



**DOMINICAN  
UNIVERSITY**  
CHICAGO CAMPUS

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# Basic Nursing Assistant Training Information and Pre-Registration Packet

**THIS DOCUMENT OUTLINES THE STEPS REQUIRED TO REGISTER FOR THE  
BASIC NURSING ASSISTANT TRAINING PROGRAM AT DOMINICAN UNIVERSITY.  
PLEASE REVIEW ALL REQUIREMENTS CAREFULLY AND PLAN ACCORDINGLY.**

# We are so excited you are here.

Let's get you all the information you need to begin Dominican University's Basic Nursing Assistant Program. To secure your participation in the program and register for the course, you must complete the following requirements. Failure to complete all the requirements by the stated deadlines will result in needing to defer to a later term, or termination of admission into the program.

The following is a high-level breakdown of the requirements to register for the CHS 040: Basic Nurse Assistant Training:

- Fill out and submit the formal application to the Basic Nursing Assistant Program at Dominican University
- Complete a criminal background check and fingerprinting with a certified LiveScan vendor
- Create a ViewPoint Screening Account, our secure document management system
- Review Health requirements required for Clinical placement within ViewPoint Screening account portal. Plan to either upload the required proof or schedule an appointment to fulfill them as soon as possible.

To ensure your success, we have broken down each of the steps with detailed instructions and deadlines prior to the start of the program.

## **Tips and Recommendations Before You Begin**

1. **Use a computer.** We recommend using a computer to complete the application, access any portals, and complete all requirements.
2. **Start early.** While the application is the first step, we encourage you to get a head start on all your health requirements.
3. **Read all the requirements.** We know this is an influx of information. Be sure to read all the requirements in this document, and in the Viewpoint Screening portal to ensure you understand it all.
4. **Don't hesitate to ask questions.** We are here to help and see you succeed!

**Questions?: [chi.workforce@dom.edu](mailto:chi.workforce@dom.edu)**



## **Step 1: Admission Process**

- Complete the **Dominican University Application** for formal admission into the program.
- You must be at least **18 years** old to apply to the program.
- You must be prepared to complete a criminal background check (SSN and ITIN are acceptable) and fulfill other health requirements (stated below).
- Once admitted into the program, **complete your DU credentials** - check the email you applied with and follow directions to set up email.

## **Step 2: Criminal Background Check**



- Dominican University partners with Accurate Biometrics to perform the criminal background check.
- Complete the Health Care Worker Background Check form. See attached and send to: ***chi.workforce@dom.edu*** to generate a ***LiveScan Request Form*** Dominican University.
- Upon receiving your LiveScan Request Form, find the closest Accurate Biometrics fingerprint location and its hours of operation by clicking [here](#). Walk-ins welcome. No appointments necessary at any of their sites!
- Dominican University will be updated with your results.
- **We encourage this step to be completed two weeks prior to the start of the program.**



## **Step 3: Viewpoint Screening Account Process**

- Upon submission of your criminal background check, you will receive instructions from Dominican University, Chicago Campus on how to create a Viewpoint Screening account to access all required health information.

## **Viewpoint Instructions and Health Requirements**

Upon admission into the program, you are expected to complete health requirements for Dominican University's Wellness Center, and for clinical placement as part of the CNA program. Please review ViewPoint Screening specifics for each criterion to understand and ensure all requirements are fulfilled. Below is a breakdown of all health requirements that **must be submitted to ViewPoint Screening**:

- All students are required to have health insurance coverage. In the given case, students may not have health insurance coverage, students must fill out and submit the attached Attestation form.

[Please click here for information on how to upload Immunization Requirements to DU's Wellness Center.](#)

- Physical Exam with your own Healthcare Provider or preferred clinic (encouraged for use of health insurance). Providers must complete the Student Health Physical Report Form for upload.
- Negative Lab results for the two-step Mantoux tuberculin skin test (TST) to screen for Tuberculosis (TB Test).
- TDAP vaccine. Dated within 10 years, including booster if older than 10 years.
- Proof of or declination of the current Seasonal Influenza (Flu) Vaccine
- COVID 19 Vaccine – initial dose(s) OR Bivalent dose
- Additional boosters NOT required
  - Hepatitis B Immune IGg Titer (blood test)\* lab results
  - Varicella Immune IGg Titer (blood test)\* lab results
  - Proof or documentation of immunization to MMR – Measles (Rubeola), Mumps, Rubella Immune IGg Titer (blood test)\* lab results

## **Admission and Communication**

Upon admission into the program, you will receive a Dominican ID number and email credentials. Please be sure to check your email you apply with to set up your Dominican University credentials.

All information will be sent to your Dominican University email. Therefore, you are expected to check your Dominican University email address daily for updates and communications.

Read more about [Accessing your DU Student email here](#)

## **Distribution of Books and Course Materials**

On the first day of class orientation, Dominican University will provide students with the required books and equipment.

Students will also use Canvas, the University's learning management system, throughout the course. Canvas login credentials are the same as those used for DU email. Instructors will guide students during class on how to access and navigate Canvas to review course materials and requirements.

View more [Canvas information for students.](#)

## **TB Test Resource Centers**

- [Alivio Medical Center](#)
- [Community Health Centers](#)
- [Esperanza Health Care Centers](#)
- Check with your Primary Care Physician's office to confirm whether they offer these services.

## **Uniform/Scrubs**

All students are expected to adhere to the following dress code which reflects the standards of the nursing profession.

- Uniform scrubs color is navy blue and consists of a scrub top and scrub pants (pant style is student choice).
- Uniforms are to be clean and wrinkle-free
- Black close-toed shoes.
- Socks to cover the ankle and heel.
- Wristwatch with a second hand
- Stethoscope
- Pen Light

## **Student Responsibilities**

Students are responsible for following the master schedule as developed with Dominican University. The master schedule has been created, submitted and approved by IDPH. This master schedule will reflect and designate specific makeup days for theory, lab and clinical for students who are below the number of states required hours because of absence due to extenuating circumstances.

Please note if a student is below the number of required hours and does not attend the designated makeup days, students will not be added to the final roster submitted to IDPH and therefore will not be able to take the state certification exam.

Per IDPH, Students will not be allowed to complete makeup assignments or schedule makeup days outside of those designated on the master schedule. Missing classroom and/or clinical hours can lead to student(s) not completing the BNATP Program.

## **Clinical Placements**

All students are required to complete 40 clinical hours at a Dominican University-affiliated clinical site. Specific details regarding placement schedules—including assigned days, daily hours, and other expectations—will be communicated prior to the start of your clinical experience.

## **CNA Course Module Overview**

### **Module I — Introduction to Health Care**

Overview of the healthcare system, CNA roles, the care team, and professional behavior.

### **Module II — Rights and Responsibilities**

Legal and ethical responsibilities, resident rights, HIPAA, and advocacy.

### **Module III — Infection Control**

Principles of infection prevention, hand hygiene, PPE, and standard precautions

### **Module IV — Emergency Procedures**

Emergency codes, fire safety (R.A.C.E. and P.A.S.S.), and basic disaster response.

### **Module V — Injury Prevention**

Fall prevention, body mechanics, ergonomics, and safety awareness.

### **Module VI — Care of the Resident**

Comprehensive care including hygiene, nutrition, mobility, elimination, and documentation. Includes both classroom and lab instruction with hands-on skill practice.

### **Module VII — Restorative and Rehabilitative Care**

Techniques to promote resident independence, range-of-motion exercises, and adaptive devices.

### **Module VIII — End-of-Life Care**

Comfort measures, grief and loss, hospice philosophy, and supporting families

### **Module IX — Alzheimer's and Dementia Care**

Understanding cognitive decline, behavior management, person-centered care, and communication strategies.

### **Clinical Experience (40 hrs)**

Supervised practice in a long-term care setting, applying learned skills and professional standards.

## **Pricing Structure**

The estimated cost of attendance for Dominican University's BNATP program is \$1560 per student. This includes curricular costs and administrative costs. A detailed cost of breakdown is provided below.

### **Curricular Costs: \$1300**

- 7 credits of Nursing Assistant Course
- Skill Bag (including blood pressure cuff, cotton safety/gait belt with metal buckle and stethoscope)
- *Mosby's Textbook for Nursing Assistants* and the accompanying workbook will be provided. ISBN: 978044312131
- Dominican University will cover the cost of CPR Basic Life Support (BLS) Provider certification through the American Heart Association.

### **Administrative Costs: \$260**

- Course fees (malpractice insurance) \$112
- Accurate Biometrics Fingerprinting \$45
- ViewPoint Screening Bundle \$103
- Medical Document Manager, Drug Test, Health Portal, etc

***Note: the certification exam testing fee is not included in the pricing. Please see below for certification exam information.***

## **Illinois Nurse Assistant Competency Examination**

**Test Deadline:** You have 1 year from completing your CNA program to take the exam. You have up to 3 attempts within that time.

**Retake Policy:** If you don't pass after 3 tries or miss the deadline, you must retake the CNA program. No extensions are given.

**Before You Can Register:** Your Program Coordinator must submit your name to the state roster before you are eligible to register. This will only happen if you have completed all required course hours and met all program requirements.

### **Register for the Exam**

More information will be shared once you are eligible to register for the exam. Please note that the exam fee is \$85 and is non-refundable. Additional details will be communicated as they become available.

*Thank you for choosing Dominican University to help achieve your educational and professional goals. We are excited to be with you on this journey!*

**Dominican University, Chicago Campus**



# Health Care Worker Background Check

## Authorization and Disclosure for Criminal History Records Information (CHRI) Check

I hereby authorize the Illinois Department of Public Health (the Department), the Department's designee, educational entities that train and/or test health care workers, staffing agencies, my current or potential employer, or a health care facility where I want to volunteer to initiate/request a CHRI check on me. I further authorize the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI) to release information and photographs relative to the existence or nonexistence of any criminal record, which it might have concerning me, to any initiator/requestor solely to determine my suitability for training or testing in a health care training program, employment, continued employment, or to work as a volunteer. I further authorize any entity that maintains criminal records and photographs relating to me, including but not limited to a local unit of government in any State, to release those records and photographs to the ISP, FBI, or the Department. I authorize the Department to provide any health care facility, training program or staffing agency, to which I have provided this authorization and disclosure form, a copy of my ISP CHRI and a determination of eligibility of the FBI CHRI. I certify that the ISP, FBI, any entity that maintains criminal records and photographs, the Department, and any of their employees or officers who furnish this information shall be held harmless from all liability, which may be incurred as a result of releasing such information. I further acknowledge that a educational entity or a health care employer shall not be liable for the failure to hire or retain me as an applicant, student, employee, or volunteer if I have been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46/25).

I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment, training, or volunteering, if discovered after employment, training, or volunteering begins, and can result in discipline up to and including my termination of employment, being a volunteer, or a student.

I understand that the information requested below regarding gender, race, height, eye color, hair color, weight, place of birth and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my Social Security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Other Names Used \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

States Where You Have Lived? \_\_\_\_\_

Male  Female Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

(Enter a letter from below)

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Place of Birth \_\_\_\_\_

- Race
- A** Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander.
  - B** Black or African American (Not Hispanic or Latino)
  - H** Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
  - I** American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
  - U** Of undeterminable race. Of untold mixture.
  - W** Caucasian (not Hispanic or Latino)

Have you ever had an administrative finding of Abuse, Neglect or Theft?  Yes  No If "Yes," give full details and state. Continue on back if more space is needed.

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)?  Yes  No If "Yes," give full details of each offense and the state in which convicted. Continue on back if more space is needed.

I certify that the above is true and correct and give my consent for my name to appear on Department's Health Care Worker Registry with the results of my criminal history records check.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

As the parent or guardian of the above named individual, who is younger than the age of 17, I give my consent for this named individual to have a criminal history records check.

\_\_\_\_\_  
(Signature of Parent or Guardian when applicable)

\_\_\_\_\_  
(Date)

**Health Care Worker Registry, 525 W. Jefferson St., Springfield, IL 62761 Phone: 217-785-5133**

**\*\*\* ALL FIELDS MUST BE COMPLETED OR APPLICATION WILL NOT BE PROCESSED\*\*\***



# DOMINICAN UNIVERSITY CHICAGO CAMPUS

**1805 S Paulina St Chicago, IL 60608**

Phone: (708)524-6800  
chi.workforce@dom.edu

## Agreement to Accept Insurance Responsibility

\_\_\_\_\_  
Print out Student Name

Dominican University, Chicago Campus requires that all students be covered with adequate hospitalization insurance during their course of study at the school. This agreement is to indicate to the school that you have sufficient hospitalization insurance, or that you will assume responsibility for any injuries or illness that might occur to you during the program of study at Dominican University, Chicago campus Basic Nursing Assistant Training Program.

Since it is necessary to keep on a file a record of such agreement please sign below and have this form returned to the school office as instructed. Please note that it is the student's responsibility to inform the school of any changes or update of insurance information and provide the school with a copy of the updated insurance information as soon as possible. Failure to provide this information will reflect on the student and the student will undertake any financial consequences resulting from incurred costs.

Please check the appropriate box and fill in the information requested.

\_\_\_\_\_ YES I have insurance with the following:

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Signature of spouse, if married

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_ No, I don't have insurance, I assume full responsibility for any injury or illness stated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian