





2024 Certified Nurse Assistant (CNA) **Continuing Education Courses (CEUs)**

CNA Certification Renewal Guidelines:

- For each two-year period of certification, CNAs are required to obtain 48 hours of in-service or Continuing Education Units.
- 24 CEUs (12 CEUs/classroom and 12 CEUs/online) of the total 48 CEUs may be obtained in the first year; the remaining 24 CEUs may be obtained in the second year of certification.
- Classroom and online CEUs must be taken with providers approved by the California Department of Public Health (CDPH). The Allied Health Division is an approved CDPH classroom CEUs Provider (NAC # 1009).
- Los Angeles County College of Nursing and Allied Health is currently offering 6 classroom CEUs per module, there are four modules (A-D) to accommodate every one, each module will be offered three times every month and will be repeated twice a year.
- CNAs can select to register for modules A through D to obtain a total of 24 CEUs. It is recommended to take **ONLY** a maximum of 12 CEUs each year and complete the 24 classroom CEUs in a two-year period.
- Each topic offered in each module must be taken only one-time every two years of the recertification period.

New Dates

(See scheduled topics below) TIME: 8:00 am - 4:30 pm

PLACE: CONAH - 1237 N. Mission Rd., Los Angeles, CA 90033 Tel # 323 409-5911



Module A 6.0 CEUs July. 16 th , 23 rd	Module B 6.0 CEUs August 20 th , 27 th	Module C 6.0 CEUs September 10 th , 17 th	Module D 6.0 CEUs October 22 nd , 29 th
Cardiovascular complications: HTN, CHF, MI	Care of patients with respiratory complications: URI, Pneumonia, COPD	Oxygen therapy: Delivery devices and safety precautions	• Caring and assisting patients with gastric complications
• CNA roles and responsibilities when caring for patients with Cardiovascular disorders	CNA roles and responsibilities when caring for patients with COVID-19	• Care of patients on ventilators	Care of patients with urinary complications and prevention of UTIs
CNA responsibilities when caring for patients on restraints	CNA roles and responsibilities in fall prevention	 Care of patients with tracheostomy Infection Control: Isolation 	Accurate measurement and documentation of I&O
Infection Control: Standard Precautions - PPE	Mental health disorders and prevention of workplace violence	precautions (respiratory, contact, body fluids)	Ways to relieve stress: caregivers mental health and self-care
Death and Dying: Care of the dying patient and family support Output Care of a vive to vide like to the distribution.	• Care of patients with stroke: Safe mobility/transferring techniques and ADLs	 Care of patients with Cancer: Assisting with nutrition, ADLs and mobility 	• CNA roles and responsibilities in
Care of patients with diabetes: hyper/hypoglycemia	Effective communication techniques, team building, and teamwork	Heat and Cold applications	emergency situations: cardiac/respiratory/ choking/early defibrillation (AED)

CLASS REGISTRATION:

Complete and email the attached class application with an active CNA certification number** and supervisor's signature at least two (2) weeks prior to class date to: AlliedHealth@dhs.lacounty.gov

No late registration will be accepted after the due date. Attendance is limited to 20 participants per class.

HANDOUTS: In an effort to be environmentally friendly, handouts will be available by going to:

https://lacounty.sharepoint.com/sites/dhs-lacusc-CONAH/SitePages/Allied-Health.aspx

Attendees are encouraged to download or print handouts prior to attending the course. Internet access is limited on campus. Handouts will NOT be provided in class.



CLASS/PROGRAM APPLICATION FOR LA GENERAL MEDICAL CENTER EMPLOYEES

Submit approved form via email or mail APPLICANT INFORMATION: (print/type legibly, all items must be completed)

Last Name:		_ Employee Number:
First Name:		_ Professional License Number:
\square RN \square LVN	☐ NA ☐ Other	Contact Work Email or Phone #:
☐ Nursing	Bldg. (eg. IPT, CT, OPD,	, etc) Work Area:
☐ Non-Nursing	Bldg. (eg, IPT, CT, OPD,	, etc) Work Area:
classes/programs above, (e.g., Bldg not received with	s providing contact hours J. + Work Area = IPT 3A,	MATION: A Certificate of Completion is issued for . Original certificate will be sent to you as indicated I&R Room 831, etc.). Call the College if certificate on of class/program. A copy of the certificate will le.
Applicant's Sign	ature:	Date: ng to release your grade to your department.
· ·	•	ng to release your grade to your department.
	M INFORMATION:	
Date(s):	Time: _	Location:
	PERVISOR APPROVAL: Denied Reason for Den	nial
Supervisor's Nam	ne (Print):	Supervisor's Work Phone:
Supervisor's Sign	ature:	Date:
For Administrative/Ins	tructor use only.	
Enrollment Confir	rmed: Yes No	OES/Library Staff Date:
Date email confirm	mation sent: (Comments
Grade: Pass	☐ Fail ☐ Incompl	ete 🗌 Drop 🔲 No Show 🔲 Audit 🔲 Class Cancelled
Comments:		
Class Hours: Dida	actic:Clinical:	Contact Hours:Instructor Initials: