/IlnessandDisease/Tuberculosis/WhereDoIGetaTBTest.aspx

NAC Program Application Selection Process:

The first twenty (20) applicant’s who have completed ALL the above application steps (see page 1) and meet the criteria, will be accepted into the NAC program. If the course is full at the time of application submission you may apply for the next session.

What are the important dates?

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Or

Week #2 - Clinical Dates: July 22nd - July 26th (1 week)  
Clinical Time: 2:00pm - 10:30pm (Monday - Friday)

Application Period: Applications for Summer Session 2 self-pay students will not be accepted after Thursday, June 20th or once the course has reached maximum capacity of 20 students.

Application Period Deadline for WES Funded Students: Applications for Summer Session 2 will not be accepted after Monday, June 17th. These deadlines are set in place to give students the opportunity to schedule intake appointments by Thursday, June 20th with funding advisors and receive funding decisions in a timely manner.

Decision Notifications: Those that have been selected for the NAC program will be notified by email within 2 weeks of submitting their application.

Those that have not been selected for the NAC program will be notified by email within 2 weeks.
Highline College Nursing Assistant Certified (NAC) Training Program
FAQ’s

Who can apply for the Nursing Assistant Certified Training Program?
Anyone over 16 years of age can apply for the Nursing Assistant Certified Training Program. If you are under 18 you must complete an Underage Student Waiver Form and submit it to Highline College’s Continuing Education Department in Building 99, Room 101. However, to be employed as a Nursing Assistant, you must be 18 years of age or older and a high school diploma or a high school diploma equivalency is preferred.

What are the costs associated with the NAC program?

<table>
<thead>
<tr>
<th>#1 - Class Only</th>
<th>#2 - Class with Test Fees</th>
<th>#3 - Class with credits and fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-credit Certificate of Completion only</td>
<td>Non-credit Certificate of Completion Includes State Testing fees</td>
<td>7 College Credits Certificate of Completion Includes State Testing Fees</td>
</tr>
<tr>
<td>$649.00</td>
<td>$838.00</td>
<td>$999.48</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Price Breakdown</th>
<th>Price Breakdown</th>
<th>Price Breakdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>$649 non-credit tuition (no state test fees)</td>
<td>$649 non-credit tuition</td>
<td>$810.48 with credit tuition</td>
</tr>
<tr>
<td>Ideal for students entering or applying to a Nursing Program</td>
<td>Includes State Testing fees</td>
<td>$124 State testing fees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$65 DOH Application Fee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ideal for students who need the elective college credits and/or for students who are receiving funding assistance</td>
</tr>
</tbody>
</table>

All three above options include the required $57.35 Medical/Liability Insurance, Nursing Supply Fee, and Building Fee.

**Out-of-state tuition** is based on residency status and 7-credit equivalency. For more information, please visit the Registration and Records page at http://registration.highline.edu/tuition.php.

There are additional fees required below:
- $2.00 daily parking passes. **Must be purchased daily. Purchases can be made at the parking pay stations located in the south and east parking lot. For more information, please visit https://safety.highline.edu/parking.php
- $4.15 Student Id/NAC Badge fee
- TB Test (within the past year) or current CXR/symptom check (within the last 2 years) - price will vary depending on location
- Nursing Assistant Supplies (Refer to pages 7-8)

What is the next step after successfully completing the Nursing Assistant training course?
After successful completion of the training, you can schedule the state exam online (not required) and test at Highline College. Your instructor will discuss this process during week three of class. Please note: You will need a SSN in order to apply for state testing and WA DOH licensing application.

If option 2 or 3 is selected - we will assist you with The Department of Health Nursing Assistant registration. This registry allows employers to verify your NAC credentials. If you did not select payment options 2 or 3 - State test/application fees are not included, and you will be responsible for those fees. If you change your mind and decide you would like to choose another option above, you will need to do so by week #2 of class. Please call or go to building 99, room 101 to request the change and pay the price difference.
What types of financial assistance/funding are available?

The Nursing Assistant Certified Training Program does not qualify for traditional Financial Aid. Students can use other funding sources to pay for the class if eligible. Other funding sources may be eligible for the $649.00 or $838.00 self-pay fee (those wanting college credit must pay $999.48). Highline related funding sources must pay $999.48. Some of the potential funding sources are:

Workforce Education Services (WES) - Highline Campus Building 1 - Phone: (206) 592-3802
(http://workforce.highline.edu/)

Women’s Programs and WorkFirst Services - Highline Campus building 6, 1st floor - Phone: (206) 592-3340 (http://womenswkfirst.highline.edu/)

Scholarships at Highline College -
(http://funds4highline.org/scholarships.php)

WorkSource (your local office) -
(http://connections.highline.edu)

YWCA -
(http://www.ywcaworks.org/)

King County Job Initiatives -
http://www.kingcounty.gov/socialservices/Employment%20and%20Education%20Resources/ServicesAndPrograms/AdultServices/KCJobsInitiative.aspx
Authorization for Medical Services

U.S. HealthWorks Specializes in Treating On-the-Job Injuries
Participating Provider in the Labor & Industries Medical Provider Network

Benefits Of Using U.S. HealthWorks Medical Clinics for Treatment of On-The-Job Injuries

- Walk-In Care (Appointments Available Upon Request)
- Limits Out-Of-Pocket Expense for Workers
- X-ray, Orthopedic Supplies (Crutches, Braces, Etc.) For Your Convenience
- Open Extended Hours, Including Evenings & Weekends
- Easy Referral to Physical Therapy and Specialists If Medically Necessary
- Industrial Insurance Paperwork Completed & Mailed Within 24 Hours

Please be aware U.S. HealthWorks Medical Clinic is not an emergency room if you have a life-threatening illness or injury, call 911.

Employer:  (Highline College - Employer AS400 # 3259) Student Name: ___________________________ Date: ________________

Service Requested:  x_P- 09 Student Pays at Time of Service - TB Skin Test

IF QUESTIONS, CALL: ___________________________ Phone: ___________________________

U.S. HealthWorks Puget Sound Locations

Bellevue, 1925 140th Avenue N.E. (425-865-8060)
Everett (Broadway), 3726 Broadway, #101 (425-259-0300)
Everett (Paine Field), 3101 111th ST SW, Unit T/U (425-267-0299)
Federal Way, 1300 South 320th Street (253-839-2727)
Kent, 24031 104th Avenue S.E. (253-852-1824)
Lacey, 3928 Pacific Avenue S.E. (360) 455-1350
Lynnwood, 4320 196th Street S.W. (425-774-8758)
Puyallup, 3850 South Meridian (253-840-1840)
Redmond, 16690 Redmond Way (425-882-0100)
Seattle (Denny), 1151 Denny Way (206-682-7418)
Seattle (Northgate), 836 NE Northgate Way (206-784-0737)
Seattle (South), 3223 First Avenue S., Ste. C (206-624-3651)
Tacoma, 2624 S. 38th St. (253-475-5908)
Tukwila, 200 Andover East (206-575-3136)
Tukwila (Fort Dent), 6720 Fort Dent Way, #110 (206-242-3651)

Open M-F, 7am to 7pm; Sat., 9am to 5pm
Open M-F, 7am to 6pm
Open M-F, 7am to 5pm
Open M-F, 8am to 7pm; Sat., 9am to 5pm., Sun.,10am to 4pm
Open M-F, 8am to 7pm; Sat.,10am to 4pm
Open M-F, 8am to 8pm; Sat 8am to 5pm.; Sun., 9am to 5pm
Open M-F, 8am to 8pm; Sat. & Sun., 9am to 5pm
Open M-F, 8am to 7pm; Sat. & Sun., 9am to 5pm
Open M-F, 7am to 6pm
Open M-F, 7am to 6pm; Sat., 9am to
Open M-F, 8am to 6pm; Sat., 10am to
Open M-F, 6am to 4:30 pm
Open M-F, 7am to 7pm; Sat., 9am- 5pm
Open M-F, 7am to 8pm; Sat. & Sun., 9am to 5pm
Open M-F, 7am to 5:00pm
What supplies are required for the NAC Program?

**Burgundy/Wine** uniform top/bottom - 2 sets are required. There are various places you can purchase scrubs - just a few examples are the Highline bookstore (Building 8), Uniform Destination in the Auburn Supermall, and Burlington Coat Factory.

Gait Belt - the gait belt can be purchased in the Highline bookstore (Building 8), second hand stores like Goodwill, Salvation Army, or any medical supply retailer.


*The Nursing Assistant Textbook is a work book, it must be NEW. No used textbooks.*
Watch with second hand (analog).

Closed toe and heel shoes, non-skid (neutral color - NO bright colors).

Clip Style Badge holder (not lanyard/necklace style)

*Please note the pictures are for example reference only.
Nursing Assistant Certified (NAC) Training
Program Application for Admission

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Or
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Please print clearly:
(Incomplete or illegible applications will not be accepted)

Student Identification number SID: _______ - _______ - _______
Date of Birth ___ / ___ / ______

Name ____________________________________________________________
First          Middle          Last

Address _________________________________________________________

City __________________ State ________ Zip Code ________________

Home Phone_____________ Work Phone_______________ Cell Phone: ______________

Email address ___________________________________________________

Are you a U.S. citizen?  Yes____ Yes____  No____

Please check the box below of the class/payment option that you would like:

☐ #1 - Class Only  ☐ #2 - Class with Test Fees  ☐ #3 - Class with credits and fees

<table>
<thead>
<tr>
<th>Option</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>$649.00</td>
</tr>
<tr>
<td>#2</td>
<td>$838.00</td>
</tr>
<tr>
<td>#3</td>
<td>$999.48</td>
</tr>
</tbody>
</table>

If you did not select payment options 2 or 3 above. State test/application fees are not included, and you will be responsible for those fees. If you change your mind and decide you would like to choose another option above, you will need to do so by week #2 of class.

I have reviewed the information of this form and agree that it is correct as stated and I am aware that this information may be shared with clinical agencies that are part of this education program.

Signature ___________________________ Date ___________________
In order to be successful in the Highline College Nursing Assistant Program, a student must be able to do the following physical and mental tasks.

**General Job Description:**
The nursing assistant student is responsible for assisting clients with meals, bathing, toileting, and bathing; positioning them in bed; transferring them out of bed; and assisting with walking. The nursing assistant student performs and records vital signs, measures and records intake and output. This is an active, busy position.

**Essential Functions:**
Essential functions necessary for this program include the use of the senses to gather information (e.g., sensing color changes in the skin, hearing blood pressure through a stethoscope, feeling pulses and hot/cold skin). Nursing assisting requires the use of speech, reading, and writing to communicate with clients, families, and other health care professionals. The job will require the ability to understand and follow directions while providing care. The student must be emotionally stable and flexible, so s/he can work under stress. S/he must be able to place the needs of the client first.

**Working Environment:**
The nursing assistant will learn in a skilled nursing facility and/or hospital setting.

**Percent of Time Spent:**
The nursing assistant spends most of the day standing and walking. Occasional sitting is possible when reading or writing in the client’s chart.

<table>
<thead>
<tr>
<th>Sitting</th>
<th>Standing</th>
<th>Walking</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>50%</td>
<td>40%</td>
</tr>
</tbody>
</table>

**Machines, Tools or Moving Equipment:**
Nursing assistant students will work with a variety of medical supplies and equipment. These include: stethoscope, thermometer, blood pressure cuffs, IV poles, IV tubing, wheelchairs, walkers, canes, lifting devices, hospital beds, and stretchers. Other equipment and supplies may be used.
### While Working The Student Must:

<table>
<thead>
<tr>
<th>Activity</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twist</td>
<td>YES</td>
</tr>
<tr>
<td>Stoop/Bend</td>
<td>YES</td>
</tr>
<tr>
<td>Squat</td>
<td>YES</td>
</tr>
<tr>
<td>Kneel</td>
<td>YES</td>
</tr>
<tr>
<td>Crawl</td>
<td>YES</td>
</tr>
<tr>
<td>Climb</td>
<td>YES</td>
</tr>
<tr>
<td>Push/Pull</td>
<td>YES</td>
</tr>
<tr>
<td>Grasp/Handling</td>
<td>YES</td>
</tr>
<tr>
<td>Reach over shoulders</td>
<td>YES</td>
</tr>
<tr>
<td>Reach at waist</td>
<td>YES</td>
</tr>
<tr>
<td>Reach below waist</td>
<td>YES</td>
</tr>
</tbody>
</table>

### Activities

- **Occasional twisting** while working in clients’ rooms to work around tables and chairs while caring for the client.
- **Occasional stooping and/or bending** to get supplies from lower storage areas.
- **Will push/pull** a variety of medical equipment on wheels as well as clients in wheelchairs or on stretchers.
- **Continuous grasping and handling** of client care items.
- **Will reach full range of motion** with most of work being at waist level, with some reaching overhead and below waist.

<table>
<thead>
<tr>
<th>Lifting</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifting to 10 lbs</td>
<td>YES</td>
</tr>
<tr>
<td>Lifting 11-20 lbs</td>
<td>YES</td>
</tr>
<tr>
<td>Lifting 21-50 lbs</td>
<td>YES</td>
</tr>
<tr>
<td>Lifting over 50 lbs</td>
<td>YES</td>
</tr>
</tbody>
</table>

- **Continuous lifting** of medical supplies equipment weighing up to 25 lbs.
- **Some assisting** of 2-person lifting of clients.
- **How much weight** is lifted depends on how much the client is able to help.

<table>
<thead>
<tr>
<th>Carry</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carry to 10 lbs</td>
<td>YES</td>
</tr>
<tr>
<td>Carry 11-20 lbs</td>
<td>YES</td>
</tr>
<tr>
<td>Carry 21-50 lbs</td>
<td>YES</td>
</tr>
<tr>
<td>Carry over 50 lbs</td>
<td>NO</td>
</tr>
</tbody>
</table>

- **Continuous carrying** of medical supplies and equipment weighing up to 50 lbs.
- **Some carrying of items** weighing up to 25-30 lbs.
- **Will use carts** to transport.

### This job may be modified: YES

During each shift nursing assistant students are assigned to do direct care functions. Lifting assistance is usually available for items that are too heavy. The student must be prepared to administer emergency care if other personnel were not available to do.
Nursing Assistant Certified Training Policies

Please read the following policies and sign below acknowledging that you have read and understood the following terms and conditions for the Nursing Assistant Certified Training Program.

1. Refund Policy
   Refunds will be based as follows:
   a. Sessions cancelled by Continuing Education at any time – 100% Refund
   b. Student withdrawal 48 hours prior to first class session – 100% Refund
   c. Student withdrawal less than 48 hours prior to first class session – No Refund
   d. Student withdrawal after class begins or no appearance in class – No Refund

2. Refunds will not be given to students who are failing, not appearing in class, or have missed more than two days of class.

3. Proof of family or medical emergency will allow the student to be moved to the next available session.

4. Please read the job description on the next page and sign below acknowledging that you are able to perform the essential functions and skills of a Nursing Assistant student.

5. Requesting to Move Sessions
   a. The student has until the Wednesday prior to the beginning of class to move sessions.
   b. The student must re-submit a new NAC application form to Continuing Education to be considered for the next session.

Access Services
*If you have a health condition or disability that may require accommodations in order to fully participate in this class, please contact Access Services in Building 99-180, by phone (206) 592-3857, or email access@highline.edu. Information about disability will be regarded as confidential.

- I have read over the job description and do not have any medical problems that would impede me from these tasks.

- I have read and understand the above terms and conditions for the Nursing Assistant Certified Training Program.

Please sign below if you agree to the above:

X __________________________ __________________________
Signature Date
Background Check Authorization

SECTION 1. ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR)

1A. ENTITY REQUESTING THE BACKGROUND CHECK: 
Judson Park Retirement Community
23490 Marine View Drive South
Des Moines, WA 98198

1B. ENTIRE ADDRESS OF ENTITY LISTED IN BOX 1A

1C. NAME OF SECONDARY ENTITY

2. REQUIRED: NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK
PRINT NAME: 
SIGNATURE: 

3. REQUIRED ONLY FOR DSHS STATE EMPLOYMENT
DSHSE POSITION NUMBER: (WRITE NONE IF NONE)  
DSHS JOB CLASSIFICATION:  
PERSONNEL IDENTIFICATION NUMBER: 
☐ Permanent appointment  ☐ Non-permanent appointment  ☐ Work study / student internship  ☐ Volunteer  ☐ Acting

4. REQUIRED: BCCU ACCOUNT NUMBER  
DSHS NUMBER ON NAME

SECTION 2. THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)

5. SOCIAL SECURITY NUMBER

6. REQUIRED: DATE OF BIRTH (MM/DD/YYYY)

7. REQUIRED: PRINT YOUR E-MAIL ADDRESS

8. PRINT YOUR E-MAIL ADDRESS

9. REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER’S LICENSE OR OTHER PHOTO ID. WRITE N/A IN THE BOX IF YOU DON’T HAVE A NAME TO ENTER.
FIRST: 
MIDDLE: 
LAST: 

10. REQUIRED: PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON’T HAVE A NAME TO ENTER.
FIRST: 
MIDDLE: 
LAST: 

REQUIRED: SELF DISCLOSURE QUESTIONS. SEE INSTRUCTIONS.
You must answer Questions 11A through 14. Attach an additional sheet of paper if you need to list additional crimes or pending charges.

11A. Have you been convicted of any crime? If yes, fill in the blanks below.  
☐ Yes  ☐ No
Degree:  
State:  
Conviction date: 

11B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below.  
☐ Yes  ☐ No
Degree:  
State:  

12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult?  
☐ Yes  ☐ No

13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults?  
☐ Yes  ☐ No

14. Has a court ever entered any of the following against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile, or child?  
☐ Yes  ☐ No

- Permanent* vulnerable adult protection order / restraining order, either active or expired, under RCW 74.34.
- Sexual assault protection order under RCW 7.90.
- Permanent* civil anti-harassment protection order, either active or expired, under RCW 10.14.  
See instructions for description of “permanent.”

15. REQUIRED: PRINT YOUR DRIVER’S LICENSE OR STATE IDENTIFICATION NUMBER (WRITE NONE IF NONE)  
REQUIRED: PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID

16. REQUIRED
Have you lived in any state or country other than Washington State within the last three years (36 months)?  
☐ Yes  ☐ No

17. A. REQUIRED: PRINT YOUR MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION
APT. NO. 
CITY
STATE  ZIP CODE

B. REQUIRED: PRINT THE STREET ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF YOUR STREET ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)
APT. NO. 
CITY
STATE  ZIP CODE

C. REQUIRED: GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED

18. I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles or children. I understand and agree my signature in box number 19 means:

- I give DSHS permission to check my background with any governmental entity and law enforcement agency.
- My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law.
- If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result.
- DSHS will give my background check result to the persons or entities named in Section 1 and may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law.
- The entity requesting this background check must submit this form to the Background Check Central Unit within the timeframe required by the DSHS oversight program.

19. REQUIRED: YOUR SIGNATURE. YOUR PARENT OR GUARDIAN’S SIGNATURE IF YOU ARE UNDER 18.

20. REQUIRED: TODAY’S DATE (MM/DD/YYYY)

PROGRAM USE – FOLLOW INSTRUCTIONS PROVIDED BY YOUR DSHS OVERSIGHT PROGRAM

DSHS 09-653 (REV. 04/2015)
Instructions for Completing the Background Check Authorization
DSHS 09-653

These instructions provide general directions for completing the Background Check Authorization form. This form is used by multiple DSHS programs to meet varying background check needs. The DSHS oversight program requiring the background check may have additional instructions that you must follow.

The Background Check Central Unit (BCCU) cannot complete the background check unless all required boxes are complete. Required boxes have the word REQUIRED: next to the box number as shown in the example below:

4. REQUIRED: BCCU ACCOUNT NUMBER

IMPORTANT: If you do not provide all required information, your background check will be delayed.

PROCESSING CODE: If you use a priority processing code or “fingerprint required”, enter it in this box. Priority processing codes include new hire, initial contract, initial license, approved rush, Community Protection, and DSHS state employee.

SECTION 1: TO BE COMPLETED BY THE ENTITY REQUESTING THE BACKGROUND CHECK

This section must be completed by the entity requesting the background check. Entities are most often DSHS programs, hiring authorities, and external providers who submit background check requests to the Background Check Central Unit.

Box No. Instructions

1A Enter the name of the entity requesting the background check.
1B Enter the full address of the entity listed in Box 1A.
1C Enter the name of the secondary entity associated with the background check. A secondary entity may be a contractor, subcontractor, or other entity associated with this background check. Your oversight program will provide instructions on how to use this box.

2 Provide the printed name and signature of the person requesting the background check. This is the person who is submitting the background check on behalf of the entity listed in Box 1A.

3 Complete this box ONLY if the background check is for DSHS employment purposes. External providers should not complete this box.

4 Enter your BCCU account number in this box. You can find your BCCU account number at http://www.dshs.wa.gov/fsa/bccu/account-numbers. DSHS state employment account numbers are available on the BCCU intranet webpage.

5 Enter a DSHS ID number or name if required by your DSHS oversight program.

SECTION 2: TO BE COMPLETED BY THE APPLICANT

This section must be completed by the applicant. The applicant is the person whose background we are checking. Except as noted in these instructions, DSHS staff must not complete Section 2 for the applicant. Note: Adult Protective Services program staff may complete the applicant information for an APS investigation background check.

Box No. Instructions

6 You may choose to provide your Social Security Number. Your Social Security Number helps the Background Check Central Unit match your name and date of birth to existing records in our database and may speed up completion of your background check.

7 Print your date of birth listing the month, day, and year.

8 Provide an e-mail address where we can reach you.

9 Current Name: List your first, middle, and last name as they are listed on your current Driver’s License or other primary photo ID. (See example below.) Accepted government-issued photo ID includes any federal, state, or local government-issued ID, US military ID, US or foreign passport, or federally recognized tribal ID. Write N/A in each field that you do not have a name to enter.

9. REQUIRED: PRINT YOUR NAME AS IT IS ON YOUR DRIVER’S LICENSE OR OTHER PHOTO ID. WRITE N/A IN THE BOX IF YOU DON’T HAVE A NAME TO ENTER.

| FIRST: Susan | MIDDLE: Jane | LAST: Smith |

10 Other Names: Print all other first, middle, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last names, you must enter N/A in the appropriate box. Do not leave any of the boxes blank. (See examples below)

Example 1 – entering two nicknames and one maiden name. No other middle names have been used.

10. REQUIRED: PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON’T HAVE A NAME TO ENTER.

| FIRST: Sue, Susie | MIDDLE: N/A | LAST: Jones |
Example 2 – entering N/A because no other first, middle, or last names have been used.

<table>
<thead>
<tr>
<th>Box No.</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>REQUIRED: PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.</td>
</tr>
<tr>
<td>11A</td>
<td>You must check YES or NO. If you check YES, you must enter the crime name, degree (if any), state, and the conviction date (MM/DD/YYYY). If you need to list additional convictions, attach a separate piece of paper to the Background Check Authorization form. Include your name and all the required information listed above.</td>
</tr>
<tr>
<td>11B</td>
<td>You must check YES or NO. If you check YES, you must enter the pending charge name, degree (if any), and state. If you need to list additional pending charges, attach a separate piece of paper to the Background Check Authorization form. Include your name and all the required information listed above.</td>
</tr>
<tr>
<td>12-14</td>
<td>Read each question carefully before answering. You must check YES or NO. <strong>Question 14:</strong> Permanent means the order was issued either following a hearing or by stipulation of the parties.</td>
</tr>
<tr>
<td>15</td>
<td>Enter your Driver’s License or state-issued ID and the state where it was issued.</td>
</tr>
<tr>
<td>16</td>
<td>If you have continuously lived in Washington State without living in another state or country for the last three years (36 months), answer NO. If you have lived in any state or country other than Washington State within the last three years (36 months), answer YES.</td>
</tr>
<tr>
<td>17a</td>
<td>Enter your mailing address where BCCU can send you confidential information such as a copy of your background check results.</td>
</tr>
<tr>
<td>17b</td>
<td>Enter your street address if it is different than your mailing address. If your street address and mailing address are the same, enter SAME.</td>
</tr>
<tr>
<td>17c</td>
<td>Enter the daytime phone number where you can be reached.</td>
</tr>
<tr>
<td>18</td>
<td>Read the statements in Box 18. Your signature in Box 19 means you have read, understand, and agree to the statements listed in Box 18.</td>
</tr>
<tr>
<td>19</td>
<td>Sign your name as it is listed in Box 9. If you are not 18 years old, a parent or guardian must sign for you.</td>
</tr>
<tr>
<td>20</td>
<td>Enter the month / day / year (MM/DD/YYYY) you signed Box 19.</td>
</tr>
</tbody>
</table>

**IMPORTANT INFORMATION ABOUT ANSWERING SELF-DISCLOSURE QUESTIONS:** Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. Self-disclosures are reported as part of your background check result like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions the same way each time you complete the Background Check Authorization form unless the question has changed or the previous answer was wrong. It is also recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates and other information exactly as they are listed in those documents.

If you have questions about the Background Check Central Unit background check process, contact BCCU at bccuinquiry@dshs.wa.gov or call 360-902-7555.
Nursing Assistant Certified Training

Funding Steps

1. Do you have a Nursing Assistant Application Packet?
   Nursing assistant packets are available online or in person at:
   nursingassistant.highline.edu
   Or in Building 99, Room 101

2. Have you attended a Workforce/Workfirst orientation?
   It is required to attend an orientation session to be considered for Workforce or Workfirst funding.
   - Workfirst (TANF) orientations are every Friday in Building 10, Room 104 from 12PM-1:30PM. Visit
     [https://womenswkfirst.highline.edu/WFOrientations.php](https://womenswkfirst.highline.edu/WFOrientations.php) for more information.
   - WES orientations are once a month so please plan ahead to ensure that deadlines can be met. Visit
     [https://workforce.highline.edu/index.php](https://workforce.highline.edu/index.php) for more information about dates and times.

3. Have you submitted a complete NAC application?
   Completed applications must be submitted to Continuing Education in Bldg. 99, Rm 101.
   (Refer to page 1 of the NAC application packet for full details)

4. Have you received an NAC acceptance letter?
   Those that have been selected for the NAC program will be notified by email within two weeks of submitting their application.
   Note: funding sources will also be notified of acceptance into the NAC program

5. Have you scheduled an appointment with a funding advisor?
   To determine eligibility, you must have a funding appointment scheduled.
   - Schedule an appointment with Women’s Program in person at Building 6 (lower level) or at 206.592.3340
   - Schedule an appointment with WES in person in Building 1 or at 206.592.3802

6. Bring all requested information to funding intake appointment.
   Information will be requested from you on day of scheduling an appointment.

SEE BACK FOR MORE INFO...
Nursing Assistant questions? Please contact Continuing Education at 206-870-3785 or ce@highline.edu

Funding questions? Please contact Workforce Education Services at 206-592-3802 or Workfirst/Women’s Program at 206-592-3340.

APPLICATION & FUNDING DEADLINES FOR WES STUDENTS

Deadline to submit an NAC application:  
**June 17th, 2019**

Last day for an intake appointment:  
**June 20th, 2019**

IMPORTANT!

**WES Students Only**

Students will NOT be considered for the NAC program, if they have not:

1. Scheduled an intake appointment with a funding advisor before the deadline.
2. Re-scheduled or missed an appointment more than once.