

Wallace State Department
of Nursing Education



**WELCOME
TO WSCC
NURSING**



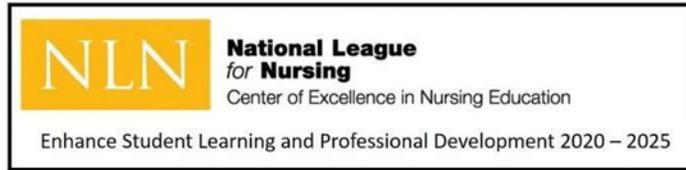
**2024 Spring Orientation
Traditional
Joint**



Student retain for
reference

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Nursing Mission Statement

The mission of the Wallace State Department of Nursing is to promote standards of excellence in nursing education through student-centered learning while emphasizing integrity, compassion, resourcefulness, and diversity. The Department of Nursing Education will inspire a culture of possibility and produce graduates who are dedicated, and exceptional healthcare providers committed to transforming the lives of patients, families, and the community.

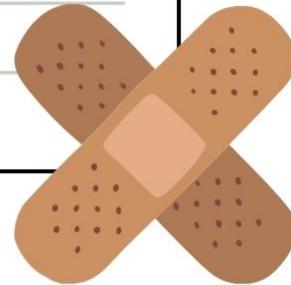
Nursing Vision Statement

The Wallace State Community College Department of Nursing Education will be an internationally recognized center of excellence in nursing education. The Wallace State Community College Department of Nursing Education will produce the next generation of nurses empowered and focused on innovative responses to address the challenges of a rapidly changing and culturally diverse healthcare environment.

Wallace State Department
of Nursing Education



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**2024 SPRING
ORIENTATION
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**Session I:
What Do I Do Now?**

Wallace State Community College Health Science Division Background Check Policy

Education of Health Science Division students at Wallace State Community College requires collaboration between the college and clinical affiliates. Education of these students cannot be complete without a quality clinical education component. The college shares an obligation with the clinical affiliates to protect the affiliate's patients to the extent reasonably possible from harm. The college wishes to ensure that the health and safety of students and patients are not compromised and that clinical affiliation agreements exist to provide students with quality clinical education experiences.

In establishing clinical affiliation agreements, healthcare educational programs are contractually obligated to comply with the requirements set forth by clinical affiliates. Student enrolled in health care educational program must conform to the rules, policies, and procedures of the clinical affiliate in order to participate in clinical learning experiences. It is therefore the policy of Wallace State Community College Health Science Division that students enrolling in health profession programs submit to background checks.

Guidelines for Background Check On Health Profession Students

I. Persons to be Tested

Any student who is accepted into any Health Program at Wallace State Community College will be required to undergo a background check.

II. Types of Background Checks

Students shall receive notification of the requirement for the background check prior to admission and upon admission to a health care program.

The background check may include, but is not limited, to searches, histories, and verifications as indicated below:

- **Positive Identification**
- **Maiden/AKA Name Search**
- **Social Security Number Trace** which is a verification that the number provided by the individual was issued by the Social Security Administration and is not listed in the files of the deceased. The SSN trace is also used to locate additional names and addresses.
- **Residency History**
- **Education Verification**
- **Employment Verification** which may include the reason for separation and eligibility for re-employment for each employer. The last seven years may be searched if the student is 21 years of age or older.
- **Healthcare Employment Verification Network Search**
- **Nurse Aide Registry**
- **Professional License/Certification Verification**
- **Personal References/Interviews**
- **Seven Year Criminal Search** reveals felony and misdemeanor convictions, and pending criminal cases usually including the date, nature of the offense, sentencing date, disposition, and current status. The seven-year criminal background check may occur in current and previous counties of residence and employment through a search of court records. City, state,

and/or federal records may also be searched. Federal criminal cases may reveal tax evasion, fraud, drug offenses, etc.

- **Most Wanted List**
- **National Criminal Database Searches**, which includes a compilation of historical data, collected from multiple sources in multiple states by background check companies.
- **Adult and Child Abuse/Neglect Registries**
- **National Sex Offender/Predator Registry Search** which includes a search of the state or county repository for known sexual offenders.
- **Misconduct Registry Search**
- **Office of the Inspector General (OIG) List of Excluded Individuals/Entities** which identifies those individuals who have committed offenses deeming them ineligible to care for patients receiving Medicare, Medicaid and other Federal health care benefits.
- **General Services Administration (GSA) Excluded Parties List Service** identifies the List of Parties Excluded (EPLS) which identifies those excluded throughout the US Government from receiving Federal contracts and certain types of Federal financial/non-financial assistance/benefits.
- **Executive Order 13224 Terrorism Sanctions Regulations**
- **Government Suspect /Watch List**
- **Office of Foreign Assets Control (OFAC) list of Specially Designated Nationals (SDN)** which includes individuals associated with terrorism and Narcotics Trafficking.
- **FACIS Database Searches** includes OIG, GSA, OFAC and other sources.
- **National Healthcare Data Bank Search and Sanction Report** may include Medicare/Medicaid Sanction Search, OIG, GSA, and FDA Debarment Check.
- **Fingerprinting and the National Criminal Information Center** which may reveal National Wants and Warrants information.
- **International Criminal**
- **Applicable State Exclusion List**
- **Any Other Public Record**

III. Consent

Students must sign the appropriate consent(s) for a background check at the time of admission to a health care program. A copy of the signed consent(s) will be maintained in the permanent student record. The student will provide applicable consent(s) to the vendor conducting the background check. If the student is under eighteen (18) years of age, the student's parent or guardian must sign the consent form in addition to the student.



Wallace State Community College Health Science Division

Policy on Drug and Alcohol Testing of Students Enrolled in Health Professional Program

Wallace State Community College supports the concept of a Drug Free Workplace and prohibits the unlawful manufacture, distribution possession or use of a controlled substance on any property owned, leased or controlled by the college or during any activity conducted, sponsored, authorized by or on behalf of Wallace State Community College. The college prohibits any form of on-campus (or campus affiliated) use and/or possession of illegal drugs, drug paraphernalia, or alcoholic beverage by students, which is in direct violation of local, state, and federal law. Students found to be involved in any of these activities are subject to disciplinary action including program dismissal.

Education of Health Professional students at Wallace State Community College requires collaboration between the college and clinical agencies. Education of these students cannot be complete without a quality clinical education component. The College shares an obligation with the clinical agency to protect the agency's patient to the extent reasonably possible from harm due to students who are under the influence of illegal drugs or alcohol while in the clinical agency.

The College wishes to ensure that the health and safety of students and patients are not compromised and that clinical affiliation agreements exist to provide students with quality clinical education experiences. Therefore, it is the policy of Wallace State Community College-Hanceville that students enrolling in health profession programs submit to drug testing. This testing can be announced or unannounced and will occur upon admission and annually thereafter, for cause or at random intervals. This policy authorizes drug testing of students who voluntarily choose to enroll in health professional programs at the college. Any student enrolling in a health professional program will be required to submit to such testing.

GUIDELINES FOR DRUG TESTING OF HEALTH PROFESSION STUDENTS

I. PERSONS TO BE TESTED

Any student who is accepted into any Health Program at Wallace State College- Hanceville will be required to submit to annual drug testing.

II. TYPES OF TESTS TO BE PERFORMED

- A. Drug testing will occur prior to clinical placement and annually thereafter. Only drug tests conducted by college authorized agencies will be accepted. Cost of drug testing will be paid from student fees collected each semester.
- B. In addition to annual drug testing, further testing may be required of the student for reasonable suspicion or at random intervals and may be either announced or unannounced. This testing will be required at the discretion of the college or the clinical agency. Cost of drug testing will be paid from student fees collected each semester. For the safety and protection of patients, faculty, staff, and students, the Health Science Program may require a student to submit to a screening for drugs and alcohol, which will be conducted at the school's expense when there is reasonable suspicion to believe that a student is abusing substances. Reasonable suspicion is defined as, but not limited to, the following:

- Observable changes in performance, behavior, appearance, and speech.

- Direct observation by a fellow student, instructor, or other faculty or staff of the college or clinical site of drug and/or alcohol use and/or the physical symptoms or manifestations of being under the influence of a drug and/or alcohol, such as, but not limited to, unusual slurred or rapid speech; noticeable change in appearance and hygiene; impaired physical coordination; inappropriate comments, behaviors, or responses; trembling hands; persistent rhinorrhea; flushed face; red eyes; unsteady gait; declining health; irritability; mood swings; isolation; decreased alertness; and/or pupillary changes.
- Conduct inconsistent with the student's normal behavior or erratic behavior, absenteeism, tardiness, dishonesty or fluctuations and/or deterioration in performance.
- A report of drug and/or alcohol use provided by reliable and credible sources which has been independently corroborated.
- Evidence of tampering with a drug and/or alcohol screening which has been verified and substantiated by the administering laboratory.
- Odor of alcohol.
- Possession of illegal or illicit drugs or alcohol.
- Suspected theft of medication.
- Information that the individual has caused or contributed to an alcohol or drug related incident/accident.
- Evidence of involvement in the possession, consumption, sale, theft, manufacturing, use, solicitation, or transfer of drugs and/or alcohol while in the educational setting and/or any set of facts or conditions that would lead one to reasonably suspect that a student was under the influence of drugs and alcohol.

If a clinical agency staff member, student, or faculty member observes such behavior, it should be immediately reported to the Department Chair/Program Director/designee in order to immediately assess the situation. Such a report of an observation of this nature should be in writing. The report should be immediately verified by another student, faculty, or staff member. Upon such immediate verification, the student shall be informed of and instructed to leave the educational or clinical setting immediately. Such measures will be taken in such a manner as to ensure the privacy of both the reporting individual and the effected student.

However, precautions will be taken to ensure the safety of both the student and others, including advising the student not to drive a motor vehicle. The Program Director, Dean of Health Sciences, Vice President of Students, or designee of the President will then make an immediate determination if there is reasonable suspicion to screen the student. If the decision is made to screen the student, the Dean of Health Sciences or a designee of the President will direct the student to make arrangements to have the screening performed immediately. The student will be requested to sign an informed consent to be tested before a specimen is collected. A student's failure to consent to the screening will result in immediate termination from the Health Science Program.

III.DRUGS TO BE TESTED

All students will be tested for alcohol and the following ten (10) drugs: amphetamines, barbiturates, benzodiazepines, cocaine metabolites, marijuana metabolites, methadone metabolites, oxycodone, opiates, methamphetamines, and propoxyphene. Testing for additional substances may occur based on clinical affiliation agreement requirements.

IV.CONSENT TO DRUG TESTING

- A. The student must provide written consent to provide specimens for the purpose of analysis. If the student is under eighteen (18) years of age, the student's parent or legal guardian must sign the drug testing consent form in addition to the student. The signed consent must be returned to the program director of the health program.
- B. The signed consent form will be maintained in the student permanent record. A copy of the consent form will be maintained with the program director.
- C. Students have the right to refuse to consent to drug testing. However, students who decline will be refused access to clinical education facilities and will be unable to achieve the required clinical experiences and objectives of the program. Refusal to submit to drug testing will result in dismissal from the health program

with no readmission to any program in the Health Science Division offered at Wallace State Community College.

V.SPECIMEN COLLECTION

- A. The collector shall be a licensed medical professional or technician who has been trained and certified for collection in accordance with chain of custody and control procedures. This person cannot be a college employee
- B. The designated collection site and specimen collection procedures must be secured in accordance with chain of custody and control procedures. Security during collection may be maintained by effective restriction of access to the collection materials and specimens.
- C. When the student arrives at the collection site, the collector shall ensure that the student is positively identified as the individual selected for testing. This identification will be done through the presentation of photo identification (ex: driver's license with picture). If the student's identity cannot be established, the collector shall not proceed with the collection until such identification can be made.
- D. The student will complete and sign the vendor-provided chain of custody/consent form for the collection.
- E. If the student is unable to provide an adequate specimen during the collection process, another collection time will be scheduled. Students will not be allowed into the clinical setting until negative results are received by the program director.
- F. Students absent from announced or unannounced drug testing will be excused under only the most extreme circumstances (e.g. illness, family emergency). The student will be required to provide written verification for such absences. Approval of a verifiable absence is the responsibility of the program director. Students will have to complete the drug testing process within 48 hours of the originally scheduled time. Failure to complete the drug screening as required by Wallace State Community College will prohibit the student from continuing in the program in which they are enrolled or be readmitted to any other program in the Health Science Division at Wallace State Community College. The College reserves the right but has no duty to lift the prohibition against reenrollment upon its consideration of written application for readmission evidencing that the student has demonstrated an ability and readiness to comply with all College health division regulations. The College will not consider such a request until at least two years from the date of dismissal. Requests should be directed to the Vice President of Students Office.

VI.DRUG TESTING LABORATORY

Drug testing for Wallace State Community College Health Science Division students can only be conducted by the college approved vendor. Only laboratories certified by the U.S. Department of Health and Human Services (HHS) can be used to perform drug testing analysis.

Students enrolled in programs offered totally online or through other distance modalities and who live more than 75 miles from the college campus will contact their respective program director to identify approved alternate drug testing laboratories. Alternate drug testing laboratories will be required to meet the standards set forth in the college's guidelines. Costs of testing at alternate sites above the college's fee structure will be the responsibility of the student. Approval of any alternate drug testing sites must be received prior to testing. Failure to receive approval will result in having to submit to additional testing at an approved site. Student fees will only be used for payment to approved testing sites.

VII.MEDICAL REVIEW OF POSITIVE DRUG TEST RESULTS

- A. All specimens identified as positive on the initial test shall be confirmed by the testing laboratory. Any positive test result will be reviewed by the Medical Review Officer.
- B. A Medical Review Officer (MRO), who shall be a licensed physician with knowledge of substance abuse disorders, shall review and interpret positive test results. The MRO shall examine alternate medical explanations for any positive test results. The MRO or designee shall contact the student directly to discuss the test results.

VIII.REPORTING OF DRUG TEST RESULTS

- A. Written notification indicating either a positive or negative drug screen shall be provided to the Dean of Health Sciences or health program director. Test results will not be released to any individual who has not been authorized to receive such results. Students shall not be allowed to hand deliver any test results to college representatives. Notification of drug screening results can only be delivered in a manner that insures the integrity, accuracy, and confidentiality of the information. Wallace State College may refuse to accept any test result that does not meet the requirements of the policy and guidelines.
- B. Whenever possible, report of drug screening to clinical affiliates will be handled by aggregate data reporting. The clinical agency will be notified of individual student drug screening results or provided with copies of drug screening results only when required by clinical affiliation agreement.

THE ALABAMA COLLEGE SYSTEM NURSING PROGRAM - ESSENTIAL FUNCTIONS

The Alabama College System endorses the Americans with Disabilities Act. In accordance with College policy, when requested, reasonable accommodations may be provided for individuals with disabilities. Physical, cognitive, psychomotor, affective, and social abilities are required in unique combinations to provide safe and effective nursing care. The applicant/student must be able to meet the essential functions with or without reasonable accommodations throughout the program of learning. Admission, progression, and graduation are contingent upon one's ability to demonstrate the essential functions delineated for the nursing programs with or without reasonable accommodations. The nursing programs and/or its affiliated clinical agencies may identify additional essential functions. The nursing programs reserve the right to amend the essential functions as deemed necessary.

In order to be admitted and to progress in the nursing program one must possess a functional level of ability to perform the duties required of a nurse. Admission or progression may be denied if a student is unable to demonstrate the essential functions with or without reasonable accommodations.

The essential functions delineated are those deemed necessary by the Alabama College System nursing programs. No representation regarding industrial standards is implied.

Similarly, any reasonable accommodations made will be determined and applied to the respective nursing program and may vary from reasonable accommodations made by healthcare employers.

The essential functions delineated below are necessary for nursing program admission, progression and graduation and for the provision of safe and effective nursing care. The essential functions include but are not limited to the ability to:

I. **Sensory Perception**

A. Visual

1. Observe and discern subtle changes in physical conditions and the environment
2. Visualize different color spectrums and color changes
3. Read fine print in varying levels of light
4. Read for prolonged periods of time
5. Read cursive writing
6. Read at varying distances
7. Read data/information displayed on monitors/equipment

B. Auditory

1. Interpret monitoring devices
2. Distinguish muffled sounds heard through a stethoscope
3. Hear and discriminate high and low frequency sounds produced by the body and the environment
4. Effectively hear to communicate with others

C. Tactile

1. Discern tremors, vibrations, pulses, textures, temperature, shapes, size, location and other physical characteristics

D. Olfactory

1. Detect body odors and odors in the environment

II. **Communication/ Interpersonal Relationships**

- A. Verbally and in writing, engage in a two-way communication and interact effectively with others, from a variety of social, emotional, cultural and intellectual backgrounds
- B. Work effectively in groups
- C. Work effectively independently
- D. Discern and interpret nonverbal communication
- E. Express one's ideas and feelings clearly
- F. Communicate with others accurately in a timely manner
- G. Obtain communications from a computer

III. **Cognitive/Critical Thinking**

- A. Effectively read, write and comprehend the English language
- B. Consistently and dependably engage in the process of critical thinking in order to formulate and implement safe and

- ethical nursing decisions in a variety of health care settings
- C. Demonstrate satisfactory performance on written examinations including mathematical computations without a calculator
- D. Satisfactorily achieve the program objectives

IV. Motor Function

- A. Handle small delicate equipment/objects without extraneous movement, contamination or destruction
- B. Move, position, turn, transfer, assist with lifting or lift and carry clients without injury to clients, self or others
- C. Maintain balance from any position
- D. Stand on both legs
- E. Coordinate hand/eye movements
- F. Push/pull heavy objects without injury to client, self or others
- G. Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others
- H. Walk without a cane, walker or crutches
- I. Function with hands free for nursing care and transporting items
- J. Transport self and client without the use of electrical devices
- K. Flex, abduct and rotate all joints freely
- L. Respond rapidly to emergency situations
- M. Maneuver in small areas
- N. Perform daily care functions for the client
- O. Coordinate fine and gross motor hand movements to provide safe effective nursing care
- P. Calibrate/use equipment
- Q. Execute movement required to provide nursing care in all health care settings
- R. Perform CPR and physical assessment
- S. Operate a computer

V. Professional Behavior

- A. Convey caring, respect, sensitivity, tact, compassion, empathy, tolerance and a healthy attitude toward others
- B. Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client
- C. Handle multiple tasks concurrently
- D. Perform safe, effective nursing care for clients in a caring context
- E. Understand and follow the policies and procedures of the College and clinical agencies
- F. Understand the consequences of violating the student code of conduct
- G. Understand that posing a direct threat to others is unacceptable and subjects one to discipline
- H. Meet qualifications for licensure by examination as stipulated by the Alabama Board of Nursing
- I. Not to pose a threat to self or others
- J. Function effectively in situations of uncertainty and stress inherent in providing nursing care
- K. Adapt to changing environments and situations
- L. Remain free of chemical dependency
- M. Report promptly to clinicals and remain for 6-12 hours on the clinical unit
- N. Provide nursing care in an appropriate time frame
- O. Accepts responsibility, accountability, and ownership of one's actions
- P. Seek supervision/consultation in a timely manner
- Q. Examine and modify one's own behavior when it interferes with nursing care or learning

Upon admission, an individual who discloses a disability can request reasonable accommodations. Individuals will be asked to provide documentation of the disability in order to assist with the provision of appropriate reasonable accommodations. The respective College will provide reasonable accommodations but is not required to substantially alter the requirements or nature of the program or provide accommodations that inflict an undue burden on the respective College. In order to be admitted one must be able to perform all of the essential functions with or without reasonable accommodations. If an individual's health changes during the program of learning, so that the essential functions cannot be met with or without reasonable accommodations, the student will be withdrawn from the nursing program. The nursing faculty reserves the right at any time to require an additional medical examination at the student's expense in order to assist with the evaluation of the student's ability to perform the essential functions.

Requests for reasonable accommodations should be directed to: Lisa Smith, Wallace State Community College, lisa.smith@wallacestate.edu or 256.352.8052

Wallace State Department
of Nursing Education



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**2024 SPRING
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**Session II:
How Do I Take The
Next Steps?**



CASTLEBRANCH

STEP 1: PLACE ORDER AT CASTLEBRANCH.COM

Enter **WP88**, your package cost is 95.79 for Background Check and Document Tracker
DO NOT USE THE APP - it does not work!!!

STEP 2: COMPLETE REQUIREMENTS

Enter the required personal information.

Degree/Certification:	<input type="text" value="AAS-NUR"/>
Expected Date of Graduation:	<input type="text" value="08"/> / <input type="text" value="2025"/>
Classification:	<input type="text" value="N112"/>

CREATE YOUR ACCOUNT:

Use your Wallace State email and password

If you have no employment history - enter NA for Company Name and Date

PAYMENT OPTIONS:

VISA, MASTERCARD, DISCOVER
MONTHLY INSTALLMENTS (3)*
ELECTRONIC CHECK*

*ADDITIONAL FEES AND PROCESSING DELAYS MAY APPLY

STEP 3: UPLOAD DOCUMENTS

Here are some tips from CB:

- Do NOT use the mobile app
- Try using a windows-based computer/laptop
- Make sure you are using google chrome or Firefox
- Make sure you are using the most up-to-date version of the browsers
- Try using an incognito window
- Make sure you have cleared your cache and cookies
- Do not upload screen-shots from your mobile device, images must be PDF
- Make sure your document is under 5,000kb (5MB).
- If your document is more than 5,000kb (5MB), shrink your document

Requirements	Guidelines
CPR Certification	<p>American Heart Association BLS Provider course OR American Red Cross BLS for Healthcare Providers</p> <ul style="list-style-type: none"> The front and back of the card must be submitted at the same time. <ul style="list-style-type: none"> eCard is also acceptable. Online CPR courses will not satisfy this requirement. Temporary approval will be granted for 30 days with the submission of a certificate of completion, or letter stating course completion from the provider. A new requirement will be created for you to upload your certification card within 30 days. The renewal date will be set based on the expiration of your certification; certification is for a two-year-term.
Health Insurance	<p>One of the following is required: Current health insurance card OR Proof of coverage letter from your provider.</p> <ul style="list-style-type: none"> Both sides of your Health Insurance card must be submitted for approval. If the name on the insurance card does not match the student name you must submit current proof of coverage from your provider validating, you are currently covered under the policy. The renewal date will be set for one year from the date of upload. Monthly Insurance is also acceptable.
Physical Examination	<p>Physician must complete <i>WSCC-Nursing Education Physical Form</i> (located within your orientation packet OR at www.wallacestate.edu/nursing OR in your Castle Branch account</p> <ul style="list-style-type: none"> Each section (front and back) must be complete and all check boxes answered AND signed and dated by the health care provider. Documentation must be completed within the past 6 months and signed by a medical professional. Boxes for questions 2, 3, and 4 must be checked. If any limitations are present, your physical exam requirement will be rejected and you MUST see the school compliance coordinator for approval to replace. Renewal date will be set for one year from the date of the exam.
Tuberculosis (TB)	<p>One of the following must be completed: 2-step TB skin test (administered 10-14 days apart) OR 1 step TB skin Tests (if student had TB skin test administered within the last 12 months) OR QuantiFERON Gold blood test (lab report required) OR T-Spot blood test (lab report required) OR IGRA blood test (lab report required)</p> <ul style="list-style-type: none"> If positive results, submit a clear chest x-ray (lab report required) from within the past 2 years. The renewal date will be set for 1 year for negative testing and 2 years for clear chest x-rays. Student will submit a 1 step TB skin test for renewal.
Influenza (Flu)	<p>Submit documentation of a flu vaccine (injection) administered during the current flu season (October 2023 – May 2024).</p> <ul style="list-style-type: none"> The renewal date will be set for October 31st of the following year. If for any reason you qualify for a declination you MUST contact the school compliance coordinator for further discussion and documentation for approval and override for this category. If a declination is accepted, the student's ability to complete required clinical hours for their course may be affected.

<p>Hepatitis B</p>	<p>One of the following is required: Documentation of receiving 3 vaccinations* OR Positive antibody titer (lab report or physician verification of results required)</p> <ul style="list-style-type: none"> • If your titer was negative or equivocal, new alerts will be created for you to repeat the series (administered after your titer) • If your series is in process, submit documentation of where you are in the series and new alerts will be created for you to complete the series at the required interval. <p>*Depending on manufacturer of HepB vaccine, may only require a 2 dose in series, please refer to your Healthcare Provider for assistance.</p>
<p>Measles (Rubeola), Mumps, & Rubella (MMR)</p>	<p>One of the following is required: Documentation of receiving 2 vaccinations OR Positive antibody titer (lab report or physician verification of results required)</p> <ul style="list-style-type: none"> • If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series. • If your titer was negative or equivocal, new alerts will be created to receive one booster vaccine (administered after your titer).
<p>Varicella (Chicken Pox)</p>	<p>One of the following is required: Documentation of receiving 2 vaccinations OR Positive antibody titer is required with history of chicken pox (lab report or physician verification of results required)</p> <ul style="list-style-type: none"> • If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series. • If your titer was negative or equivocal, new alerts will be created for you to receive 1 booster vaccine (administered after your titer).
<p>Tetanus, Diphtheria & Pertussis (TDaP)</p>	<p>Submit documentation of a TDaP vaccination, administered within the past 10 years.</p> <ul style="list-style-type: none"> • The renewal date will be set for 10 years from the date administered.
<p>COVID-19 Vaccination*</p>	<p>Please leave this requirement as incomplete, until you have received at least one dose of the COVID-19 vaccination.</p> <p>Once you have at least 1 dose of the vaccine, please answer YES and submit documentation of your COVID-19 vaccination(s).</p> <p>If your series is in process, submit your first vaccine and a new alert will be created for you to submit your second vaccination if needed.</p> <p>Documentation must include the vaccine manufacturer. Documentation MUST also include name and date of birth that matches the account.</p>
<p>COVID-19 Booster</p>	<p>Submit documentation of your COVID-19 booster vaccination once you have received it. Documentation must include the vaccine manufacturer.</p>
<p>*Wallace State Community College does NOT require the COVID-19 Vaccine or COVID-19 Booster for students at Wallace State Community College. However, clinical facilities have different guidelines regarding the COVID-19 vaccine. Clinical facilities can require the COVID-19 vaccine for students visiting their facility. COVID-19 vaccination guidelines are constantly changing.</p>	

Health Division - Physical Examination Form Wallace State Community College – Hanceville, AL

This form is to be completed in its entirety by a physician, certified nurse practitioner or physician assistant. Physical exam results must be current within one year of any clinical experience.

Student To Return Completed ORIGINAL Form To Program Designee.

Student Name (Please Print) _____ **Date:** _____
Student Program of Study: _____ **WSSC Student No:** A _____

Student Email Address: _____ **Student Phone:** _____

1. For each of the requirements listed below, please indicate whether the student is able to perform the task by checking the appropriate box.

Essential Function		Yes	No	If no, please comment
Standing	Remaining on one's feet in an upright position without moving about.			
Walking	Moving about on foot for long periods of time.			
Stooping	Bending the body downward and forward by bending at spine and waist. This factor requires full use of lower extremities and back muscles.			
Reaching	Extending hands and arms in any direction.			
Kneeling	Bending legs at knee to come to a rest on knee or knees.			
Lifting	Raising objects from a lower to a higher position or moving objects horizontally from position to position. This factor requires the substantial use of the upper extremities and back muscles. Strength to lift 25 lbs. frequently and 50 lbs. or more occasionally.			
Carrying	Transporting an object usually holding it in the hands or arms or on the shoulder. Strength and balance required to carry 25 lbs. frequently.			
Dexterity	Picking, pinching, typing or otherwise working primarily with fingers rather than with the whole hand or arm, as in handling.			
Grasping	Applying pressure to an object with fingers and palm.			
Hearing	Perceiving the nature of sound with no less than a 40 db loss @ Hz, 1000 Hz and 2000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound.			
Repetitive Motions	Substantial movements (motions) of the wrists, hands, and/or fingers.			
Acuity	Corrected to 20/20 and visual field perception to provide a safe environment for patients and co-workers.			
Communication	Verbal/nonverbal and written communication skills adequate to exchange ideas, detailed information, and instructions to others accurately, loudly and quickly through speech and through the written word. Must be able to read and speak English.			

2. Based on findings in the examination, is the student able to participate in all activities required in the indicated health education program? Yes No
3. Please identify any restrictions limiting the student's participation in the indicated health education program.
4. No Restrictions limiting the student's participation in the indicated health education program.
 Yes there are Restrictions limiting the student's participation in the indicated health education program as listed below.

Health Division - Physical Examination Form Wallace State Community College – Hanceville, AL

Student Name (Please Print) _____

Date: _____

Student Program of Study: _____

WSSC Student No: _____

4. Is this student free of infectious disease? Yes No

Two Step Tuberculin Skin Test - Mantoux Required Upon Admission to Program. Annual 1 step thereafter. Negative T-Spot, Negative IGRA or Negative QuantiFERON Gold Blood test accepted in lieu of either the two step or one step.

NOTE – Initial Test must be read within 48-72 hours and 2nd test must be administered 10-14 days after the initial test. 1 step TB skin test sufficient if student has had a TB skin test within the past year (student must provide copy of previous skin test results).

Initial TB Skin Test	
Date Given _____	Date Read _____
Results _____	Negative _____mm
_____	Positive _____mm
Results read by:	
(Chest x-ray and report are required if positive)	

Second TB Skin Test (if indicated-see note above)	
Date Given _____	Date Read _____
Results _____	Negative _____mm
_____	Positive _____mm
Results read by:	
(Chest x-ray and report are required if positive)	

5. Immunizations - Due to clinical agency requirements, immunization history must be complete. The healthcare provider should review immunization record.

Documentation and/or Lab Values (IgG) indicating immunity for the following immunizations **MUST BE REVIEWED Pregnant or lactating females should consult with their provider on immunization completion.**

Immunization	Required Immunization Information
Hepatitis B	Must present documentation of at least two, out of three, of the initial series prior to beginning clinical or present lab data (titer) indicating adequate immunity.
Measles (Rubeola)	Must present documentation of two (2) immunizations or lab data (titer) indicating adequate immunity.
Mumps	Must present documentation of two (2) immunizations or lab data (titer) indicating adequate immunity.
Rubella	Must present documentation of two (2) immunizations or lab data (titer) indicating adequate immunity.
Tetanus - TDAP	Tetanus must be current within 10 years. Must have documentation of one TDAP as an adult.
Varicella (Chickenpox)	Must present documentation of two (2) immunizations or lab data (titer) indicating adequate immunity. Stating "History of Disease" will not be accepted.
Flu Vaccine	Flu vaccine months October – March. Date dependent on Health Program. DO NOT GET FLU MIST.

General Comments: _____

Student To Upload Completed ORIGINAL Form To Program Designee.

To my knowledge, the information I have supplied on this health form is accurate and complete:

Signature of Physician/Nurse Practitioner

Date

Print Name of Physician/Nurse Practitioner

Address

Office Phone Number

City, State, Zip

WSCC DNE 2024 Spring Important Dates

**dates are subject to change*

College will be **CLOSED** on the following dates:

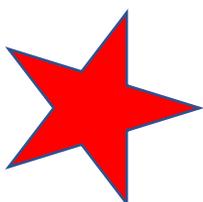
- January 1, 2024 – New Year’s Day (College reopens January 2)
- January 15, 2024 – Martin Luther King Holiday

NO CLASSES on the following dates:

- March 25-29, 2024 – Spring Break

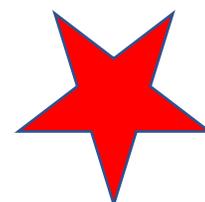
**The plan is for NUR 112 registration to be available
December 1, 2023.**

****Major Codes must be adjusted to AASNUR prior to registration and this process takes time,
your patience is appreciated.**



Friday, January 5, 2024, 8 AM – 3 PM - Bootcamp

Report to Conference Center in Nursing Building



December 30, 2023- Bookstore Charges-Accounts will be open for charges at WSCC Barnes & Noble Bookstore

January 5, 2024 - Tuition and Fees Due Daily (100% balance due for Traditional Payments; 1st Payment Deadline for Payment Plan. Failure to pay the first installment of Payment Plan will result in assessment of \$50.00 late fee)

January 2, 2024 - DEADLINE to have physical exam, immunizations and background check uploaded and marked “Complete” in CASTLEBRANCH. Contact castlebranch@wallacestate.edu if you require assistance.

January 2, 2024 - DEADLINE to order WSCC Nursing Uniform

January 29, 2024 - DEADLINE to obtain Car Hang Tag – form provided during orientation. Return completed form to James C. Bailey Building in the area to the right of Lion Central Desk. If you do not have a car hang tag, you are subject to ticketing by Campus Police.

January 7, 2024 - 2:00 p.m. Family Welcome – Held in CNS Bldg. Conference Center, lower level – Optional –

Link to registration <https://forms.office.com/r/0g0bQsmkZr>

January 19, 2024 - Pell Grant and loan balance checks – (Will begin mailing- pending no holds on account)

February 12, 2024 - DEADLINE to have Nursing Badge and begin wearing WSCC Nursing Uniform - Obtain nursing badge at the James C. Bailey Building in area to the right of Lion Central Desk. **Must have name badge form to obtain a nursing badge – form will be distributed at Bootcamp.**

March 1, 2024- DEADLINE for CPR documentation- UPLOADED AND APPROVED in Castle Branch

Wallace State Community College

Department of Nursing Education

2024 Spring - NUR 112 Block Schedule				
Block	Monday	Tuesday	Wednesday	Thursday
A NUR 112 (20689) Fundamentals of Nursing	CNS 219 8:00- 4:00 (Lecture available thru Blackboard Collaborate)	CNS 337 8:00 – 11:00 12:00 – 3:00		
B NUR 112 (20797) Fundamentals of Nursing	CNS 219 8:00- 4:00 (Lecture available thru Blackboard Collaborate)		CNS 337 8:00 – 11:00 12:00 – 3:00	
C NUR 112 (20798) Fundamentals of Nursing	CNS 333 8:00 – 4:00 (Lecture available thru Blackboard Collaborate)			CNS 337 8:00 – 11:00 12:00 – 3:00

Please note: If you are unable to register for one of these blocks it means that the block is full, and you must register for the remaining block. No overrides will be given.

This page is more detailed than the nursing schedule appears in the WSCC schedule of classes; therefore, please keep this page handy at all times for the first few weeks of class in order to be in the right place at the right time.

Do not delay in registering for CPR courses – Classes will fill fast!

NOTE: ONLINE CPR COURSES ARE NOT ACCEPTED

Deadline to be uploaded and cleared in Castle Branch is January 2, 2024

Failure to obtain CPR certification before clinicals will result in a Clinical Unsatisfactory

Emergency Medical Services						
<i>Day</i>						
20185	EMS100	Cardiopulmonary Resuscitation I	1	9:00am-2:00pm	F	PS 112 Lawrence, Gregory A. <small>Hybrid class; only meets Friday, 1/26/2024 from 9 a.m.-2 p.m. See Blackboard f or required submission prior to January 16.</small>
20186	EMS100	Cardiopulmonary Resuscitation I	1	TBA	F	PS 112 Lawrence, Gregory A. <small>Hybrid class; only meets Friday, 02/02/2024 from 9 a.m.-2 p.m. See Blackboard f or required submission prior to January 16.</small>
20187	EMS100	Cardiopulmonary Resuscitation I	1	TBA	F	PS 112 Lawrence, Gregory A. <small>Hybrid class; only meets Friday, 02/09/2024 from 9 a.m.-2 p.m. See Blackboard f or required submission prior to January 16.</small>
20658	EMS100	Cardiopulmonary Resuscitation I	1	TBA	F	PS 112 Lawrence, Gregory A. <small>Hybrid class; only meets Friday, 02/16/2024 from 9 a.m.-2 p.m. See Blackboard f or required submission prior to January 16.</small>

Standard ADN and PN Nursing Curriculum Hanceville Campus and Oneonta Instructional Site

1st Semester (Academics listed this semester must be taken with or before NUR 112)						
Course	Theory	Lab	Clinical	Credit	Contact	
BIO 201 Human Anatomy and Physiology I	3	1	0	4	5	
MTH 100 Intermediate College Algebra	3	0	0	3	3	
ORI 110* Freshman Seminar	1	0	0	1	1	
NUR 112 Fundamental Concepts of Nursing	4	2	1	7	13	
First Semester To	11	3	1	15	22	
2nd Semester (Academics listed this semester must be taken with or before NUR 113)						
ENG 101 English Composition I	3	0	0	3	3	
BIO 202 Human Anatomy and Physiology II	3	1	0	4	5	
PSY 210 Human Growth and Development	3	0	0	3	3	
NUR 113 Nursing Concepts I	4	1	3	8	16	
Second Semester Total	13	2	3	18	27	
3rd Semester (Academic listed this semester must be taken with or before NUR 114/115)						
<i>(Students are eligible to sit for NCLEX-PN at the completion of the 3rd term)</i>						
SPH 106 Fundamentals of Oral Communication	3	0	0	3	3	
NUR 114** Nursing Concepts II	5	0	3	8	14	
NUR 115** Evidence Based Clinical Reasoning	1	0	1	2	4	
Third Semester To	9	0	4	13	21	
4th Semester (Academic listed this semester must be taken with or before NUR 211)						
BIO 220 General Microbiology	2	2	0	4	6	
NUR 211 Advanced Nursing Concepts	4	0	3	7	13	
Fourth Semester Total	6	2	3	11	19	
5th Semester (Academic listed this semester must be taken with or before NUR 221)						
<i>(Students are eligible to sit for NCLEX-RN at the completion of the 5th semester)</i>						
HUM 101 Introduction to Humanities	3	0	0	3	3	
NUR 221 Advanced Evidence Based Clinical Reasoning	3	0	4	7	15	
Fifth Semester Totals	6	0	4	10	18	

*Students exempt from enrolling in ORI 110 are transfer students who have completed 12 transferable semester hours, personal enrichment students. Students who enrolled prior to Fall 2004 are exempt from ORI 110. All students in the divisions are expected to register for ORI 110 during their first semester on campus. **Students are permitted to split NUR 114 and NUR 115 over two semesters.

	ADN Program Totals	PN Program Totals
Total Credit Hours:	67	46
Total Contact Hours:	1605 (107 hrs x 15 weeks)	1050 (70 hrs x 15 weeks)
General Education Hours:	28 (41.8%)	21 (45.7%)
Nursing Hours:	39 (58.2%)	25 (54.3%)

Nursing courses offered in the following semesters:	SPRING	112, 113, 211, 221
	SUMMER	113, 114, 115, 221
	FALL	112, 114, 115, 211

Applicant must also meet the following admission criteria:

- Be unconditionally admitted to the college.
- Student must be in good standing with the college.
- Receipt of complete nursing application by posted deadline.
- Minimum of 18 ACT composite score National or Residual.
- Maintain a grade of "C" or better in ALL general education and nursing courses. A minimum grade of 75 constitutes a "C" in nursing courses.
- A minimum of 2.0 GPA Cumulative at current native institution or cumulative 2.0 in institution from which student is transferring to be eligible to apply for a nursing program.
- A minimum of 2.5 GPA for nursing required academic core courses.
- A minimum of 2.5 GPA cumulative high school GPA for students without prior college courses (GED will be used if applicable).
- Meet the essential functions for nursing.
- Eligible for ENG 101 and MTH 100.

UAB/WSCC Nursing Joint Enrollment Program of Study

Blue –Courses to be completed at Wallace State Community College (WSCC)

Green – Courses to be completed at UAB

Semester 1 Joint Enrollment		
Course Number	Title	Credit Hours
NUR 112 (WSCC)	Fundamentals Concepts of Nursing	7
NRN 401 (UAB)	Professional Nursing Concepts for RNs	4
NUR 306 (UAB)	Joint Enrollment Success	3
First Semester Total		14
Semester 2 Joint Enrollment		
NUR 113 (WSCC)	Nursing Concepts I	8
NRN 402 (UAB)	Professional Leadership Development for RNs	3
NRN 405 (UAB)	Evidence-Based Nursing Practice and Informatics for RNs	3
Second Semester Total		14
Semester 3 Joint Enrollment		
NUR 114 (WSCC)	Nursing Concepts II	8
NUR 115 (WSCC)	Evidence Based Clinical Reasoning	2
NRN 403 (UAB)	Systems Leadership for RNs	3
Third Semester Total		13
Semester 4 Joint Enrollment		
NUR 211 (WSCC)	Advanced Nursing Concepts	7
NRN 404 (UAB)	Quality and Patient Safety for RNs	4
NRN 407 (UAB)	Transitional Care Coordination Across the Lifespan for RNs	3
Fourth Semester Total		14
Semester 5 Joint Enrollment		
NUR 221 (WSCC)	Advanced Evidence Based Clinical Reasoning	7
NRN 406 (UAB)	Applied Pathophysiology Across the Lifespan for RNs	3
NRN 408 (UAB)	Population Health for RNs	4
Fifth Semester Total		14
General Education and Nursing Foundation Courses Total Credits (Completed at CC)		
BSN Program Total Credits (Completed at UAB)		30
WSCC Nursing Credits		39
UABNCCP Total Credits		129

UAB/WSCC Nursing Joint Enrollment Applicant must also meet the following admission criteria:

- Be unconditionally admitted to UAB and WSCC.
- Student must be in good standing with UAB and WSCC.
- Receipt of complete nursing application by posted deadline.
- Minimum of 20 ACT composite score National or Residual.
- Complete all required academic courses prior to application deadline.
- A minimum of 2.5 cumulative GPA on all college work.
- A minimum of 2.5 GPA for nursing required academic core courses.
- Meet the essential functions for nursing. (www.wallacestate.edu/nursing)

Traditional Program Costs

Wallace State Community College Program Cost Information

ADN Nursing



Year: 2023
 Program Length: 5 (semesters)
 Credit Hours: 67

Tuition and Required Fees	
Description	Cost
Tuition (In-State)	\$10,988.00
Tuition (Out-of-State)	\$21,976.00
Specific Fees	
Description	Cost
Licensure Exam Fees	\$338.50
Licensure Review & Testing Fees	\$276.00
Student Membership Fees	
Specific Software Fees for Program	\$2,500.00
Specific Tests for Program	
Total Program Cost	
Description	Cost
In-State	\$28,595.50
Out-of-State	\$39,583.50

Related Program Expenses	
Description	Cost
Books	\$2,500.00
Supplies	\$400.00
Laptop	\$500.00
Internet Access (22 months)	\$1,760.00
Program Uniform	\$300.00
BLS CPR Certification (EMS 100 Course)	\$166.00
ACT Test Fee	\$76.00
Background Check & Compliance Tracker	\$88.00
Background Re-Check (Annually)	\$15.00
Allied Health Insurance (5 Semesters)	\$35.00
Drug Testing (5 Semesters)	\$112.00
Health Insurance(22 months) \$332/month	\$7,300.00
Physical Exam (required at 1st semester and 4th semester)	\$750.00
MMR	\$90.00
Varicella	\$160.00
HEP B	\$65.00
TDaP	\$53.00
TB Skin Test	\$36.00
Flu Vaccine	\$20.00
COVID Vaccine	\$0.00
Graduation Fee (Optional)	\$67.00
Specific Course Fees (Non-Refundable)	
Description	Cost

Note: Required items and prices listed above are estimates and subject to change without notice.

UAB/WSCC Program Costs

Wallace State Community College Program Cost Information		
ADN Nursing - UAB Joint Enrollment		
Year: 2023 Program Length: 5 (semesters) Credit Hours: 67		
Tuition and Required Fees		
Description		Cost
Wallace State Tuition (In-State)		\$10,988.00
Wallace State Tuition (Out-of-State)		\$21,976.00
University of AL Birmingham Tuition		\$15,750.00
University of AL Birmingham Fees		\$1,790.00
Specific Fees		
Description		Cost
Licensure Exam Fees		\$300.00
Licensure Review & Testing Fees		\$700.00
Student Membership Fees		
Specific Software Fees for Program		\$2,500.00
Specific Tests for Program		
Total Program Cost		
Description		Cost
In-State		\$47,091.00
Out-of-State		\$58,079.00
Related Program Expenses		
Description		Cost
Books		\$3,250.00
Supplies		\$400.00
Laptop		\$595.00
Internet Access (22 months)		\$1,760.00
Program Uniform		\$350.00
BLS CPR Certification (EMS 100 Course)		\$166.00
ACT Test Fee		\$76.00
Background Check & Compliance Tracker		\$88.00
Background Re-Check (Annually)		\$15.00
Allied Health Insurance (5 Semesters)		\$35.00
Drug Testing (5 Semesters)		\$112.00
Health Insurance(22 months) \$332/month if not covered by parent		\$7,300.00
Physical Exam (Without Insurance Coverage) Annually		\$375.00
MMR		\$90.00
Varicella		\$160.00
HEP B		\$65.00
TDaP		\$53.00
TB Skin Test		\$36.00
Flu Vaccine		\$20.00
COVID Vaccine		\$0.00
Graduation Fee (Optional)		\$67.00
Specific Course Fees (Non-Refundable)		
Description		Cost
UAB Graduation Fee		\$50.00

Note: Required items and prices listed above are estimates and subject to change without notice.

Department of Nursing Education

Instructor Phone List (Off Campus – Dial 256-352-Phone Ext.)

Email – firstname.lastname@wallacestate.edu

Faculty Name	Title	Phone
Deborah Hoover	Program Director	8411
Rachel Kreps	Administrative Assistant	8411
Deidre Rooker	Office Manager / castlebranch@wallacestate.edu	8199
Susan Copeland	Clinical Coordinator	7869
Alicia Standridge	NUR 112/113/Instructor	8203
Ashley Ball	NUR 112/113 Instructor	7804
Meredith Hiatt	NUR 112/115/221 Instructor	7855
Amanda Hood	NUR 112/114/209 Instructor	8069
Chris Bynum	NUR 112/113/114 Instructor	7437
Heather Ashley	NUR 114/211 Instructor	7834
Laura Brock	NUR 112/113/209 Instructor	7870
Amy Burtram	NUR 115/211/ 221 Instructor	8062
Shea Mobley	NUR 114/211 Instructor	8068
Katie Roper	NUR 113/211 Instructor	8194
Kelly Walker	NUR 113/114 Instructor	8201
Diane Wilhite	NUR 112/113/209 Instructor	8200
Tiffanie Doyle	Simulation Coordinator / castlebranch@wallacestate.edu	7868
Kelly Hogeland	Skills Lab and Simulation Technician / castlebranch@wallacestate.edu	7856

LINKS

- Wallace State Community College (WSCC) Website: <http://www.wallacestate.edu/>
- WSCC Nursing Website: <http://www.wallacestate.edu/nursing>
- WSCC Facebook Page: <https://www.facebook.com/WSNursing>
- WSCC Nursing Pinning: https://www.youtube.com/watch?v=LQyhC1pe0_s
- CastleBranch: <https://wallacestate.castlebranch.com>
- WSCC Health Division Physical Exam Form: [https://www.wallacestate.edu/programs/health-division/nursing/NUR Health Division Physical Form r102019 with Essential Functions.pdf](https://www.wallacestate.edu/programs/health-division/nursing/NUR%20Health%20Division%20Physical%20Form%20r102019%20with%20Essential%20Functions.pdf)

Wallace State Department
of Nursing Education



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**2024 SPRING
ORIENTATION
PLAN**

• _____

• _____

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• _____



**Session III:
What Do I Need for the
Nursing Program?**

Wallace State Community College

Nursing Uniform Order Form

Uniform Place of Cullman

300 Second Avenue, SE, Cullman, AL 35055
Phone (256) 734-0662 Fax (256) 734-3701

WSCC Barnes & Noble Bookstore

256-352-8100
email: lboohar@bncollege.com

- You will be fitted for your uniform today at orientation.
 - The Bookstore will be present at orientation for payments, payment questions, or to leave the order forms for either Financial Aid or future payment. **Uniforms will not be ordered without full payment.**
- Payment for your uniform order:
- Self Pay:** The Bookstore does not take online or over the phone uniform payments, you must pay in person. Please be aware that the Bookstore no longer accepts checks for payment. The Bookstore will hold the completed forms for later payment.
 - Financial Aid:** Financial Aid opens for purchases at the bookstore on January 2nd. You may sign the waiver on your order form to allow WSCC Barnes & Noble to process your order using your available financial aid.
 - Deadline to pay for your uniform order is January 5th.** You must have your uniform as soon as possible.
 - Note:** Prices listed are for standard sizes and are intended for reference purposes.

Last Name

First Name

Middle Initial

Phone Number

Date

Ladies

Quantity	Size	Color	Description	Unit Price	Total
		Royal	6155 Stylized V-neck Top 27 1/4"	NEEDS PATCH	\$26.98
		Royal	6255 Basic V-neck Top 28 1/4"	NEEDS PATCH	\$23.98
		Royal	6455 Mock Wrap Top 27"	NEEDS PATCH	\$26.98
		Royal	5155 Double Cargo Pocket	Regular length 31"	\$28.98
		Royal	5155 Double Cargo Pocket	Petite length 28-1/2"	\$28.98
		Royal	5155 Double Cargo Pocket	Tall length 33"	\$30.98
		Royal	5255 Single Pocket Cargo Pants	Regular length 31"	\$26.98
		Royal	5255 Single Pocket Cargo Pants	Petite length 28-1/2"	\$26.98
		Royal	5255 Single Pocket Cargo Pants	Tall length 33"	\$28.98
		Royal	5555 Cargo Jogger Pant	Regular length 28 1/2"	\$31.98
		Royal	5555 Cargo Jogger Pant	Petite length 26 1/2"	\$31.98
		Royal	5555 Cargo Jogger Pant	Tall length 31 1/2"	\$34.98
		White	7202 Lab Coat	NEEDS PATCH	\$28.98
	-----	-----	Nursing Monogram	OPTIONAL for ea. Lab Coat	\$13.98
	-----	-----	PATCH	Need 1 for ea. Top & Lab Coat	\$8.98

First and Last Name for Monogram:

Last Name:

First Name:

Middle Initial:

Men

Quantity	Size	Color	Description	Unit Price	Total
		Royal	6355 Men's V-neck Top	NEEDS PATCH	\$26.98
		Royal	5355 Men's Cargo Pocket Pants	Regular length 31"	\$29.98
		Royal	5355 Men's Cargo Pocket Pants	Short length 28-1/2"	\$29.98
		Royal	5355 Men's Cargo Pocket Pants	Tall length 34"	\$31.98
		Royal	5655 Men's Cargo Jogger Pants	Regular length 28 1/2"	\$34.98
		Royal	5655 Men's Cargo Jogger Pants	Tall Length 32 1/2"	\$36.98
		White	7102 Lab Coat	NEEDS PATCH	\$28.98
	-----	-----	Nursing Monogram	OPTIONAL for ea. Lab Coat	\$13.98
	-----	-----	PATCH	Need 1 for ea. Top & Lab Coat	\$8.98

I give my permission to Wallace State Bookstore, B&N #8277, to charge my uniform order.

Sign Name: _____

Student ID Number: _____

First and Last Name for Monogram:

Modern Fit / Contoured

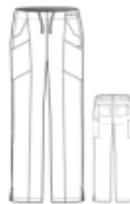
5155 Stylized V- Necl



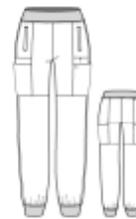
6455 Mock Wrap



5155 Double Cargo



5555 Cargo Jogger



M Length 26 3/4"

XXS-XL	\$26.98
1X-5X	\$29.98

M Length 26 1/2"

XXS-XL	\$26.98
1X-5X	\$29.98

Leg Opening M 7 3/4"

XXS-XL	\$26.98
XXSP-XLP	\$26.98
1X-5X	\$31.98
XST-XLT	\$30.98
1XP-3XP	\$31.98
2XLT-3XLT	\$34.98

Jogger Cuff Bottom

XXS-XL	\$31.98
XXSP-XLP	\$31.98
1X-5X	\$35.98
XST-XLT	\$32.98
1XP-3XP	\$35.98
2XLT-3XLT	\$37.98

Classic Fit / Looser Fit

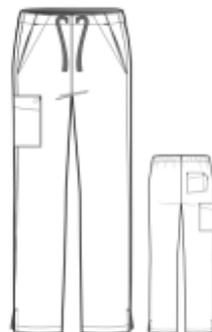
6255 Basic V-Neck



M Length 26 3/4"

XXS-XL	\$23.98
1X-5X	\$26.98

5255 Drawstring



Leg Opening M 8 1/4"

XXS-XL	\$26.98
XXSP-XLP	\$26.98
1X-5X	\$29.98
XST-XLT	\$28.98
1XP-3XP	\$29.98
2XLT-3XLT	\$31.98

7202 Lab Coat



XXS-XL	\$28.98
2X-5X	\$32.98

Men's

6355 Men's V-Neck

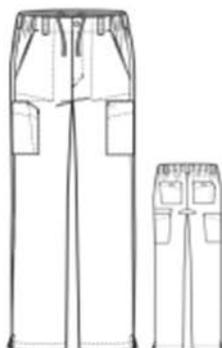


M Length Front 29" Back 30"

XS-XL \$26.98

2X-5X \$29.98

5355 Men's Cargo



Leg Opening M 8 3/4"

XS-XL \$29.98

XS(S)-XL(S) \$29.98

XST-XLT \$31.98

2X-5X \$33.98

2XT-3XT \$35.98

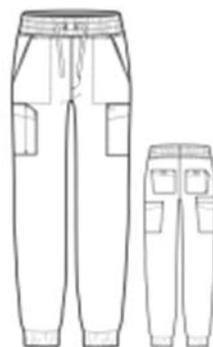
7102 Men's :Lab Coat



XS-XL \$28.98

2X-5X \$32.98

5655 Men's Jogger



Jogger Cuff Bottom

XS-XL \$34.98

2X-3X \$37.98

XST-XLT \$36.98

2XT-3XT \$39.98

Wallce State Community College NUR 112 Required Supplies Checklist

NUR 112 Fundamentals Textbook Bundle Items included: <i>Thompson: Essential Health Assessment 2e</i> <i>Vallerand: Davis's Drug Guide for Nurses 18e</i> <i>Doenges: Nurse's Pocket Guide 18e</i> <i>Wilkinson & Treas: Davis Advantage for Wilkinson's Fundamentals of Nursing (2 Volume Set) 5e</i> <i>Davis: Davis Nursing Consult (2 Year)</i>	ISBN: 978-1-7196-7395-2
Lab Pack	SKU: 301968787
Undergraduate Health Assessment Online (ShadowHealth)	ISBN: 978-0-9897-8881-6
Official WSCC Nursing Royal Blue Uniform with WSCC patch	
Official WSCC Nursing Lab Coat with WSCC patch on upper left sleeve	
Plain white or black leather duty shoes are recommended, mesh tennis shoes are allowed but cannot be a bright color or neon color.	
Socks to match shoe color	
White underneath shirt strongly recommended for females, required for males	
Nursing ID Badge	You will receive your form at Boot Camp
Simple watch with a second hand (no smart watches)	
Stethoscope	
Bandage scissors	
Badge holder (must hold a vertical badge)	
Blood pressure cuff	
Penlight	
Backpack	
Additional Resources to Think About	
Computer/laptop – No Chrome Books	Laptops are available to “check- out” for students at the on-campus library
Reliable internet	
Web Cam	
Hand sanitizer	
Mask	

Purchasing Online From the Wallace Sate Bookstore

For lab pack, textbooks, undergraduate health assessment, and to add your credit card to the system to order uniforms:

1. Go to www.wallacestate.edu
2. Click on **Bookstore**
3. Move cursor over **Textbooks** and select **Find Course Materials**
4. Select **Term, Spring 2024**
5. Select **Department, NUR**
6. Select **Course 112**
7. Select **Section (any of the CRN numbers will work-the books are the same for each section)**
8. Click **Retrieve Materials**
9. Add the items you wish to purchase to your cart and check out!

To purchase equipment from online:

1. Got to www.wallacestate.edu
2. Click **Bookstore**
3. Move cursor over **Supplies and Technology**
4. Select **Specialty Supplies**
5. Select **Medical and Science**
6. Add the items you wish to purchase to your cart and check out!



Satisfactory Academic Progress

(Implemented Academic Year 2013-2014)

A _____ NAME: _____

Attempted Hrs. _____ x Completion Rate for Program _____ = Passing Rate _____

Cum GPA _____ Required GPA for number of hours attempted _____

Credit hours to graduate in program _____ x 1.50 = _____

Satisfactory Academic Progress (SAP) will be measured each term at Wallace State Community College according to the guidelines published by the U. S. Department of Education. Students are required under federal regulations to maintain certain standards of progress depending on the number of hours they have attempted in college. It is the student's responsibility to read and understand all policies associated with financial aid funding. Students should regularly check their My Wallace State account for the latest information regarding their account. Financial aid status can be found under the financial aid tab. After accessing the financial aid tab, click financial status to view any warnings or suspension of financial aid.

GPA requirements for long-term certificate and degree seeking students.

- If the student has attempted 1-21 hours, they must maintain a 1.5 GPA.
- If the student has attempted 22-32 hours, they must maintain a 1.75 GPA
- If the student has attempted 33 or more hours, they must maintain a 2.0 GPA.

Completion rate (attempted class hours) required by long-term certificate and degree seeking students.

- If the student has attempted 1-21 hours, they must maintain a 58% completion rate.
- If the student has attempted 22-32 hours, they must maintain a 62% completion rate.
- If the student has attempted 33 or more hours, they must maintain a 67% completion rate.

GPA requirements for short-term certificate (24-29 credit hours) students

- If the student has attempted 12 hours, they must maintain a 1.5 GPA.
- If the student has attempted 24 hours, they must maintain a 2.0 GPA.

Completion rate (attempted class hours) required short-term certificate (24-29 credit hours) students.

- If the student has attempted 12 hours, they must maintain a 58% completion rate.
- If the student has attempted 24 hours, they must maintain a 67% completion rate.

Additional regulations

- Students are only allowed 150% of the programs length to complete the degree or certificate.
 - Example: General Studies is 64 credits. Students are allowed 150% or 96 attempted credits to complete the program successfully. If the student does not complete them program in the allotted timeframe their grant will be suspended. Every program is different. Students should check the catalog or Degree Works for the number of hours required for completion of their program and multiply 1.5 x the number of hours for graduation = MAX timeframe on ATTEMPTED credit hours. Students who submit an appeal for MAX Timeframe MUST have completed a degree or certificate at WSCC or at another school. We cannot approve a SAP appeal for MAX if the student has not graduated from a certificate or degree program. If the student has graduated from a program, we can evaluate the appeal to determine if any hours can be

excluded from the attempted hours that do not count in any way toward the new program of student to determine the number of hours of eligibility left in their current program.

- Transfer hours will be included in the calculation.
- All prior coursework at Wallace State is included in the SAP calculation.
- Transitional courses will be included in the calculation.
- If a student does not meet any of the requirements listed the student will be given one warning semester in which he will be eligible to receive aid. There is no warning period for MAX timeframe and that situation cannot be improved.
- Example: New students who attend their first semester and do not meet the above criteria on GPA and completion rate will be given one warning semester to receive financial aid. Students who have attended multiple semesters in the past, who are already not meeting SAP are not given a warning semester as they have already received aid for one semester when they had not made SAP.
- After the warning semester the student must have the required GPA or completion rate to continue to receive financial aid assistance or financial aid will be suspended.
- If financial aid funds are suspended the student may file an appeal based on any mitigating circumstances that caused the student to be unsuccessful in their coursework.

Financial Aid Appeal

- Students may submit a Financial Aid Appeal if they can provide documented proof of mitigating circumstances. Mitigating Circumstances are those that are beyond the student's control such as illness, death in the immediate family, divorce, etc.
- Students must submit the appeal form and all documentation pertaining to the appeal, by the published appeal deadline. Submitting a Financial Aid Appeal is NOT an automatic approval.
- The Financial Aid Committee will meet each term to review the Financial Aid Appeals.
- Students will be notified of the decision made by the committee by e-mail/letter.
- Students must follow the terms of their appeal if approved or their Financial Aid will be suspended.
- If a student is approved on a Financial Aid Appeal and fails to follow the terms of the appeal, a second appeal is not accepted. Students in this situation will not be eligible to receive aid until their progress is current by their own means.
- Students who have exceeded their 600% Pell Grant Lifetime Eligibility are not eligible to file an appeal to receive a Pell Grant. Their appeal will be considered for Direct Loans only.
- The only circumstances a student may file an appeal for MAX ATTEMPTED HOURS is if they have graduated from a program and wish to have us evaluate their transcript to see if any hours can be excluded that do not count in any way toward the current program of study. Only students who have completed a degree/certificate can be considered for an appeal on MAX.
- Students who owe back funds Pell Grant or Direct Loan funds from a prior term cannot appeal repaying the funds.

Updated 6/9/22

Appendix I
CastleBranch
Signature Pages

These documents will be
further discussed during
NUR 112 Boot Camp
January 5, 2024

Forms	Guidelines
Academic Integrity Policy	Download, print, complete & sign the <i>Health Science Division Academic Integrity Policy</i> .
Acknowledgment of Receipt of Background Check Policy	Download, print, complete & sign the <i>Acknowledgment of Receipt of Background Check Policy</i> . If you are under the age of 18 the Parent's/Legal Guardian's section of the form must also be completed.
Acknowledgment of Receipt of Drug and Alcohol Testing Policy	Download, print, complete & sign the <i>Acknowledgment of Receipt of Drug and Alcohol Testing Policy</i> .
Background Check Consent and Release Form	Download, print, complete & sign the <i>Background Check Consent and Release</i> . If you are under the age of 18 the Parent's/Legal Guardian's section of the form must also be completed.
Clinical Absence Form	<p>Download and confirm receipt of the attached <i>Clinical Absence Form</i>.</p> <ul style="list-style-type: none"> • You must click on 'confirm receipt' to this category in your Castle Branch account. There is nothing to upload for this form. • You are acknowledging you are aware if you miss an assigned clinical you must complete a hard copy of the <i>Clinical Absence</i> form and submit to the Clinical Coordinator in the DNE within 24 hours of the clinical absence. • You are also required to contact the clinical coordinator and clinical faculty as soon as you know you will be absent from a clinical rotation.
COVID-19 Waiver of Liability Form	Download, print, complete & sign the <i>COVID-19 Waiver of Liability Form</i> .
Health Science Division Student Disclosure Statement	Download, print, complete & sign the <i>Health Science Division Student Disclosure Statement</i> .
HIPAA Policy	Download, print, complete & sign the <i>HIPAA Policy</i> (you are verifying that you understand the HIPPA policy)
Photo Release	<p>Download, print, complete & sign the <i>Photo Release</i>.</p> <ul style="list-style-type: none"> • If you are under the age of 18 the Parent's/Legal Guardian's section of the form must also be completed.
Professional Code of Conduct Acknowledgment and Consent	Download, print, complete & sign the <i>Professional Code of Conduct Acknowledgment and Consent</i> .
Release to Return to School- Clinical/Lab	<p>Download and confirm receipt of the attached <i>Release to Return to School-Clinical/Lab Form</i>.</p> <ul style="list-style-type: none"> • You must click on 'confirm receipt' to this category in your CastleBranch account. There is nothing to upload for this form. • You are acknowledging you are aware if you are absent due to illness, surgery, and during/after pregnancy you must complete a hard copy of this form and email to the Clinical Coordinator, Susan Copeland at susan.copeland@wallacestate.edu in the DNE before you are permitted to return to class/clinical/lab. • For pregnancy only, the document must be signed by your OB provider. This is required each semester during pregnancy and after delivery.



Health Science Division Academic Integrity Policy

This Health Science Division Academic Integrity Policy is supplementary to the "Student Code of Conduct." All Health Science Division students are expected to abide by the Honor Code. Behavior which compromises the integrity of the assignment or examination process for oneself or others is unacceptable. Academic dishonesty is a form of misconduct that is subject to disciplinary action under the Student Code of Conduct. This behavior will result in a failing grade for the course in which the student is enrolled and ultimately the inability to progress in the program of study. Students who have been found guilty of academic misconduct will not be allowed to reapply to the program. Behavior which is considered to compromise academic integrity includes but is not limited to:

Prior to examinations

- Seeking and/or obtaining access to examination materials prior to test administration.
- Unauthorized reproduction and/or dissemination of test materials.

During examinations

- Sharing information about any of the test materials including sharing of material with use of electronic devices, computers, cell phones, etc.
- Leaving test area without authorization.
- Possessing and/or using cell phones or other electronic devices which include I-Watches.
- Giving or receiving information during the examination.
- Sharing information, resources or reasoning on problems meant to be solved by individuals.
- Disruptive behaviors which affect other examinees, all communication devices must be off.
- Unauthorized reproduction and/or dissemination of test materials.

After examinations

- Sharing information about any of the test materials including sharing of material with use of electronic devices, computers, cell phones, etc.
- Altering or misrepresenting examination scores.
- Unauthorized reproduction and/or dissemination of test material.

Acknowledgment and Consent

I have carefully read the Wallace State Community College Health Science Division Academic Integrity Policy and hereby declare that I will adhere to this code from the time of signing and throughout my enrollment in a health program at Wallace State Community College.

Student Signature

Date

Student Printed Name

Student A#



ACKNOWLEDGMENT OF RECEIPT OF BACKGROUND CHECK POLICY

I certify that I have received a copy of Wallace State Community College’s Background Check Policy and Guidelines. I have read and understand the requirements of the policy and guidelines. I understand that this policy goes into effect January 1, 2008 and that both new and existing students will be required to undergo background checks prior to beginning Spring semester clinical rotations.

Student’s Signature

Date

Student Printed Name

Student A Number

Parent/Legal Guardian Signature (if student under 18)

Date

Parent/Legal Guardian Printed Name (if student under 18)



Health Science Division Consent to Alcohol and Drug Testing

Printed Student Name: _____

I have received and carefully read the Drug Testing Policy and fully understand its contents. I understand that by enrolling in a health profession program, I will be required to submit to mandatory drug testing. I voluntarily agree to submit to specimen collection for analysis for alcohol and drug use. I understand that my continued participation in the health profession program is conditioned upon satisfaction of the drug testing requirement through the college designated vendor. **I further understand that if I have a positive drug screen or if I refuse to consent to mandatory testing, both announced and unannounced, that I will be dismissed from the health program. A grade of "F" will be recorded for the course(s) if I do not officially withdraw.** The College reserves the right but has no duty to lift the prohibition against reenrollment upon its consideration of written application for readmission evidencing that the student has demonstrated an ability and readiness to comply with all College health division regulations. The College will not consider such a request until at least two years from the date of dismissal. Requests should be directed to the Vice President for Students Office. The appeal process is outlined in the college catalog in the Health Science Programs of Study section.

I further agree and consent to the disclosure of results of drug testing and their release to the Dean of Health Sciences, program director, and appropriate clinical representative(s) in order that my eligibility to participate in the required clinical activities can be determined.

Student Signature _____

Date _____

Student Printed Name _____

Student A# _____

Program Director

Date _____

Program _____



Wallace State Community College Health Science Division

Acknowledgment of Receipt of Drug and Alcohol Testing Policy

I certify that I have received a copy of Wallace State Community College's Drug Testing Policy and Guidelines. I have read and understand the requirements of the policy and guidelines.

I understand that this revised policy is in effect and that both new and continuing students will be required to meet the revised standards of drug screening prior to attending their clinical rotations.

Student's Signature

Date

Student Printed Name

Student A Number

Parent/Legal Guardian Signature (if student under 18)

Date

Parent/Legal Guardian Printed Name (if student under 18)

Program

Program Director



Wallace State Community College Health Science Division

Background Check Consent and Release Form

Printed Student Name: _____ Student A Number: _____

I have received and carefully read the Background Check policy and fully understand its contents. I understand that the healthcare program to which I am admitted requires a background check to comply with clinical affiliate contracts. By signing this document, I am indicating that I have read and understand Wallace State Community College's policy and procedure for background checks. I voluntarily and freely agree to the requirement to submit to a Background Check and to provide a negative Background Check prior to participation in clinical learning experiences. I further understand that my continued participation in the healthcare program is conditioned upon satisfaction of the requirement of the Background Check with the vendor designated by the College.

I understand that if I have a positive Background Check and I am denied access to clinical learning experiences at the clinical affiliates(s), that I will be dismissed from the program. A grade of "F" will be recorded for the course(s) if I do not officially withdraw.

I further understand that any offense resulting in an arrest occurring after my admission into a healthcare program must be reported to the program director within 72 hours of the arrest or I will be subject to dismissal from the program.

A copy of this signed and dated document will constitute my consent for release of the original results of my Background Check to the College. I direct that the vendor hereby release the results to the College. A copy of this signed and dated document will constitute my consent for the College to release the results of my background check to the clinical affiliate(s) specifically designated person(s). I direct the College to hereby release the results to the respective clinical affiliate(s).

I agree to hold harmless the College and its officers, agents, and employees from and against any harm, claim, suit, or cause of action, which may occur as a direct or indirect result of the background check or release of the results to the College and/or the clinical affiliates.

I understand that should any legal action be taken as a result of the Background Check, that confidentiality can no longer be maintained.

I agree to abide by the aforementioned policy. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone. I hereby authorize the College's contracted agents to procure a background check on me. I further understand this signed consent hereby authorizes the College's contracted agents to conduct necessary and/or periodic background checks as required by clinical affiliates.

Student's Signature

Date

Student Printed Name

Student A Number

Parent/Legal Guardian Signature (if student under 18)

Date

Parent/Legal Guardian Printed Name (if student under 18)

Wallace State Community College Department of Nursing Education

Documentation for Clinical Absence

STUDENT Name (Please print) _____

STUDENT NUMBER (A#) _____

Documentation of Clinical Absence is required for any student absence from clinical regardless of the reason. If proper documentation is not submitted, students will not be eligible to make-up the clinical hours resulting in the inability to meet clinical course requirements.

Students are required to notify their clinical instructor along with emailing the clinical coordinator when an absence occurs on the day that the absence occurs.

Students must also attach a copy of the email sent to the clinical coordinator along with this form. This form must be signed by the clinical coordinator or course instructor within 48 hours of the clinical absence.

Clinical Coordinator Contact: Susan Copeland, MSN, RN susan.copeland@wallacestate.edu

Student Name: (Print) _____ Date of Absence: _____

Student Number: A _____ Nursing Course: NUR _____ Clinical Site: _____

Reason for Clinical Absence: _____

CLINICAL INSTRUCTOR NOTIFICATION:

Person student spoke to: _____

Date and Time of Notification: _____

CLINICAL COORDINATOR NOTIFICATION:

Date and Time Clinical Coordinator Notified: _____

Email notification to support reason for absence must be attached to this form. This form MUST be signed by the clinical coordinator or course instructor within 48 hours of the clinical absence.

By signing this form, I understand that it will become part of the student file and that make-up clinical(s) are at the end of the semester and are subject to alternative formats at the discretion of the WSCC NURSING DEPARTMENT.

Student Signature _____

Date _____

Student Printed Name _____

Student A# _____

Clinical Coordinator/Course Instructor Signature: _____

Date Form Received: _____



WALLACE STATE

HANCEVILLE • ONEONTA

Student Inability to Return to Campus due to COVID-19

Return this form to the Dean of Students Office
All medical information shared on this form is confidential

Student Name (please print): _____ A# _____

____ I am unable to attend class on campus as scheduled because I meet one or more of the following conditions:

1. I am under quarantine or isolation subject to federal, state or local quarantine/isolation order.
2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. I am experiencing symptoms of COVID-19 and currently seeking medical diagnosis.
4. I am caring for an individual in category #1 or #2 above.
5. I have an underlying health condition that makes me a high risk for COVID-19 (*per the Centers for Disease Control and Prevention guidelines, this includes anyone who is over the age of 65, has asthma, is severely obese, has a chronic medical condition like diabetes, heart, lung, liver, or kidney disease, has HIV, is pregnant, is immunocompromised, or is taking medications that reduce immunity*).
6. I reside with an individual who has an underlying medical condition that puts them at high risk for the virus.

Evidence of Diagnosis/Exposure provided Yes No (may be electronically submitted) Date
Quarantine ends _____

Medical Provider Reported to the AL Department of Public Health? Yes No Unknown

See back for list of students or employees I have been in contact with and locations that I have visited on campus

Student's Signature

Today's Date

Students are responsible for completing all course objectives and are encouraged to contact their instructor to be advised of their options to meet those objectives. Student who self-identify as high risk, or resides with someone at high risk, Wallace State will offer the following options (through December 2020 if necessary):

- When possible, provide options for alternative instructional assignments such as Internet based coursework, alternative coursework locations, or social distancing measures.
- Where alternative instructional assignments are not possible, students can possibly qualify to receive an Incomplete "I" in their coursework and will be given eight (8) weeks, from the beginning of the next term to complete their assignments.

WSCC will not suspend, discipline, or take any other adverse action against a student unable to return to school due to health issues.

For all of the above situations, please contact the Vice-President for Students to discuss available remote assignments or other available options. Email: 256.352.8340



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Wallace State Community College (“the College”) has put in place preventative measures to reduce the spread of COVID-19; however, the College **cannot guarantee** that you will not become infected with COVID-19. Further, **attending the College, participating in College lead classes, trainings or labs could increase** your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the College and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the College may result from the actions, omissions, or negligence of myself and others, including, but not limited to, College employees, other students, vendors or affiliates and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the College or participation in College activities (“Claims”). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the College, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the College, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any College services.

Signature of Student

Date

Print Name of Student

Student “A” Number

Signature of Parent/Guardian (if student under 18)

Date

Print Name of Parent/Guardian (if student under 18)



Wallace State Community College

Health Science Division Student Disclosure Statement

I understand that Wallace State Community College is committed to a safe and drug-free workplace. Education of health profession students at the college requires collaboration between the college and clinical agencies to provide a quality clinical education component. The college shares an obligation with the clinical agency to protect the agency's patients to the extent reasonably possible from harm.

I am aware that any student who is accepted into any Health program at Wallace State Community College will be required to submit to drug testing prior to entering the first clinical rotation. I am also aware that public lists of excluded and sanctioned persons will be searched for all students prior to beginning the first clinical rotation. I understand that any health care facility or community agency at which I participate in clinical education may require additional background checks and/or drug testing. Failure to comply with the request can severely limit the college's ability to find clinical placement and may result in the student's inability to achieve the course and/or program objectives.

As a precursor to doing any clinical rotation, I understand that it is a requirement for health science students at Wallace State Community College to provide a true and accurate, signed statement regarding chemical substance use, administrative action or legal convictions pertaining to the use or misuse of any chemical substance; the abuse/misuse of alcohol or any other chemical substance; and prior legal misdemeanor convictions, felony convictions, sexual offender convictions or governmental sanctions. In compliance with this requirement, I hereby verify under penalty of perjury.

I am not using any chemical substance for any reason other than its intended proper use. _____ **Initials**

I am not personally misusing any legally controlled substances or personally using any normally legal chemical substance (e.g. alcohol) in a manner that produces significant impairment or that produces the likelihood of the development of an impairment. _____ **Initials**

I have not been convicted of a crime pertaining to the manufacture, use, possession, sale or other distribution of illegal or legally controlled substances or pertaining to or related to the abuse of alcohol or any other chemical substance. _____ **Initials**

I have not been convicted of a misdemeanor crime within the last seven years. _____ **Initials**

I have not been convicted of a felony. _____ **Initials**

I have not been convicted of a sexual offender crime. _____ **Initials**

I have not been sanctioned by the Office of the Inspector General (OIG). _____ **Initials**

I have not been excluded from the Governmental Services Agency (GSA). _____ **Initials**

Student's Signature

Date

Student Printed Name

Student A Number

Parent/Legal Guardian Signature (if student under 18)

Date

Parent/Legal Guardian Printed Name (if student under 18)



Wallace State Community College Health Science Division

HIPAA Policy

Printed Student Name: _____ Student A#: _____

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 includes provisions that protect the security and confidentiality of health information.

Any information communicated by a patient to a health care provider is considered privileged communication, which means it is private. Any information obtained by a health care student/worker by any means, i.e. via electronic form, written form, observation, etc. is considered confidential.

A breach of confidentiality occurs when patient information is disclosed to others who do not have a right to access the information. Disclosure of private patient information to unauthorized individuals is a violation of the federal law – HIPAA.

It is a violation of HIPAA to access patient information outside your scope of work as a student.

You will be required to complete more in-depth HIPAA training as part of your clinical orientation. By signing below, you are acknowledging understanding of the basics of HIPAA confidentiality and agreeing to abide by HIPAA privacy rules by maintaining confidentiality in regard to patient information you have access to in on campus and clinical settings.

Student's Signature

Date

Student Printed Name

Student A Number

Parent/Legal Guardian Signature (if student under 18)

Date

Parent/Legal Guardian Printed Name (if student under 18)



**Wallace State Community College Health Science Division
Release for Audiovisual Digital Recording and Still Photographs**

Student Printed Name _____

Course/Scenario _____

Date _____

Still photography and continuous audiovisual (AV) digital recording will be utilized in the simulated patient environment of the WSCC SC. By signing this agreement, you are consenting to still photography (slides or print) and continuous AV digital recording while in the simulation center and/or skills labs. Photographs and/or recordings may be shown for educational, research, and/or administrative purposes. No commercial use of photographs or AV recordings will be made without written permission.

ACKNOWLEDGEMENT

I have received and agree to abide by the above listed at the WSCC Simulation Center.

Student's Signature

Date

Student Printed Name

Student A Number

Parent/Legal Guardian Signature (if student under 18)

Date

Parent/Legal Guardian Printed Name (if student under 18)

Program Director

Program

Wallace State Community College Health Science Division

Professional Code of Conduct

This Health Science Division Student Code of Professional Conduct is supplementary to the "Student Code of Conduct" published in the Wallace State Catalog. The faculty members of the Health Science Division at Wallace State have an academic, legal and ethical responsibility to protect the public and health care community from inappropriate professional conduct or unsafe behaviors in the practice of healthcare. Acceptance as a Wallace State Student in the Health Science Division commits the individual to abide by the Code of Professional Conduct. Each student will:

- Attain personal mastery of knowledge and skill in their designated health area through honest effort;
- Relate to those who receive your services with compassion, truthfulness, and respect;
- Relate to peers, teachers, and other caregivers in a spirit of collaboration and mutual respect;
- Recognize and honor privileged information from both patients and colleagues;
- Conduct him/herself in accordance with program policy and Wallace State Community College Policies.

The Program Director along with the Health Division Dean may immediately suspend a student if it is concluded that the person's continued presence on the campus or clinical/fieldwork site presents a danger to themselves or endanger persons or property or threaten disruption of the academic process.

After suspension the student behavior/act will be investigated by Health Division Faculty and Health Division Dean. If the accusation of misconduct is found valid the student will be dismissed from their program of study. Students dismissed secondary to a violation of professional conduct will not be eligible for readmission to the program.

Examples of unprofessional or unethical conduct include, but are not limited to:

- Conduct as determined by the faculty to be unbecoming or unethical in a person training to practice in a health-related field or detrimental to the interests of the public, patients, students;
- Fraud or misrepresentation of themselves for obtaining medical information on persons outside their realm of clinical/fieldwork experience.
- Making false or misleading statements regarding one's level of skill or ability to treat persons;
- Use of any false, fraudulent or deceptive statement in any document connected with field of study;
- Engaging in inappropriate conduct with a patient;
- Impersonating another person licensed to practice in the health field;
- Use of substance(s) which impairs cognitive function and/or decision making;
- Conduct which is likely to deceive, and with potential to harm the public;
- Obtaining any payment for services by fraud or misrepresentation.
- Being found mentally incompetent or insane by a court of competent jurisdiction;
- Any offenses resulting in arrest which jeopardizes required cleared background check.

Acknowledgment and Consent

I have carefully read the Wallace State Community College Health Science Division Professional Code of Conduct and hereby declare that I will adhere to this code from the time of signing and throughout my enrollment in a health program at Wallace State Community College.

Student Signature

Date

Student Printed Name

StudentA#



Wallace State Community College Health Science Division
Release to Return to Clinical/Lab Responsibilities

_____, Wallace State nursing student has been evaluated at this time and can safely return to direct patient care by ___. This includes participation in the clinical/hospital setting which may include working 8-12 hours and assisting with turning and/or lifting (up to 25 pounds) patients with assistance. Also, may be performing CPR and sterile procedures.

Signature MD or Nurse Practitioner

Date

Printed Name of MD or Nurse Practitioner

Name of office or facility with phone number where student was evaluated:

Name of Office or Facility

Telephone Number

Student's Signature

Date

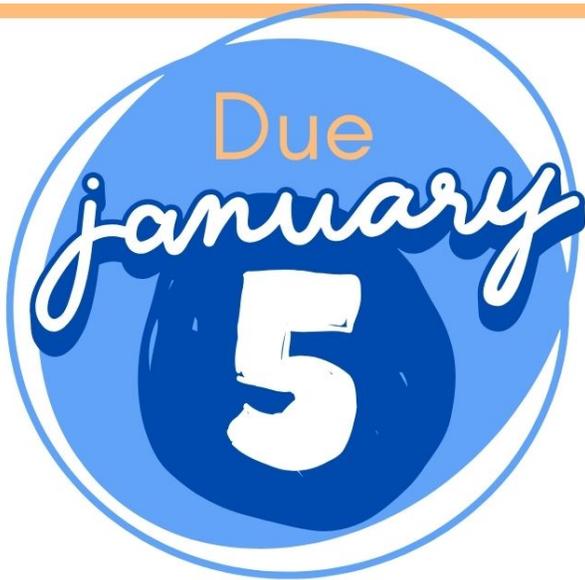
Student Printed Name

Student A Number

Parent/Legal Guardian Signature (if student under 18)

Date

Parent/Legal Guardian Printed Name (if student under 18)



NUR 112 CHECK LIST

- Dec. 1st - Register for class**
- Order your books from Bookstore**
- Order your scrubs from Bookstore**
- Purchase CastleBranch (CB)**
- Upload vaccination records to CB**
- Upload physical form to CB**
- Register for CPR Course: EMS 100**