

WILSON COMMUNITY

COLLEGE

GERIATRIC AIDE

Students must be 18 years of age or older, and admission is by application. Only complete applications (as explained below) will be accepted. There are twenty (20) spaces available for Spring 2010.

This course provides advanced training for the Nurse Aide Level I. It will focus on geriatric care with an emphasis on person-centered care concepts, hydration, nutrition, behavioral challenges, mental health, dementia, pain management, palliative care, and stress management. Upon completion, students are eligible for listing as a Geriatric Nurse Aide with the North Carolina Nurse Aide Registry.

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 is the student's responsibility. **Students will have ten (10) days after the class begins to provide a criminal background check and a 13-panel drug screening to the instructor. These tests are available through DPPS at 243-7789.**

APPLICATION REQUIREMENTS

Completed and signed application with all required **copies** attached (listed below).

- High school diploma/GED, or transcript
- North Carolina picture ID (example: driver's license)
- Social security card
- Proof of following immunizations:
 - Two (2) TB skin tests within three months of class begin date.
 - 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
 - \$190 registration fee
 - Textbook, approximately \$40

REQUIRED prior to clinical rotations:

- **INSURANCES:** Malpractice (approx. \$15) and student accident (\$2). Available at Cashier's office, Building F.
- **UNIFORMS:** Teal snap-front shirt and teal pants, white lab coat, and white, closed-toe shoes. Skirts and/or dresses must be approved by Program Coordinator prior to clinical rotation. Uniforms and name badges available at Thomas Drugs.

GERIATRIC AIDE APPLICATION FOR SPRING 2010

January 5 through April 13
Tuesday and Wednesday of each week
5:00 p.m. until 10:00 p.m.
Building G, Room 124c

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 Geriatric Aide 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: _____

Return completed and signed application, with all required copies attached, to:
Wilson Community College
ATTN: Elise Webb
P.O. Box 4305
Wilson, NC 27893