Admission to **Nurse Aide Level II** for **SUMMER 2019** is by application (on the reverse side). **There are ten (10) spaces available.** Prospective students must be currently listed on the Nurse Aide I Registry. Registration fee is **$218.00**, which includes $180 registration fee, $5 technology, $15 security, $2 accident insurance, and $16 malpractice insurance.

This 161-hour course prepares students to perform more complex nursing skills for patients or residents, regardless of the setting. Course includes class, laboratory and clinical learning experiences. Students must attend 95% of all class sessions; absent no more than five hours of lecture/skills and five 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 student will be eligible for listing with the North Carolina Board of Nursing on the Nurse Aide II Registry. The cost of this is $24.00.

**TEXTBOOK**:

* Advanced Skills for the Healthcare Providers 2nd Edition (Approximately $120)

**APPLICATION REQUIREMENTS:**

* Completed Nurse Aide II application
* Must be listed on the NC Nurse Aide registry (proof of non-expired listing required)
* High School Diploma, High School Equivalency, **or** Transcript
* Valid Picture ID (example: unexpired driver’s license)
* Proof of Current CPR certification (AHA)
* **Proof of the following immunizations:**
  + **One** TB skin test (within nine months of class start date)
  + **Two** MMR (**M**umps, **M**easles, **R**ubella) injections
  + **Three** Hepatitis B (at least the first injection prior to the start of class is required)
  + Varicella injections or Titer (blood test to prove immunity to chicken pox)
  + Tdap (within the past ten (10) years)

It is the student’s responsibility to obtain copies of the required immunization records. **Keep the original record and BRING COPIES ONLY.**

**REQUIRED prior to clinical rotations:**

**UNIFORMS:** Navy blue scrub-type top, white pants, white lab coat, and white, closed-toe shoes. The Instructor must approve skirts and/or dresses prior to clinical rotation. Nametags are available in building “F” prior to clinical rotation. Nametags are required for clinical and are free to students.

**NURSE AIDE LEVEL II APPLICATION for SUMMER “2019”**

May 20 - August 6 (*Register by May 16)*  **SECTION #: 33671**

Building G - Room 109

Class/Lab – Monday, Tuesday & Wednesdays 5:00 p.m. until 9:00 p.m.

**Clinical hours start on 7/29/19 (5 hours each session) and**

**(2) Clinical days on Saturday 7/20/19 and 8/3/19 for (8 hours each session).**

Applications will be available starting on March 11, 2019. Students wishing to have applications approved are welcome to call 252-246-1325 for questions regarding the approval process. Early registration begins on April 8th. Classes fill up quickly so early registration is encouraged. Completed applications are accepted on a first come first served basis. The $218 fee is due at the time of registration. The registration and approval process will continue until the day before class starts ***or*** until the class is full. **Mail-in applications are 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAREER PLANS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO YOU HAVE PREVIOUS EXPERIENCE IN THE HEALTHCARE FIELD?** \_\_\_Yes \_\_\_No

**IF YES, PLEASE LIST:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGREEMENT**

I have attached all required copies to my application; I have read, understand, and agree to all stated requirements of the Nurse Aide Level II program; I understand the required clinical dress code, and agree to comply upon acceptance; I understand this is an application only and it does not constitute acceptance into the program. I understand that 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**