

# WILSON COMMUNITY

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# C O L L E G E

Admission into **Nurse Aide Level I** is by application, and only **complete** applications will be accepted. There are twenty (20) spaces available in each of the four (4) Nurse Aide Level I classes offered for Spring 2012. The registration fee is \$195 which includes registration - \$175; technology - \$5; and security - \$15.

Students must be at least 18 years of age. This course prepares students to perform basic nursing skills for patients/residents, regardless of setting. Training includes class, laboratory, clinical experience, CPR training, and a mandatory computer documentation course. Students must attend 90% of all class sessions; maintain an 80% average on all tests; and the final exam score must be 80% or better. Upon successful completion, students will be eligible to take the State's certification exam.

**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 each of the following required copies attached. It is the student's responsibility to obtain these copies. Wilson Community College will not make copies of required paperwork.**

- High school diploma / GED / transcript
- North Carolina picture ID (example: driver's license)
- Proof of following immunizations:
  - Two-step TB skin tests within nine (9) 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
  - Flu shot
  - Tetanus

## **REQUIRED prior to clinical rotations:**

- **INSURANCE:** Malpractice (approx. \$15); available at Cashier's office, Building F.
- **UNIFORMS:** Navy blue scrub-type top; white pants, white lab coat, and white, closed-toe shoes. Skirts and/or dresses must be approved by the Program Coordinator prior to clinical rotation. Uniforms are available at Wilson Community College's Bookstore.

# NURSE AIDE LEVEL I APPLICATION FOR SPRING, 2012

**Indicate in the left hand column the class you are interested in taking:**

SECT. #	DATES OF CLASS	DAYS OF WEEK	TIME
16772	January 5 – April 24	Tuesdays and Thursdays	8:30 a.m. – 3:00 p.m.
16771	January 5 – May 3	Tuesdays and Thursdays	6:00 p.m. – 10:00 p.m.
16919	January 9 – April 23	Mondays and Wednesdays	8:30 a.m. – 3:00 p.m.
16763	January 9 – May 2	Mondays and Wednesdays	6:00 p.m. – 10:00 p.m.

**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 applications 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 Nurse Aide Level I 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