

# Nursing Assistant Orientation

Ozaukee Youth Apprenticeship students and families  
April 2022

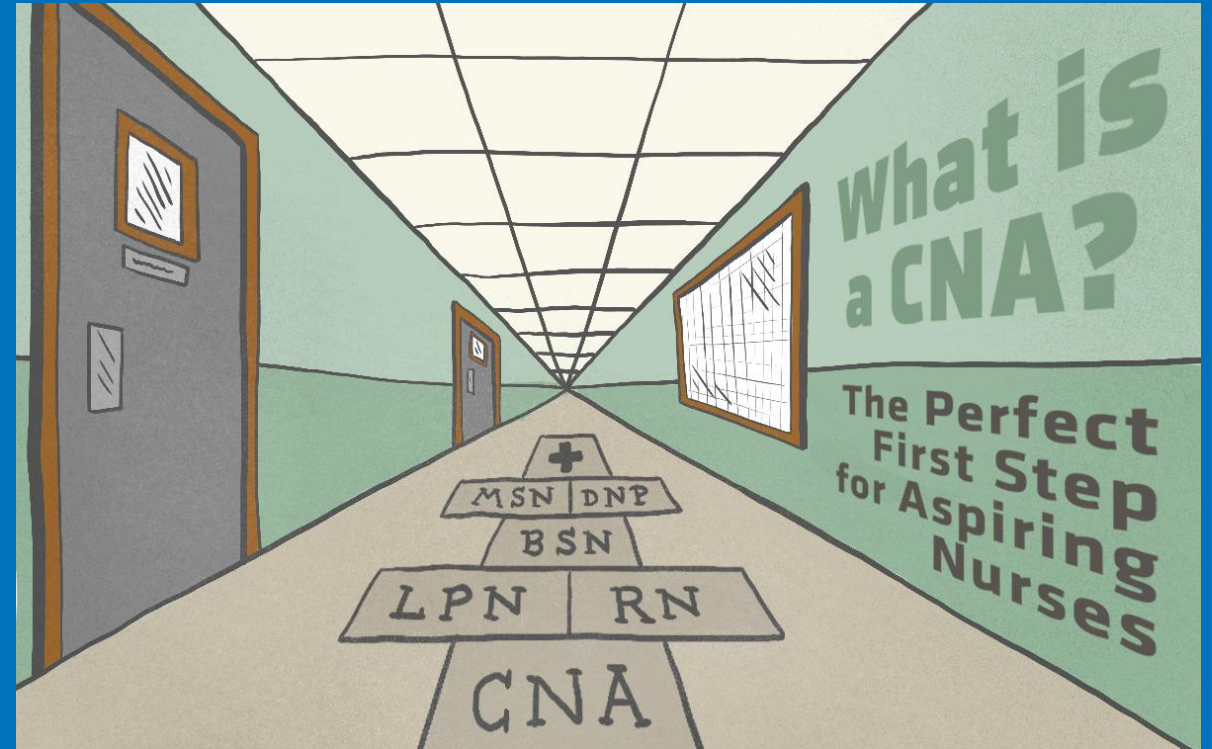


# What we'll do tonight

- Review of MATC's Nursing Assistant class
- Overview of CastleBranch
- Set up your CastleBranch account

# What is a Nursing Assistant?

A Nursing Assistant is entry-level bedside caregiver. You will learn basic nursing skills and procedures to assist others with their daily living activities and specialized care needs.



# Nursing Assistant Training Program

- 3 credit course, MATC Technical Diploma
- Theory (classroom): 75 hours
- Clinical (working with clients): 36 hours

**Attendance is MANDATORY  
for each day of theory and clinical**

This includes online (if applicable)

# Attendance Policy

**Classroom and clinical attendance is MANDATORY**

**Regular and punctual attendance is required (refer to Healthcare Pathway student handbook)**

Students enrolled in the Nursing Assistant Program attend 75 periods of related instruction in the classroom/lab and 36 periods of clinical instruction in an affiliated long term care agency. The total is the equivalent of 122. (55 minutes) hours of total instruction. Effective June 1, 2009 all nursing assistant programs must follow the new federal mandate under rule WI HFS 129 revised in Dec. 2008, which requires all nursing aide training programs to have a minimum of 120 total combined hours of instruction. As a result, any student that misses any part of a scheduled class or clinical session must make it up. Primary Instructors of the program will allow a maximum of one (1) makeup related classroom session for individuals with extenuating circumstances, (death, hospital, or pregnancy). By the State of Wisconsin Rules Clinical Instructors will allow a maximum of one (1) make up related clinical session accompanied by documented proof and approval of the excused absence only under state approval reasons. This is not to be abused, your reason or excuse will be thoroughly checked. Please make note: An excuse will have to be a highly extraordinary circumstance (documented illness, death, hospitalization, pregnancy).

# MATC Nursing Assistant Breakdown:

## Theory/Skills (75 hours):

Face to face instruction and  
application at MATC Mequon campus

*Monday - Friday for three weeks*

*June 13-July 1*

*8am-12:55pm*

## Clinical (36 hours):

Scheduled to be in person at  
a hospital or long term care  
facility

*Clinical 1 -*

*July 5 - 7:00am - 3:25pm*

*July 6 - 7:00am - 3:25pm*

*July 7 - 7:00am - 3:25pm*

*July 8 - 7:00am - 3:25pm*

*July 11 - 7:00am - 10:55am*

*Clinical 2 -*

*July 11 - 11:30am - 3:25pm*

*July 12 - 7:00am - 3:25pm*

*July 13 - 7:00am - 3:25pm*

*July 14 - 7:00am - 3:25pm*

*July 15 - 7:00am - 3:25pm*

# Other course requirements

- Costs to prepare for:
  - Online health record through CastleBranch (\$107), HIPPA training (\$15), scrubs (\$60), state certification exam (\$125)
- REQUIRED health record documentation includes:
  - Drug test, physical examination, TB test, COVID-19 vaccination and others.

# Is this a good fit for you?

- This is a rigorous training program designed for students who want to work as CNAs and/or continue their education in nursing.
- You must obtain a 77% in theory/classroom in order to participate in clinicals.
- Attendance is extremely important and this course needs to be a priority for you. You cannot miss a day of class or clinicals for any reason.
- COVID-19 vaccination is required per MATC's agreements with clinical sites.



# Certification Exam

Once you successfully pass the course, you are eligible for the state exam that will mean you can work as CNA. Additional details will be discussed at the end of your course.

## Exam Details:

Written Test

Skills Test

Exam administered by Headmaster

Cost: \$125.00

# Questions?

# What's next?

**Step 2 of the checklist is creating your CastleBranch account.** We will do this together today.

-When we set up CastleBranch, you will schedule your drug test and start filling out required paperwork.



# Setting up CastleBranch

Step 2. Go to [www.castlebranch.com](http://www.castlebranch.com)

- Click “Place Order” in upper right corner
- Enter package code: MF43

When it asks for your PIN or student #, enter your MATC student ID #

## Background Information Disclosure (BID)

-Check "Applicant for a license, certification.."

-Business name: MATC, 700 W State St,  
Milwaukee WI 53233

-If a field doesn't apply to you, put N/A.

-If you check 'yes' for any answer, please  
provide additional information as required.

### BACKGROUND INFORMATION DISCLOSURE (BID)

- PENALTY:** Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. Failure to comply may result in a denial or revocation of your license, certification, or registration, or denial or termination of your employment or contract.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- PRINT OR TYPE YOUR ANSWERS.**

Check the box that applies to you.

- ☐ Employee / Contractor (including new applicant) ☐ Household member (lives on premises, but is not a client)
- ☒ Applicant for a license, certification, or registration (including continuation or renewal) ☐ Other – Specify: \_\_\_\_\_

**NOTE:** If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – First <i>Donna</i>	Middle <i>M</i>	Last <i>Dual</i>
Position Title (Complete only if a prospective or current employee or contractor.) <i>N/A</i>	Birth Date (MM/dd/yyyy) <i>09/12/2009</i>	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Any Other Names By Which You Have Been Known (Including Maiden Name) <i>N/A</i>		
Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input checked="" type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown		Social Security Number <i>if none, leave blank</i>
Home Address <i>6101 Main St</i>	City <i>Milwaukee</i>	State <i>WI</i> Zip Code <i>53204</i>
Business Name and Address – Employer or Care Provider (Entity) <i>MATC, 700 W State St Milwaukee WI 53233</i>		

A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

#### SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

- Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?  
If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.  
You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents. Yes ☐ No ☒
- Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?  
If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located.  
You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents. Yes ☐ No ☒

# CastleBranch steps

3. By May 20, **COMPLETE your drug test as outlined in your CastleBranch account.** You will be directed to set up an appointment at a Quest Diagnostics location.

4. Once your drug test results have been posted, upload your Drug Test Verification form with the date that your results were posted



**Drug Test Verification Form**  
(6)  
(Upload this page only)

**Drug Test Verification:**

I acknowledge that my drug test **RESULTS** were posted on my CastleBranch, Inc. profile on (date): 11/12/21

Note: You must upload the drug test verification form in your health requirements profile after ordering/paying/completion of the drug test itself. This form prompts CastleBranch to enter the next due date for the drug test requirement.

Student Signature: [Signature]  
Student Name: (Please print) Donna Dual  
Student MATC ID number: 1111 111  
Signature Date: 11/13/21

## Once drug test is completed

**5. Email me to let you me know your drug test is completed,  
Then MATC will register you for the Nursing Assistant class.**

You will then be emailed your MATC login information, class schedule and a reminder of the next steps from the checklist.

You **MUST** complete the rest of the checklist in order to be prepared for the Nursing Assistant training program and eligible for clinicals.



# Part 2 of checklist: Once registered

## 6. Get your MATC Student ID (Stormer Pass)\*

\*If you plan to use a FastCare clinic for your health appointments you will need your MATC student ID.

If you plan to do the health appointments through your own provider you can get your student ID later.

## 7. Before the first day of class, have health forms completed from your healthcare provider or FastCare clinic.

- o Physical Examination
- o Influenza (flu) vaccination *(not applicable during summer)*
- o 2 step TB test
- o COVID-19 vaccination

This specific form must be completed by your physician, physician assistant or Nurse Practitioner.

CastleBranch will NOT accept other forms from healthcare providers or your high school.

This can be completed at a FastCare clinic location with your MATC Student ID.

**MILWAUKEE AREA Technical College**

**Physical Examination  
(1)**

**VERIFICATION OF STUDENTS GOOD HEALTH**  
*(Only Physician, Physician Assistant, or Nurse Practitioner, to Complete the Following:)*

I have examined \_\_\_\_\_ and certify that she/he is in good physical and mental health.  
Student's Name

On letterhead stationery, please list any physical limitations or other disabilities which would limit this individual's capacity to perform the essential functions of this profession. (See attached)

\_\_\_\_\_  
Physicians, Physician Assistant or Nurse Practitioner SIGNATURE & Medical Title      Date

Print Professional's Name: \_\_\_\_\_ Office Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A full exam is on file at: \_\_\_\_\_

\*\*I give permission to release information on the health requirements to the professional college and clinical affiliate staff if it is deemed necessary for the benefit and/or safety of myself and others.

Student Name: Donna Dual Signature: [Signature] ID #: 111111

A negative TB test is required to participate in clinicals. There are **THREE** ways to get a TB test:

- 1) Two-step skin test: most common, requires FOUR short appointments within a two-week period. This can be completed at a FastCare clinic location with your MATC Student ID
- 2) Chest X-ray
- 3) TB Gold blood test

**MILWAUKEE AREA Technical College**

**Tuberculosis Test**  
(2)

**TWO STEP MANTOUX TUBERCULIN SKIN TEST:**

Documentation of a Two Step test must be submitted. Skin tests are good for 1 year. If the 2-step is more than a year old, attach documentation of the past 2-step dates, along with a current annual update.

**PROCEDURE:**

**Step 1:**  
A Mantoux Tuberculin Skin Test of 0.1 (STU) PPD is administered under the skin on the forearm.  
A health care professional must read the results within 48-72 hours. If negative perform step 2. If positive, must follow-up with a chest x-ray.

**Step 2:**  
Repeat the test within 7 to 30 days after the application of the first test using the same strength of PPD.  
A health professional must read the results within 48-72 hours. If positive, must follow-up with a chest x-ray.

**QUANTIFERON – TB GOLD TEST:**

The TB Gold blood draw may be performed in place of skin tests. TB gold blood draws are good for one year and a copy of the lab report must be attached to the health packet.

**REPORTING RESULTS (2 Step or Chest X-Ray or TB Gold)**

<b>1. Step 1 Results</b>			
Date Read	Results	Authorized Signature & Medical Title	Date Administered
<b>2. Step 2 Results</b>			
Date Read	Results	Authorized Signature & Medical Title	Date Administered
<b>Chest X-Ray (if required)</b>			
Date Read	Results	Authorized Signature & Medical Title	Date Administered
<b>TB Gold Titer (if required)</b>			
Date Read	Results	Authorized Signature & Medical Title	Date Administered
<b>Annual Update</b>			
Date Read	Results	Authorized Signature & Medical Title	Date Administered

**\*\*I give permission to release information on the health requirements to the professional college and clinical affiliate staff if it is deemed necessary for the benefit and/or safety of myself and others.**

Student Name: Donna Dual Signature: [Signature] ID #: 111111

MATC ID#

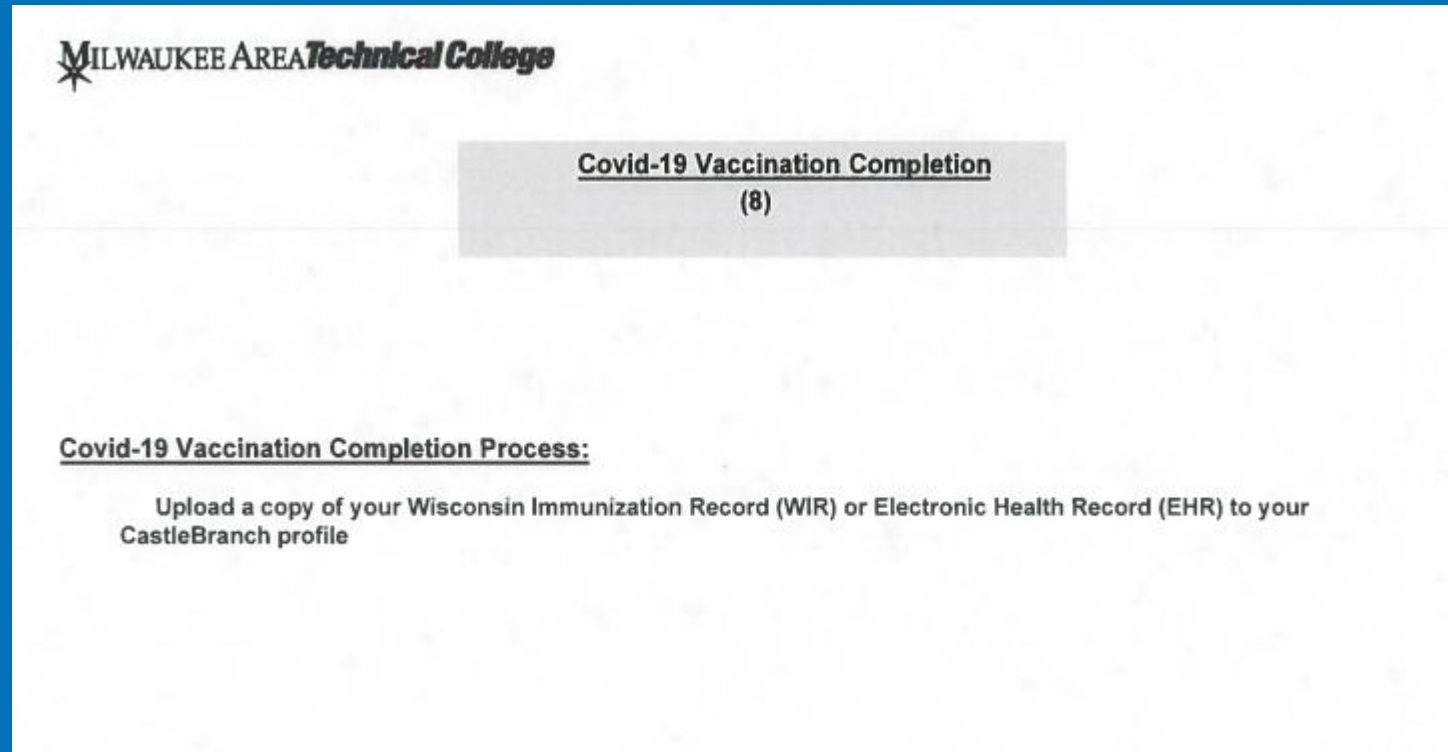
MATC is an Affirmative Action/Equal Opportunity Institution and complies with all requirements of the Americans with Disabilities Act (rev 2/2021)

COVID-19 vaccination is required by MATC's clinical partners for ALL Nursing Assistant students

Upload proof of COVID-19  
vaccination from DHS  
Wisconsin Immunization  
Record [website](#)

OR

Upload electronic health  
record from their healthcare  
provider



The screenshot shows the MATC CastleBranch portal. At the top left is the MATC logo. In the center, there is a grey box with the text "Covid-19 Vaccination Completion (8)". Below this, the heading "Covid-19 Vaccination Completion Process:" is followed by the instruction: "Upload a copy of your Wisconsin Immunization Record (WIR) or Electronic Health Record (EHR) to your CastleBranch profile".

Regardless of HepB vaccination status, this form must be completed by your healthcare provider.

**Hepatitis B Vaccination**  
(3)

Please read thoroughly and check the appropriate box.

- ☐ *←check if you do not have the HepB vaccine*  
As a student, I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been advised to be vaccinated with Hepatitis B vaccine. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can pursue the vaccination series. I hereby release Milwaukee Area Technical College, its Board Members, and personnel, and any clinical facility at which I train from any liability for any consequences to me or any claims arising out of or related to my decision to be or not to be vaccinated. I hereby agree to indemnify all of the above persons and organizations for any and all claims, including the attorneys' fees and costs, which may be brought against any one of them by anyone claiming to have been injured as a result of any injury which may occur as a result of my decision.

- ☐ *←check if you do have the HepB vaccine.* <sup>OR</sup>  
I do not wish to decline the Hepatitis B vaccine. I am currently in the process/or have completed the series. I understand that full immunity requires three doses of vaccine over a nine-month period.

*←MATC ID#*  
Signature of Student: Donna Duval Student ID#: 111111 Date: 11/19/21  
Print Name

IF HBV given:

1st Dose Date: _____	Authorized Medical Signature: _____
2nd Dose Date: _____	Authorized Medical Signature: _____
3rd Dose Date: _____	Authorized Medical Signature: _____

**\*\*I give permission to release information on the health requirements to the professional college and clinical affiliate staff if it is deemed necessary for the benefit and/or safety of myself and others.**

Student Name: Donna Duval Signature: Donna Duval ID #: 111111

*↑*  
MATC ID#

## Part 2 cont'd

**11. By June 17th, upload documentation for all CastleBranch requirements.**

Documentation needed for all items in step 7 in addition to:

- o Essential Functions Signature Form
- o Hepatitis B Vaccination (*vaccine not required but must complete form waving vaccine*)
- o Criminal Background Check (CBC)/Self-Disclosure Form (BID) Verification Form
- o HIPPA Training (cost of \$15.00, directions on CastleBranch)



Click on the Nursing Assistant program and make sure you understand the essential functions of working as an NA/CNA.

**Essential Functions Signature Form**

(4)

(Upload this page only)

**ADA AND ESSENTIAL FUNCTIONS**

The Americans with Disabilities Act (ADA) of 1990 (42 USC & 12101, et seq.) and the ADA Amendment Act of 2008, and Section 504 of the Rehabilitation Act of 1973 (29 USC & 794) prohibits discrimination of persons because of her or his disability. In keeping with these laws, Milwaukee Area Technical College makes every effort to insure a quality education for students. To aid in student success, it is important to inform students of the essential functions demanded by a particular occupation. The purpose of this document is to ensure students acknowledge that they have been provided information on the essential functions required for their chosen program. To meet the Essential Functions, information on accommodations is available upon request of the applicant. Please visit the MATC Student Accommodation Services Department.

**INSTRUCTIONS**

- Click on **YOUR** program link below.
- Read the essential functions required for success in your program.
- If you have read and understood the essential functions for your program, sign and date this form below.

DENTAL PROGRAMS	ALLIED HEALTH PROGRAMS	NURSING PROGRAMS
Dental Assistant	Anesthesia Technology	Nursing Assistant
Dental Assistant Bilingual	Cardiovascular Technology - Echocardiography	Practical Nursing
Dental Hygiene	Cardiovascular Technology - Invasive	Practical Nursing LPN-RN Educational Progression
	Central Service Technician	Registered Nursing
	EKG Technician	
	Health Information Technology	
	Healthcare Services Management	
	Health Unit Coordinator	
	Medical Assistant	
	Medical Coding Specialist	
	Medical Interpreter	
	Medical Laboratory Technician	
	Nutrition and Dietetic Technician	
	Occupational Therapy Assistant	
	Pharmacy Technician	
	Phlebotomy	
	Physical Therapist Assistant	
	Radiography	
	Renal Dialysis Technician	
	Respiratory Therapist	
	Surgical Technology	

**COMPLETE, INITIAL AND SIGN**

Student Name: Danna Dual Student ID#: 111111

My program is: Nursing Assistant

DD (Initial) I have read and understand the Essential Functions criteria specific to a student in my program indicated above.  
DD (Initial) I am able to meet the Essential Functions as presented with or without accommodation.  
DD (Initial) I was provided with information concerning accommodations or special service if needed.

Note: The program you indicated above must be the program to which you have applied. Completion of this form verifies that you have read and understand the essential functions required. If you have applied to more than one program, this form must be completed for each of those programs.

Signature: [Signature] Date: 11/12/21

\*\*I give permission to release information on the health requirements to the professional college and clinical affiliate staff if it is deemed necessary for the benefit and/or safety of myself and others.

Student Name: Danna Dual Signature: [Signature] ID #: 111111

↑ MATC ID #

This form is completed and uploaded once your CBC and BID have been completed.

Dates of last CBC and BID:

-Last CBC is the date you pay for CastleBranch

-Last BID is the date your BID is accepted by CastleBranch

**Criminal Background Check (CBC) & Self-Disclosure (BID)**  
**Verification Form**  
**(7)**  
*(Upload this page only)*

**Criminal Background Check (CBC) & Self-Disclosure (BID) Verification Form:**

Date of last Criminal Background Check (CBC): 11/9/21

Date of last Self-Disclosure (BID): 11/9/21

Note: You complete and upload this CBC-BID verification form in your health requirements profile **after** ordering/purchasing and completion of the CBC/BID itself. This form prompts CastleBranch to enter the next due date for the CBC/BID requirement.

Student Signature: [Signature]

Student Name: *(Please print)* Donna Dual

Student MATC ID number: 111111

Signature Date: 11/10/21

Criminal Background Check (CBC) & Self-Disclosure (BID) must be renewed every 2 years.



# CastleBranch help

Your CastleBranch profile is complete once you have a green checkmark next to each requirement. If you incur a rejected document/red checkmark, click on the checkmark and read why your document was rejected. Resubmit form accordingly.

Call or email CastleBranch:

888-914-7279

[studentservices@castlebranch.com](mailto:studentservices@castlebranch.com)

Call or email the Rosy Lopez:

[lopezr81@matc.edu](mailto:lopezr81@matc.edu) or 414-297-6088

## Part 2 cont'd

8. **Required textbook:** OYA will provide a copy of the required textbook for every student in the class.
9. **If parking a vehicle on campus, purchase a parking permit at MATC Cashier's window prior to parking in any campus lot.**
10. **A week PRIOR to the first day of class, check your MATC email account and log into BlackBoard, MATC's online learning portal. Login credentials will be emailed to you when you are registered for the class.**

## Part 2 cont'd

**11. The first week of class, purchase scrubs that have MATC patch sewn on top through Gloria Kay, 3720 N 124th St, Wauwatosa, WI 53222, (414) 464-1400**

Top: \$26 (all tops include the price of the required MATC logo)

Bottom: \$19-27

Gait belt

Required uniform includes: Navy scrub top & pants, mostly white shoes, MATC CNA patch, a watch (with second hand), and gait belt.

# Need additional support to be successful in your class?

Students must express the need for an auxiliary aid or service and give adequate notice of the need to the Student Accommodation Services Department. MATC will then request that the student provide:

- supporting diagnostic test results
- relevant medical documents
- professional prescriptions for auxiliary aids

Heather Lorbiecki: [lorbiech@matc.edu](mailto:lorbiech@matc.edu)

# Dates and deadlines

May 20th: Complete your drug test

May 27th: Complete Drug Test verification form and email Suzie so we can register you for the class.

Before June 13th:

- have health documentation forms completed from your healthcare provider or FastCare clinic.
- get your MATC student ID
- purchase your MATC parking pass

June 13th: First day of class!

June 17th: ALL CastleBranch documents and requirements completed in order to be compliant for clinicals

July 5th: First day of clinical for clinical group 1

July 11th: First day of clinical for clinical group 2

## Tips for success:

- Get started right away. If you are planning to get the health documentation from your regular provider rather than using a FastCare clinic, you can make those appointments now.
- Review checklist, talk with your family, and **get your drug test done as soon as possible.**
- Something unclear? Please let me know!

# Questions after you get started?

**Enrollment checklist:** Suzie Considine, [considis@matc.edu](mailto:considis@matc.edu)

## **Castlebranch help:**

CastleBranch: 888-914-7279 or [studentservices@castlebranch.com](mailto:studentservices@castlebranch.com)

Rosy Lopez: [lopezr81@matc.edu](mailto:lopezr81@matc.edu) or 414-297-6088