Admission into the **Dialysis Technician** program is by application, and only **completed** applications will be accepted. The schedule for **Fall 2019** semester is available on the reverse side. **Registration fee is $224** which includes: $180 registration, $5 technology, $15 security, $2 accident insurance, $16 malpractice insurance, and $6 CPR eCard.

Training includes class, lab, and clinical experiences. The course is designed to prepare individuals with the theoretical, technical, and clinical skills needed to maintain equipment and provide patient care to those being treated for chronic renal diseases. Class format includes lecture, laboratory, and clinical activities. Successful completion prepares individuals for employment as a dialysis technician in hospitals, renal dialysis facilities, and clinics. After one year of work experience, individuals may be eligible to sit for national certification as a Clinical Hemodialysis Technician.

The Division of Continuing Education in partnership with DaVita Dialysis supports the responsibilities of the Student Internship Program established by DaVita. Students are responsible for completing the online background screening through **HireRight and eScreen**. Students must complete the drug screen through eScreen within 72 hours of receiving the email. Internship (clinical experience) with DaVita cannot start until the screenings have been successfully completed. It is important for the student to go online to provide the requested information upon receipt of the emails from **HireRight and eScreen**.

Students must respond to all emails from DaVita within 72 hours. Students are not financially responsible for the drug test or criminal background check. **Failure to complete all the requirements listed by DaVita will result in the student not being able to attend the clinical portion of the Dialysis program**.

**APPLICATION REQUIREMENTS:**

* Completed Dialysis Technician application
* High school diploma or equivalent
* North Carolina picture ID (example: driver’s license)
* **Proof of the following immunizations:**
* TB skin test within the past twelve (12) 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 date is required)
* Varicella injection ***or*** Titer **(**blood test to prove immunity to chicken pox)
* Tdap (within the past 10 years)
* Flu injection (current for 2019/2020 season)

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

**Textbook required:**

* Dialysis - Core Curriculum for Dialysis Technicians (6th edition) approximately $50.
* American Heart Association Textbook for CPR - (Approximately $20)

**REQUIRED prior to clinical rotations:**

**UNIFORMS:** Teal top and white pants, white lab coat, and white, closed-toe shoes. Skirts and/or dresses must be approved by the Instructor prior to clinical rotation.

**DIALYSIS APPLICATION for “Fall 2019” (Section # 33991)**

August 20 – December 10

Tuesday and Thursday *of each week*

9:00 a.m. – 1:00 p.m.

Building: G Room: 109

***Clinical Hours: 6:00 a.m. - 8:30 a.m. and 10:00 a.m.-12:30 p.m.***

Applications will be available starting on June 10, 2019. Students wishing to have applications approved are welcome to call 252-246-1325 for questions regarding the approval process. Early registration begins on July 8, 2019. Classes fill up quickly so early registration is encouraged. Completed applications are accepted on a first come first served basis. The $224 fee is due at the time of registration. The registration and approval process will continue until August 19, 2019 ***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 HEALTH 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 Dialysis program; I understand the required clinical dress code, and agree to comply upon acceptance; I 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**