

# WILSON COMMUNITY

## C O L L E G E

### DIALYSIS

Students must be 18 years of age or older, and admission is by application. Only **complete** applications will be accepted. There are sixteen (16) spaces available. The \$195 fee for this course includes registration, \$175; technology, \$5; and security, \$15. The required textbooks and supplies are approximately \$200.

Training includes class, lab, clinical and CPR. The course is designed to prepare individuals with the theoretical, technical, and clinical skills needed to maintain equipment and provide patient care to those being treated for chronic renal diseases. Class format includes lecture, laboratory, and clinical activities. Successful completion prepares individuals for employment as a dialysis technician in hospitals, renal dialysis facilities, and clinics. After one year of work experience, individuals may be eligible to sit for national certification as a Clinical Hemodialysis Technician.

**The Division of Continuing Education of Wilson Community College recognizes and is fully supportive of clinical agencies that choose to require a drug screening, background check, or fingerprinting on students. Cost of testing may be the student's responsibility.**

### APPLICATION REQUIREMENTS

**Completed and signed application with the following required copies attached. It is the student's responsibility to obtain these copies. Wilson Community College will not make copies.**

- High school diploma/GED, or transcript
- North Carolina picture ID (example: driver's license)
- Proof of following immunizations:
  - TB skin test within the past nine (9) months
  - Proof of two MMR's
  - Hepatitis B (at least first shot of the series of three required)
  - Proof of, or (\*) titer, for varicella (chicken pox) (\*)Titer: blood test to prove immunization
  - Tetanus

### REQUIRED prior to clinical rotations:

**INSURANCE:** Malpractice (approx. \$15); available at Cashier's office, Building F.

**UNIFORMS:** Teal top and white pants, white lab coat, and white, closed-toe shoes. Skirts and/or dresses must be approved by Program Coordinator prior to clinical rotation. Uniforms are available at Wilson Community College's Bookstore.

# DIALYSIS APPLICATION FOR SPRING 2012 (Section # 16753)

January 9 through April 23  
Monday and Wednesday of each week  
9:00 a.m. until 1:00 p.m.  
Building G, Room 109a

The Program Coordinator will review applications with all required copies attached as follows: November 28<sup>th</sup> through December 16<sup>th</sup>; 8:30 a.m. until 3:30 p.m.; Monday through Thursday in Building B, Room 105. Once your application has been approved, be prepared to register and pay the \$195 registration fee. Mail-in registrations will not be accepted.

NAME: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Cell: \_\_\_\_\_ SEX: \_\_\_\_\_ Male \_\_\_\_\_ Female

RACE: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ American Indian \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Other

EMPLOYMENT: \_\_\_\_\_ Unemployed \_\_\_\_\_ Part-Time \_\_\_\_\_ Full-time EMPLOYER: \_\_\_\_\_

YOUR CAREER PLANS: \_\_\_\_\_

DO YOU HAVE PREVIOUS EXPERIENCE IN THE HEALTH FIELD? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES, PLEASE LIST: \_\_\_\_\_

## AGREEMENT

I have attached all required copies to my application; have read, understand and agree to all stated requirements of the Dialysis program; understand the required clinical dress code, and agree to comply upon acceptance; understand this is an application only and does not constitute acceptance into the program; and understand I will be dismissed from the program if documented as verbally or physically abusive to College administration, clinical site staff, patients, or visitors.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS MUST BE SIGNED AND WITNESSED AT TIME OF REGISTRATION: If any facility prohibits the student from participating in the clinical experience, the student will be dismissed due to an inability to progress and complete the program.**

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date