

# WILSON COMMUNITY

## C O L L E G E

### HOSPITAL UNIT COORDINATOR

Students must be 18 years of age or older, and admission is by application. There are sixteen (16) spaces available. The fee for this course is \$192 which includes \$175 registration; \$5 technology; and \$12 security. The required textbook is approximately \$100. **THE PROGRAM COORDINATOR WILL ACCEPT APPLICATIONS FOR REVIEW NOVEMBER 29<sup>TH</sup> THROUGH DECEMBER 17<sup>TH</sup>.**

This 90-hour course prepares a student for an entry-level position as a Hospital Unit Coordinator. Medical terminology will be stressed as a basis for all other skills. Skills of communication; maintaining records, reports, and charts; and data entry as well as basic medical laws and ethics will be presented.

**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. The cost of these tests is the responsibility of the student. This information should be made available if requested by the clinical site.**

#### APPLICATION REQUIREMENTS

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

- High school diploma, GED, or transcript
- North Carolina picture ID (example: driver's license)

#### REQUIRED prior to clinical rotations:

**UNIFORMS:** Navy blue V-neck shirt; 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 and name badges are available at Wilson Community College's Bookstore.

# HOSPITAL UNIT COORDINATOR APPLICATION FOR SPRING 2011

January 5<sup>th</sup> through April 20<sup>th</sup>  
Monday and Wednesday of each week  
9:00 a.m. – 12:00 Noon  
Room G - 128

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 Hospital Unit Coordinator 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

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