### Career Academy and Technical School Student Application

### **Nursing Fundamentals**

### Due 4/15/21 for the 2021-2022 school year

Career Academy and Technical School (CATS) is pleased that you are applying to take Nursing Fundamentals. This course is designed to help you prepare to become a qualified healthcare professional.

Students accepted into this course must assume responsibility for appropriate behavior. As a requirement for this upper-level course, you will participate in clinical rotations in a clinical healthcare setting. This is a serious responsibility because you will be in direct contact with patients, families, and healthcare professionals.

The objective of clinical is to provide you with a meaningful experience while assuring patient, student, and visitor safety. You will be expected to comply with all directions of your instructor, apply what you learn in your coursework, be respectful of patients and the healthcare professionals with whom you interact, and closely abide by the requirements stated in this application that you and your parent/guardian must sign. You will be required to comply with healthcare facilities' policies, procedures and regulations, including the Health Insurance Portability and Accountability Act (HIPPA).

If you are accepted in to Nursing Fundamentals but do not abide by the requirements as stated in this application, there will be three consequences:

1. You will be removed from the clinical setting and assigned to another setting for the remainder of the semester (ISS or other assignment determined by administration), and

2. You may receive a failing grade and no credit for the course, and

3. You may not graduate on time due to the loss of course credit (depending on your graduation status and chosen course of study)

If you are not willing to accept the responsibilities that come with taking Nursing Fundamentals, and the consequences that result from not meeting those responsibilities, you need to meet with your School Counselor or Career Development Coordinator to discuss your course selection and career plan.

All students who apply to take Nursing Fundamentals will be evaluated using objective criteria that include high school attendance, grades and discipline, as well as the results of a criminal record check. Additionally, student's answers to application questions and teacher recommendations will be reviewed for evidence of the applicant's maturity, responsibility, initiative, integrity, good judgment, respect, service orientation, problem –solving skills, and self-discipline. All of these factors are critical to ensure that healthcare workers and patients in a clinical setting can depend on our students to act in a safe and professional manner.

To remain in the Nursing Fundamentals and Practicum course, you must maintain an 80 in the class as well as maintain a passing grade (at least a 60) in all other classes you are in for that semester. You are only allowed to miss 15 hours of class and must have your own transportation to and from CATS and clinical. Bus transportation is not allowed for this program. If you fail to meet these standards, you will be transferred to the Nursing Fundamentals and Non-Practicum course, where you will not participate in clinical or be allowed to sit for the state test to become certified.

If you have any questions or concerns about Nursing Fundamentals or the application process, please contact the Nursing Fundamentals Committee at CATS at either <a href="https://krogers@iss.kl2.nc.us">krogers@iss.kl2.nc.us</a> or <a href="https://jamie\_head@iss.kl2.nc.us">jamie\_head@iss.kl2.nc.us</a>.



Date received \_\_\_\_\_

# **Nursing Fundamentals Application**

\*STUDENTS NOT RETURNING THE APPLICATION BY THE DEADLINE WILL BE MOVED TO PROVISIONAL STATUS.\*

#### There are limited openings for Nursing Fundamentals' students @ CATS

Name	DOB	
Parent/Guardian's Name:		
Address:		
City:	Zip	
Primary Student Phone:		cell / home/ parent
Primary Student email:		
Primary Parent Phone:		cell / home/ work
Primary Parent email:		

### Students, please answer the following questions as completely as possible.

1. What careers or occupations have you considered exploring?

a	 	
-		
b	 	 

2. Please include all Health Science CLASSES you have taken, the TEACHER you had, and your final GRADE. If you have not taken the class yet, but have registered to take it for next year, indicate that below as well.

\*THE REMAINDER OF THE APPLICATION INCLUDES RESPONSES FOR PARENTS/GUARDIANS.\* Their signature (along with the applicant's) is **REQUIRED**. Both parties should read the remainder of the application in its entirety!

### **Parent Responses Please Initial**

3. Do you give parental approval for this course?	Yes	No
4. Do you grant permission for your son/daughter to participate in instructional activities located in healthcare agencies (hospitals, physician's offices, dental offices, veterinary offices, health departments, nursing homes, etc.)?	Yes	_ No
5. Please select the appropriate response below:		
A. Will you be able to purchase the uniform(s) for your child to wear while in the clinical site (estimated cost \$20-\$25/set if purchased through school)?	Yes	_ No
B. Will you be able to purchase a watch with a second hand?	Yes	No
C. Will you agree to your student having a background check, and urine drug screen?	Yes	_ No
D. Will you agree for your child to be tested for TB?	Yes	_ No
E. Will you agree to attend a parent meeting?	Yes	No

F. Will you agree for your student to be vaccinated against hepatitis B prior to clinical? (Only for students who have NOT completed the vaccinations) or sign declination.	Yes	_ No
G. Do you understand your student must provide their own transportation to clinical sites and CATS? (Or be able to arrange transportation, with appropriate permissions, with another student.)		
Buses are not an option since they do not arrive at CATS on time and must leave CATS campus before dismissal time. Buses do not transport to clinical		
facilities.	Yes	_ No
H. Will you ensure that your student has accident insurance?	Yes	_ No

# Student Response Please Initial

6. Do you have a job?	Yes	_ No
6a. How many hours do you work each week? (leave blank if not applicable)		hrs
6b. If the job interferes, are you willing to cut your hours to succeed in		
Nursing Fundamentals? (leave blank if not applicable)	Yes	_ No
7. Do you participate in any sport?	Yes	_ No
7a. Which sport? Which semester? (leave blank if not applicable)		
7b. If yes, will this sport interfere with your participation and success in		
Nursing Fundamentals? (leave blank if not applicable) ** If you have to leave early or miss class due to sports, the time missed counts	Yes	_ No
against your maximum 15 hours allowed.		
8. Are you or will you be involved in ANY school-sanctioned activities which may result in your missing time in Nursing Fundamentals (such as, but not		
limited to: pep rallies, prom preparations, competitions or performances, field		
trips (including Senior trip), club meetings, band, chorus, and club obligations?	Yes	_ No
8a. If your answer is "yes," explain what you will be doing:		

F. Will you agree for your student to be vaccinated against hepatitis B prior to clinical? (Only for students who have NOT completed the vaccinations) or sign declination.	Yes	_ No
G. Do you understand your student must provide their own transportation to clinical sites and CATS? (Or be able to arrange transportation, with appropriate permissions, with another student.)		
Buses are not an option since they do not arrive at CATS on time and must leave CATS campus before dismissal time. Buses do not transport to clinical		
facilities.	Yes	No
H. Will you ensure that your student has accident insurance?	Yes	No

# Student AND Parent Response Please Initial

9. Do you understand that you may not be able to participate in field trips in other classes because of your commitment to Nursing Fundamentals?	S: Yes No
	P: Yes No
10. Do you understand that you will be allowed to miss a <b>MAXIMUM OF 15</b> <b>HOURS</b> in this class, and that this time includes absences for ANY reason,	S: Yes No
tardiness, early dismissals, school-sanctioned field trips/activities, etc. Only senior activities such as senior pictures are excused (senior skip day is not excused)	P: Yes No
11. Do you understand that you will be wearing your scrubs outfit EVERYDAY, whether at clinical facilities or CATS? You will be expected to have them within	S: Yes No
two weeks of the beginning of the semester.	P: Yes No
12. Do you understand your failure of the either the background check or the drug screening could result in immediate dismissal from the program.	S: Yes No
	P: Yes No
<i>Please sign, date and return the attached permission slip for the background check/drug screen with the application. A background check will be completed</i>	
at the beginning of either the fall or spring semester, whichever you are accepted in.	
13. Do you have a semester preference? (not guaranteed, but considered)	Spring:
	Fall:

14. Do you have a block preference? (not guaranteed, but considered)	Spring:
	Fall:
H. Will you ensure that your student has accident insurance?	Yes No

# Please ask 2 teachers to complete the letters of recommendation and submit them directly to the Nursing Fundamentals Committee at CATS.

Nursing Fundamentals gives students the opportunity to obtain knowledge and learn necessary skills to sit for the North Carolina State Board of Nursing Certified Nursing Assistant (CNA) Exam. In order to meet those requirements, students must spend an appropriate amount of time in the class lab setting and in the clinical facilities and have appropriate grades and skill levels. Class size is limited to TEN per the State Board.

Parent/Guardian Signature:	Date:
Student Signature:	Date:



your future. your success. unlocked.

### **Nursing Fundamentals Application Checklist**

Due to the Nursing Fundamentals Committee at CATS by **Thursday, April 15, 2021.** Please send all of the following in <u>one submittal</u> by the date above.

Mail: 350 Old Murdock Rd. Troutman, NC 28166 (or hand deliver). FAX: 704-978-2792

\_\_\_\_\_ Application (this document) make sure all is signed

\_\_\_\_ Immunization record

\_\_\_\_\_ 3 Hepatitis B Vaccines (optional)

\_\_\_\_\_ 2 MMR Vaccines (required)

\_\_\_\_\_ TDaP Booster within 10 years (not plain tetanus) (required)

\_\_\_\_\_ 2 Varicella (chicken pox) or documentation of immunity (required)

\_\_\_\_\_ Flu vaccine during flu season. (October-March) (required by facilities for clinical)

• Please realize if the health care facilities we use for clinical experience come under sanctions, we will have to find a different facility which may require other immunizations

• Other facility-required immunizations will be discussed as appropriate (Not due at this time.)

\_\_\_\_ Copy of driver's license or explanation of transportation plan

Copy of current CPR card

\_ Description of car and license's plate number

\_\_\_\_\_ Signed background check/drug screen

\_\_\_\_\_\_ 2 Teacher letters of recommendations (one from a science teacher & 1 from a CTE teacher), to be submitted directly by the teacher.

Health Sciences Education does not discriminate against gender, race, handicaps, limited English speaking persons, or diseases/disorders. Let it be known that a requirement of the testing agency for CNA is a valid Social Security Card. If students do not currently have one, it is a good idea to start the process of obtaining one. They must present this card to the evaluator at test time or they will not be allowed to sit for the exam. This is not a requirement for the class, or Iredell-Statesville Schools, but of the testing agency for CNA.

### **Nursing Fundamentals Student Application Teacher Recommendation**

Student Name: \_\_\_\_\_

**Recommending teacher:** Thank you for taking the time to complete this recommendation form. Your recommendation and comments are valuable to the Nursing Fundamentals, Honors screening committee. The responses you provide **will not** be seen by the student and will be kept in strict confidence by the committee.

The Nursing Fundamentals, Honors courses are designed to help students prepare to become qualified healthcare professionals. Additional expectations and responsibilities will be required of students who enroll in these courses, including participation in clinical rotations in a clinical healthcare setting. This is a serious responsibility because these students will be in direct contact with patients and healthcare professionals. The safety of patients as well as students is imperative. Our clinical sites, including the nursing home, require that participation be limited to those students who are mature enough to function in this complex environment with minimal supervision. Please keep this in mind as you make your recommendation.

On a scale of 1-5, with 1 being the weakest score and 5 the strongest, please rate this student on the following characteristics: (Circle one number per item)

		Weak		Average		Strong
•	Responsible for homework, projects & assignments	1	2	3	4	5
•	Mature in comparison to his/her classmates & others his/her age	1	2	3	4	5
•	Respectful of teachers & other classmates; has a positive attitude	1	2	3	4	5
•	Able & willing to follow instructions	1	2	3	4	5
٠	On task a high percentage of class time	1	2	3	4	5
•	Comes to class on time & is well-prepared	1	2	3	4	5
•	Actively participates & contributes to class	1	2	3	4	5
•	Well-behaved & not a discipline problem	1	2	3	4	5
•	Exhibits good problem-solving skills	1	2	3	4	5
•	Honest, trustworthy	1	2	3	4	5
•	Open to constructive criticism	1	2	3	4	5

Does this student have your recommendation for the Nursing Fundamentals, Honors program?

My highest rec	ommendation
My recommend	dation
My recommend	dation with reservation (related comment should be written on back)
I am undecided	l l
The applicant d	loes not have my recommendation
Teacher Signature:	Date:
Teacher Name (Print):	
Subject Area(s):	

Please do not return this form to the student making the request.

Return this recommendation to Nursing Fundamentals Committee at CATS. To ensure confidentiality feel free to place this form in a sealed envelope.

### **Nursing Fundamentals Student Application Teacher Recommendation**

Student Name: \_\_\_\_

**Recommending teacher:** Thank you for taking the time to complete this recommendation form. Your recommendation and comments are valuable to the Nursing Fundamentals, Honors screening committee. The responses you provide **will not** be seen by the student and will be kept in strict confidence by the committee.

The Nursing Fundamentals, Honors courses are designed to help students prepare to become qualified healthcare professionals. Additional expectations and responsibilities will be required of students who enroll in these courses, including participation in clinical rotations in a clinical healthcare setting. This is a serious responsibility because these students will be in direct contact with patients and healthcare professionals. The safety of patients as well as students is imperative. Our clinical sites, including the nursing home, require that participation be limited to those students who are mature enough to function in this complex environment with minimal supervision. Please keep this in mind as you make your recommendation.

On a scale of 1-5, with 1 being the weakest score and 5 the strongest, please rate this student on the following characteristics: (Circle one number per item)

		Weak		Average		Strong
•	Responsible for homework, projects & assignments	1	2	3	4	5
•	Mature in comparison to his/her classmates & others his/her age	1	2	3	4	5
•	Respectful of teachers & other classmates; has a positive attitude	1	2	3	4	5
•	Able & willing to follow instructions	1	2	3	4	5
٠	On task a high percentage of class time	1	2	3	4	5
•	Comes to class on time & is well-prepared	1	2	3	4	5
•	Actively participates & contributes to class	1	2	3	4	5
•	Well-behaved & not a discipline problem	1	2	3	4	5
•	Exhibits good problem-solving skills	1	2	3	4	5
•	Honest, trustworthy	1	2	3	4	5
•	Open to constructive criticism	1	2	3	4	5

Does this student have your recommendation for the Nursing Fundamentals, Honors program?

Please do not return this form to the stud	<u>lent making the request.</u> Return this
Subject Area(s):	
Teacher Name (Print):	
Teacher Signature:	Date:
The applicant does not have my re-	commendation
I am undecided	
My recommendation with reservat	tion (related comment should be written on back)
My recommendation	
My highest recommendation	

recommendation to Nursing Fundamentals committee at CATS. To ensure confidentiality feel free to place this form in a sealed envelope.

### **Drug Use & Criminal Record Information**

Nursing Fundamental applicants will be required to have a criminal background check and a drug screen to satisfy the requirement of our clinical agencies. These requirements must be met before being allowed into the clinical facility.

By signing the drug use and criminal record policy acknowledgement form, students and their parents/guardians agree to use the recommended service provider. They also give permission to allow the host facilities to have access to the results of the criminal background check and drug screen.

Nursing Fundamental applicants need to be aware that if the applicant has any drug use history or criminal record, felony, or misdemeanor, other than minor traffic violations, the applicant <u>may not</u> be allowed to begin clinical assignments or be eligible for licensure in the state of North Carolina. Any student accepted into the Nursing Fundamental Program would have to be "eligible" to be hired by any clinical facility.

Procedures for determining existence of any conviction of a crime/felony, other than a minor traffic violation or for drug screening, may be required by any clinical affiliate. A clinical affiliate may refuse to allow any student access to clinical experiences. Clinical experiences are required for completion of the Nursing Fundamental course. Therefore, if clinical experience is denied by the clinical affiliate, completion of the CNA program is not possible.

## DRUG USE AND CRIMINAL RECORD POLICY

### ACKNOWLEDGEMENT FORM

I have read and understand the Drug Screen/Criminal Record Background Check policy of Iredell Statesville Schools' Nursing Fundamentals Program. My signature indicates my willingness to comply with the stated policy. This includes the release of the results of the criminal record and drug screen information to the host facilities.

Student Signature

Date

Parent Signature

Date