Nursing Fundamentals Application

Roseville High School and Wake county public schools are pleased that you are applying to take Nursing Fundamentals. This course is designed to help you prepare to become a qualified healthcare professional. Please be sure to read the attached Nursing Fundamentals handbook to understand the program’s policies and procedures.

It is vitally important that we can trust the students entering into this program due to the nature of the care students will be providing to patients. Students will be providing direct patient care at a local nursing home and/or hospital. Consider yourself a patient and ask yourself, “Am I the kind of person I would want to take care of me or my loved one?” Any future patients should expect no less for themselves than what you would expect for your own self or your loved ones!

If you are accepted into this course must assume responsibility for appropriate behavior and 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 and in the RHS nursing fundamental handbook. 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 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 or Career Development Coordinator to discuss your course selection and career plan.

Nursing fundamentals only has ten allotted seats and it is a requirement all students are seniors and have taken Health Science I and Health Science II. All students who apply to take Nursing Fundamentals will be evaluated using objective criteria that include high school transcript review, attendance, tardies, and discipline, as well as their written essay. 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 Sciences teacher(s) (Mrs. Clayton) or Career Development Coordinator (Mrs. McPherson).

This application and related teacher recommendations are due back student services by March 29, 2018.

LATE APPLICATIONS AND/OR TEACHER RECOMMENDATIONS WILL NOT BE ACCEPTED!!!(Please turn in your application, essay, recommendations and all attachments into a large brown envelope to Mrs. Clayton)

*Students must be enrolled in a full course load their Senior year to be eligible for Nursing Fundamentals.
Nursing Fundamentals Student Application

*Students must be enrolled in a full course load their Senior year to be eligible for Nursing Fundamentals.

Please fill out and complete this entire application. Please ensure all sections are completed, signed, or initialed per student or parent. Also be sure to include all attachments listed below. Any missing sections or attachments required for this application will affect your score for admission.

**PLEASE PRINT**

Name ______________________________________________________________________________

LAST FIRST MIDDLE

Mailing Address ______________________________________________________________________

City _____________________________, NC Zip Code __________________

Cell Phone ___________________________ Student Email ________________________________

Date of Birth: _____ / _____ / _____

Your Parent(s) or Guardian(s):

Name(s): __________________________________________________________________________

Best Contact/Work Phone Number(s): _____________________________________________

Please ensure all of the following are attach to this application:

- Written Essay
- Transcripts ensuring current GPA is present (be sure to allow student services time to provide you with this document)
- Attendance history covering high school career (be sure to allow student services time to provide you with this document)
- Copy of CPR certification
- Immunization history (be sure it includes Hepatitis B vaccines, MMR Vaccines, TDaP Booster within 2 years—not just plain Tetanus)
- 2 Teacher References in sealed and signed envelopes. Neatly print your name and due date on each of the two attached. Provide envelopes with the recommendations and explain to the teachers to place the recommendation in a sealed envelope with their signature on the seal and return it to you. 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.

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**Essay instructions**

In a typed, double-spaced 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 this Health Sciences course?
- 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.

**Student Questions**

Please answer the following:

1. List any medical conditions/disorders/allergies you currently have.
   
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. Do you have a job or any extracurricular activities that will interfere with your ability to be in class or attend clinicals? (circle one) Yes/No  
   If circled yes please explain:
   
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. Are you or will you be involved in ANY school sanctioned actives which may result in missing time in Nursing Fundamentals (such as, but not limited to: Pep rallies, prom preparations, competitions, field trips, club meetings, and/or club obligations)? (circle one)Yes/No  
   If circled yes please explain:
   
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

4. Do you understand that you may be unable to participate in field trips and other activities if they conflict with your commitment to Nursing Fundamentals? (circle one) Yes/No

5. Do you understand the Admission requirements for Nursing Fundamentals? (circle one) Yes/No

6. Do you understand the clinical prerequisites for Nursing Fundamentals? (circle one) Yes/No

7. Do you understand the dress code policy for Nursing Fundamentals? (circle one) Yes/No

8. Do you understand the attendance and tardy policy for Nursing Fundamentals? (circle one) Yes/No

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9. Do you understand the technology policy for Nursing Fundamentals? (circle one) Yes/No

10. Do you understand the emergency plan for Nursing Fundamentals? (circle one) Yes/No

11. Do you understand the special expenses for Nursing Fundamentals? (circle one) Yes/No

12. Do you understand the transportation policy for Nursing Fundamentals? (circle one) Yes/No

13. Do you understand the professionalism policy for Nursing Fundamentals? (circle one) Yes/No

14. Do you understand the reasons for dismissal from the program? (circle one) Yes/No

15. Do you understand the consequences for dismissal from the program? (circle one) Yes/No

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Parent Validation Application

By signing below, I grant permission for my son/daughter, ____________________________________, to participate in instructional activities located in healthcare facilities. I have been provided, read, and understand the nursing fundamentals handbook.

Additionally, I understand that my son/daughter and I will be required to do the following to be admitted into the course:

(Initial next to each requirement)

☐ Attend an orientation session for nursing fundamentals.
☐ Read and understand the nursing fundamental handbook.
☐ Purchase a uniform and shoes as approved by the Health Sciences department within the first 10 days of the semester.
☐ Purchase a watch with a second hand independently.
☐ Have my son/daughter tested for Tuberculosis (TB) within the first 10 days of the semester.
☐ Have my son/daughter obtain any updates to vaccines within the first 10 days of the semester.
☐ Pay for the vaccines and/or TB screening, criminal background checks, and/or drug tests, if needed.
☐ Have my son/daughter obtain criminal background check and/or drug test.
☐ Maintain a passing average in the Health Sciences 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 school every morning.
☐ Ensure my son/daughter is covered by auto accident insurance.
☐ Ensure my son/daughter obtains medical liability insurance.
☐ Acknowledge that health insurance is strongly recommended for upper-level Health Sciences students, the school does not provide health insurance for students. Documentation of health insurance may be required by some clinical sites.
☐ Reviewed my son/daughter application and understand all questions.

If you and your son/daughter are willing to accept the responsibilities that come with taking upper-level Health Sciences courses, and the consequences that result from not meeting these responsibilities, then please sign below.

Signature of Parent/Guardian ___________________________ Date __________________

Parents/Guardian Name (print) ____________________________________________

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Nursing Fundamentals Teacher Recommendation

Student Name: ________________________________________ Due Date: ____________________________________

**Recommending teacher:** Thank you for taking the time to complete this recommendation form for this student. The responses you provide will not be seen by the student and will be kept in strict confidence.

The Health Sciences courses are designed to help students prepare to become qualified healthcare professionals. *Nursing Fundamentals 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 site requires that participation be limited to those students who are mature enough to function in this complex environment with limited supervision. Please keep this in mind as you make your recommendation. Critical honesty will be appreciated.

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)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Weak</th>
<th>Average</th>
<th>Strong</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible for homework, projects, and assignments</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Mature in comparison to his/her classmates &amp; others his/her age</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Respectful of teachers &amp; other classmates; has a positive attitude</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Able and willing to follow instructions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>On task a high percentage of class time</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Comes to class on time and is well-prepared</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Actively participates and contributes to class</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Well-behaved and not a discipline problem</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Exhibits good problem-solving skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Honest, trustworthy</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Open to constructive criticism</td>
<td>1</td>
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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

❖ I can visualize this student providing medical care to me or a family member with proper training and education.

Yes/No (Circle one)

Teacher Signature: ___________________________________________ Date ________________________

Teacher Name (Print): ______________________________________________________________________

Subject Area(s): __________________________________________________________________________

Please feel free to make any additional comments on the back of this paper.

*Please return this to the student in a sealed envelope signed by you at the seal.*

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