Buncombe County Schools Nursing Fundamentals Application

Buncombe County Schools is pleased that you are applying to Nursing Fundamentals. This course is designed to help you prepare to become a qualified healthcare professional.

Students accepted into this course must assume responsibility for appropriate behavior. As a requirement for this course, you will participate in job shadowing or mentoring experiences in a clinical healthcare setting. This is a serious responsibility because you will be in direct contact with patients and healthcare professionals.

The objective of clinical shadowing or mentoring is to provide you with a meaningful experience while assuring patient, student, and visitor safety. You will be expected to comply with all directions of your instructor, apply what you learn in your coursework, be respectful of patients and the healthcare professionals with whom you interact, and closely abide by the requirements stated in this application that you and your parent/guardian must sign. You will be required to comply with healthcare facilities’ policies, procedures and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you are accepted into this course but do not abide by the course’s rule and requirements stated in this application, course syllabus or contract, or provided by the clinical setting, there will be three consequences:

1. you will be removed from the clinical setting and assigned to another setting for the remainder of the semester (ISS or other assignment determined by administration), and
2. you will receive a failing grade and no credit for the course, and
3. you may not graduate on time due to the loss of course credit (depending on your graduation status and chosen course of study).

If you are not willing to accept the responsibilities that come with taking Nursing Fundamentals, and the consequences that result from not meeting those responsibilities, you need to meet with your School Counselor, Advisor, or Career Development Coordinator to discuss your course selection and career plan.

All students who apply to take Nursing Fundamentals will be evaluated using objective criteria that includes high school attendance, grades and discipline, as well as the results of a criminal record check (if applicable). Additionally, student’s answers to application questions and teacher recommendations will be reviewed for evidence of the applicant’s maturity, responsibility, initiative, integrity, good judgment, respect, service orientation, problem-solving skills, and self-discipline. All of these factors are critical to ensure that healthcare workers and patients in a clinical setting can depend on our students to act in a safe and professional manner.

If you have any questions or concerns about Nursing Fundamentals or the application process, please contact your school’s Health Science teacher(s) or Career Development Coordinator.
Buncombe County Schools Nursing Fundamentals Application

PLEASE PRINT

Name ___________________________________________ ____________________________

LAST FIRST MIDDLE

Mailing Address ______________________________________________________________________

City ____________________________, NC Zip Code __________________

Phone ____________________________ Email ______________________

Date of Birth: ____ / ____ / ____ Current Grade Level – Circle One: 10th 11th

Your Parent(s) or Guardian(s):

Name(s): ________________________________________ __________________________________

Contact/Work Phone Number(s): ______________________________________________________

In a typed or printed essay that is 1-2 pages in length answer the following questions. Be sure to include your name at the top of the page(s) and attach the essay to the application.

➢ Why do you want to enroll in Nursing Fundamentals?
➢ What are your plans after graduation from high school?
➢ What are your career goals?
➢ Please list any special recognition or awards that you have earned, or special skills that you possess.

Future healthcare professionals should not use drugs, alcohol, or tobacco. Please be aware that all school policies regarding the use of drugs, alcohol, and/or tobacco will be strictly enforced during clinical experiences including the period of time traveling to and from clinical sites. Are you willing to comply with this requirement?

Circle One: Yes No

Briefly describe your health history in regards to any condition that we need to be aware of to insure your safety and the safety of patients in the clinical setting. This information will be kept confidential.

________________________________________________________________________________________

________________________________________________________________________________________

Teacher Recommendations: As part of your application for admission into Nursing Fundamentals, you must obtain a recommendation from two of your high school teachers who are not Health Sciences teachers. One must be one of your former high school Science teachers. The second must be one of your core academic or Career Technical Education teachers from the previous school year. Neatly print your name on each of the two attached teacher recommendation forms and indicate the course for which you are requesting approval. Demonstrate professional behavior, courtesy, and appreciation and be sure to explain to your former teachers why you are interested in taking these courses when you request their recommendation.
Do not ask for the form back – the recommending teacher should give it to the person(s) indicated on the form. List below the names of the two high school teachers whom you will ask to complete these recommendation forms:

(1) ________________________________ (Science teacher)
(2) ________________________________ (Previous year core academic or CTE teacher)

I understand that I will be required to do the following to participate in and maintain a Health Science clinical internship/mentorship:

- Purchase my own uniform and shoes as approved by the Health Sciences teacher within the first 5 days of the semester.
- Acquire a watch with a second hand.
- Maintain a passing average in the Health Science course.
- Provide my immunization record including a current TB skin test within the first 5 days of the semester.
- Complete the vaccination series for hepatitis B prior to the first day of class.
- Adult, Infant & Child CPR with AED certification is required prior to the first day of class. Opportunities to achieve this certification will be identified by each school. These opportunities may be on a Saturday or during the summer and may require a fee for tuition and supplies. If a student fails to take advantage of the posted opportunities they will be responsible for individually achieving this certification through the American Red Cross or American Heart Association.
- Provide my own transportation to my clinical or mentorship sites.
- Females only -- tell my teacher if I become pregnant (To avoid clinicals/mentorships in hazardous areas).
- Maintain a clean criminal and school discipline record (Refer to rubric).
- Submit for criminal background check and/or drug test if required by clinical site(s).
- Behave in a professional manner up to the standards of the Health Science teacher and clinical sites at all times.
- Respect patient rights and confidentiality at all times.

Signature of Student Applicant ________________________________ Date ____________________

RETURN YOUR COMPLETED APPLICATION TO ________________________________

BY NO LATER THAN ________________________________.
Parent/Guardian Information

To be completed by the applicant’s parent/guardian. Please print.

By signing below, I grant permission for my son/daughter, ______________________, to participate in instructional activities located in healthcare facilities such as hospitals, physicians’ offices, dental offices, veterinarian offices, health departments, nursing homes, pharmacies, etc.

Additionally, I understand that my son/daughter and I will be required to do the following to be admitted into the course and allowed to participate in the required Health Science clinical internship/mentorship:

- Purchase a uniform and shoes as approved by the Nursing Fundamentals teacher within the first 5 days of the semester.
- Purchase a watch with a second hand.
- Have my son/daughter tested for Tuberculosis (TB) within the first 5 days of the semester.
- Pay for the vaccines and/or TB screening, if needed.
- Attend an orientation session for parents/guardians.
- Maintain a passing average in the Health Science course.
- Ensure my son/daughter has achieved Adult, Infant & Child CPR w/AED certification prior to the first day of class.
- Ensure my son/daughter has reliable transportation to clinical/mentorship sites.
- Ensure my son/daughter is covered by auto accident insurance.
- Acknowledge that health insurance is strongly recommended for Nursing Fundamentals students, the school does not provide health insurance for students. Documentation of health insurance may be required by some clinical sites.

I also understand that if my son/daughter is accepted into Nursing Fundamentals but does not abide by the requirements as stated in the application there will be three consequences:

1. your son/daughter will be removed from the clinical setting and assigned to another setting for the remainder of the semester (ISS or other assignment determined by administration), and
2. your son/daughter will receive a failing grade and no credit for the course, and
3. your son/daughter may not graduate on time due to the loss of course credit (depending on his/her graduation status and chosen course of study).

If you and your son/daughter are not willing to accept the responsibilities that come with taking Nursing Fundamentals, and the consequences that result from not meeting these responsibilities, then you and your son/daughter need to meet with a School Counselor or the Career Development Coordinator to discuss his/her course selection and career plan.

Signature of Parent/Guardian __________________________________________ Date____________________

Parents/Guardian Name (print) __________________________________________

Questions/Comments/Concerns __________________________________________

________________________________________

Buncombe County Schools does not discriminate against any student regardless of age, sex, race, religion, national origin, handicapping conditions, pregnancy, parental or marital status.
**Health Sciences Application Rubric**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
<th>Points Possible</th>
<th>Points Earned</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essay</td>
<td>• Student has a well-written essay; states a strong, clear interest in a career in healthcare</td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Student has an adequately-written essay (occasional spelling/grammatical errors); expresses a strong, clear interest in pursuing a career in healthcare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Student has a poorly-written essay (numerous spelling/grammatical errors); expresses a strong, clear interest in pursuing a career in healthcare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• No essay submitted, or poorly-written with no real interest in pursuing a career in healthcare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grades</td>
<td>Average of numerical grades earned in Health Science I and II:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• A</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• B</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• C</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• D</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance</td>
<td>Absences occurring in Health Science I and II classes:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(See Note Below)</td>
<td>• Average of 1 absence per semester</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Average of 2-3 absences per semester</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Average of 4-5 absences per semester</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Greater than 5 absences per year</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discipline</td>
<td>Unacceptable behavior in the academic school year prior to enrollment in upper-level Health Sciences course:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• No discipline referrals</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 1-2 discipline infractions resulting in ISS</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 3 or more discipline infractions resulting in ISS</td>
<td>0</td>
<td>Not Eligible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Evidence of out-of-school suspension (OSS) or criminal record (if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rec. Forms Completed by 2 Teachers</td>
<td>• 3 points – Highly recommended</td>
<td></td>
<td></td>
<td>Up to 6</td>
</tr>
<tr>
<td></td>
<td>• 2 points – Recommended</td>
<td></td>
<td></td>
<td>(max. of 3 each)</td>
</tr>
<tr>
<td></td>
<td>• 1 point – Recommended with reservations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 0 points – Undecided/Not Recommended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>Minimum of 20 points required for approval</td>
<td>30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Excessive absences due to a chronic medical condition may be excluded from the total number of absences at the discretion of the Application Committee provided appropriate documentation is submitted by the student. If this exemption is requested the student must be cleared for participation in the clinical experience by a physician. Exam exemption absences will not be included in the total number of absences for this standard.*

_Buncombe County Schools does not discriminate against any student regardless of age, sex, race, religion, national origin, handicapping conditions, pregnancy, parental or marital status._
Nursing Fundamentals Student Application - Teacher Recommendation

Student Name: ____________________________________________________________

Program for which student is requesting approval: (Circle one)

Recommending teacher: Thank you for taking the time to complete this recommendation form. Your recommendation and comments are valuable to the Nursing Fundamentals screening committee. The responses you provide will not be seen by the student and will be kept in strict confidence by the committee.

Nursing Fundamentals is designed to help students prepare to become qualified healthcare professionals. Additional expectations and responsibilities will be required of students who enroll in these courses, including participation in job shadowing and mentoring experiences in a clinical healthcare setting. This is a serious responsibility because these students will be in direct contact with patients and healthcare professionals. The safety of patients as well as students is imperative. Our clinical sites, including the hospital, require that participation be limited to those students who are mature enough to function in this complex environment with minimal supervision. Please keep this in mind as you make your recommendation.

On a scale of 1-5, with 1 being the weakest score and 5 the strongest, please rate this student on the following characteristics: (Circle one number per item)

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<th>Characteristic</th>
<th>Weak</th>
<th>Average</th>
<th>Strong</th>
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<tbody>
<tr>
<td>Responsible for homework, projects, and assignments</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Mature in comparison to his/her classmates &amp; others his/her age</td>
<td>1</td>
<td>2</td>
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<td>Respectful of teachers &amp; other classmates; has a positive attitude</td>
<td>1</td>
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<tr>
<td>Able and willing to follow instructions</td>
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<td>On task a high percentage of class time</td>
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<td>Actively participates and contributes to class</td>
<td>1</td>
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<td>1</td>
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<td>Honest, trustworthy</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Open to constructive criticism</td>
<td>1</td>
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Does this student have your recommendation for Nursing Fundamentals? (Check one.)

- [ ] My highest recommendation
- [ ] My recommendation
- [ ] My recommendation with reservation (related comment should be written on the back of this form)
- [ ] I am undecided
- [ ] The applicant does not have my recommendation

Teacher Signature: __________________________________________ Date __________________________

Teacher Name (Print): ________________________________________________________________

Subject Area(s): _________________________________________________________________

Please do not return this form to the student making the request.

Return this recommendation to __________________________ at your school by ______________________.

To ensure confidentiality feel free to place this form in a sealed envelope if you wish.

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Nursing Fundamentals Student Application - Teacher Recommendation

Student Name: ________________________________________________

Program for which student is requesting approval: (Circle one)

Recommending teacher: Thank you for taking the time to complete this recommendation form. Your recommendation and comments are valuable to the Nursing Fundamentals screening committee. The responses you provide will not be seen by the student and will be kept in strict confidence by the committee.

Nursing Fundamentals is designed to help students prepare to become qualified healthcare professionals. Additional expectations and responsibilities will be required of students who enroll in these courses, including participation in job shadowing and mentoring experiences in a clinical healthcare setting. This is a serious responsibility because these students will be in direct contact with patients and healthcare professionals. The safety of patients as well as students is imperative. Our clinical sites, including the hospital, require that participation be limited to those students who are mature enough to function in this complex environment with minimal supervision. Please keep this in mind as you make your recommendation.

On a scale of 1-5, with 1 being the weakest score and 5 the strongest, please rate this student on the following characteristics: (Circle one number per item)

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Does this student have your recommendation for the Health Sciences program? (Check one.)

____ My highest recommendation
____ My recommendation
____ My recommendation with reservation (related comment should be written on the back of this form)
____ I am undecided
____ The applicant does not have my recommendation

Teacher Signature: ____________________________________________ Date ______________________

Teacher Name (Print): ____________________________________________

Subject Area(s): ______________________________________________

Please do not return this form to the student making the request.

Return this recommendation to __________________________ at your school by _____________________.

To ensure confidentiality feel free to place this form in a sealed envelope if you wish.

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Guidelines for Nursing Fundamentals Application Process

The application committee at each school will consist of the Health Science teacher(s), the Career Development Coordinator and an Assistant Principal. The Health Science teacher(s) will lead the application process.

All efforts will be made to be as inclusive as possible and only those students deemed inappropriate through the objective criteria printed in the rubric will be excluded from the course. The guidelines for the application process are as follows:

1. The Director of Career and Technical Education will provide a general statement referring to the application process in the countywide course catalog and each school will publish its application on its website.

2. The Health Science teacher(s) should schedule a meeting of the application committee to plan and discuss the process, including dividing responsibilities among committee members.

3. The Health Science teacher(s) should make faculty members aware of the application process and the importance of their completion of the Teacher Recommendation form if asked by a student.

4. The Health Science teacher(s) shall inform all students enrolled in Health Science I of the application process for Nursing Fundamentals within the first five (5) days of the semester and maintain a record of when this took place.

5. The Health Science teacher(s) shall make the Nursing Fundamental applications available to each student in Health Science II. Applications can be accessible in print and online. The deadline for completion and turn-in will be publicized as well.

6. The Health Science teacher(s) should review applications and teacher recommendations immediately after the deadline has passed. If teacher recommendations are missing, the Health Science teacher(s) will follow-up with the student and/or the designated reference.

7. The Career Development Coordinator and/or the Assistant Principal will obtain the grades, attendance records and discipline records needed for each applicant. Committee members will need to work collaboratively to accomplish this task.

8. Complete a rubric for each student. Each rubric item needs to be scored through a review process by more than one committee member.

9. A meeting of the entire application committee should be scheduled. A list of students who are approved or denied for the courses should be submitted to the Principal, Assistant Principals, the Career Development Coordinator and PowerSchool Coordinator.

10. In the case of over-enrollment, qualifying students that need Nursing Fundamentals to complete their career cluster for graduation have first priority. Additional qualifying students will participate in a drawing for the remaining seats in the class. The recommended state guidelines for maximum enrollment for the class will be enforced to ensure a quality program and adequate supervision.

11. Notification of approval or denial should be given to each student in writing. A meeting with students that are denied access to Nursing Fundamentals and/or their parents may be warranted to explain the application process and determine an alternative course/pathway for the student to follow.

12. Additional options may be available county-wide so students can obtain this course. Also, a waiting list should be made as scheduling often prohibits students from getting into the course and a spot becomes available.

13. Students denied entry need to be rescheduled in Power School or given their alternate course selection.

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Nursing Fundamentals Clinical Cell Phone Policy

Clinical at a long term care facility is the most important part of your Nursing Fundamentals class. It is a required part of this course and prepares you for taking the CNA exam. During your clinical you are \textbf{NOT} to have a cell phone with you. If you bring it with you, please lock it in your car before entering the facility. If you are expecting an important call, you may have it forwarded to your instructor.

\textbf{Please remember you are at clinical to:}

- Learn important skills. You will not have time to make or receive calls or texts. Distractions need to be at a minimum!
- Understand Healthcare Code of Conduct/HIPPA violations. This is for your protection, the resident’s protection, the facility’s protection as well as your school’s protection.

\textbf{Additional HIPPA Compliance:}

In addition to the above, you are not to send any information about a resident to anyone outside the long term care facility. This includes but not limited to photos or videos of residents or pictures of charts. All resident information is confidential and is not to be documented or discussed with anyone other than your NF instructor. If there is transmission of information about a resident or the facility, this will be grounds for expulsion from the clinical part of the Nursing Fundamentals course as well as possible legal course of action. \textbf{Violation of this provision may result in being banned by the clinical setting and being dismissed from the program.}

Violations of the other provisions of this contract will follow the _____ High School Cell Phone and Electronic Device Policy found in the student handbook. By signing below, I acknowledge that I have read and understand the above contract and agree to adhere to its terms.

\begin{itemize}
  \item Student: \underline{_________________________} Date: \underline{__________}
  \item Nursing Fundamentals Instructor: \underline{____________________} Date: \underline{__________}
\end{itemize}
High School

Nursing Fundamentals Student Contract

This Agreement is between the student, his or her parents, and the Buncombe County School Administrative Unit (or School) and sets forth certain behavioral, ethical, and legal expectations for students who participate in the Nursing Fundamentals Class. The School agrees to allow the Student to participate in the class and in return the students and parents agree to the following:

In the medical profession, a system of ethics is observed and practiced by all persons in the medical setting. You are also responsible for following these ethical standards. You must understand that invariably the people with whom we deal are in different stages of ill health, which causes in each of them a different outlook. They become anxious, nervous, and quite often impatient. These persons require the best use of our technical and human relations skills.

You must all understand that patients will often gain confidence in us and share their innermost thoughts. We also come to know a great deal about a patient from hearing reports and reading charts. Patients have the right to expect that all communication and records pertaining to their care will be treated as confidential by the facility and all employees and that includes us. All information contained in a patient’s record shall be considered privileged and confidential.

Only the individuals directly involved in the treatment of the patient, or individuals with responsibility for monitoring the quality of care, or individuals authorized by law or regulation shall have access to a patient’s medical record. You are not to discuss any patient’s record or condition outside of the patient’s unit at the facility. This includes open facility areas such as hallways, lounge, etc., as well as public places away from the facility.

HIPPA

- I will make it my responsibility to know, understand, and keep within the clinical guidelines to assure the health and well-being of each patient.
- I will make every effort to be courteous, efficient, and accurate when helping patients through this stressful time in their lives.
- I understand that discussing confidence, diagnosis, or prognosis, family history or treat any patient with other students, friends, or family is in violation of HIPAA laws. I understand that if I violate HIPAA or other confidentiality policies, I will give up my right to continue to participate in clinical rotations which may result in obtaining a failing grade for Nursing Fundamentals for this semester.

Course Credit

- I understand that Nursing Fundamentals is an honors class and requires my dedication and priority.
- I understand that this is a double block class and that I will receive double class credit.

(00037294xBC088) 9-23-2016

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**Professional Appearance**

- I will wear:
  - A clean, wrinkle free uniform each day. 
  - Comfortable, clean shoes, (preferably sneakers or nursing shoes), no open toe shoes, no crocs allowed. 
  - Hair pulled back if longer than shoulder length. 
  - Cosmetics in moderation and at teacher discretion. 
  - No nail polish, nail tips, colognes or perfumes. 
  - No jewelry except for a watch with a second hand. (required) 
  - No piercings. Stud earrings only. 

**Facility Conduct**

- I will not take my cell phone in the clinical area regardless of personal circumstances. (see cell phone contract) 
- I will not leave the unit without notifying the person with whom I am working and my instructor. 
- If an accident occurs, I will report it immediately to my instructor. 
- I will be equipped with a black pen and paper each day. 
- I will accept/follow instructions from my instructor or assigned health team member in a courteous, cooperative manner. 
- I will notify my instructor before 7:00 a.m. if unable to attend clinical. Failure to do so will result in a markdown of my grade. If I am ill or my attendance record does not qualify me for the requirements of this course, I will accept this as no fault of the instructor or administration. Absences during the time of clinical rotation cannot be made up on any other days! I also understand that I must complete a minimum number of 40 hours in the clinical setting, and if my absences exceed this number of hours, I will not pass the Nursing Fundamentals course and/or not be eligible for the CNA certification. 
- I will be on time each day to my clinical assignment. Tardiness will not be accepted and daily grades will be reduced. 
- I understand that I am responsible for my individual transportation issues to and from the clinical areas (see attached transportation form). 
- I must obtain my immunization records and they must be up to date including a varicella vaccine or documentation the student has had chickenpox before participating in the required clinical rotation. 
- I understand that I will be required to have a negative tuberculin skin test before participating in the required clinical rotation. 
- I intend to arrange the priorities in my life in order to make this a learning experience that will benefit me greatly in my future career.
• I will practice all concepts learned about safety, infection control, HIPAA and standard precautions while in the clinical setting. ______________

• I will respect my fellow students and employees of the healthcare facility and will work with them without ill words or malice. ______________

• I understand the importance of my appropriate ethical and moral behavior. I also understand that inappropriate behavior of any kind, including the use of illegal substances during this semester, may result in the loss of two credits that are normally awarded for the completion of Nursing Fundamentals. __________

• I understand that my responsibilities while in clinical may include, but are not limited to:
  o Must be physically able to lift at least 60 pounds without injury to self and/or others. __________
  o Must be able to push, pull, tug and lift repeatedly. __________
  o Must be able to cope with a stressful working environment consisting of physical and mentally impaired residents. __________
  o Must have the ability to communicate orally with other staff and residents. __________
  o Must assist residents with bathing, shampooing, dressing and undressing, assisting with personal hygiene, give nail care, give foot care, assist with feeding residents __________
  o Must be able to transport residents within the facility using wheelchair, Geri-chairs, stretcher, or assist them with walking. __________
  o Perform Range of Motion as instructed. __________
  o Maintain residents’ privacy. __________
  o Report all unusual conditions and reactions to your instructor. __________
  o Assist the residents with bedpans and toiletry. __________
  o Changes bed linens. __________
  o Follows safety policies of the facility. __________
  o Must understand that some residents may be combative (hitting, spitting, biting, pinching), uncooperative, or display inappropriate behavior of a sexual, racial, or non-tolerant nature. __________

CNA Certification Testing

CNA certification, including written and skills testing, is done independently of _____ High School. While this certification provides students an opportunity to earn an industry recognized credential, it is an optional exam and students are not required to take this exam to pass the course.

A separate exam company (NACES) performs the evaluation at the cost of $101.00/student. Each student is responsible for this fee. Instructor will notify students of in facility test dates at beginning of semester. A valid state ID/driver’s license AND a signed, non-laminated social security card are required to take the exam. Signatures and names must match on both forms of
ID. If proper identification is not obtained, student will not be able to test and will lose any money paid for exam. This exam will be held at _______ High School, or students may elect to test at other sites in Western North Carolina, which are independent of Buncombe County Schools. Information regarding testing may be obtained at www.pearson-vue.com.

**Waiver and Release (Please Read Before Signing)**

We, the undersigned, acknowledge and understand that participating in the Nursing Fundamental class and working in clinical sites poses risks of injury that are not typical to the school setting. We acknowledge that the requirements and expectations of the class are intended to minimize those risks. We accept and assume these risks and in consideration for being allowed (or my child being allowed) to participate in the class, we further agree to release and hold harmless the School, the Buncombe County Board of Education, its members and employees, agents and volunteers (collectively the “School”) for any injury or damage to person or property or any other claims, including claims of the School’s negligence, arising out of, resulting from or related to my, or my child’s participation in the Nursing Fundamentals class.

I have read and understand all the above statements and the course syllabus, and agree to adhere to these duties and requirements during my participation in this class, including the clinical rotation. I understand that failure to follow the duties described in this contract or in the syllabus may result in disciplinary action and may include dismissal from the program as well as loss of the two class credits for Nursing Fundamentals.

**Custodial Parents/Guardians and Student Must Sign**

Student Signature: ________________________________ Date: ____________

Parent/Guardian Signature: __________________________ Date: ____________

Parent/Guardian Signature: __________________________ Date: ____________

*Both Parent/Guardians must sign if applicable.*
High School Transportation Permission Form

Student Name: ________________________________________________________________

Participating in the Nurse Fundamentals program is optional and is not a graduation requirement. Students participating in the Nursing Fundamentals program will be traveling to area long term care facilities for clinical as part of the curriculum requirements for this program. Buncombe County Schools in unable to provide bus transportation to clinical sites, therefore students and/or parents must provide their own transportation to and from clinical sites.

Students who are able to drive and have parental permission to drive to and from clinical sites must have a valid drivers’ license.

Parents, please sign all appropriate statements:

- My child has his/ her own car which may be used for transportation to clinical sites. Parent/ Guardian Signature ______________________________

- My child has my permission to ride with another student who is driving to clinical sites. (Name of student(s)) ________________________________
  Parent/ Guardian Signature ______________________________

- My child has my permission to transport other students to clinical sites. (Name of student(s)) ________________________________
  Parent/ Guardian Signature ______________________________

- My child does not have permission to transport other students to clinical sites. Parent/ Guardian Signature ______________________________

- My child does not have permission to use his/her car as transportation to clinical sites. Parent/ Guardian Signature ______________________________

If you allow your student to drive other students, or ride with another student, it is your responsibility to discuss with them appropriate conduct and safety standards.

Waiver and Release
We understand and acknowledge that participation in the Nursing Fundamentals program is optional and that in consideration of being allowed to participate in the class (or our child being allowed to participate) it is our responsibility to provide or coordinate transportation to and from the clinical sites. We understand that there are certain everyday risks associated with students driving themselves or riding with other students.

Buncombe County Schools does not discriminate against any student regardless of age, sex, race, religion, national origin, handicapping conditions, pregnancy, parental or marital status.
to and from the clinical sites. We accept and assume these risks and understand that Buncombe County Schools (“BCS”) is not responsible for any injury to person or property that occurs while students are driving or being transported to and from the clinical sites. We agree to release and hold harmless BCS, its Board, members, employees, agents, and volunteers (collectively the “School”) for any injury or damage to property or person or claims, including claims of the School’s negligence, that arises from or is related to transportation for the Nursing Fundamentals class, including but not limited to transportation to and from clinical sites.

Custodial Parents* and Student Must Sign this Release:

____________________________  ______________________________
Parent/Guardian                        Date

____________________________  ______________________________
Parent/Guardian                        Date

____________________________  ______________________________
Student                                Date

*Both Custodial Parents must sign