Sinclair Community College

NURSE AIDE TRAINING
Certificate Program
STUDENT INFORMATION PACKET

ALH 1120 Nurse Aide Training

Dayton Campus
444 West Third Street
Dayton, OH 45402
Building 14, room 313A
937-512-3285

Sinclair Program Training Sites

- Dayton Campus: 444 West Third Street, Dayton, OH 45402, 14-347
- Centerville Campus: 5800 Clyo Road, Centerville, OH 45459 (see page 18)
- Courseview Campus: 5386 Courseview Drive, Mason OH 45040
- Goodwill Easter Seals: 660 S. Main Street, Dayton, OH 45402 (see page 19)
- Huber Heights Learning Center: 7301 Shull Road, Huber Heights, OH 45424
- Kettering Fairmont High School: (Kettering Fairmont High School students only)
- Meadowdale High School: (Meadowdale High School students only)
- Ponitz Career Technology Center: (Ponitz High School students only)
Hello:

Welcome to the Sinclair Community College Nurse Aide Training Program! The following information will assist you in preparing to attend ALH 1120 – Nurse Aide Training. We are delighted you have chosen to begin an exciting and challenging career working in a health care setting. Upon completion of this program you will receive a certificate of completion and be eligible for ODH State Testing.

There are some details I want to review prior to the start date of the class. After reading the following information, please feel free to contact any Health Science (HS) Academic Advisor at 937-512-3700. To register for ALH 1120 you must meet with a HS Academic Advisor to obtain a signature and to review the latest schedule of open classes.

As fall term 2020 begins please be aware it is the policy of Sinclair Community College that all persons coming to a Sinclair location will wear a mask or face covering while inside a Sinclair building. As a student, you are required to comply with this policy. You should bring a mask with you when you come to Sinclair, but if you do not have one, a mask will be provided to you. If you believe that for documented medical reasons you cannot wear a mask, you will be referred to the office of Student Accessibility and excused from class (though not from coursework) while Sinclair promptly evaluates your case. The mask policy is for everyone’s safety – a lack of compliance will result in non-compliant students being asked to leave class and in possible disciplinary action.

For fall 2020, due to COVID 19 issues, ALH 1120 lectures will be delivered on-line. The ALH 1120 labs and clinicals will be conducted face-to-face. ALH 1120 faculty will develop a schedule as to when students will be in labs and clinicals for face-to-face instruction according to the specific course section. This is subject to change for spring term 2021.

**Financial Cost to Student**

- Tuition
- State and Federal Background Checks
- Physical
- 2 Step Mantoux (QuantiFERON TB and T-Spot TB testing accepted)
- Personal Health Insurance
- E-Textbook with CD-ROM
- Stethoscope and B/P cuff Skills Supply Kit
- Hunter Green Scrubs
- White Leather Shoes/White socks
- Transportation expense to clinical site

Please budget your finances accordingly
ALH 1120 (NATP) Checklist

To Do

Schedule appointment to see Health Science Academic Advisor and get signature to enroll in class
Complete registration

Before the 24th hour of class (that is the end of the 3rd day of the eight (8) hour classes and the end of the 6th day of the four (4) hour classes) you must complete the following ---- NO EXCEPTIONS!

- Physical
- Mantoux TB Testing, QuantiFERON TB or T-Spot TB Testing all accepted. Mantoux testing involves 2 separate injections 7-21 days apart and read within 48-72 hours of placement.

- State and Federal background check.

Provide proof of personal health insurance to be eligible to complete the clinical portion of class
Review the NATP classroom/clinical dress code
Tour the school, find classroom—can NOT be tardy
Arrange transportation to classes and clinical
Arrange daycare for your children, have a back-up plan
Prepare a school calendar of all important events and due dates

To Purchase by 1st Day of Class

Hunter Green Scrubs (top and pants)--Wear to class every day, refer to uniform policy on next page
White clinical shoes--Wear to class, refer to uniform policy on next page
White socks/stockings, knee high--Wear to class every day, refer to uniform policy on next page
Watch with a second hand (not digital)--Wear to class every day
B/P cuff and stethoscope--Bring to lab

Book must be purchased through e-campus bookstore

Student resources, such as required videos and practice questions, can only be accessed through books purchased from the e-campus bookstore.

ALH 1120 Lab Supply Kit – Bring to labs
- Plastic name tag-- Wear to class/lab/clinical
- Gait Belt
- Nail care supplies (1 orange stick, 1 emery board)
- Oral care supplies (1 tooth brush, 1 tooth paste, 3 toothettes)
- 1 Hair comb
- 1 Digital thermometer and sheaths
- Infection Control supplies (12 pairs of non-latex gloves, 1 face mask, and 12 alcohol swabs)

Pens, pencils, highlighters
3 ring binder
Pocket size spiral notebook for clinical use and black pen
8 ½ x 11 in. size folder with inner pockets for clinical papers
To Do for LABS

Report to the assigned classroom on the first schedule day of the class in full uniform. If scrubs are not available, attend class anyway. See the student uniform policy below.

Do not go to the clinical site on the first day of class.

Classes are held at the locations below. Make sure you know which class you are enrolled in.

- Dayton Campus: 444 W Third Street, Dayton, OH, 45402, Room 14-347
- Centerville Campus: 5800 Clyo Road, Centerville, OH 45459, Room 103
- Courseview Campus: 5386 Courseview Drive, Mason OH 45040, Room 141
- Goodwill Easter Seals: 660 S Main Street, Dayton, OH 45402
- Huber Heights Learning Center: 7301 Shull Road, Huber Heights, OH 45424, Room 111
- Kettering Fairmont High School: (Kettering Fairmont High School students only)
- Meadowdale High School: (Meadowdale High School students only)
- Ponitz Career Technical Center: (Ponitz High School students only)

For specific classroom labs, please provide the following supplies:

- **Meal time lab:** container of spoonable food-(i.e. gelatin, yogurt, pudding, applesauce, etc.) and spoon
- **Oral care lab:** wash cloth, hand towel/bath towel
- **Dressing lab:** x-tra large sweats to fit over your clothes

**Student Uniform Policy:**

**Name Badge:**
- Sinclair Community College Nurse Aide Trainees are identified by name badge which is included in the ALH 1120 Lab Supply Kit found in the Tartan Bookstore.
- Name badge must be affixed to the left front of the uniform.
- Name badge must identify the student as an SCC Nurse Aide trainee.

**Classroom/lab/clinical scrubs:**
- Hunter green scrub top and bottoms as available in the college Tartan Bookstore. You may purchase these outside of the bookstore but scrubs must be same color and design.
- Scrub bottoms must be pulled up to natural waist line and hem of bottoms must be 2 “from the floor.
- No visible shirts are to be worn under the scrubs.
- No logos can be imprinted on any scrubs worn by students. Any larger or smaller size not available on the rack in the book store may be specially ordered for any student.
- Hunter green warm-up jackets may be special ordered from the Tartan Campus Bookstore. See the office personnel in the bookstore if you wish to order.
- If a student needs to special order the scrubs and if the scrubs are not available for the first day of class, the student may wear modest street clothes to class according to the uniform code until scrubs arrive.
Shoes and Accessories:  
• All white leather shoes are to be worn with the uniform (the only exception is the trademark of Nurse Mates). Shoe material must be non-permeable.  
• Canvas-type shoes, sandals, clogs, and open-toed shoes are not acceptable.  
• Shoes and laces must be clean at all times.  
• White stockings or socks are to be worn by the women and white socks by the men.  
• Low cut tennis socks are not acceptable.  
• Socks are not permitted with dresses/skirts.

Sweaters/Outerwear:  
• No sweaters are to be worn in the clinical setting.  
• A hunter green warm-up jacket is permitted.

Jewelry:  Acceptable jewelry includes:
• Engagement ring or plain wedding band  
• One pair of stud earrings may be worn on the lower portion of the earlobe  
• Earrings must be small gold, silver, pearl or non-tinted glass colored studs for pierced ears only.  
• No other visible piercing or jewelry is permitted.  
• No band aids are permitted for use to cover body or facial piercing.  
• Necklaces, bracelets or dangling earrings are not acceptable.  
• A watch with a second hand must be worn.

Hair and nails:  
• Neat, clean and off the collar  
• Appropriately styled  
• A color that occurs naturally  
• Must not obscure the field of operation.  
• Hair accessories should be small and inconspicuous.  
• No scarves, hats, large ribbons, etc. may be worn with the uniform.  
• Beards and mustaches must be clean, neatly trimmed and/or clean-shaven.  
• Nails must be clean, short (no longer than the end of the fingers if palms are held toward face), and free of polish or acrylic nails.

Personal hygiene:  
• No perfumes, colognes, or scented body powder while in uniform.  
• Deodorant must be used.  
• Good oral hygiene is a requirement.  
• Mouth fresheners should be used before receiving a patient.  
• Conscientious personal and oral hygiene is an expected habit.

Tattoos:  
• All tattoos must be covered by clothing according to the uniform policy for class/lab/clinical.

PLEASE NOTE: The Nurse Aide Training program faculty reserves the right to determine suitability of the student’s appearance in attire or uniform in accordance with the program and facility requirements and standards.

Noncompliance with this policy may result in the student being dismissed from the classroom/lab/clinical setting and counted as absent.
**Required Documents:**

Prior to the 24th hour of class (3rd day of 8 hour class and 6th day of 4 hour class), submit the following documents to your NATP classroom instructor:

1. Student health certificate (physical exam) signed & stamped by a physician, licensed nurse practitioner, urgent care or clinic
2. Two Step TB test: Mantoux, QuantiFERON or T-Spot TB Testing are all acceptable. The 2-step Mantoux (TB) testing process takes approximately 10 days to complete. If the 2-step (TB) tuberculin test (Mantoux) is positive, a chest x-ray must be completed. **Please schedule accordingly.** Should a student have a health issue interfering with the administration of TB testing, the student must present a signed/stamped doctor statement showing exemption from TB testing and exemption from a chest x-ray, prior to the 24th hour of class in order to enter clinical site (i.e. pregnancy). **NO EXCEPTIONS.**
3. Your State and Federal Background Check will be received in the NATP office (Rm. 14-313A) by this time. Your instructor will be notified weekly of all background checks that are received in the NATP office. Once you apply for the background checks the NATP office will receive the results from the office of Ohio’s Attorney General any time between 7 and 30 days. **Please plan accordingly to meet this deadline.**
4. Proof of your personal health insurance coverage

**Clinical Participation:**

Students will not be permitted to participate in the clinical portion of the class without a completed health certificate, two step Mantoux (QuantiFERON TB and T-Spot TB testing accepted), State and Federal Background Checks and proof of personal health insurance.

**Background Check Policy:**

The Ohio Department of Health restricts employment in long-term care facilities to anyone with a felony record or certain other offenses (Rule 3701-61-10 Ohio Department of Health). A list of the offenses is attached. If you have any concerns, please contact the Health Science Academic Advisors at 937-512-3700 or the Nurse Aide Training office at 937-512-3285.

**Attendance:**

100% Attendance is mandatory for these health care training programs as required by the Ohio Department of Health and Ohio Board of Nursing. Students who miss ANY session of class, lab, or clinical will be required to make up assignments hour for hour in order to progress in the course. **Makeup sessions are NOT automatic or guaranteed based on space available and course content missed.** You must come to every scheduled class, lab, and clinical session!

**Planning for your 1st day of class:**

- Hunter Green Scrub Pants with pocket(s) and V-neck Scrub top with pocket(s)
- Assigned Textbook
- Learning Resource Packet (LRP) for course (found in e-Learn course)
- Training supply pack for ALH 1120
- 3 ring notebook for LRP
- Small pocket size spiral back notebook for clinical notes
- 8 ½ x 11 size folder with 3 prongs and pockets for clinical paperwork
- Black ink pens
- Yellow highlighters & small sticky notes for labeling pages
- Pocket size permanent black marker

*This is a lot of information! Please review it again before class begins to remember everything! We have high hopes for your success as you enter your career in health care!*
This certificate must be completed and signed by a licensed physician, or nurse practitioner. This form must be completed and returned to the Nurse Aide Program by the 24th hour of each class. Examining physician should check health status and the ability to participate in physical activities. In addition, patient must meet physical and mental qualifications specified in Policies for Nurse Aide Training Program (attached) “without restrictions” in order to satisfactorily meet course objectives. Any student incurring an injury or change in their health or medical status during the training course will be required to be re-examined by their physician. Approval by the physician (a medical release) is required to continue in the course and to perform the mental and physical tasks without restriction.

PLEASE PRINT:

Patient’s Name: ___________________________ Tartan card # ___________________________

                        Last            First              Middle

Address: ___________________________________  

HEALTH STATUS:

☐ I. Free of communicable disease and in good physical health.

☐ II. Free of medical restrictions and is able to perform duties per the mental and physical qualifications specified for course participation in a nurse aide training program.

☐ III. Has a physical abnormality, defect, or disease, which might interfere with the student.

________________________________________

☐ This condition is temporary     Date of release __________________________

☐ This condition is permanent

☐ IV. Under continual medical treatment for mental or pathological condition of which the program faculty should be informed. (This would include any long-term prescription drugs the individual may be receiving for the treatment of diabetes, epilepsy, depression, etc.)

Please explain and/or list: __________________________________________

________________________________________

Nurse Practitioner or Physician’s Signature

________________________________________

________________________________________

Office/Clinic Stamp (Required) __________________________________ Telephone ______________________

Address __________________________________ Date ______________________
MENTAL AND PHYSICAL QUALIFICATIONS

Minimum acceptable mental and physical qualifications of an applicant for health care training include the following abilities:

1. Frequently work in a standing position and do frequent walking.
2. *Lift and transfer patients* up to six inches (6") from a stooped position, then push or pull the weight up to three feet (3’).
3. *Lift and transfer patients* from a stooped to an upright position to accomplish bed-to-chair and chair-to-bed transfers.
4. *Physically apply up to ten pounds (10#) of pressure* to bleeding sites, or in performing CPR.
5. *Respond and react immediately* to verbal instructions/requests from the supervising nurse.
6. *Physically perform* up to a twelve-hour shift clinical laboratory experience.
7. *Perform close and distance visual activities* involving objects, persons, and paperwork, as well as discriminate depth and color perception.
8. *Discriminate between* sharp/dull and hot/cold when using both hands.
9. *Demonstrate skills in basic math, reading and English* by completing the SCC placement test. Perform mathematical calculations for intake and output, height and weight and other procedures requiring calculation.

1. **Intake and output of fluids**
   a. Convert ounces (oz) to cc’s and cc’s to ounces.
   b. Able to add, subtract, multiply and divide ounces and cc’s to get an accurate total amount.
   c. Able to complete an oral intake and output sheet.

2. **Height and weight**
   a. Able to read ¼, ½, ¾ inches.
   b. Calculate inches to feet and inches; inches to centimeters.
   c. Able to record height and weight on NA activity sheet.
   d. Able to read scales in ¼, ½; ¾ pounds.
   e. Calculate pounds (lb) into kilograms (kg) and kg to lbs.

3. **Food percentage intake**
   a. Calculate percentage (%) of food eaten from dietary tray; including adding and dividing percentages.

4. **Blood pressure and temperature**
   a. Count by two’s (2’ s)
   b. Count by 0.2’s in Fahrenheit thermometer.
10. Communicate in English language effectively, both orally and in writing, using appropriate grammar, vocabulary, word usage, and interpersonal skills.

11. Able to respond appropriately to fire and disaster alarms
Health care training students are responsible for determining their own eligibility in light of these qualifications, for informing the college of any potential problem areas and for identifying the health care training faculty any particular accommodations they may need. Students with disabilities are encouraged to register with the Educational Support Services - Disabilities and may utilize these services to determine appropriate accommodations. Students with disabilities who enter the program do so with the understanding that they will be expected to meet course requirements with any REASONABLE accommodation that may be provided by the college. Students with medical conditions are encouraged to discuss these with their physician during the medical examination and must meet physical and mental qualifications “without restrictions” in order to satisfactorily meet course objectives.
NAME __________________________________________

MANTOUX TESTING FORM
(QuantiFERON TB and T-Spot TB testing accepted)

NOTE: TESTING TAKES UP TO 2 WEEKS TO COMPLETE. MUST BE COMPLETED PRIOR TO THE 24th HOUR OF CLASS. THE FOLLOWING TESTS ARE REQUIRED:

**MANTOUX 2-STEP SKIN TEST:**

<table>
<thead>
<tr>
<th>Step 1</th>
<th>MANTOUX (Two Step)</th>
<th>Date Administered/By</th>
<th>Date Read/By Whom</th>
<th>Results in mm</th>
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<tbody>
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Date: ___________________________ (within past year)

Reaction: ______________________  (Positive reaction requires chest x-ray)

<table>
<thead>
<tr>
<th>Step 2</th>
<th>MANTOUX (Two Step)</th>
<th>Date Administered/By</th>
<th>Date Read/By Whom</th>
<th>Results in mm</th>
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</table>

Date: ___________________________ (within past year)

Reaction: ______________________

**Positive Mantoux reaction requires chest x-ray.**

Date of X-ray: ________________ Results: _____________________________________________________

Required — Signature of Nurse Practitioner or Physician _________________________________Date________

Required: Agency or Clinic Office Stamp of Physician’s Name and Address

TO THE PHYSICIAN: Please sign above and return form to student

*A completed two-step mantoux test, administered according to CDC guidelines, is required by the Ohio Dept. of Health prior to entering into the clinical setting.*

Each step must be read within 48-72 hours of test. Second step must be administered within 7-21 days from the date of administration of the first step. Both steps must be completed prior to stated deadline. A POSITIVE result requires follow up with your physician and proof of a negative chest x-ray prior to attending clinical. Should a student have a health issue or pregnancy interfering with the administration of TB testing, the student must present a signed / stamped doctor statement showing exemption from TB testing and exemption from a chest x-ray, prior to the 24th hour of the class in order to enter clinical site.
REQUIRED FOR ALL ALH 1120 CLASSES
TWO-STEP MANTOUX TB SKIN TEST
(QuantiFERON TB and T-Spot TB testing accepted)

Plan at least two weeks to complete this test for both tests

For all students enrolled in Nurse Aide Training, (ALH 1120), the required TB test must be a 2-step Mantoux test, QuantiFERON TB or T-Spot TB test. Positive reactors should have a baseline chest x-ray and thereafter evaluated if symptoms develop. A Tine Skin test is not acceptable. The 2-step Mantoux TB test must be completed with proof of paperwork given to the classroom instructor. Failure to provide proof of a negative two-step Mantoux prior to the 24th hour of class will result in the student not being permitted to go to clinical. If the student provides proof of a 2-step Mantoux given by their place of employment, this testing must have been completed within the last year. If student shows proof of only annual 1-step Mantoux, without proof of the initial 2-step Mantoux followed by the annual 1-step Mantoux given every year thereafter up to the date when student enters the training class and clinical experience, this 1-step Mantoux will not be accepted. Student must ask their employer for copies of proof of the initial 2-step Mantoux and each annual 1-step Mantoux thereafter. These records must show consecutive years of TB Mantoux testing.

Clinic Site Recommendations

(Adult Physicals, fee based on income)

Charles Drew Health Center
1323 West 3rd Street
Dayton, Ohio
Phone 461-4336

Locations for testing and physicals

Montgomery County Combined Health District --TB testing:
Reibold Bldg. – 117 S. Main Street
Dayton, Ohio (corner 4th street & Main)
PHONE: (937) 225-4395

The Montgomery County Combined Health District does not accept people who have private medical insurance and wish to file a claim for the cost of the tests. They accept self-pay or state-pay only. No appointment is necessary BUT CALL for days/times that TB test are performed. The TB clinic staff will only document TB skin test results on official Combined Health District forms signed by the TB clinic staff reading the results. This form can be attached to our SCC form for proof of TB testing for use in our records.
Sinclair College Personal Health Insurance Policy

Students enrolled in Sinclair health care programs are expected to have in effect personal health insurance prior to enrolling in any course which includes a clinical experience requirement. This requirement for having health insurance is in place because most clinical sites that accept Sinclair students require it. If a student does not have health insurance, he/she may not be admitted into a clinical course, and therefore, not be able to complete the program. Sinclair provides accident insurance for students injured in clinical settings. However, the insurance carrier decides what treatment is eligible for reimbursement, and any treatment denied for reimbursement is the responsibility of the student, not Sinclair or the clinical site.

Information about obtaining health insurance can be found at:
http://www.hhs.gov/healthcare/rights/index.html or
http://medicaid.ohio.gov/FOROHIOANS/GetCoverage.aspx

If you have any questions, please contact your program’s department directly.
Sinclair Community College
NATIONAL WEBCHECK® CRIMINAL HISTORY CHECKLIST

1. Complete the Webcheck® Request Form in its entirety

2. Mark BCI & FBI (no FBI only tests)

3. Pay online through Bursar Office (see next page for directions)

- MAKE SURE TO OBTAIN A RECEIPT – No background check will be conducted without one.

4. The following MUST be with you at the time of the test:
   - Ohio Driver License or State ID card
   - Social Security Card
   - Paid Receipt from Sinclair Cashier/Bursar

During COVID please consider getting your background check done outside of Sinclair at an authorized WebCheck agency. Refer to this webpage for information on WebCheck agency locations near you:

https://www.ohioattorneygeneral.gov/Business/Services-for-Business/Webcheck

BCI Reason Codes
- Required for licensing or permit
- Responsible for the care, custody or control of a child
- Responsible for direct care of elderly

FBI Reason Codes
- Care, custody or control of children
- Child daycare center owner, licensee or administrator of type A daycare. Home owner and persons 18+
- Direct care of the elderly
- Employee of child daycare center. Type A family daycare, type B family daycare or certified in-home aide
- Medical (nurses, dialysis techs, students entering nursing education or dialysis)
- Pre-school program
- Public school district or chartered non-public schools
- Head Start Agency
- Volunteer Children’s Act
SINCLAIR COMMUNITY COLLEGE

STEPS FOR MAKING BACKGROUND CHECK FEE PAYMENTS ONLINE

1. Go to the Bursar’s office webpage:
   a. Bursar webpage left column click on “Payment for Non-Tuition items”
   b. Choose Background Check Payments

2. Under Background Check Payments, Cost of Background Check, choose $65.00 – State of Ohio and FBI

3. Choose Quantity of 1
4. Add to your cart and proceed to payment information
5. Follow prompts to complete payment

Print or bring and e-copy of the payment confirmation e-mail to your fingerprinting appointment.
Sinclair Community College
NATIONAL WEBCHECK® CRIMINAL HISTORY CHECK REQUEST FORM

Name:___________________________________________________________________________________________
Last                                                          First                                                    Middle
__________________________________________________________________________________________
Address __________________________________________________________________________________________
City                                                   State                                Zip
SSN# : __________________________   Birth Date:  _________________________________________
        MM        DD       YYYY
Phone: __________________________    e-Mail: ___________________________________________
Have you been a resident of Ohio for the past 5 years? □ Yes       □ No
Note: If you answered No, you will be required to complete both State (BCI) and Federal (FBI) checks.
I am requesting the following National WebCheck®:

□ State (BCI) Only            (10-3445-44051-0507)   $ 35.00
X Both State (BCI) AND Federal (FBI) (10-3445-44051-0507)  $ 65.00

Note: No “FBI Only” checks are permitted by WebCheck®

Purpose of Criminal History Check: ALH 1120 – Nurse Aide Training Clinical Rotation – OCR 4723 09
(See Reverse for list)

My signature indicates that I request a National WebCheck® be conducted by the Sinclair Community College Police Department or its authorized agent. I grant permission to the Sinclair Community College Police Department or its authorized agent to obtain all criminal history information regarding my past from the Ohio Bureau of Criminal Identification and Investigation (BCI&I) and/or the Federal Bureau of Investigation (FBI).

I understand that the criminal background checks are conducted by the electronic imaging of my fingerprints and then electronically submitting my fingerprints and personal information to the National WebCheck® system, which is administered by the Ohio Attorney General’s Office.

By having my fingerprints scanned on a National WebCheck® scanner, I authorize the Ohio BCI&I to release any criminal history information obtained from their files regarding me, and/or the files held by the FBI, and hereby release the Ohio BCI&I and the Sinclair Community College Police Department from all liability in connection with the dissemination of any criminal history information obtained.

I request the results obtained by the National WebCheck® system be delivered:

By US Mail to: Sinclair Nurse Aide Training Ofc _________________
444 West Third Street – Room 14-313A
Dayton, OH  45402

Signature: _______________________________________    Date___________
Operator Signature:______________________________    Trans #_____________________

WEBCHECK® is a registered trademark of the Ohio Attorney General’s Office. Prices effective July 1, 2008
BACKGROUND CHECKS
FELONY OFFENSES PROHIBITED FOR HEALTHCARE PROFESSIONS
Source: Ohio Revised Code – 109.572 Criminal Records Check
Ohio Code Description

Offenses Related to Domestic Animals
959.13   Cruelty to Animals

Food
2716.11   Adulterated Food
3716.11   Placing harmful or hazardous objections in food or confection

Homicide/Assault
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<td>Aggravated murder</td>
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<td>2903.02</td>
<td>Murder</td>
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<td>Voluntary manslaughter</td>
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<td>Involuntary manslaughter</td>
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<td>2903.13</td>
<td>Assault</td>
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<td>2903.15</td>
<td>Permitting child abuse</td>
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<td>2903.16</td>
<td>Failing to provide for functionally impaired person</td>
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<td>2903.21</td>
<td>Aggravated menacing</td>
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<td>2903.21</td>
<td>Menacing by stalking</td>
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<td>2903.34</td>
<td>Offenses against residents or patients of care facilities</td>
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Kidnapping/Extortion
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Sexual Offenses
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<td>Sexual battery</td>
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<td>Unlawful sexual conduct a minor</td>
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<td>Gross sexual imposition</td>
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<td>Sexual imposition</td>
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<tr>
<td>2907.21</td>
<td>Compelling prostitution</td>
</tr>
<tr>
<td>2907.22</td>
<td>Promoting prostitution</td>
</tr>
<tr>
<td>2907.23</td>
<td>Procuring</td>
</tr>
<tr>
<td>2907.25</td>
<td>Prostitution</td>
</tr>
<tr>
<td>2907.31</td>
<td>Disseminating matter harmful to juvenile</td>
</tr>
<tr>
<td>2907.32</td>
<td>Pandering obscenity</td>
</tr>
<tr>
<td>2907.321</td>
<td>Pandering obscenity involving minor</td>
</tr>
<tr>
<td>2907.322</td>
<td>Pandering sexually oriented material involving a minor</td>
</tr>
<tr>
<td>2907.323</td>
<td>Illegal use of a minor</td>
</tr>
</tbody>
</table>

Arson
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2909.02</td>
<td>Aggravated arson</td>
</tr>
<tr>
<td>2903.03</td>
<td>Arson</td>
</tr>
<tr>
<td>2909.22</td>
<td>Soliciting or providing support for act of terrorism</td>
</tr>
<tr>
<td>2909.23</td>
<td>Making a terroristic threat</td>
</tr>
<tr>
<td>2909.24</td>
<td>Terrorism</td>
</tr>
</tbody>
</table>

Robbery/Burglary
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2911.01</td>
<td>Aggravated robbery</td>
</tr>
<tr>
<td>2911.02</td>
<td>Robbery</td>
</tr>
<tr>
<td>2911.11</td>
<td>Aggravated burglary</td>
</tr>
<tr>
<td>2911.12</td>
<td>Burglary</td>
</tr>
<tr>
<td>2911.13</td>
<td>Breaking and entering</td>
</tr>
</tbody>
</table>
### Theft
- 2913.02 Theft: aggravated theft
- 2913.04 Unauthorized use of property
- 2913.21 Misuse of credit cards
- 2913.40 Medical fraud
- 2913.47 Insurance fraud
- 2913.51 Receiving stolen property

### Offenses Against the Public Peace
- 2917.01 Inciting to violence
- 2917.02 Aggravated violence

### Offenses Against the Family
- 2919.12 Unlawful abortion
- 2919.23 Interference with custody
- 2919.25 Domestic violence

### Public Administration
- 2921.36 Conveyance of certain items onto grounds of detention, MRDD, or MH facility

### Weapons Offenses
- 2923.12 Carrying concealed weapons
- 2923.13 Having weapons while under a disability
- 2923.161 Improperly discharging a firearm at or into a school or house

### Drug Offenses
- 2925.02 Corrupting another with drugs
- 2925.04 Illegal manufacture of drugs
- 2925.07 Illegal cultivation of marijuana-methamphetamine offenses
- 2925.11 Drug abuse
- 2925.22 Deception to obtain Dangerous drug

### Miscellaneous Offenses
- 2927.12 Ethnic Intimidation
- 4511.19 Operating vehicle under the influence of alcohol or drugs or operation of a vehicle underage consumption (two or more offenses committed within the three years immediately preceding the background check)
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Centerville, OH 45459
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