



NURSE AIDE (NATCEP)

Student Handbook Program Addendum

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1 Program Overview

The Wayne County Schools Career Center, Nurse Aide Training Competency, and Evaluation Program (NATCEP) for Nurse Aides is an eighty hour program that prepares individuals for successful passage of the state test and to gain employment in the health care field.

This handbook serves as a supplement to the Wayne County Schools Career Center Adult Education Handbook. Initially, it is used to document student progress as they prepare for the program. The section *Entrance Requirements* focuses on these items. A second objective is to delineate the general guidelines for students while they complete the program. More precisely, these components, namely the *Code of Conduct* and the *Dress Code* sections, provide the student(s) with the expectation in terms of their behavior and appearance while attending class and participating in their clinical experience. The *Student Contract* section provides an area for the student to indicate he/she has reviewed & understands the policies specific to the NATCEP program delineated within this document.

The entire Adult Education team congratulates you on your commitment to furthering your education and stand ready to provide whatever supports you require as you pursue your goals. This document provides the guidelines for making this a successful partnership!

2 Staff

Students should become familiar with the following individuals, as they are primarily responsible for the administration of the NATCEP Program. Contact information is provided for the student's convenience.

Staff Member	Title/Department	Email Address	Extension	Phone #
Lorie Rodgers	Program Supervisor & Nursing Manager	lrodgers@wcsc.net	2010	330-669-7030
Kim Schreiber	Coordinator / Instructor	kschreiber@wcsc.net	2016	330-669-7000
Karen Wambach	Instructor	kwambach@wcsc.net		330-669-7030
Jody Widmer	Instructor	jwidmer@wcsc.net		330-466-3614
Rebekah Marshall	Administrative Assistant	rmarshall@wcsc.net	2020	330-669-7030

3 Program Requirements

In order to be accepted into the Adult NATCEP Program, applicants must be 16 year of age or older. Additional requirements include:

3.1 Entrance Requirements

- Signed Disqualifying Offenses Attestation
- Documented TB Testing/Counsel:
 - Types of TB Tests that are Accepted:
 - Current 2-Step Tuberculin Skin (TB) test
 - Past 2-Step Tuberculin Skin (TB) Test with 1-Step Tuberculin Skin(TB test every year since the 2-Step TB test was completed
 - Current TB Blood Test
 - Current Chest X-Ray

PLEASE NOTE: This Testing/Counsel cannot be waived. Also, each of the above are valid for 1 year and must be valid for the duration of the student experience.

No student will be permitted to participate in clinical experience without written documentation of a negative 2-step Mantoux test or a negative chest x-ray within the previous six months.

Students may participate in clinical after a negative 1-step Mantoux while awaiting the 2nd step completion.

- COVID vaccination is not currently required by the school, however, some clinical sites require documentation of vaccination status, or a declination of the vaccine.

No student will be permitted to participate in clinical experience with a contagious disease, fever, or injury. Any injury will require a statement of full participation from health care provider (Physician, Nurse Practitioner, or Physician Assistant) in order to attend class/clinical. Make-up days may be arranged in the next scheduled TCEP (*Training & Competency Evaluation program*). (See Attendance Policy).

3.2 Class Requirements

The following would be helpful in participating in the program.

- Wrist watch with a second hand (Optional)
- Three-ring notebook or folder
- Paper, pencil, and pen

- Bring daily to class: Textbook: **Nursing Assisting: A Foundation in Caregiving 6th Edition**
- Bring daily to class: Required Workbook: **Nursing Assisting: A Foundation in Caregiving 6th Edition**
- Bring daily to class: D & S Diversified Technologies Candidate Handbook.

4 Attendance Policy

NATCEP classroom attendance will be taken at the beginning and at the end of each class.

Attendance records will be kept in each respective class folder.

Absences shall be made up as indicated by section 3701-18-08(D) of the OAC (Ohio Administrative Code).

(C) Require that any absence be made up within sixty calendar days. Absences from the sixteen hours of classroom instruction required by paragraph (A)(4) of rule [3701-18-12](#) of the Administrative Code shall be made up before the trainee provides any nursing and nursing related services involving direct contact with residents or patients. This training may be done by a different approved TCEP other than the original training source, however, a primary instructor of a TCEP shall document that arrangements were made for coverage of missed material and that the missed material was made up satisfactorily. Material missed from the sixteen hours of TCEP instruction required by paragraph (A)(4) of rule [3701-18-12](#) of the Administrative Code shall be made up hour-for-hour; absences from the 1st 16 hours of classroom instruction required by paragraph (A)(4) of rule 3701-18-12 of the administrative code shall be made up hour for hour.

Make-up classes will be scheduled during the next scheduled program if possible. The student may need to pay \$50.00 per hour for an absence.

All attendance records will be maintained in the nursing office teacher workroom file cabinet adjacent to the program coordinator's desk. Attendance records will be certified by the instructor(s) of the class.

Students are expected to attend all 80 hours of the class.

5. Pregnancy Policy

A student who is pregnant and wishes to remain in the NATCEP program may do so but **must sign the Pregnancy Waiver Statement form at the beginning of her pregnancy, releasing the school and the cooperating agencies from all liability should the student's**

activities be detrimental to the student or her child. The student must obtain the Physician/Midwife form from her physician or midwife to continue in the program

Because clinical assignments cannot be altered for pregnant students, the student may want to consider withdrawal from the program and apply and return later. Failure to report a pregnancy or to comply with the requirements listed above may result in dismissal from the program at the discretion of the Nursing Manager and NATCEP Program Coordinator.

5.1 Return to Class/Clinical Policy

The student who suffers a change in health status that limits full participation in clinical experience is required to bring a written statement from the physician stating the limitations. The clinical site must also agree with the limitations. The Nursing Program Manager and NATCEP Coordinator will determine, in individual cases, the suitability of the student to continue in the program. If permitted to continue, the student is required to bring a Return to Full Participation form from the physician when limitations are resolved.

6 Academic Performance

Each trainee in the NATCEP program shall be evaluated daily by the program instructor and must meet the following requirements to successfully complete the program:

1. Comply with all policies pertaining to the **NATCEP (Nurse Aide Training Competency and Evaluation Program)** by the Ohio Department of Health and the Wayne County Schools Career Center.
2. Attendance at all sessions as defined in the **Attendance Policy**
3. Obtain a passing grade of 80% on all written work.
 - If you receive below 80%, you will be given the opportunity to remediate & retest with the instructor, a maximum of two times, allowing you to progress in the course.

Letter Grade	Percent Range	Point
Value A	94 – 100%	4.0
A ⁻	90 – 93%	3.7
B ⁺	87 – 89%	3.3
B	83 – 86%	3.0
B ⁻	80 – 82%	2.7
C ⁺	77 – 79%	2.3
C	73 – 76%	2.0
C ⁻	70 – 72%	1.7
D ⁺	67 – 69%	1.3
D	63 – 66%	1.0
D ⁻	60 – 62%	0.7
F	≤ 59%	0.0

4. Pass skill demonstrations, step-by-step with emphasis on critical elements
5. Pass clinical sessions (Clinicals are Pass/Fail)
6. Complete all assignments

7 Classroom and Clinical Conduct

All students are expected to conduct themselves in a respectful and professional manner. Respect is to be shown to all instructors, peers and residents. No gum, food, or beverage is allowed in the classroom or laboratory. Students are not permitted to leave the clinical site during clinical unless an emergency arises and is discussed with the instructor prior to leaving.

Violations are cumulative throughout the program. A student may be initially counseled depending on the severity of the violation. A written warning is given for a second occurrence and dismissal from the program for a third or serious violation. Any student may be dismissed at any time in the program for violation of any offense listed under “Reasons for Disciplinary Actions”. All lost time is subject to make-up (see Attendance Policy).

Reasons for Disciplinary Actions

- ☐ Any action that may jeopardize the safety or well-being of a resident, peer, or self.
- ☐ Any violation of Patients’ Rights or breach of patient confidentiality.

- ☐ Plagiarism, cheating or other unacceptable academic behavior.
- ☐ Any unprofessional behavior including cursing, vulgar language, fighting inappropriate gesturing, insubordination, sleeping in class, or any behavior that is disruptive to the learning environment.
- ☐ Violation of school policies and/or policies of the TCEP program.
- ☐ Failure to meet academic standards as detailed in the grading policy.
- ☐ Absenteeism or tardiness
- ☐ Violation of local, state and/or federal ordinance.
- ☐ Poor health or injury that prevent attending class or clinical in a safe manner
- ☐ Lack of aptitude or unsafe performance in the clinical area, resulting in possible harm to patient, co-worker or self.
- ☐ Any breach of confidentiality.
- ☐ Unprofessional behavior in classroom, lab or clinical setting in regard to patient, faculty, staff, visitors, high school students or another student.
- ☐ Disrespectful treatment of others, including threatening comments.
- ☐ Violation of any school policies and/or regulations as stated in this handbook or clinical site policies.

8 Dress Code

Each student is expected to maintain appropriate appearance at all times. This includes personal grooming and attire and applies to the clinical and classroom setting.

- ☐ Only clean, colored, appropriate fitting scrubs.
- ☐ White closed toe shoes. No sandals. (White with a little color may be approved).
- ☐ Socks must be worn.
- ☐ Lab jackets may be worn over scrubs.
- ☐ Hair must be kept off the collar and be neat in appearance.
- ☐ No strong perfume or cologne.
- ☐ A WCSCC is to be worn at all times during class & lab.
- ☐ No visible tattoos at clinical site.
- ☐ Earrings are limited to one pair per ear (no dangling earrings);

☐ Hair fasteners or religious head coverings must blend with the hair color or uniform color

☐ All other visible body piercing jewelry is to be removed

☐ Jewelry (finger ring) is limited to one simple band

☐ Fingernails are to be kept short. **No polish and/or artificial nails at clinical site.**

☐ WCSCC ID clearly identifying the student as a trainee, is to be worn **at clinical site.**

9 Liability Insurance

Each student enrolled has professional liability insurance with Healthcare Providers Service Organization of \$1,000,000 per occurrence / \$5,000,000 annual aggregate limits of liability.

10 State Administered Test

Refer to Rule 3701-18-22 in Ohio Laws & Administrative Rules

Appendix A Pregnancy Waiver

I, _____, understand that in order to participate in the NATCEP Nurse Aide Program of the Wayne County Schools Career Center during pregnancy, I must obtain a written release from the physician/midwife of record providing obstetrical care allowing me to fully participate in the classroom, laboratory and clinical experience.

In doing so, I release the WCSCC and all clinical facilities from responsibility and liability for any accident, injury or medical condition to myself, the pregnancy, and/or the fetus, incurred in the performance of my duties as assigned and within the realm of my student nurse aide status.

Student Signature

Date

Appendix B Physician/Midwife Release

Student's Name _____

NOTE: A form must be completed and signed by the Physician/Midwife each month throughout the pregnancy for the student to participate in class, laboratory, and clinical rotations.

I verify that I am the physician/midwife of record in providing care for this patient and she may participate fully in the classroom, laboratory, and clinical experience of the NATCEP Nurse Aide Program without restriction. This includes, but is not limited to, lifting, bending, and reaching in the care of the acutely and chronically ill.

Physician/Midwife Name (Printed)

Phone

Street Address (complete at initial visit only)

City, State

Zip

Physician/Midwife Signature

Date

Appendix C Return to Full Participation

Student's Name _____

The above-named student is released from my care to return to full participation in activities related to student **certified nurse aide** which includes, but is not limited to, lifting, bending, and reaching in the care of the acutely and chronically ill.

Physician/Midwife Name (Printed)

Phone

Street Address (complete at initial visit only)

City, State

Zip

Physician/Midwife Signature

Date

Appendix D Student Contract & Equipment Acknowledgment

Equipment Acknowledgement

I, _____ (print name) acknowledge that while I am attending Wayne County Schools Career Center, I will take proper care of all books, workbooks, badges, and equipment with which I am entrusted. I further understand that upon completion or termination of the program, I will return all WCSCC property, and that the property will be returned in its original working condition. I understand I may be held financially responsible for lost or damaged property. This agreement includes, but is not limited to, textbooks, badges, practice exam binders, and any other items that belong to the school or Nurse Aide Program. I understand that failure to return equipment will incur the cost of said items to be paid to the school.

(Current pricing as of 02/25: Nurse Aide Textbook \$72, Badges \$8, Practice Exam Binder \$20.)

Student Signature

Date

Student Contract

I, _____, have read the policies of the TCEP for Nurse Aide Program. I am aware of the implications of these policies and I agree to abide by the policies of the TCEP for Nurse Aide Program and those of the Adult Education Program of the Wayne County Schools Career Center. I am responsible for returning any materials borrowed from the program. If any materials are not returned by the completion of the program, TCEP certificates will be withheld and charges will be incurred.

Student Signature

Date