

# WILSON COMMUNITY

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# C O L L E G E

Admission into the **NURSE AIDE LEVEL II** program is by application, and only **complete** applications (explained in this brochure) will be accepted. There are ten (10) spaces available for Fall 2010. Prospective students must be currently listed on the Nurse Aide Registry. The registration fee for this course is \$192.00 which includes the registration fee - \$175; technology fee - \$5; and security fee - \$12. There will be a textbook required.

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 all required (\*)**copies** attached as listed below.

- High school diploma, GED or transcript
- North Carolina picture ID (example: driver's license)
- Proof of following immunizations:
  - One (1) TB skin test within three 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

**(\*) IT IS THE STUDENTS' RESPONSIBILITY TO OBTAIN ALL REQUIRED COPIES.**  
**WILSON COMMUNITY COLLEGE WILL NOT MAKE THESE COPIES.**

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

**INSURANCES:** 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 and name badges available at Thomas Drugs.

# NURSE AIDE LEVEL II APPLICATION FOR FALL 2010

August 18 through December 15  
Monday and Wednesday of each week  
5:00 p.m. until 10:00 p.m.  
Building G, Room 109b

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

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