

WILSON COMMUNITY

C O L L E G E

Admission into the **NURSE AIDE LEVEL II** program is by application. There are twenty (20) spaces available in each of the two classes offered for Spring 2012. Prospective students must be currently listed on the Nurse Aide Registry. Registration fee is \$195.00 which includes registration, \$175; technology, \$5; and security, \$15. The required textbook is approximately \$70.

This course prepares graduates to perform more complex nursing skills for patients or residents, regardless of setting. Course includes class, laboratory and clinical learning experiences. Students must attend 93% of all class sessions; absent no more than eight hours of lecture/skills and four hours of clinical; must maintain an 80% average on all tests; and final exam score must be 80% or better. Upon successful completion of the course and skill/competency evaluation, the graduate will be eligible for listing with the North Carolina Board of Nursing on the Nurse Aide II Registry, and will always work under the supervision and direction of a licensed nurse.

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. Costs of these tests are the student's responsibility. This information should be made available if requested by the clinical site.

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 or transcript
- North Carolina picture ID (example: driver's license)
- Proof of following immunizations:
 - One (1) TB skin test within nine (9) months of class begin date.
 - Proof of MMR
 - 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 Program Coordinator prior to clinical rotation. Uniforms are available at Wilson Community College's Bookstore.

NURSE AIDE LEVEL II APPLICATION FOR SPRING 2012

January 9 through May 2
Monday and Wednesday of each week
5:00 p.m. until 10:00 p.m.
Building G, Room 109a
SECTION NUMBER: 16759

The Program Coordinator will review applications with all required copies attached as follows: November 28th through December 16th; 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 II 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