Admission into the **Nurse Aide Level I** program is by application, and only **completed** applications will be accepted. Available classes for the **Fall 2019** semester are listed 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.

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 and CPR training. 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 NNAAP exam. Cost of certification exam is $120 – Students must pay by credit or debit card (Discover cards are not accepted). Students will sign up for NC Certification Exam via computer. Students will use WCC email address to setup account with Pearson Vue.

**APPLICATION REQUIREMENTS:**

**APPLICATION REQUIREMENTS:**

* Completed Nurse Aide I application – Copies required of the following:
* High School Diploma, High School Equivalency, **or** Transcript
* Valid government issued (unexpired photo ID) required per NCNA Registry
* Social Security Card (must be signed, non-laminated)
* **Proof of following immunizations**:
* **One** TB skin test within 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 of class 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.**

**TEXTBOOKS:**

* North Carolina Nurse Aide I Curriculum (2013) - (Approximately $75)
* American Heart Association Textbook for CPR - (Approximately $20)

**REQUIRED prior to clinical rotations:**

**UNIFORMS:** Navy blue scrub-type top; white pants 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. Analog watch required (a watch with second hand).

**NURSE AIDE LEVEL I APPLICATION FOR Fall “2019”**

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

| **Choose Schedule** | **SPACES****AVAILABLE** | **SECT. #** | **DATES OF CLASS** | **DAYS OF WEEK** | **TIME** | **Room** |
| --- | --- | --- | --- | --- | --- | --- |
|[ ]  10 | 33990 | Aug 21-Nov 21Register by Aug 20  | Wednesday & Thursday | 8:30am–3:00pm | G-227B |
|[ ]  18 | 33992 | Aug 19 – Nov 26 Register by Aug 16  | Monday, Tuesday, Wednesday | 5:00pm–9:00pm | G-227B |
|[ ]  10 | 33989 | Aug 20 – Nov 19 Register by Aug 19  | Tuesday and Every Other Saturday and Sunday | 8:30am–3:30pm | G-227B |

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 the day before class starts ***or*** until the class is full. **Mail-in applications are not 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 Nurse Aide Level I 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NC ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***THIS MUST BE SIGNED AND WITNESSED AT TIME OF REGISTRATION:*** If any facilityprohibits 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**