



**Ventura College
School of Nursing & Allied Health
Home Health Aide Program Application**

NAME _____ DATE _____

PREVIOUS NAME(S), IF ANY _____

TELEPHONE # _____ SOCIAL SECURITY # _____

ADDRESS _____ CITY _____

STATE _____ ZIPCODE _____

Email address - We will only contact you using your Ventura College email address. If you do not know your VC email address, please contact the Welcome Center at (805) 289-6420.

VENTURA COLLEGE EMAIL ADDRESS _____

PERSONAL EMAIL ADDRESS _____

CNA COURSE COMPLETED AT _____ DATE _____

CNA CERTIFICATE NUMBER _____ EXPIRATION DATE _____

At time of application, you must bring your original and a copy of the front and back of the following:

- 1. Social Security Card**
- 2. Proof of identity (government issued photo ID)**
- 3. Current CNA Certification card**
- 4. Recent Negative TB test**
- 5. Copy of CPR card - Healthcare Provider (American Heart Association) or Basic Life Support for Healthcare Providers (American Red Cross)**

PLEASE READ CAREFULLY, INITIAL EACH LINE AND SIGN BELOW:

_____ I understand that the California Department of Public Health (CDPH) and Board of Registered Nursing may not certify applicants who have been convicted of certain penal code violations. A list of possible violations that may prevent CDPH certification may be found in the Student Handbook.

_____ I understand that Ventura College is required to call the CDPH to verify that there are no restrictions on my application to participate in the HHA program. If restrictions do exist, I understand that I will be removed from class until those restrictions are removed by the CDPH.

_____ * I understand that I must submit proof of a physical examination documenting general good health and a two-step negative tuberculosis screening test or two consecutive tests (or a negative chest x- ray and review of systems if a positive skin test). Documentation of immunity to rubeola, rubella, mumps and varicella must be submitted. A tetanus and pertussis booster (Tdap) given within the last 10 years and hepatitis B vaccine series with a titer demonstrating immunity or Hepatitis B Declination Waiver must also be completed. All documentation regarding health must be completed before I can register in the HHA program. ***(If you completed the CNA program at Ventura College in the last year this may be waived unless it has been longer than one year since you completed your immunization requirements.)***

_____ * I understand that I must submit proof of CPR certification for Healthcare Provider (American Heart Association) or Basic Life Support for Healthcare Providers (American Red Cross) in order to register in the HHA program. CPR class must have a skills component to it.

_____ * I understand that a Drug and Alcohol screening must be completed before I can register in the HHA program. ***(If you completed the CNA program at Ventura College in the last year this may be waived.)***

_____ I understand that consistent attendance and punctuality are mandatory and that students who do not complete the required number of hours do not earn a passing grade.

_____ I understand that my CPR card and TB verification cannot expire during the semester of enrollment.

I have read the above, agree to comply with these policies and certify that all information contained herein is correct.

PRINT NAME

SIGNATURE

DATE

*With a conditional acceptance and all requirements completed and submitted, you will be cleared to register for HS V12.