BOB & CAROL ALLEN
SCHOOL OF NURSING

Certified Nursing Assistant Course Packet

PRN 0090 Nursing Assistant

Note: *All forms contained herein* ***must be submitted no later than the first day of class.*** *The student will be dismissed from the class for* ***each day*** *the forms are not completed and submitted. This will cause the student to be penalized absences which have the potential for dismissal from the CNA program.*

BOB & CAROL ALLEN
SCHOOL OF NURSING

1200 West International Speedway Boulevard, Daytona Beach, FL 32114
Nursing Department (386) 506-3250

Dear Applicant:

The following requirements must be completed for candidates who wish to be considered for the Certified Nursing Assistant Program (PRN 0090). It is the student's responsibility to ensure the admission requirements are met.

- Complete the Daytona State College admission process online or at any campus Admissions Office.
- A **mandatory orientation** will be held **Monday, February 8th, 2027**, at the Daytona Campus, Building 320, Room 328 5pm – 7 p.m.
- Applicant must be 18 years old.

Health/Medical Record:

As a student in a health-related education program, **prior to the first day of class you are required** to have:

1) completed **physical examination**, 2) **verification of a negative tuberculin skin test**, 3) a **current BLS Card-Health Care Provider**, 4) **verification of immunizations**, please note: you must have proof that you have the required immunities via a titer (blood test) or a booster injection. Please make your healthcare provider aware as stated on the physical form; and 5) a cleared **Level II background check and negative drug screening prior to going into clinical. Flu Vaccine or declination is mandatory for Fall and Spring courses. COVID Vaccine (2 dose Pfizer or Moderna, or 1 dose Johnson & Johnson or COMIRNATY) or approved declination form is mandatory**. Please submit a copy of your immunization record with your physical form. If you do not have this record, you may contact your physician, clinic, or public health department. To have a Titer completed contact a healthcare provider. The Hepatitis B vaccine is required and may be obtained from your physician or the Volusia County Health Department for approximately $170.

Criminal Background Checks and Drug Screening:

Your admission to the nursing program is contingent upon the satisfactory completion of both a negative drug screening and a cleared Level II background check consisting of a fingerprint check of state and federal criminal history information conducted through the Florida Department of Law Enforcement (FDLE) and Federal Bureau of Investigation (FBI). Instructions for obtaining a background check and drug test may be found in the CNA Packet. For acceptance and continuing enrollment in a health-related program the student must not have been found guilty, regardless of adjudication, of any offense that would disqualify the student from employment in a health care or a community health setting.

Daytona State College Bob & Carol Allen School of Nursing complies with all clinical site requirements and restrictions with regards to medical marijuana use and any positive drug screen that may be deemed ineligible by any clinical site.

When submitted, these records will become the property of the College, and will not be available for copying or for use to meet the requirements of outside employers. Students who are out of the program for six months or more must submit new records.

All appropriate forms are included in this information packet:

- Acknowledgement and Consent for Release of Information
- Physical Examination form with TB test
- Background Check and Drug Screening Student Instructions **(must be completed prior to start of classes)**
- VECHS Waiver Agreement **(must be submitted after registration in CNA program)**

The following forms must be submitted no later than the first day of class:

- Basic Life Support (BLS) Healthcare Provider Card – *ONLY AMERICAN HEART ASSOCIATION AFFILIATED OR AMERICAN RED CROSS ACCEPTED (see sample page 4)*
- Completed Physical Examination form
- Verification of immunizations
- Written physician verification of a **negative** tuberculosis test or chest X-Ray
- VECHS Waiver

On the first day of class, you are required to bring the following:

- Textbooks, notebook paper, #2 pencil, black ink pen
- Stethoscope, box of 100 disposable gloves, box of 100 alcohol wipes
- Uniforms must be worn to class, laboratory and clinical.

Paperwork must be submitted prior to entering the clinical setting. It would benefit the student to have all paperwork submitted by the first day of class.

Sincerely,

Bob and Carol Allen School of Nursing
Daytona State College
1200 W International Speedway Blvd.
Daytona Beach, FL 32114
386-506-3250

Admission Requirements

1. Complete an Admission Application to the College (either online or at the Admissions Office on any campus).
2. Must register for the CNA class.
3. **Before the first day of class,** a Level II Criminal Background Check including drug screening and fingerprinting **MUST** be completed as well as a TB test, a physical, and CPR-Basic Life Support for the Health Care Provider Course.
4. A **mandatory orientation** is required before beginning the CNA program.
5. All paperwork including Physical form, Immunization records or lab titers, and copy of CPR card must be submitted by the first day of class.

The classes for CPR MUST be American Heart Association or American Red Cross affiliated. The American Red Cross card will state Professional Rescuer, and the American Heart Association will state Health Care Provider. All others will NOT be accepted.

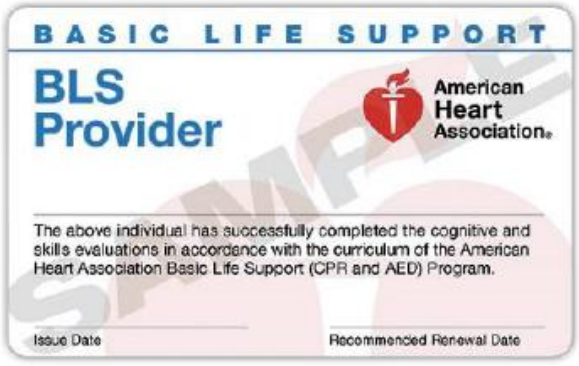
CPR Training

This training may be obtained through:

- American Red Cross (ARC) - (386) 226-1400
- American Heart Association (AHA) - (800) 242-8721

  American Heart Association affiliated:
  - Daytona State College Emergency Medical Services - (386) 506-3816

The only recognized CPR certificates/cards are instructors affiliated with the American Heart Association and/or American Red Cross.





BOB & CAROL ALLEN
SCHOOL OF NURSING

CNA UNIFORM REQUIREMENTS

REQUIRED APPAREL & ACCESSORIES FOR ALL CNA STUDENTS

CEIL BLUE UNIFORM: AUTHENTIC CHEROKEE WORKWEAR
V-NECK TUNIC #4700; UTILITY PANT #4200 (women) #4000 (men)

*You must choose **one brand,** and purchase both the **tunic** and **pants** from that brand. For example: you cannot purchase the Cherokee tunic and the Skechers pants

NAME TAG: 1"x3" royal blue background with white lettering **Example:**

Student First Name, CNA Student
Daytona State College
Allen School of Nursing

REQUIRED APPAREL & ACCESSORIES FOR ALL CNA STUDENTS

- **CEIL BLUE UNIFORM TOP & PANTS** (SEE ABOVE)
- **DAYTONA STATE COLLEGE NURSING PATCH** (purchase at college bookstore); attach to left sleeve of uniform.
- **STETHOSCOPE**
- **ALCOHOL WIPES** – box of 100
- **GLOVES** – box of 100 disposable
- **SOCKS** or HOSE must be white or neutral tone.
- **SHOES ALL WHITE** (no colored logos – white logos are accepted) Shoes must be white with white trim): closed toe, closed low heel, non-skid, non-permeable (no canvas)
- **WATCH** with sweep-seconds hand.
- **JEWELRY** Allowed to wear one flat ring only; one pair of stud type earrings; Bracelets and nose rings are not allowed; NO other jewelry. Gauge openings **must not be visible**. Flesh colored or clear ear gauge plugs must be worn.
- **HAIR** groomed and, if long, pulled back.
- **FACIAL HAIR** must be well groomed.
- **NAILS** must be groomed, clean, and natural. No **nail polish** and **must be fingertip length**.
- **VISIBLE TATTOOS** must be covered.

ITEMS & ACCESSORIES THAT ARE NOT ALLOWED

- **ARTIFICIAL NAILS** and **NAIL POLISH** are **not allowed.**.
- **ARTIFICIAL EYELASHES** are **not allowed.**
- **SMART WATCHES** are **not allowed**.
- **AI GLASSES** are **not allowed.**

UNIFORMS MUST BE WORN ON THE FIRST DAY OF CLASS

Healthcare Personnel Vaccination Recommendations

Vaccines and Recommendations in Brief

COVID-19 – If not up to date, provide COVID-19 vaccine according to current CDC recommendations (see www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html).

Hepatitis B – If no previous dose, give either 2-doses of Heplisav-B or a 3-dose series of either Engerix-B or Recombivax HB. For HCP who perform tasks that may involve exposure to blood or body fluids, obtain antibody serology 1–2 months after final dose.

Influenza – Give 1 dose of influenza vaccine annually. Inactivated injectable vaccine is given IM. Live attenuated influenza vaccine (LAIV) is given intranasally.

MMR – For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give subcutaneously (Subcut).

Varicella (chickenpox) – For HCP who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart. Give Subcut.

Tetanus, diphtheria, pertussis – Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy (see below). Give Td or Tdap boosters every 10 years thereafter. Give IM.

Meningococcal – Give both MenACWY and MenB to microbiologists who are routinely exposed to isolates of Neisseria meningitidis. As long as risk continues: boost with MenB after 1 year, then every 2–3 years thereafter; boost with MenACWY every 5 years. Give MenACWY and MenB IM.

Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material.

Hepatitis B

All healthcare personnel (HCP) who cannot document previous vaccination should receive either a 2-dose series of Heplisav-B at 0 and 1 month or a 3-dose series of either Engerix-B or Recombivax HB at 0, 1, and 6 months. HCP who perform tasks that may involve exposure to blood or body fluids should be tested for hepatitis B surface antibody (anti-HBs) 1–2 months after dose #2 of Heplisav-B or dose #3 of Engerix-B or Recombi- vax HB to document immunity.

- If anti-HBs is at least 10 mIU/mL (positive), the vaccinee is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the vaccinee is not protected from hepatitis B virus (HBV) infection and should receive another 2-dose or 3-dose series of HepB vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later. A vaccinee whose anti-HBs remains less than 10 mIU/mL after 2 complete series is considered a "non-responder."

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to pre- vent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)- positive blood or blood with unknown HBsAg status. It is also possible that non-responders are people who are HBsAg positive. HBsAg testing is recommended. HCP found to be HBsAg positive should be counseled and medically evaluated.

For HCP with documentation of a complete 2-dose (Heplisav-B) or 3-dose (Engerix-B or Recombivax HB) vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood): HCP who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. See references 2 and 3 for details.

Influenza

All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may be given only to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vac- cine (IIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed patients (e.g., stem cell transplant recipients) when they require protective isolation.

Measles, Mumps, Rubella (MMR)

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.
- Although birth before 1957 is considered acceptable evidence of measles, mumps, and rubella immunity, 2 doses of MMR vaccine should be considered for unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

Varicella

All HCP should be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of varicella or herpes zoster

(shingles) by a healthcare provider.

Tetanus/Diphtheria/Pertussis (Td/Tdap)

All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Pregnant HCP should be revaccinated during each pregnancy. All HCPs should then receive

Td or Tdap boosters every 10 years thereafter.

Meningococcal

Microbiologists who are routinely exposed to isolates of N. meningitidis should be vaccinated with both MenACWY and MenB vaccines. The two vaccines may be given concomitantly but at different anatomic sites, if feasible.

References

1. CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR, 2011; 60(RR-7).
2. CDC. Prevention of Hepatitis B Virus Infection in the United States. Recommendations of the Advisory Committee on Immunization Practices. MMWR, 2018; 67(RR1):1–30.
3. IAC. Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing. Accessed at www.immunize.org/catg.d/p2108.pdf.

For additional specific ACIP recommendations, visit CDC's website at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html or visit IAC's website at www.immunize.org/acip.

Immunization Action Coalition St. Paul Minnesota – (651) 647-9009
www.immunize.org
www.vaccineinformation.org
www.immunize.org/catg.d/p2017.pdf - Item #P2017 (10/21)

BOB & CAROL ALLEN
SCHOOL OF NURSING

Acknowledgement and Consent for Release information

This is to acknowledge that I have received a copy of the Student Nursing Handbook, and I have read and understand the contents thereof. I hereby agree to abide by its regulations.

I understand that this form must be submitted to the classroom instructor during the first week of class.

I agree to have my personal, educational, health and background records released to professional organizations/health care agencies requesting that information.

I understand that the nursing department may be required to copy my personal information for professional organizations/health care agencies such as driver's license, social security card or additional documents to receive clearance for clinical placement.

I agree to have my social security number released, to the Florida Board of Nursing for application for licensure, as well as professional organizations/health care agencies.

I agree to have information regarding my attendance and performance released for financial aid purposes.

I understand that I may not participate in any nursing program until I have all my records on file in the nursing department (health, CPR, drug screen and background checks) and that these records must be kept updated, or I could be withdrawn from the program.

I understand that orientation to clinical facilities is mandatory. Absence for any reason will result in withdrawal from the course.

I understand that information that has been disclosed to me from the patient's privacy is protected by state and federal law. State law prohibits me from making any disclosure of medical information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by federal, state, or local law.

Changes may be made to departmental, division or college guidelines at any time. Should a change occur, students will be notified verbally and in writing as to what the change entails and the date it will take effect. Students will be given a copy of the change to keep for their records, and one to sign which will be included in their file.

Print Name	Student ID#
Signature	Date

BOB & CAROL ALLEN
SCHOOL OF NURSING

CNA New Student Requirements

Go to https://portal.castlebranch.com/DG51 then to "Place Order" & enter the package code for the CNA program: **DG52**

For acceptance and continuing enrollment in a health-related program the student must not have been found guilty, regardless of adjudication, of any offense that would disqualify the student from employment in a health care or a community health setting. Daytona State College, Allen School of Nursing complies with all clinical site requirements and restrictions with regards to medical marijuana use and any positive drug screen that may be deemed ineligible by any clinical site.

For assistance uploading documents, call Castle Branch at **888-723-4263**. For assistance with the drug test and fingerprints, refer to the instruction sheet provided (Next page).

Please use this checklist to assemble the required documents for entry into the CNA program.

1. _____ **Physical Exam Form –** All areas must be filled out
2. _____ **TB –** Submit lab report of negative results or upload chest x-ray results + Positive TB Questionnaire.
3. _____ **Tetanus –** Submit copy of Td or Tdap immunization record within 10 years
4. _____ **MMR –** Submit copy of immunization records or lab proof of positive IgG titer results
5. _____ **Chicken Pox –** Submit copy of immunization records or lab proof of positive IgG titer results
6. _____ **Flu shot –** Submit copy of Flu shot record for the season August to March
7. _____ **Hepatitis B –** Submit copy of immunization records (3 dose series, Hepislav is a 2 dose series) or lab proof of positive IgG titer results
8. _____ **COVID –** Submit copy of immunization record (2 dose Pfizer or Moderna or 1 dose **Johnson & Johnson** or **COMIRNATY**) or approved declination from Allen School of Nursing
9. _____ **Physician has certified #10**
10. _____ **Physician has signed, dated, initialed and filled in the bottom of the form**
11. _____ **CPR Basic Life Support for the Healthcare Provider –** Must be American Heart Association or American Red Cross course. Submit copy of front and back of signed card
12. _____ **Negative Drug Screening –** Submit copy to the Drug Test Re-Check requirement
13. _____ **Background Check –** Cleared through the School of Nursing

Physical exam form, TB test, and flu shot must be dated no later than 1 year prior to your entry into the nursing program.

DISA/Castle Branch - Account Set-up, Purchase Code, & Fingerprinting/Background Check & Drug Screen Instructions

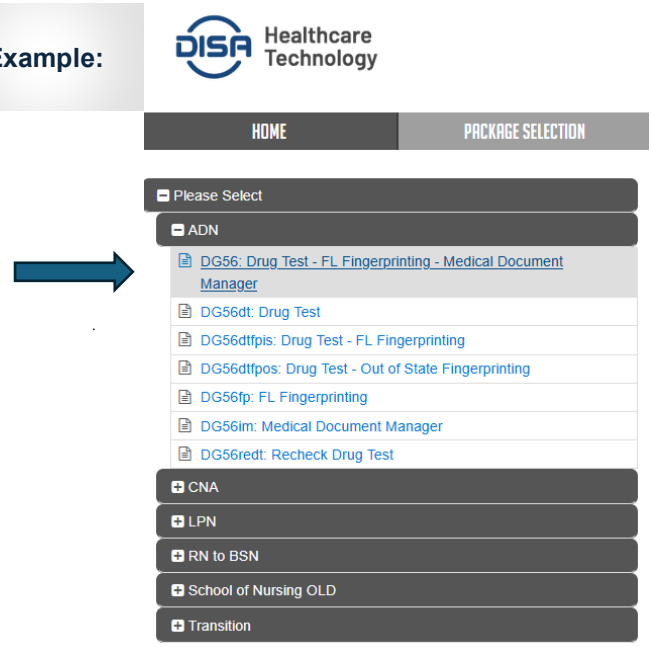
1.) **Access the Portal:** Log in to your existing account or create a new profile on the DISA Healthcare Portal: https://portal.castlebranch.com/DG51

2.) **Place Order:** Click on the red, “Place Order” Button.

3.) **Select Your Program Package:** Choose your specific nursing or health sciences track from the dropdown options and then select the Drug Test - FL - Fingerprinting – Medical Document Manager with your correct DGxx Code.

Health Science Program	Purchase Code to Select
ADN	DG56
TRANSITION	DG55
LPN	DG53
CNA	DG52
RN to BSN	DG57

Example:



4.) **Order Your Drug Test:**

- Within 24 hours of creating your profile, click on the **Drug Test** tab and select “Take Your Drug Test” to "Download and Print" your electronic Chain of Custody (eChain) form. The form will have a bar code on it to bring to any Quest Lab.
- Take the printed form and a valid government-issued photo ID to any Quest Lab. Your results will be posted directly to your account.

5.) **Order Your Fingerprints:**

- Click on the **Florida FDLE Fingerprints** section in your portal to download the required Daon confirmation receipt file.
- Use this file to access the Daon website, where you will enter the necessary information and schedule your physical fingerprinting appointment at an approved local site (UPS).
- **Do not pay at the fingerprint facility or on the DAON Website**; all billing is processed directly through your profile on DISA/Castle Branch when you place your order.

6.) **Print Your Confirmation:** Always print your fingerprint confirmation page and bring it to your appointment.

PROGRAM – VECHS VOLUNTEER **ORI** – V64020008 **REASON** - VOLUNTEER

BOB & CAROL ALLEN
SCHOOL OF NURSING

Physical Examination Form

Student Name_____ **Month/Year entering the program** _____ /_____
Please print

Program (select one): ☐ ADN ☐ Transition ☐ PN ☐ CNA

IMMUNIZATIONS

1. TUBERCULOSIS (MANTOUX OR PPD): Must be within one (1) year
PPD: Date: _____ Date Read: _____ Positive or Negative: _____
or if positive, Chest X-Ray: _____, (Chest X-Ray report within 1 year must be submitted with DSC Positive PPD Questionnaire)
Date

2. TETANUS: Tdap or Td booster within 10 years: Date _____ Type (please select one): ☐ Tdap **or** ☐ Td

3. MMR (Measles, Mumps, Rubella): Immunization record of two doses of vaccine at least four weeks apart **or** lab proof of positive IgG titer via blood test.
Date of 1st injection: _____ Date of 2nd injection: _____
or titer results: _____ Range: _____ Date: _____

4. VARICELLA (Chickenpox): Immunization record of two doses of vaccine at least four weeks apart **or** lab proof of positive IgG titer via blood test. Personal history of varicella is **not** acceptable.
Date of 1st injection: _____ Date of 2nd injection: _____
or titer results: _____ Range: _____ Date: _____

5. INFLUENZA: One dose of influenza vaccine for the season from August to March. Date: _____

6. HEPATITIS B: Immunization record of three doses of vaccine **or** lab proof of positive IgG titer via blood test.
Date of 1st injection: _____ Date of 2nd injection: _____ Date of 3rd injection: _____
(30 days after 1st injection) (Six months after 1st injection)
or titer results: _____ Range: _____ Date: _____

7. COVID-19 (Coronavirus): Immunization record of two doses of vaccine at least 3 weeks apart for Pfizer and 4 weeks apart for Moderna or one dose of Johnson & Johnson. Type (please select one): ☐ Pfizer ☐ Moderna ☐ J & J
Date of 1st injection: _____ Date of 2nd injection: _____

HEALTH ASSESSMENT

ALL AREAS MUST BE filled out and completed by MD, DO, ARNP, or PA.

8. Is there any medical condition that could affect functioning as a nursing student in the clinical setting? ☐ Yes ☐ No
If yes, please explain _____

9. Is this individual currently taking any medication that could affect participation in the nursing program? ☐ Yes ☐ No
If yes, please explain _____

10. I certify that _____ has been found to be in good physical and mental health
Print Student's Name
and is free from any health problems which might interfere with the professional and clinical activities within the Allen School of Nursing Programs at Daytona State College and can participate with no restrictions **(see reverse)**.

11. I have read this form (front and back) and completed it in its entirety. ☐ **Yes Please initial** _____

Practitioner's Name (Please Print): _____ **Date:** _____

Signature: _____ **Licensed as (**Select One**):** ☐ **MD** ☐ **DO** ☐ **ARNP** ☐ **PA**

Physician Address: _____ **Telephone Number:** _____

Performance Standards for Daytona State College Allen School of Nursing

Students admitted to the Allen School of Nursing must be able to meet the Performance Standards for admission and progression in nursing courses. All students must be able to continually meet performance standards and functional abilities established to ensure that the objectives of the program are met, and safe, competent patient care is provided. Students are responsible for letting the Allen School of Nursing know prior to the start of the program if accommodations are required and must work with the Counseling & Accessibility Services to receive appropriate accommodations.

The performance standards to safely and effectively function in the nursing program include the ability to:

1. Communicate effectively with all members of the health care team including instructors and peers.
2. Use monitoring devices (such as cardiac monitors, stethoscopes, blood pressure cuffs, Doppler devices, etc.) and implement those skills required to manipulate any equipment required to meet patient safety or health needs (such as beds, IV poles, IV infusion pumps, fire alarms, etc.).
3. Demonstrate stability with physical and psychosocial behavior.
4. Assess, plan, implement, and evaluate care for individuals and families.
5. Accurately prepare and administer patient/client medications with direct supervision of instructor (ADN students only).

Daytona State College
Florida Department of Law Enforcement (FDLE) Background Checks
Nursing Assistant Programs

Applicants for Daytona State College's Certified Nursing Assistant Programs must be free of offenses that would disqualify one for employment in a health care or community health setting. This policy is the result of requirements by clinical agencies that must comply with state and federal regulations.

Each applicant must be screened through the Florida Department of Law Enforcement (FDLE) and the Abuse Registry and/or comparable checks from state(s) of prior residence.

Judgments of guilty or pleas of nolo contendere (no contest) to the following crimes will disqualify applicants from entering the Certified Nursing Assistant Programs:

- Murder
- Manslaughter
- Vehicular homicide
- Killing of an unborn child by injury to the mother
- Assault, if the victim of the offense was a minor.
- Aggravated assault
- Battery, if the victim of the offense was a minor.
- Aggravated battery
- Kidnapping
- False imprisonment
- Sexual battery
- Prohibited acts of persons in familial or custody authority
- Prostitution
- Lewd and lascivious behavior
- Lewdness and indecent exposure
- Arson
- Theft, robbery, and related crimes if the offense is a felony.
- Fraudulent sale of controlled substances, only if the offense was a felony.
- Incest
- Abuse or neglect of a disabled adult or elderly person.
- Exploitation of disabled adult or elderly person
- Aggravated child abuse
- Child abuse
- Negligent treatment of children
- Sexual performance by a child
- Obscene literature
- Drug offenses, which were a felony, or if the offense involved a minor.

IMPORTANT NOTICE: Pursuant to Section 456.0635, Florida Statutes, health care boards or the department shall refuse to issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant has been:

Each board within the jurisdiction of the department, or the department if there is no board, shall refuse to admit a candidate to any examination and refuse to issue a license, certificate, or registration to any applicant if the candidate or applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant:

(a) Has been convicted of or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, or chapter 893, or a similar felony offense committed in another state or jurisdiction, unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed. Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration unless the sentence and any subsequent period of probation for such conviction or plea ended:

1. For felonies of the first or second degree, more than 15 years before the date of application.
2. For felonies of the third degree, more than 10 years before the date of application, except for felonies of the third degree under s. 893.13(6)(a).
3. For felonies of the third degree under s. 893.13(6) (a), more than 5 years before the date of application.

(b) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the sentence and any subsequent period of probation for such conviction or plea ended more than 15 years before the date of the application;

(c) Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent 5 years;

(d) Has been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application; or

(e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

For acceptance into the program the student must not have been found guilty, regardless of adjudication, of an offense that would disqualify the student under the same standard(s) set for employment as a CNA in a health care agency. Any student who has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to, any offense under the provisions of Florida Statutes 435.03 or under a similar statute of another jurisdiction will be required to request an **Exemption from Disqualification** from **each** clinical agency the student is assigned.

Exemptions from Disqualification can only be granted through the Department of Health, CNA Registry, 40502 Bald Cypress Way Bin C13, Tallahassee, FL 32399, (850) 245-4567.

While enrolled in Daytona State College Certified Nursing Assistant Programs, the student is responsible for notifying the chair/ assistant chair of any arrests, regardless of adjudication, that occur after acceptance and during enrollment in the program. Failure to promptly notify the chair/ assistant chair shall be grounds for dismissal from the program.

Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau

VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize **Daytona State College (DSC)** to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about Amy status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) **(Year of Request)**

I ___have *OR* ___have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I ___do *OR* ___do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): **Employee** ☐ **Volunteer** ☒ **Contract/Vendor** ☐

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Daytona State College

Address: 1200 West International Speedway Blvd., Daytona Beach, FL 32114

Telephone: (386) 506-3189 **Fax: (386) 506-3300**

FDLE Assigned Qualified Entity Number: V64020008