

Barton Community College
Adult Healthcare Class Enrollment Guide
Webpage: bartonccc.edu/programs/adult-health-care

Thank you for your interest in Adult Healthcare classes at Barton! Students of these courses must obtain the required contact hours, per Kansas Department of Aging and Disabilities (KDADS) regulations. Lab and clinical locations include Ellsworth, Great Bend, LaCrosse, Larned, Lincoln and Stafford. Students are responsible for transportation to and from their pre-approved clinical site.

Classes are limited in size and filled on a first come, first serve basis. Courses are scheduled upon student interest and instructor availability in 8 and 16-week, hybrid and face-to-face options.

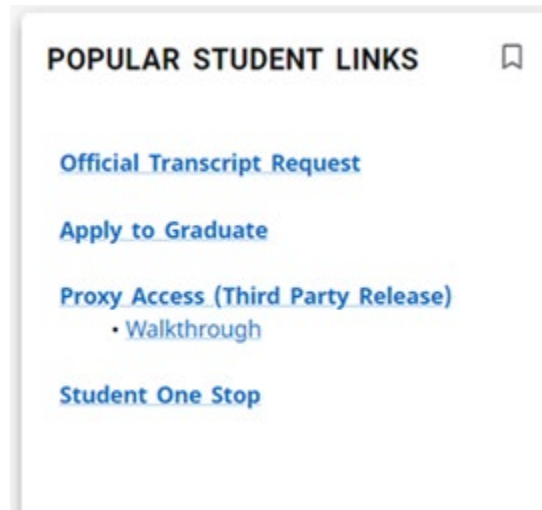
Certified Nurse Aide (CNA): This is a minimum of 90 contact-hour course that prepares students for the state certification exam. CNAs provide direct care to residents of hospitals, assisted living centers, and long-term care facilities. Students can be 15 years old to attend CNA classes but must be 16 years old at the time of the State Certification test.

Certified Medication Aide (CMA): This is a minimum of 75 contact-hour course that prepares students for the state certification exam. CMAs administer medications to residents in assisted living centers, prisons, and long-term care facilities. An active Kansas Certified Nurse Aide certification is a requirement for CMA training. Students must be 18 years old to attend the course.

□ **Step #1 - Complete Barton's online Admissions Application at:**
<https://www.bartonccc.edu/admission/apply>

- If you already know your Barton ID#, please note, if it has been longer than 6 months since your last class, you will need to reapply.
- 24-48 hours after application submission, you will receive an email with acceptance and your Barton ID# from Admissions. This will go to the email you registered on the application.
- If you do not receive an email within that timeframe, you will need to contact Admissions at admissions@bartonccc.edu or 620-792-9286.
- Once you select CNA/CMA as your interest on the admissions application, please reach out to our office at 620-792-9266 for class availability or check availability at: <https://www.bartonccc.edu/programs/adult-health-care>
- For students under the age of 18 years old, a Proxy Delegation form (third party release form) is required for the Barton Community College faculty/staff to be able to communicate with the student's parent, guardian, etc. To complete this form, log into the Barton Portal, go to the

card named POPULAR STUDENT LINKS, it will be under PROXY ACCESS:



- Follow the instructions on this website: [Finance SSB9 2023](#)

☐ **Step #2 – Pre-Requisite**

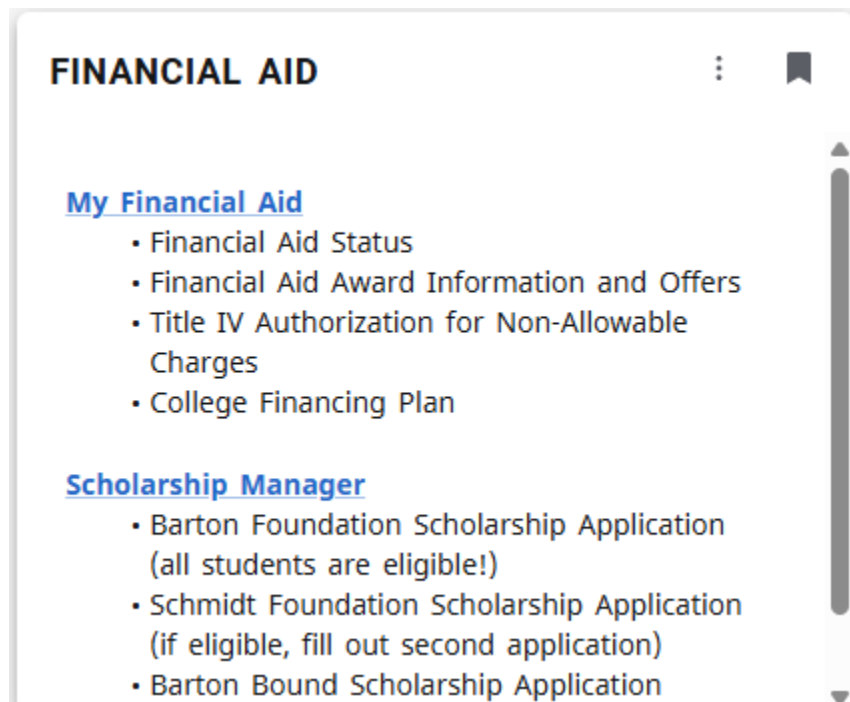
- Successfully complete one of the following reading requirements within the last five years. Our program will accept any one of the following:
 - ACT = 14 or greater
 - Accuplacer Next-Gen = 237 or greater
 - TABE = 518 or greater
 - CASAS = 224 or greater
 - TEAS = 58.7% or greater
 - SAT=310 or greater
 - Eligible for Integrated Reading and Writing or completed College level English Composition I with a “C” or greater.
- To schedule an Accuplacer placement test for the Barton County site, contact Mollie McReynolds in the College Assessment Center. Mollie is best reached via email at mcreynoldsm@bartonccc.edu You will need to supply Mollie with your Barton ID# when you write her.

☐ **Step #3 – Enroll**

- [Self-enroll online](#) , call Enrollment services at 620-792-9252 OR stop by our Great Bend offices.
- Enroll using the name on your picture ID and Social Security card. (You will need both items when testing for certification.)

□ Step #4 - Pay for Class

- There are many [payment options](#) available. Payment arrangements must be taken care of at the time of enrollment with the Business office at 620-786-7463.
- Prior balances must be paid before the start of the current semester.
- **IMPORTANT NOTE:** Courses are federal financial aid ineligible.
- Financial assistance options you may be eligible for include:
 - o High school students are eligible to receive Excel CTE funding. For more information, please see: <https://www.bartonccc.edu/highschool/senatebill>
 - o <https://bringbackthetrades.org/scholarship>
 - o [Promise Act Scholarship](#)
 - o Barton Bound <https://bartonccc.edu/financialaid/scholarships>
 - o Anyone can apply for the Barton Foundation Scholarships by going to the MyBarton Portal, clicking on Scholarship Manager under the Financial Aid card.



□ Step #5 – Prep for Class

- **CMA Only:** Verify you have an active CNA Certification via the [online registry](#)
- Obtain scrubs for clinicals, have a second-hand watch and appropriate closed-toe shoes (Crocs and Hey Dudes are not acceptable).

- If at Barton County Campus, please pick up your CNA/CMA supply bag in the Technical building in Room T-79/T-94, it has a sign above the door that say Nursing Department.
- Must have Computer, laptop or tablet with access/ability to download different types applications. Students may rent computers in the Student Resource Center (located in the building in the middle of the Barton Campus). They are rented on a first come, first serve basis so please go in as soon as you can after the course begins. You will need a Barton ID card that are not normally issued to students. To obtain a Barton ID card, please go to the Business Office (located in the administration area of the Kirkman Building).

☐ **Step #6 – Document submission and acceptance of background check in DISA Healthcare**

- Begin collecting the required the required documents immediately (see below). Please email them to dietzc@bartonccc.edu and/or tustenj@bartonccc.edu . **These requirements MUST be completed by the third day of the course or you will be dropped due to non-compliance.**
- The required documents include:
 1. Hepatitis B Vaccination cards/paperwork
 2. TB status verification after it has been read by a professional (remember the TB skin test needs to be read in 48 to 72 hours so it is best to obtain this on a Monday or Tuesday, so it does not need to be read over the weekend because health departments and medical clinics are not normally open on weekends). It goes over the 72 hours, you will need to start again because it is no longer accurate. (MUST HAVE)
 3. Proof of Current Health Insurance (MUST HAVE)
 4. COVID 19 Vaccination cards/paperwork
 5. Influenza Vaccination cards/paperwork
 6. Declination of suggested immunization page—If you are declining any of the immunizations, please mark the one you are declining on the page, date, sign and submit the form.
Declination page is the last page of this form.
- After all the requirements are received by the staff of Adult Healthcare administrative assistant or coordinator, you will receive an Evite to accept the background check through DISA Healthcare along with an Email, giving instructions on how to accept the background check.
- If you have any problems accepting the Evite, it is best to reach out to the coordinator at 620-792-9298 or administrative assistant at 620-792-9266 since you can be dropped if these are not completed in a timely manner.

☐ **Step #7 -- Testing Prep**

- Locate hard copy of picture ID and Social Security card, passport, ITIN or work visa. Pictures on phone are not appropriate for testing purposes per KDADS.



DECLINATION OF SUGGESTED IMMUNIZATIONS

Check all that apply and complete reason:

☐ I refuse to receive Hepatitis B Vaccine (HBV) at this time. I understand the increased risk to health care professionals and have been encouraged to receive this vaccine.

☐ I decline receiving the COVID Vaccination at this time. I understand that while Barton Community College does not currently have a COVID Vaccination requirement, it could be required by an outside clinical facility. I understand that if I'm unable to meet the clinical site's requirements, it may impact my ability to complete the requirements for the course. I understand there is an increased risk to health care professionals.

☐ I refuse to receive Influenza vaccination at this time. I understand the increased risk to health care professionals and have been encouraged to receive this vaccine.

Date: _____ Student's Name: _____
(please print)

Student's Signature: _____

I agree, understand and consent that by electronically signing the Suggested Immunizations Form, that my electronic signature is the equivalent of my manual/handwritten signature.