APPLICATION PACKET

NURSING ASSISTANT / HOME HEALTH AIDE

Applications are accepted each Fall, Spring and Summer semesters through the end of registration for that semester.

For an expanded version of this information please visit our website at: www.sheltonstate.edu then click on Instructional Departments and then Allied Health.

NOTE: All information contained in this application packet is subject to change by the appropriate officials of Shelton State Community College without prior notice.

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NOTICE OF NONDISCRIMINATION

Shelton State Community College has filed with the Federal Government an Assurance of Compliance with all requirements imposed by or pursuant to Title VI of the Civil Rights Act of 1964 and the Regulation issued thereunder, to the end that no person in the United States will, on the basis of race, color, national origin, be excluded from participation in, be denied the benefits thereof, or be otherwise subjected to discrimination under any program or activity sponsored by this instruction. It is also the policy of Shelton State Community College to be in accordance that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal financial assistance. Any individual wishing to report acts of racism or bigotry at Shelton State Community College should contact the Office of the Dean of Students, Martin Campus, or the US Department of Education Office for Civil Rights, 404-562-6350.

March 2011
CHECK-OFF LIST FOR STUDENTS TO COMPLETE THEIR NURSING ASSISTANT APPLICATION PACKET

It is the responsibility of the applicant to submit a completed application packet by the identified deadline. Applicants must have all of the following items for application packet to be complete.

_______ Application for Nursing Assistant Program (Applicants must make application to the College before making application to the nursing Assistant program)

_______ Statement of Understanding Pre-Clinical Drug Screen/Understanding Student Classroom Behavior/Understanding Commission of a Felony/Understanding Weapons Policy/Understanding the possibility of Nontraditional Work Hours and Weekend Assignments

_______ Health / Essential Functions Form

_______ Copy of COMPASS testing scores within the last 3 years

_______ Official High School Transcript or GED (Official High School Transcript or GED must be on file in the Admissions and Records Office)

SHELTON STATE COMMUNITY COLLEGE
NURSING ASSISTANT/HOME HEALTH AIDE ADMISSION REQUIREMENTS

• Completed application for admission to Shelton State Community College. (If you have attended Shelton State previously, you do not have to complete the application again.)

• Completed application packet for admission to the NA/HHA program.

• A copy of an Official High School Transcript or GED Certificate. (Send official transcript to the SSCC Office of Admissions and Records, 9500 Old Greensboro Rd., Tuscaloosa, AL 35405)

• A cumulative GPA of 2.0 on a 4.0 scale on all previous college or high school work.

• Eligibility to enroll in COM 100 as measured by COMPASS testing. Placement testing can be scheduled through the Counseling Office (205) 391-2232.

NOTE: Non-Discrimination Statement: It is the official policy of the Alabama Department of Postsecondary institutions under the control of the State Board of Education, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or shall be subject to discrimination under any program, activity, or employment.
APPLICATION FOR ADMISSION

I. PERSONAL DATA

Last Name: __________________________  First: __________________________  MI: _____  Maiden: __________________________

Student ID#: __________________________  Social Security Number: __________________________  Date of Birth: __________

Permanent Address: ____________________________________________________________________________

City: __________________________  State: _______  Zip Code: __________________________  Telephone: __________________________

Are You Currently Employed? Yes______ No______ Full-time __________  Part-time __________

Place of Employment: __________________________________________________________________________

Employer's Address: ____________________________________________________________________________

City: __________________________  State: _______  Zip Code: __________________________  Telephone: __________________________

Job Position/Title: ____________________________________________________________________________

Name of Supervisor: ______________________________________  Initial Date of Employment: __________

II. EXPERIENCE

Did you complete a high school Health Professions Program?  _____Yes  _____No
If yes, where, when, and length of program?  Where: _____________________________________________________ Date: ____________

Length of Program: __________________________

Have you ever attended any previous nursing training?  _____Yes  _____No
If yes, what facility or institution? __________________________

Did you complete the training?  Yes______ No______ If not, what was the reason the training was not completed?

Do you have any Volunteer or Health Related work experience?  _____Yes  _____No

LIST BELOW ANY WORK EXPERIENCE:

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<th>POSITION</th>
<th>EMPLOYER</th>
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III. TESTING INFORMATION

Applicants must be eligible to enroll in COM 100 as measured by the Compass test taken within the last 3 years. Please attach a copy of your COMPASS test scores to the application.

COMPASS or ACT:  RDG_______  Writing_______  Pre-Alg_______  Alg_______  Date Taken: __________

IV. GRADE POINT AVERAGE (Applicants must have a minimal cumulative GPA of 2.0 on a 4.0 scale):

What is your current cumulative GPA? __________

V. EDUCATION

High School Graduation Year: __________  High School Name: __________________________

Applicant must have an Official High School Transcript or GED Certificate on file in the Admissions and Records Office.

GED (If Applicable): __________________________  Date Completed: __________

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Have you taken college courses before? Yes_____ No_____ If yes, list colleges attended with degrees earned if applicable.

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<tr>
<th>NAME OF COLLEGE/CITY/STATE</th>
<th>DATES ATTENDED</th>
<th>DEGREE</th>
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Below give us a brief explanation about the reasons you want to be a Nursing Assistant.

___________________________________________________________________________________________________

____________________________________________________________________________________________

___________________________________________________________________________________________________

VI. INFORMATION ABOUT CERTIFICATION

The Alabama Department of Health has contracted with Promissor to develop, score and report the results of the Competency exam required for certification and placement in the Alabama Nurse Aide Registry. NACES Plus Foundation, Inc. works with Promissor to schedule and administer the examination. To be eligible, candidates must have completed a nurse aide training course approved by the Alabama Department of Health’s Division of Provider Services within the last twenty-four months. Individuals who demonstrate competency on the exam are placed on the Nurse Aide Registry maintained by the Alabama Department of Public Health (334) 206-5169. To maintain certification a nurse aide must work at least eight (8) hours in twenty-four (24) months. If not, the nurse aide must retrain and retest. The examination process consists of two parts, the Skills Evaluation and the Written (or Oral) Exam, which are administered on the same day. A candidate must pass both parts in order to be certified and listed on the Alabama Nurse Aide Registry. To obtain registration information contact the nursing office 205-391-2445 or call the National Nurse Aide Assessment Program (NNAAP) at 1-877-889-0939. A candidate may also download a Candidate Handbook and view the Nurse Aide Practice Written Examination from the website at www.pearsonvue.com.

I understand that completion of this application is a component of the student profile. I certify that the information given in this application packet is true and correct. I understand that providing false information may be deemed sufficient reason to dismiss the student and/or refuse admission. I understand that I am responsible for making sure my folder is complete with the Nursing Office.

Please review the information for the minimum admission standards for the nursing assistant program.

_________________________________________________________  ________________________________
Applicant’s Signature                                      Date

NOTE: All Completed Applications are due by the end of the first week of class.

Please return completed application packet to: Shelton State Community College
Nursing Programs, Office # 2702
9500 Old Greensboro Road Box 214
Tuscaloosa, AL 35405

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SHELTON STATE COMMUNITY COLLEGE
NURSING ASSISTANT PROGRAM POLICY REQUIREMENTS

Statement of Understanding Commission of a Felony

I understand that commission of a felony may prevent or impede my taking the Certification examination to become a certified nursing assistant. The authority to approve applicants for licensure rests with the Alabama Department of Public Health.

Statement of Understanding Background Screen Checks

I understand that any student who enrolls in the Shelton State Community College Nursing Programs and desires to participate in courses which have a clinical component is required to have a Background Screen Check. The background screen check will be conducted shortly after entering the nursing assistant program/home health program. A student who is refused acceptance for clinical experience due to positive background screen will not be able to complete the clinical component of the required courses and will not receive a passing grade for the course.

Statement of Understanding Weapons Policy

I understand that possession while on College-owned or controlled property, of firearms, ammunition, explosives, fireworks, or other dangerous instrumentalities is prohibited. Violations of this policy will render a student subject to disciplinary action under the procedures which provide for adequate notice and fair hearing, outlined in the College Catalog. Penalties for violations may include reprimand and probation, loss of privileges, suspension, expulsion, and other penalties which may be set forth in the College regulations published in the College Catalog.

Statement of Understanding Pre-Clinical Drug Screen

I understand that any student who enrolls in the Shelton State Community College Nursing Programs and desires to participate in courses which have a clinical component is required to have an initial pre-clinical drug screening. The initial pre-clinical drug screen will be conducted shortly after entering the nursing assistant/home health program. The student must abide by the College’s Drug Screen Policy and Agency Clinical Policy for which the student is assigned clinical practice. This policy includes random drug screening and reasonable suspicion screening.

Statement of Understanding Student Classroom Behavior

I understand that students are expected to give courtesy to others while in class, show a willingness to respond to questions and participate in class discussions, and have a lively interest in the subject matter, as evidenced by alertness and attentiveness during classroom activities. The college and the nursing programs have “zero tolerance” for disruptive class behavior. Since enrollment in college is by choice, students who fail to demonstrate common courtesy and cooperation in the classroom are choosing, by their behavior to cancel their enrollment. The Dean of Students will be notified of all such violations and appropriate steps taken.

Also, I understand that food and drink are not permitted in the classroom. Special health problems will be considered on an individual basis. Visitors (including children) are not allowed in the classroom.

Statement of Understanding the Possibility of Nontraditional Work Hours and Week-end Assignments

I understand that due to the large amount of nursing students in our area that there may be some 3-11 (nontraditional work hours) and week-end assignments.

Student’s Printed Name ________________________________________________

Signature of Student ___________________________________________ Date ________________

Student ID Number ______________________ Phone # ______________________

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**HEALTH FORM**

<table>
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<tr>
<th>1. Student Name (Last, First M)</th>
<th>2. Telephone</th>
<th>3. Social Security Number</th>
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4. Address

5. Date of Birth       6. Sex       7. USA Citizen: (Circle One) YES NO       8. Food/Drug Allergy

9. Proof of Immunization: SIGNATURE OF PERSON VERIFYING IMMUNIZATION REQUIRED IF OTHER THAN PHYSICIAN SIGNING FORM.

Tetanus must be within the last ten years. Date: __________ Have you had the Chicken Pox? YES __ NO ______

Varicella Vaccine Date __________ Titer Results __________

MMR Vaccine given prior to 1969 must be repeated. Rubella Titer of 1:8 or above is sufficient in lieu of MMR immunization date.

__________________

MMR Vaccine Date __________ Rubella Titer Date __________ Rubella Titer Results __________

Two-Step TB Skin Test ____________________________ Test Date __________________ Results

________________________

Test Date __________________ Results __________________

Chest X-Ray ____________________________ (Required if positive skin test) Test Date & Results

________________________

Hematocrit/Hemoglobin: __________________ Results __________________

Hepatitis B Series: (Recommended) 1. __________ Date __________ 2. __________ Date __________ 3. __________ Date __________ Titer: __________

10. Are there any dental/medical / psychiatric conditions being presently controlled or treated? If so, please describe:

11. Is student taking any prescribed medications on a regular basis? If so, please list

12. Is this person’s mental and physical health sufficient to perform the classroom and clinical duties of a nursing student? NOTE: Refer to the Essential Functions listed on the back of this form when answering this section.

YES _____ NO _____ If no, please explain (use additional sheet if needed)

13. Physician’s PRINTED Name, Address, and Phone Number

________________________

Physician’s Signature Date

For the purpose of determining eligibility for my educational experiences, I hereby give my permission for the Division of Health Services to contact the Physician who completed this health form for further information if needed. I understand that this form may be duplicated for a clinical agency upon request. NOTE: A Health Form must be completed yearly. Additional medical examinations and a specific release from a physician may be required any time (for example, during pregnancy, infectious disease, interference with mobility, emotional instability, etc.) if it is deemed necessary for the faculty to evaluate your state of health.

________________________

Student’s Signature Date
THE ALABAMA COLLEGE SYSTEM
NURSING ASSISTANT PROGRAM

ESSENTIAL FUNCTIONS

The Alabama College System endorses the Americans' with Disabilities Act. In accordance with College policy, when requested, reasonable accommodations may be provided for individuals with disabilities.

The essential functions delineated below are necessary for nursing program admission, progression and graduation and for the provision of safe and effective nursing care. The essential functions include but are not limited to the ability to:

1) Sensory Perception
   a) Visual
      i) Observe and discern subtle changes in physical conditions and the environment
      ii) Visualize different color spectrums and color changes
      iii) Read fine print in varying levels of light
      iv) Read for prolonged periods of time
      v) Read cursive writing
      vi) Read at varying distances
      vii) Read data/information displayed on monitors/equipment
   b) Auditory
      i) Interpret monitoring devices
      ii) Distinguish muffled sounds heard through a stethoscope
      iii) Hear and discriminate high and low frequency sounds produced by the body and the environment
      iv) Effectively hear to communicate with others
   c) Tactile
      i) Discern tremors, vibrations, pulses, textures, temperature, shapes, size, location and other physical characteristics
   d) Olfactory
      i) Detect body odors and odors in the environment

2) Communication/Interpersonal Relationships
   a) Verbally and in writing, engage in a two-way communication and interact effectively with others, from a variety of social, emotional, cultural and intellectual backgrounds
   b) Work effectively in groups
   c) Work effectively independently
   d) Discern and interpret nonverbal communication
   e) Express one's ideas and feelings clearly
   f) Communicate with others accurately in a timely manner
   g) Obtain communications from a computer

3) Cognitive/Critical Thinking
   a) Effectively read, write and comprehend the English language
   b) Consistently and dependably engage in the process of critical in order to formulate and implement safe and ethical nursing decisions in a variety of health care settings
   c) Demonstrate satisfactory performance on written examinations including mathematical computations without a calculator
   d) Satisfactorily achieve the program objectives

4) Motor Function
   a) Handle small delicate equipment/objects without extraneous movement, contamination or destruction
   b) Move, position, turn, transfer, assist with lifting and/or carrying clients without injury to clients, self or others
   c) Maintain balance from any position
   d) Stand on both legs
   e) Coordinate hand/eye movements
   f) Push/pull heavy objects without injury to client, self or others
   g) Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others
   h) Walk without a cane, walker or crutches
   i) Function with hands free for nursing care and transporting items
   j) Transport self and client without the use of electrical devices
   k) Flex, abduct and rotate all joints freely
   l) Respond rapidly to emergency situations
   m) Maneuver in small areas
   n) Perform daily care functions for the client
   o) Coordinate fine and gross motor hand movements to provide safe effective nursing care
   p) Calibrate/use equipment
   q) Execute movement required to provide nursing care in all health care settings
   r) Perform CPR and physical assessment
   s) Operate a computer

5) Professional Behavior
   a) Convey caring, respect, sensitivity, tact, compassion, empathy, tolerance and a healthy attitude toward others
   b) Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client
   c) Handle multiple tasks concurrently
   d) Perform safe, effective nursing care for clients in a caring context
   e) Understand and follow the policies and procedures of the College and clinical agencies
   f) Understand the consequences of violating the student code of conduct
   g) Understand that posing a direct threat to others is unacceptable and subjects one to discipline
   h) Meet qualifications for licensure by examination as stipulated by the Alabama Board of Nursing
   i) Not to pose a threat to self or others
   j) Function effectively in situations of uncertainty and stress inherent in providing nursing care
   k) Adapt to changing environments and situations
   l) Remain free of chemical dependency
   m) Report promptly to clinicals and remain for 6-12 hours on the clinical unit
   n) Provide nursing care in an appropriate time frame
   o) Accepts responsibility, accountability, and ownership of one's actions
   p) Seek supervision/consultation in a timely manner
   q) Examine and modify one's own behavior when it interferes with nursing care or learning

STUDENT STATEMENT

I have reviewed the Essential Functions for this program and certify that to the best of my knowledge I have the ability to perform these functions. I understand that a further evaluation of my ability may be required and conducted by the nursing faculty if deemed necessary to evaluate my ability prior to admission to the program and for retention and progression through the program.

Signature ___________________________ Date ____________

OR

I have read and understand these essential functions and, to the best of my knowledge, I will be unable to perform function #_ due to a disability. I understand that I need to provide documentation of my disability and recommendation for accommodations from my physician.

Signature ___________________________ Date ____________

Note: Upon admission, an individual who discloses a disability may request reasonable accommodations. Reasonable accommodations should be directed to the Dean of Student's Office.

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