



## COMPLETE ENROLLMENT GUIDE: SHORT-TERM HEALTHCARE PROGRAM (CNA)

This guide provides the full requirements for the enrollment process, structured into three main steps for clarity. Please note that the necessary medical and governmental forms (**Health Examination Form, Verification/Residency Form, and Act 14 Form**) are included in the enrollment packet provided by the program. All clearances must be secured for the purpose of **"Employment,"** as **"Volunteer"** status is not acceptable.

### STEP 1: Online Application at RACC

The initial step is to submit your application to Reading Area Community College (RACC). First, visit <https://www.racc.edu>, click **"Apply,"** and select **"Start My Application."** Use your email address as your username. If you are a first-time student, select **"Sign Up"** and create your account. After logging in, select **"Apply"** and then **"Start New Application."** When filling out the form, choose **"9. Complete a short-term healthcare training program"** for the first question, and enter your major (**CNA**). Once the application is submitted, you must **send a confirmation email** to the program to verify completion of this step.

### STEP 2: Obtaining Background Clearances

You must obtain both state and, if applicable, federal clearances.

**A. Pennsylvania Background Clearance (CHRI - \$22.00):** Access the PA State Police portal at <https://epatch.pa.gov/home>. Select "Submit a New Record" and then "Individual Request." It is crucial to select **"Employment"** as the reason for the request. Pay the **\$22.00** fee and retrieve your final certificate (the one with the watermark seal) by selecting "Check the Status of a Record Check."

**B. Federal FBI Clearance (\$25.25):** This clearance is **MANDATORY only if you have not been a continuous resident of Pennsylvania for the last two years.** First, register for fingerprinting at <https://uenroll.identogo.com/> using the service code **1KG6NX**. Attend your scheduled appointment and pay the **\$25.25** fee. **Crucially, on the same day as your appointment,** you must request the **STAMPED ORIGINAL COPY** of the report from the PDE. Email [ra-natcep@pa.gov](mailto:ra-natcep@pa.gov) with the subject line **"FBI report Official Letter Request,"** including your full name, current mailing address, **UEID number**, email address, and phone number in the body of the email. The PDE will mail the official, stamped copy to you within 30 days.

**C. CareerLink Account Creation & Required Documentation:** You must create a CareerLink account using the link: <https://www.pacareerlink.pa.gov/jponline/Common/Registration>. If you already have a CareerLink account, ensure your username and password are saved and available. When you bring your documents to Tec Centro Berks for final registration, please provide the following list of required documents: **Valid Photo ID, Social Security card, Birth**

**certificate**, your **last 4 pay stubs** (if currently employed), **proof of governmental assistance** (if you receive it), or a **letter indicating your unemployment status and start date** (if you are currently unemployed).

### **STEP 3: FINAL DOCUMENT CHECKLIST FOR TEC CENTRO BERKS**

Use this checklist to ensure you have all required documentation to finalize your enrollment. Document submission can be completed **any weekday** at the program office (450 S. 6th Street, Reading, PA 19602).

#### **Required Identification and Work/Income Documents**

- **Valid Photo ID:** A current Pennsylvania Photo ID is required.
- **Medical Insurance Card:** The physical card must be presented.
- **Social Security Card:** The physical card must be presented.
- **Birth Certificate:** Original or certified copy.
- **Last 4 Pay Stubs:** Required if you are currently employed.
- **Proof of Governmental Assistance:** Current proof if you receive any form of aid (e.g., SNAP, TANF, etc.).
- **Unemployment Letter:** A letter stating your unemployed status and the start date of your unemployment (if applicable).

#### **Program, Clearance, and Account Requirements**

- **Completed RACC Application:** Proof that you completed the application.
- **PA Background Clearance (CHRI):** The printed certificate copy with the watermark seal, obtained for "Employment" purposes.
- **Federal FBI Clearance (If Applicable):** The **ORIGINAL, STAMPED COPY** received via certified mail from the PDE (only required if you have not resided in PA for 2 years).
- **CareerLink Account Information:** Your username and password for your CareerLink account (created in Step 2C).

#### **Medical and Program Forms**

- **Health Examination Form:** Completed and signed by a physician. **(Form is included in your enrollment packet)**
  - **Tuberculosis (TB) Test Results:** Recent results, attached to the Health Examination Form.
  - **Drug Test Results:** Recent results, attached to the Health Examination Form.
  - **Proof of Flu Shot:** Documentation of vaccination.
  - **Proof of COVID-19 Vaccination:** Documentation of vaccination.
- **Verification/Residency Form: (Form is included in your enrollment packet)**
- **Act 14 Form: (Form is included in your enrollment packet)**





TOP PORTION TO BE COMPLETED BY THE STUDENT (please print in ink):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Address: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PHYSICAL/TEST RESULTS MUST BE RETURNED ON THIS FORM

Student Eligibility Requirements for Training

Note to Healthcare Professional performing physical assessment:

- The student must pass a physical examination, and must be free of communicable diseases.
The student must have completed the 2-step Mantoux TB test prior to orientation or bring the IGRA blood test results.
The student must have received an influenza vaccine for the current flu season.
The student must have received a bivalent COVID-19 vaccine
The student must have received Measles, Mumps, Rubella, Tetanus, Diphtheria, and Chickenpox immunizations.
The student must have received or declined the Hepatitis B vaccination series.
The student must pass a drug screening test 12 panel.
The training responsibilities require full use of the hands, arm and legs; the ability to stand for extended periods of time (5+ hours) and the ability to perform tasks that include: bending, pulling, pushing and lifting a minimum of 50 pounds to waist level without restrictions.

TO BE COMPLETED AT PHYSICIANS OFFICE/MEDICAL CLINIC (please print):

2-step PPD/Mantoux test-(This is required. Form is not complete until the results are read and recorded.)

Visit 1/Day1: Date administered: \_\_\_\_\_ R. Arm/L. Arm (circle one)
Administered by signature and title: \_\_\_\_\_

Visit 2/Day 3 or 4: Date read: \_\_\_\_\_; Results: \_\_\_\_\_mm
Read by signature and title: \_\_\_\_\_

Visit 3, Day 7 or 10: Date administered: \_\_\_\_\_ R. Arm/L. Arm (circle one)
Administered by signature and title: \_\_\_\_\_

Visit 4, Day 10 or 13: Date read: \_\_\_\_\_; Results: \_\_\_\_\_mm
Read by signature and title: \_\_\_\_\_

- The results for Test 1 and Test 2 must be read within 48-72 hours. If it is longer than 48-72 hours, the PPD test and results are invalid.
The maximum time allowed between Test 1 and Test 2 is 2.5 weeks. If the patient receives Test 2 after 2.5 weeks, the Two-Step method and testing is invalid.

If PPD results are positive, please describe the treatment given and the date completed:

If PPD's are not given, please bring lab results from the IGRA blood test (QuantiFERON® – TB Gold In-Tube test (QFT-GIT) or SPOT® TB test (T-Spot). This test with negative results will be accepted if PPD's are not completed.

Influenza Vaccine:

Documentation of a current influenza vaccine is required when participating in a Nurse Aide Training Program. Date influenza vaccine administered: \_\_\_\_\_ (must be within the current flu season).



Reading Area Community College - Health Examination Form

COVID-19 Vaccine:

Documentation of current, up-to-date COVID-19 vaccination (including any required boosters) is required when participating in the Nurse Aide Training Program. In response to federal mandates, all Medicare funded facilities are requiring students to be fully vaccinated against COVID-19. Fully vaccinated status shall be defined by current government guidelines. Nurse Aide clinical training is conducted in Medicare funded long term care facilities. As such, students are required to submit proof of full COVID-19 vaccination during the registration process. **Because students are not employees of the clinical facility and are considered guests, medical and/or religious allowances are not recognized.**

Up-to-date COVID vaccination status means the following:

- \* an adult student has received the 2024-2025 COVID vaccination via Pfizer-BioNTech, Moderna, or Novavax vaccine.
\* an adult student receives any other updated COVID vaccine available prior to the start date of selected class.

COVID Information: Manufacturer: \_\_\_\_\_ Date of vaccination: \_\_\_\_\_

I certify that the student has received the following immunizations:

- Yes \_\_\_ No \_\_\_ Measles, Mumps, Rubella (MMR)
Yes \_\_\_ No \_\_\_ Tetanus/Diphtheria
Yes \_\_\_ No \_\_\_ Chickenpox
Yes \_\_\_ No \_\_\_ Hepatitis B series.

If no, indicate the date on which the Hepatitis B series was declined \_\_\_/\_\_\_/\_\_\_

- Yes \_\_\_ No \_\_\_ I certify that the student is free from communicable diseases in the infectious state.
Yes \_\_\_ No \_\_\_ I certify that the student has passed a drug screening test.
Yes \_\_\_ No \_\_\_ I certify that the student has no medical conditions/restrictions, which will prevent the student from performing the essential function of the job. (If the student has restrictions that require accommodation, please note them in the comments section below.)
Yes \_\_\_ No \_\_\_ I certify that the student is able to lift 50 lbs. to waist level without restrictions.

Comments: If applicant has any limitations, please explain:

\_\_\_\_\_

Date of Examination: \_\_\_\_\_

Examiner's Signature: \_\_\_\_\_

Examiner's Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE NOTE: All students must undergo a physical examination as well as a 2-step Mantoux (PPD) or IGRA blood test, receive an influenza vaccine, COVID-19 vaccine with booster(s), and pass a drug screen test. Documentation is only acceptable if performed within one (1) year prior to the start of class and must be submitted before orientation. A PPD expiring during the course of the class will require an annual PPD (one-step) in addition to proof of the 2-step PPD. Direct any questions (610) 372-4721, ext. 5704.









**Attestation of Compliance with PA Act 14**  
**Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.**

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All candidates must submit an original or copy of an original PA CHRI obtained through the Pennsylvania State Police during the year prior to enrolling in a PA NATCEP as required by Act 14. If a candidate has not been a resident of Pennsylvania for the last two (2) consecutive years, a PA CHRI and a FBI criminal history report are required prior to enrollment.

As evidence you have not been convicted of any of the Prohibitive Offenses Contained in 63 P.S. § 675, check the box then sign and date the Attestation of Compliance with Act 14 below.

Candidates who were convicted of a Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2) of the Prohibitive Offenses Contained in 63 P.S. § 675 must provide a PA CHRI and an FBI report to determine eligibility for enrollment in a PA Nurse Aide Training Program.

**Attestation**

This form represents my request to enroll in a nurse aide training program and is verification of compliance with Act 14 – Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.

I have reviewed the list of Prohibitive Offenses Contained in 63 P.S. § 675 and hereby testify that I have not been convicted of any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3):

- (1) an offense designated as a felony under the act known as “The Controlled Substance, Drug, Device and Cosmetic Act”,
- (2) an offense under one or more of the following provisions of Title 18, and
- (3) a Federal or out-of-state offense similar in nature to those crimes listed under paragraphs (1) and (2).

I check this box to confirm I have not been convicted of any Prohibitive Offense contained in Act 14 of 1997 (set forth in 63 P.S. § 675 and found on the following page).

I understand if a conviction for any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3) is present, it is possible I will not be eligible for employment in a long-term care or other health care setting. A potential employer is responsible for reviewing my official Criminal History Record Information report.

By signing this form, I certify under penalty of law that the information I have provided on this application is true, correct and complete. I understand that false statements herein shall subject me to criminal prosecution under 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Applicant’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(MM/DD/YYYY)

## Prohibitive Offenses Contained in 63 P.S. § 675

In no case shall an applicant for enrollment in a State-approved nurse aide training program be admitted into a program if the applicant's criminal history record information indicates a conviction of any of the following offenses:

1. An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act." (See 35 P.S. § 780-101 et seq.). These offenses may be designated as "CS" on a criminal rap sheet.
2. An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes below.
3. A Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2).

Offense Code	Prohibitive Offense Description	Type/Grading of Conviction
CC2501	Criminal Homicide	Any
CC2502	Murder	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2507	Criminal Homicide of Law Enforcement Officer	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	1 Felony or 2 Misdemeanors
CC3921	Theft by Unlawful Taking	1 Felony or 2 Misdemeanors
CC3922	Theft by Deception	1 Felony or 2 Misdemeanors
CC3923	Theft by Extortion	1 Felony or 2 Misdemeanors
CC3924	Theft by Property Lost	1 Felony or 2 Misdemeanors
CC3925	Receiving Stolen Property	1 Felony or 2 Misdemeanors
CC3926	Theft of Services	1 Felony or 2 Misdemeanors
CC3927	Theft by Failure to Deposit	1 Felony or 2 Misdemeanors
CC3928	Unauthorized Use of a Motor Vehicle	1 Felony or 2 Misdemeanors
CC3929	Retail Theft	1 Felony or 2 Misdemeanors
CC3929.1	Library Theft	1 Felony or 2 Misdemeanors
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	2 Misdemeanors
CC3929.3	Organized Retail Theft	1 Felony or 2 Misdemeanors
CC3930	Theft of Trade Secrets	1 Felony or 2 Misdemeanors
CC3931	Theft of Unpublished Dramas or Musicals	1 Felony or 2 Misdemeanors
CC3932	Theft of Leased Properties	1 Felony or 2 Misdemeanors
CC3934	Theft from a Motor Vehicle	1 Felony or 2 Misdemeanors
CC4101	Forgery	Any
CC4114	Securing Execution of Document by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C or D	Obscene and Other Sexual Materials and Performances	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any

Any two Misdemeanor convictions for offenses CC3901 thru CC3934 in any combination is prohibited.





## Client Information

1. CLIENT NAME:	2. SOCIAL SECURITY NUMBER:
3. CLIENT COUNTY OF RESIDENCE:	4. CLIENT PHONE:
5. REFERRAL REQUESTED	6. DATE OF BIRTH:
7. RECEIVING (PLEASE CHECK ONE): <input type="checkbox"/> TANF <input type="checkbox"/> SNAP only	8. CAO CASE RECORD:

## Provider Information

1. PROGRAM NAME:	
2. CONTACT NAME: <p style="text-align: center;">Violet Emory</p>	
3. PHONE: <p style="text-align: center;">484-513-3348</p>	4. FAX:

By signing this Reverse Referral Form, I agree that all information provided is true and correct and permit the program listed above to obtain the referral determination information requested, not to exceed a period of six (6) months following the date of my signature. Thank you for your cooperation.

\_\_\_\_\_ CLIENT SIGNATURE

\_\_\_\_\_ DATE

**THIS SECTION TO BE COMPLETED BY THE CAO TO VERIFY REFERRAL STATUS**  
(Please fax this form to the program listed above once the CAO makes a referral determination.)

PLEASE CHECK ONE:

REFERRED       NOT REFERRED

PLEASE PROVIDE A BRIEF SUMMARY OF REASON FOR DETERMINATION:

\_\_\_\_\_ PRINT FIRST AND LAST NAME OF CAO STAFF

\_\_\_\_\_ TITLE

\_\_\_\_\_ DATE

\_\_\_\_\_ CAO STAFF SIGNATURE

\_\_\_\_\_ PHONE NUMBER

\_\_\_\_\_ EMAIL ADDRESS



**Berks Latino Workforce  
Development Corporation**

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## **ATTACHMENT C – AUTHORIZATION FOR RELEASE OF INFORMATION**

SNAP Education & Training

Authorization for Release of Information

I hereby authorize and request the disclosure to the SNAP Education & Training program any information concerning education and training activities and any additional information involving eligibility for myself. As a client in SNAP Education & Training, I give permission to the SNAP Education & Training program to discuss my case with other agencies as needed for further my participation in SNAP Education & Training. It is understood that the information obtained will be used only for purposes directly related to eligibility in the SNAP Education & Training program.

Staff Signature	Date:
Client Signature	Date: