Respect. Optimism. Acceptance. Responsibility.

ACADEMY

Spring 2026

Wallace State Department of Nursing Education

Student retain for reference

CASTLEBRANCH

STEP 1: PLACE ORDER AT CASTLEBRANCH.COM

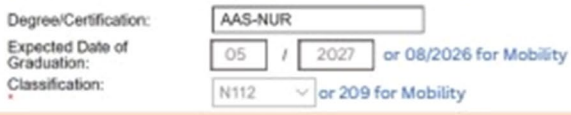
Enter WP88, your package cost is 106.78
for Background Check and Document Tracker

If you have a CB account from a previous WSCC admission, you will need to email castlebranch@wallacestate.edu for specific instructions related to your circumstances.

****Do not use WP88 if you are a returning WSCC student****

STEP 2: COMPLETE REQUIREMENTS

Enter the required personal information.



CREATE YOUR ACCOUNT:
Use your Alabama.edu 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**

Scan here for Directions and FAQs

STEP 3: UPLOAD DOCUMENTS

Here are some tips from CB:

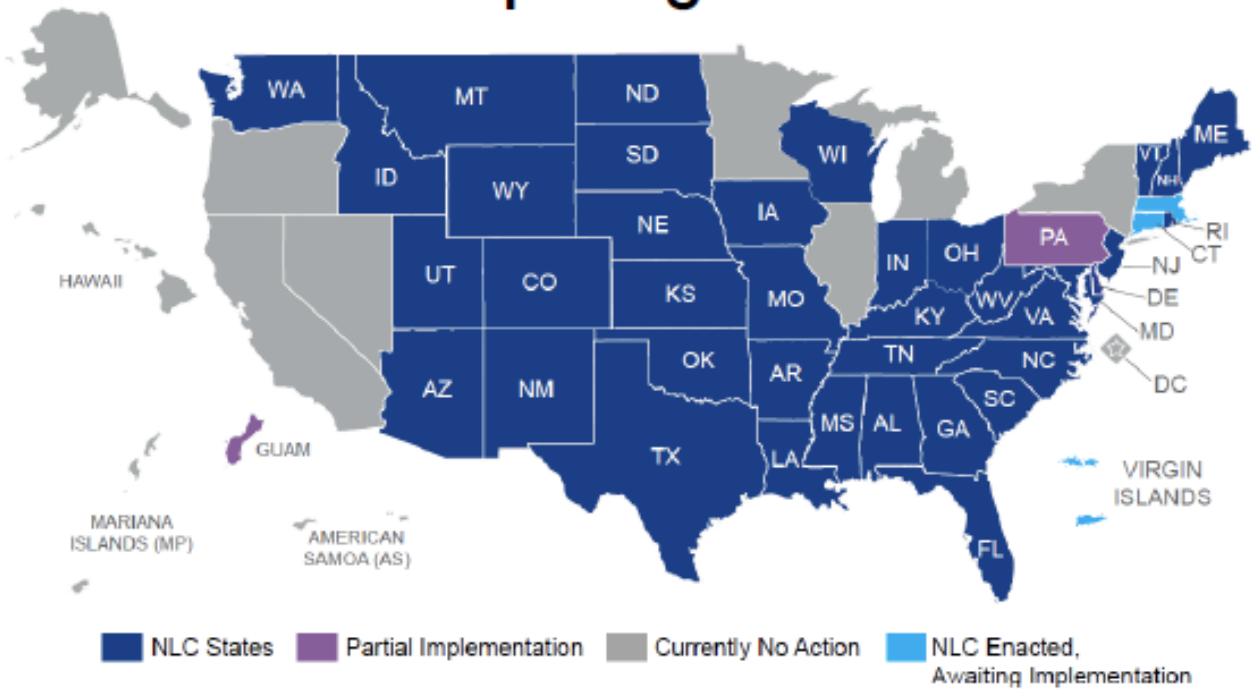
- Try using a Windows-based computer/laptop
- Make sure you are using Google Chrome or Firefox
- Make sure you are using the most up-to-date version of the browsers
- Try using an incognito window
- Make sure you have cleared your cache and cookies
- Do not upload screenshots from your mobile device, 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

WHERE WILL YOU PRACTICE?

SSL vs. MSL

Wallace State Community College is required to provide public and direct disclosures on educational programs designed to meet educational requirements for a specific license or certification required for employment in an occupation. Wallace State cannot provide any guarantee that state licensure or certification entity will approve or deny a student's application. Individual determinations are made by state licensing boards.

43 States Participating in the NLC for MSL



NCSBN:
Nurse Licensure Compact
https://www.nursecompact.com/

NCSBN:
Nurse Licensure Guidance
https://www.ncsbn.org/nursing-regulation/licensure/nurse-licensure-guidance.page

NC SARA:
Professional Licensure Directory - Nursing
https://nc-sara.org/professional-licensure-directory

ABN:
Nurse Licensure Compact
https://www.abn.alabama.gov/legal/nurse-licensure-compact/

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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: _____ **WSCC 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			

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: _____ **WSCC 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 o 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 Spring 2026 Important Dates

*All dates are subject to change	
NUR 112 Boot Camp	**January 6, 2026**
Family Welcome	**January 11, 2026**
Campus closed on the following dates:	
New's Year's Holiday	January 1-2, 2026
Martin Luther King Jr. Day	January 19, 2026
No classes on the following dates:	
Professional Development	February 17, 2026
Professional Development	March 17, 2026
Spring Break	March 30 -April 3, 2026
Bookstore Charges- Accounts open for charges at WSCC Barnes & Noble Bookstore	December 26, 2025
Deadline to have physical exam, immunizations, & background check uploaded and marked **"COMPLETE"** in Castlebranch	January 1, 2026
Deadline to order WSCC Nursing Uniform	January 6, 2026
Tuition and Fees Due	January 6, 2026
Badge Deadline	February 2, 2026
Car Hang Tag	January 31, 2026
CPR Deadline	March 1, 2026
Flu Deadline	January 1, 2026

Wallace State Community College
Department of Nursing Education

Spring 2026 – NUR 112 Block Schedule				
Block	**Monday**	**Tuesday**	**Wednesday**	**Thursday**
A NUR 112 (20683) Fundamentals of Nursing	CNS 219 8:00 -4:00 (Lecture available thru Canvas)	8:00 -3:00 Lab		
B NUR 112 (20684) Fundamentals of Nursing	CNS 219 8:00 -4:00 (Lecture available thru Canvas)		8:00 -3:00 Lab	
C NUR 112 (20858) Fundamentals of Nursing	CNS 219 8:00 -4:00 (Lecture available thru Canvas)			8:00 -3:00 Lab
***Nursing blocks expected to open December 4, 2025**				

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 that 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.

Wallace State Community College
Department of Nursing Education
CPR Course Options

Emergency Medical Service							
Day							
20218	**EMS100**	Cardiopulmonary Resuscitation I	1	09:00am-02:00pm	F	PS TBA	Lawrence, Gregory A.
20219	**EMS100**	Cardiopulmonary Resuscitation I	1	09:00am-02:00pm	F	PS TBA	Hackney, Casey E.
20220	**EMS100**	Cardiopulmonary Resuscitation I	1	09:00am-02:00pm	F	PS TBA	Lawrence, Gregory A.
20589	**EMS100**	Cardiopulmonary Resuscitation I	1	09:00am-02:00pm	F	TBA	Hackney, Casey E.
20991	**EMS100**	Cardiopulmonary Resuscitation I	1	09:00am-02:00pm	F	TBA	Hackney, Casey E.

*NOTE – the CPR course is a 1 DAY CLASS

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 March1, 2026

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

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
Front Desk	nursingapplicant@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
Logan Whisenhunt	NUR 112 Instructor	8198
Lisa Ellard	NUR 112/113 Instructor	8068
Heather Ashley	NUR 114/211 Instructor	7834
Laura Brock	NUR 112/113/209 Instructor	7870
Amy Burtram	NUR 115/211/ 221 Instructor	8062
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 Elrod	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: 2025 Fall Nursing Pinning Ceremony
- 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

Wallce State Community College
NUR 112 Required Supplies Checklist

	NUR 112 Fundamentals Textbook Bundle Items included: *Thompson: Essential Health Assessment 2e* *Vallerand: Davis's Drug Guide for Nurses 19e* *Doenges: Nurse's Pocket Guide 18e* *Wilkinson & Treas: Davis Advantage for Wilkinson's Fundamentals of Nursing (2 Volume Set) 5e* *Davis: Davis Nursing Consult (2 Year)*	**ISBN: 9781719698405**
	Lab Pack	**SKU: 301968787**
	Undergraduate Health Assessment Online (ShadowHealth)	**ISBN: 9780323753852**
	Official WSCC Nursing Royal Blue Uniform with WSCC patch	
	Official WSCC Nursing Lab Coat with WSCC patch on upper left sleeve	**OPTIONAL**
	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	
	Simple watch with a second hand (no smart watches)	*Any watch with a second hand
	Stethoscope	**Suggested Brands:** 3M Littman Classic II or III 3M Littman Lightweight II SE MDF MD One ADC 6031MCA Adscope Model 603 Premium
	Bandage scissors	**Suggested Brands:** MEUUT Brand Madison 7.5" Premium Stainless Nurse Scissors Prestige Medical 5.5" Nurse Utility Scissors
	Badge holder (must hold a vertical badge)	
	Blood pressure cuff	**Suggested Brands:** Paramed Aneroid Sphygmomanometer Dixie EMS Deluxe Aneroid Sphygmomanometer MDF Calibra Aneroid Premium Sphygmomanometer
	Penlight	**Suggested Brand:** CAVN Pen Light with Pupil Gauge LED
	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	
	Printer	WSCC Library charges .10 a page to print

F.A. DAVIS

SAVINGS PACKAGE

20% OFF + FREE SHIPPING

Use Promo Code: JZSC2BJZ

Wallace State Comm College

Wallace State ADN Funds Bundle

4 EASY STEPS!		
1. Visit **FADavis.com**		
2. Enter the **13-digit ISBN** to the right.	Package ISBN13:	**978-1-7196-9840-5**
3. Click **Add to Cart**	Special Package Price	**$329.97**
4. Enter Student Promo Code **JZSC2BJZ**	Price with Promo Code*	**$263.98**
	YOUR TOTAL SAVINGS	**$339.72**

Your Promo Code can be used for any purchase on **FADavis.com**

***Code cannot be redeemed in the bookstore**

Author/Title/Edition
1. Doenges: Nurse's Pocket Guide 17e – **Include disorder and lookup and digital resources**
2. Vallerand: Davis's Drug Guide for Nurses 19e – **Includes access to Drugguide.com for one year**
3. Wilkinson & Treas: Davis Advantage for Wilkinson's Fundamentals of Nursing (2 Volume Set) 5e
4. Davis: Davis Nursing Consult (2 Year) – **All digital web and app**
5. Thompson: Essential Health Assessment 2e – **Print Title**
6. Thompson: Essential Health Assessment 2e – **Access Card to eBook**

Make sure your package arrives in time! Place your order three weeks before you need it.

As soon as your order is shipped, we'll send you an email with the information you need to track your delivery.

*Promotional offer applies to products purchased on FADavis.com and may not be combined with any other offer. Valid for individuals in the U.S. only. Free standard shipping for individuals within the continental U.S. only. Offer and free shipping are not valid for institutional purchases.

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 2026**
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!

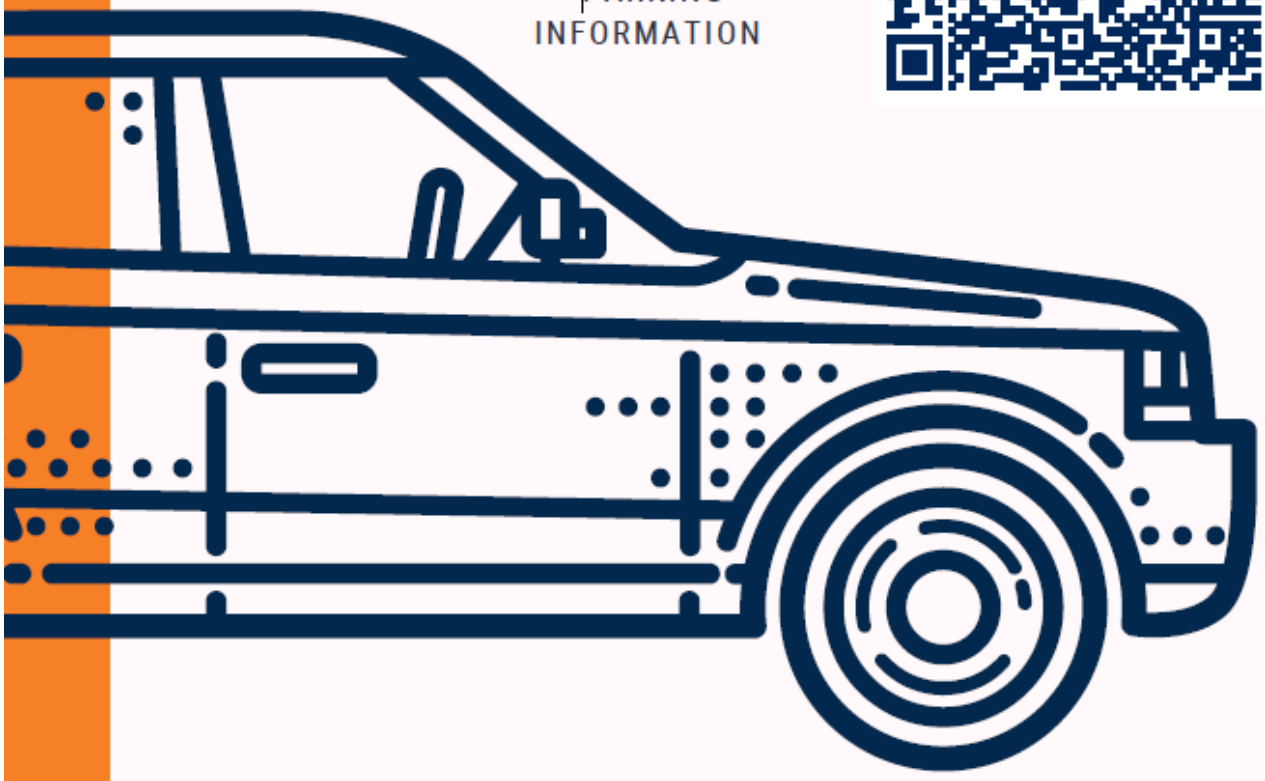
Wallace State Community College Resources

Tutoring Lab - Free (English, math, science and more)	**JBC 8th Floor / 256-352-7821** **Mon-Thurs 8am -6pm /Fri 8am -2pm**
Lion's Kitchen (free food pantry open to all WSCC students)	**Student Center Rm 106 / 256-352-8462**
Paw's Pantry (free snacks for nursing students)	**CNS 3rd Floor – Located in student kitchen**
Mother's Lounge (private room for nursing mothers – with refrigerator for storage)	**CNS 3rd Floor / 256-352-8199**
Mental Health Counseling - Free (Completely confidential, virtual options also available)	**JBC 3rd Floor Rm 306 / 256-427-9336** **Office Hours: Mon-Thurs 7am -7pm** **After hours call/text – 256-783-2014**
Wallace State Cares	**256-352-8234** **wallacestatecares@wallacestate.edu**
Nursing Scrub Closet	**CNS 3rd Floor/256-352-8199** **nursingapplicant@wallacestate.edu**

WALLACE STATE
2025-2026
PARKING PERMIT

REGISTER
VEHICLE

PARKING
INFORMATION



Please complete the Nursing Student Success Inventory

*IMPORTANT

Required Forms to be Completed

Wallace State Community College
Department of Nursing Education
Request for Influenza Vaccine Exemption

Request for flu exemption must be submitted to CastleBranch no later than October 1 each year. A licensed physician, physician assistant, or nurse practitioner must complete the medical exemption statement and provide his/her information below. I understand that should my exemption application be approved and should the prevalence of influenza within the community rise to a concerning level, WSCC-DNE Administration may institute additional controls to limit the spread, such controls may include wearing a face mask or clinical reassignment.

Student ID: _____ Student Name: _____

Cell Phone : _____ Email Address: _____

Date: _____ Signature _____

I am requesting exemption from the influenza vaccine for the following reason:

☐ Medical (must complete Provider Section below)

☐ Non-Medical (Religious/personal)

Provider Section

Physician/Provider Instructions: Completing this form verifies that different methods of vaccinating against influenza have been considered, and that the following medical contraindication precludes vaccination for influenza. Guidance for medical exemptions for influenza vaccination can be obtained from the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP), available in the Centers for Disease Control and Prevention publication, Morbidity and Mortality weekly report: cdc.gov/flu/professionals/acip/index.htm.

Document the patient's CDC contraindication to receiving the influenza vaccine. If more space is needed, attach additional sheets to this form.

☐ History of Guillain-Barre syndrome ☐ Full Medical Exemption

☐ Anaphylactic reaction due to components of flu vaccine ☐ Partial Medical Exemption

Provider's Comments:

_____

Signature of Health Care Provider: _____

Printed Name of Health Care Provider: _____

Date: _____

Last revised 03/2025

Wallace State Community College
Department of Nursing Education
Documentation for Clinical Absence

Online form submission link: https://forms.office.com/r/qN8uNYvYpa or scan QR code to submit online form

STUDENT Name (Please print) _____

STUDENT NUMBER (A#)_____

Circle Course: 112 113 114 115 209 211 221

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 submitted and 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

Date of Absence: _____ 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#_____

Parent's Signature_____ Date_____
If Student is a minor

Clinical Coordinator Use Only:

Date Received: _____ Signature: _____
(rev. 03.2025)

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 able 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, etc.
- Leaving test area without authorization.
- Possessing and/or using cell phones or other electronic devices.
- 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, etc.
- Altering or misrepresenting examination scores.
- Unauthorized reproduction and/or dissemination of test material

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

Student Printed Name	Student Number	Student Signature
Date		Parent/Legal Guardian Signature (if student is a minor)

Acceptable Use of Technology Resources Policy

These guidelines set forth standards for the responsible and acceptable use of all Wallace State Community College (WSCC) technology resources. Technology resources are defined as all WSCC owned host systems, personal computers, laptops, printers, software, communication devices, interactive video equipment, peripherals and supplies. The standards supplement existing college policy as well as applicable state and federal law or regulations.

The College's technology resources are intended to support the research and educational endeavors of students, faculty and staff. Access to and use of these resources is a privilege and should be treated as such. All students, faculty and staff who access the technology resources are responsible for seeing that the resources are used in an ethical and lawful manner. Unacceptable use is prohibited and can result in privileges being suspended, disciplinary action (to include suspension or dismissal from WSCC), and/or criminal prosecution.

User Responsibilities

1. Users are expected to use technology resources in a responsible and appropriate manner.
2. Educational and research use of campus resources take precedence over any personal use. Use of resources for personal activities such as reading of personal e-mail and internet searches is acceptable as long as it does not prevent someone from using the resource for an institutional purpose and does not violate any of the unacceptable use guidelines.
3. College students, staff and faculty will have priority over community users.
4. Access to technology resources is provided on a first-come, first-served basis and usage may be limited in times of high demand.
5. The user assumes responsibility of the WSCC assigned username and password.
6. All users must adhere to copyright laws. WSCC is not responsible for copyright infringement by a user. Such responsibility shall be solely with the user.
7. Artificial Intelligence (AI) tools and technologies must be used responsibly and ethically. Students are responsible for understanding and adhering to departmental and course requirements regarding AI usage and penalties.
8. Information passing through or stored on any WSCC electronic network, communication or computer system may be seen by others for a variety of reasons. Electronic transactions may be subject to inspection by WSCC without notice.

Unacceptable Use

The following activities are prohibited on all WSCC technology resources. The activities listed are for reference and are not intended to be all inclusive.

1. Altering system software or hardware configurations without authorization of the WSCC Campus Technology department.
2. Accessing, via the internet or any other means of broadcasting, pornographic, obscene, violent or questionable material. Use of resources for gambling, racism, harassment or political campaigning is also prohibited.
3. Using technology resources for illegal activities. Accessing or attempting to access another user's files, e-mail or other resources without their permission.
4. Allowing unauthorized users to utilize your account, username or password.
5. Using technology resources for commercial or profit-making purposes without written authorization from WSCC.
6. Installing, copying, distributing or using software that has not been authorized by the WSCC Campus Technology department.
7. Originating or proliferating electronic mail, broadcasts or other messages that may be deemed as obscene, abusive, racist, or harassing.
8. Creating and/or distribution of viruses or other destructive programs.
9. Unauthorized release or disclosure of any confidential college or member information.

Conditions of Use

1. As a condition of access to use the technology resources, all students must read this policy and are required to sign an acceptable use agreement form.
2. Students who violate this policy are subject to disciplinary action, up to and including dismissal following guidelines provided in the college catalog.

(revised 03/2025)

I have read the above Policy on Acceptable Use of Technology Resources. I understand the above policy and agree to abide by its guidelines. I also understand the possible penalties associated with failure to adhere to the policy.

Student Printed Name	Student Number	Student Signature
Date		Parent/Legal Guardian Signature (if student is a minor)

Activity General Release, Indemnity, and Waiver of Liability

In consideration of Wallace State Community College allowing me (or my child or ward) to engage in all activities related to the event referenced below, the Undersigned, for himself/herself and his/her personal representatives, assigns, heirs and next of kin, or any of them or for and on behalf of themselves and their child or ward:

1. Hereby releases, waives, discharges, and indemnifies Wallace State Community College, the Alabama Community College System, the Board of Trustees of the Alabama Community College System, and their respective members, officers, employees, volunteers, and agents (hereafter, "Releasees") from and against all liability to the Undersigned, his/her personal representatives, assigns, heirs, and next of kin for all losses or damage of any kind or nature and any claim or demand therefore on account of injury to the person or injury resulting in death of the Undersigned or property damage, whether caused by the negligence of Releasees or otherwise while the Undersigned (or their child or ward) is being transported to and from or while participating in the below described event/activity.
2. Hereby covenants not to sue and agrees to save and hold harmless the Releasees and each of them from any and all losses, liabilities, damages, costs, actions, claims, or demands of any kind and nature whatsoever which may arise out of or relate to, directly or indirectly, the Undersigned's (or their child or ward's) participation in the below described event/activity, including but not limited to, while a passenger in, embarking or debarking any vehicle, bus, airplane, or other mode of transportation whether caused by the Releasees or otherwise.

Program of Study: _____

Location: Hanceville Campus or Oneonta Instructional Site

Emergency Contact: _____ Phone: _____

Relationship: _____

Medications you are currently taking and Medication Allergies (optional):

_____

The Undersigned is fully aware of the risks and hazards associated with this event/activity and hereby voluntarily elects to participate in said event with the knowledge of the danger involved. The Undersigned hereby voluntarily assumes all risk of loss, damage, injury, or death that may be sustained by the Undersigned (or their child or ward) while participating in the event/activity and while being transported to and from the event/activity.

Should the Undersigned (or their child or ward) be injured while engaging in the above described event/activity or while traveling to and from the same and the Undersigned is not capable of communicating with medical providers, the Undersigned hereby grants permission to any medical provider to render any necessary treatment to them. The Undersigned hereby agrees to be responsible for the payment for all expenses related to such medical treatment.

The Undersigned expressly agrees that the foregoing Waiver, Indemnity, Hold Harmless and Release Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Alabama and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

The undersigned has carefully read this agreement and fully understands its contents. The undersigned is aware that this is a release of liability against the releases and signs it of his/her own free will.

Student Printed Name	Student Number	Student Signature
Date		Parent/Legal Guardian Signature (if student is a minor)

Background Check Acknowledgment, Consent and Release Form

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 Printed Name	Student Number	Student Signature
Date		Parent/Legal Guardian Signature (if student is a minor)

Campus Photo Release

Office of Communications and Marketing

I (we), the undersigned, do hereby grant to Wallace State Community College, its employees and/or representatives, my (our) unqualified permission to copyright and/or publish and/or sell photographs/video/testimonials of me (us) and/or my child in which I (we) and/or my child may be included in whole or in part, for art, advertising, trade, or any other lawful purpose whatsoever.

I (we) hereby waive any right that I (we) may have to inspect and/or approve the finished product, or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I (we) hereby release, discharge, and agree to save Wallace State Community College from any liability by virtue of any editing, blurring, distortions, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the making of said photographs/video/testimonials, or in any processing tending toward the completion of the finished product.

Student Printed Name	Student Number	Student Signature
Date		Parent/Legal Guardian Signature (if student is a minor)

Clinical Policy for Health Science Division

The following policies are applicable to all Health Division programs at Wallace State Community College. Any breach of these policies may lead to failure of the course in which the student is registered; dismissal from the program; dismissal and/or expulsion from the Health Division or college based on the severity of the breach.

1. All Health Division students are held to the professional, legal, and ethical parameters of the Health Information Privacy and Accountability Act (HIPAA). Breaches of confidentiality of patient information of any kind will not be tolerated (conversation with unauthorized others about a patient, photocopy of chart or protected documentation, taking pictures with a camera of any kind, sharing information with another clinical facility).
2. Falsification of any documentation by a Health Division student (i.e. application, submission of transcripts, drug testing results, physical exam findings, background check, CPR certification, other) will not be tolerated.
3. Falsification of any patient documentation by a Health Division student (ex: charts, flow sheets, medication administration records, others) will not be tolerated.
4. Thievery from the patient or family, the agency, professional colleagues, fellow students by a Health Division student will not be tolerated.
5. Students who are deemed clinically incompetent will be removed from the clinical area. Repercussions are dependent on review of the allegations, demonstration by the student of the skills at the expected level of performance, and evaluation of the student's progress in the program. Repercussions are at the discretion of the reviewer(s).
6. All Health Division students are expected to behave professionally and ethically. Disruptive behavior or language toward patients/family, professional staff or other students (profanity, sexually explicit language or innuendoes, threats to physical or mental safety) will not be condoned.
7. Students must be aware that the clinical agency has the contractual right to prohibit a Health Division student from being placed at the agency. If the program is unable to place the student for completion of course or program requirements, the student will be required to withdraw (or will be administratively withdrawn) from the course/program.
8. Students are required to reveal any personal issues which would prohibit their placement at a particular agency. These issues may include but are not limited to previous dismissal from employment at the specific agency, legal issues involving the student or his/her significant others which are outstanding against an agency or practitioner of the agency, or monetary issues involving the agency (garnishments, lawsuits, etc.).
9. Students are prohibited from attending clinical unless or until medical clearance required by the program has been submitted. This includes but may not be limited to physical exam, drug testing, and validation of immunity by acceptable documentation of immunization or titer levels, and hepatitis B immunization or waiver. Clinical agencies have the right to deny access to the facility based on refusal of immunization by the student.
10. All Health Division students must submit to initial and continuing drug testing at specified intervals, for cause, or at random. Should the student refuse to abide by agency/ WSCC policy he/she will be administratively withdrawn from the course and may be denied readmission to the same or any other Health Division program.
11. All Health Division students must have submitted the initial background and yearly (if required) background check. Should a legal incident occur in which the student is involved, the student has 48 hours to disclose the incident to the program director, course coordinator or Dean of Health Sciences in the absence of the instructor or program director.
12. All Health Division students must be CPR certified at the Health Provider level and must maintain such certification while enrolled in the program. Failure to do so may prohibit the student from completing the clinical assignment and therefore failure in the course.
13. All Health Division students must attend assigned clinical agency orientation appropriate to the clinical assignment. Failure to do so may prohibit the student from completing the clinical assignment and therefore failure in the course.
14. All students are required to have a photo identification badge to utilize clinical agencies. Photo IDs will be scheduled by the faculty during the first program course. The student may be responsible for the cost of the photo ID and any replacement. Students may be dismissed for the day from the clinical

experience l if he/she does not have the ID badge in full sight while in the clinical agency.

15. Wearing the WSCC program uniform or badge is prohibited except for assigned clinical experiences in assigned clinical agencies. Breaches such as wearing the uniform for employment or any nefarious, illegal or unethical purpose will not be condoned.
16. Students are assigned to clinical agencies by the program director, clinical coordinator or designee. Students are not permitted to make individual contacts with agencies for clinical arrangements unless expressly directed to do so by the program director, et. al.
17. In the event of, but not limited to, such circumstances as pregnancy and delivery, hospitalization, prolonged illness or injury or surgery the student will be required to submit verification from the approved health care provider that he/she is fit for duty prior to a return to the clinical area. Pregnant students must submit this verification at the beginning of each academic semester during the pregnancy and following delivery. Failure to do so may result in withdrawal from the clinical area.
18. The program director reserves the right to request that any student submit to reexamination by an approved health care provider if deemed appropriate.
19. Health care agencies may require students to have medical insurance in order to affiliate with the agency. Students must submit proof of health insurance prior to beginning clinical rotations. Students are required to notify the program or clinical coordinator of any changes in insurance status. Students who do not have the appropriate insurance coverage will be required to withdraw or be administratively withdrawn from the course.
20. Health care facilities agree to provide emergency health care with the cost of all such care being the responsibility of the student. The required school accident insurance policy WILL NOT cover all of this expense. Students are responsible for any costs not covered by this policy.
21. No alcoholic beverages or drugs which may cause cognitive impairment will be consumed during clinical rotations or up to 12 hours prior to rotations. Any evidence of alcohol or drug use while on rotations or evidence of impairment due to drugs/alcohol prior to starting the clinical assignment will result in sending the student for a drug test for cause and if positive, immediate suspension from the rotation site. The impaired student will only be allowed to leave with a designated driver.
22. The student will not communicate unprofessionally (argue, solicit professional advice for an illness or disability, other) with any physician, nurse, fellow student, staff member, or preceptor during rotations.
23. The ultimate responsibility for patient care lies with the staff of the rotation site. If a conflict arises between the student and anyone at the rotation site the student will immediately retire from the conflict and notify the Clinical Coordinator or Clinical Instructor as soon as possible or no later than at the completion of the shift.
24. Students will practice universal precautions during all patient care and handling of patient care equipment regardless of the situation.
25. Cell phones and any other electronic devices must not be utilized or visible while in the clinical facility. The clinical supervisor (instructor, preceptor) or the clinical contact identified by the program director is the emergency contact for the student's family or significant other. Breach of this policy will result in the student being dismissed from the site for the rest of the clinical day and the student will be considered absent under the program absence policy.
26. Students should be cognizant of potential danger associated with clinical sites in urban or remote locations and exercise caution when transitioning at the facility. (Revised 04/2016)

Student Printed Name	Student Number	Student Signature
Date		Parent/Legal Guardian Signature (if student is a minor)

Clinical Responsibility and Confidentiality Statement

In discharging my Program responsibilities at the Healthcare Facility, I, the undersigned, agree as follows:

1. To abide by the Policies, Procedures, By-Laws, Rules and Regulations of the Facility and Medical Staff and that I will not disrupt, interfere with or adversely affect the operation and services of the Facility:
2. To comply with all applicable federal, state and local statues and all regulations and guidelines of applicable accrediting bodies in connection with the performance of Program activities:
3. To comply with my responsibility under applicable Federal law and this Agreement to keep confidential any information regarding Facility patients, as well as all confidential information of the Facility. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agrees not to reveal to any third party any confidential information of the Facility, except as required by law of as authorized by the Facility:
4. To obtain prior written approval from the Facility and School before publishing any materials relating to the Program:
5. To be certified in Cardio-Pulmonary Resuscitation (CPR) and provide the Facility with evidence of same if in clinical area:
6. That for and in consideration of the benefits provided me in the Agreement in the form of experience in evaluation and treatment of patients of the Facility, I and my heirs, successors and/or assigns do hereby covenant and agree to assume all risks of, and be solely responsible for, any injury or loss sustained by me while participating in Program operated by School at the Facility unless such injury or loss arises solely out of the Facility's gross negligence or willful misconduct:
7. That I am to be treated as a trainee who has no expectation of receiving compensation or future employment from the Facility or School.
8. To abide by the Policies, Procedures, By-Laws, Rules and Regulations of the Facility and Medical staff and that will not disrupt, interfere with or adversely affect the operation and services of the Facility:
9. To comply with all applicable federal, state and local statues and all regulations and guidelines of applicable accrediting bodies in connection with the performance of Program activities:
10. To comply with my responsibility under applicable Federal law and this Agreement to keep confidential any information regarding Facility patients, as well as all confidential information of the Facility. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agrees not to reveal to any third party any confidential information of the Facility, except as required by law of as authorized by the Facility.
11. To obtain prior written approval from the Facility and School before publishing any materials relating to the Program:
12. To be certified in Cardio-Pulmonary Resuscitation ("CPR") and provide the Facility with evidence of same if in clinical area.
13. That for and in consideration of the benefits provided me in the Agreement in the form of experience in evaluation and treatment of patients of the Facility, I and my heirs, successors and/or assigns do hereby covenant and agree to assume all risks of, and be solely responsible for, any injury or loss sustained by me while participating in Program operated by School at the Facility unless such injury or loss arises solely out of the Facility's gross negligence or willful misconduct:
14. That I am to be treated as a trainee who has no expectation of receiving compensation or future employment from the Facility or School

(revised 02/2003)

Student Printed Name	Student Number	Student Signature
Date		Parent/Legal Guardian Signature (if student is a minor)

Clinical Rotation Contract

I understand that the primary objective of Wallace State Community College is to prepare program graduates to perform competently, safely, and professionally.

In order to achieve this objective, it is necessary that each student complete experience in a clinical agency. Such experience is educational in nature and is designed to develop each student's professional skills in order that each student may demonstrate specific entry-level competencies upon program completion. Program objectives and entry-level competencies are stated in the college catalog.

My signature on this form is to certify that I understand and agree that:

1. Clinical assignments are made based on the availability of clinical sites and the needs of students. Clinical site attendance may require an extended drive. All expenses incurred while enrolled in clinical (gasoline, parking, etc.) are the students' responsibility.

2. Clinical contracts between the clinical facility and the college prohibit students from filing suit against the clinical facility.

3. I am a student in the health science division at Wallace State Community College. My enrollment in a clinical course requires that I be present at all assigned clinical facilities. I am aware that during the time spent at the clinical agency to achieve course objectives I will NOT be considered an employee of the clinical facility or of Wallace State Community College.

4. As a student, I do not expect and will not receive compensation for time spent achieving the objectives of my clinical course from either the college or the clinical facility.

5. I have NOT been promised and am NOT expecting to be offered a job at the clinical agency as a result of my participation in the clinical course.

6. Failure to sign and submit this agreement to the program director will prohibit the college's ability to place me at a clinical facility and will therefore be grounds for dismissal from the program.

7. I will not be paid for any clinical hours.

(revised 04/2025)

Student Printed Name	Student Number	Student Signature
Date		Parent/Legal Guardian Signature (if student is a minor)

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.

Student Initials	
	I am not using any chemical substance for any reason other than its intended proper use.
	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.
	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.
	I have not been convicted of a misdemeanor crime within the last seven years.
	I have not been convicted of a felony.
	I have not been convicted of a sexual offender crime.
	I have not been sanctioned by the Office of the Inspector General (OIG).
	I have not been excluded from the Governmental Services Agency (GSA).

Student Printed Name	Student Number	Student Signature
Date		Parent/Legal Guardian Signature (if student is a minor)

Drug and Alcohol Testing Policy for 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 the next program admission cycle which must exceed one full semester minimally. 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.

c. Negative test results must be kept on file for one year after the student's last date of attendance at the college. Positive test results must be maintained on file for five years after the student's last date of attendance at the college.

IX. Penalties for a Confirmed Positive Drug Test or Refusal to be Tested

a. Positive Test

A student with a positive drug test will be dismissed from the health program. A grade of "F" will be recorded if the student does not officially withdraw. The appeal process is outlined in the college catalog in the health science programs of study section. The College reserves the right but has no duty to lift the prohibition against re-enrollment upon 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 the next program admission cycle which must exceed one full semester minimally after dismissal. Requests should be directed to the Program Director and the Vice President of Students Office. If a readmitted student has a subsequent positive drug screen, the student will be ineligible for admission to any Health Science program at Wallace State Community College. A readmitted student will be subject to random drug screens via the College approved vendor at the student's expense.

b. Refusal to be Tested

A student's refusal at any point to be tested for drugs will result in dismissal from the health program and forfeiture of any health scholarship. A grade of "F" will be recorded if the student does not officially withdraw. The program director shall be notified of any refusal to be tested. The College reserves the right but has no duty to lift the prohibition against re-enrollment 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 the next program admission cycle which most exceed one full semester minimally. Requests for readmission should be directed to the program director and to the Vice President for Students, who will submit the request to the admissions appeal committee for review. The committee will make the final recommendation based on the student's compliance with policy requirements and the readiness to return to a Health Science program. If a readmitted student has a subsequent positive drug screen, the student will be ineligible for admission to any Health Science program at Wallace State Community College.

X. Publication of Policy

The college shall include the policy and procedure for Drug Testing of Health Profession Students in the college catalog, on the college's website, in the student handbook for each program, and other appropriate college publications to ensure adequate notice and distribution. As stated in the disclaimer in the Wallace State Catalog, college policies are subject to change.

(revised 04/2025)

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 both new and existing students will be required to meet the standards of drug screening prior to attending their clinical rotations.

Student Printed Name	Student Number	Student Signature
Date		Parent/Legal Guardian Signature (if student is a minor)

Consent to Alcohol and Drug Testing

I have received and carefully read the drug testing policy and fully understand its contents. I understand that by enrolling in a health professional 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 healthcare 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 the next program admission cycle which must exceed one full semester minimally after dismissal. Requests should be directed to the Vice President of 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 Printed Name	Student Number	Student Signature
Date		Parent/Legal Guardian Signature (if student is a minor)

Exposure Policy

Purpose: The purpose of this policy is to delineate the procedure to be followed when a student or faculty member in any Health Division Program sponsored by Wallace State Community College has an accidental exposure to tuberculosis, blood borne pathogens (including but not limited to HIV and HBV), or other harmful agents including but not limited to chemicals, infectious agents, or radiation. These policies are not intended to supersede the student/faculty's responsibility to use standard precautions and/or appropriate safety measures or equipment while on campus or in clinical lab.

Protocol

1. Determine the type of exposure (tuberculosis, blood borne, other).
2. Initiate the appropriate immediate/emergent exposure protocol.
3. Complete concurrent protocol for follow-up care.
4. Complete post-exposure checklist.
5. Forward all appropriate documentation to program director or Dean of the Health Division.

**It is the responsibility of the program director to ensure that the policy is followed, that the Dean for the Health Division is notified and that appropriate documentation is completed.

Health Division Post-Exposure Management Protocol Glossary of Terms

1. HDSB a health division student currently enrolled in any of the health division programs at Wallace State Community College in which learning activities routinely include contact with patients and/or blood and other body fluids from these patients in a health care or laboratory setting.
2. PEP--post-exposure prophylaxis.
3. Blood borne pathogens pathogenic organisms that are present in blood and blood products and body fluids that may cause disease in humans. May include but is not limited to HBV or HIV.
4. HBV Hepatitis B virus.
5. HIV human immunodeficiency virus.
6. HCV Hepatitis C virus.
7. Exposure--any contact with a harmful agent that requires consideration of PEP.
    a. Percutaneous-needle stick or cut with a sharp object.
    b. Contact--with mucus membrane or non-intact skin (chapped, abraded or afflicted with dermatitis). Exposures are further categorized as to route of exposure, extent of exposure, and duration of exposure as defined below:
        i. Route – percutaneous
        ii. Route – contact
        iii. Route – percutaneous
        iv. Route - inhalation - exposure to an airborne, gas or aerosolized agent by breathing.
        v. Extent - less severe - small amounts of harmful substance involved with a small area of exposure with no penetration of the skin.
        vi. Extent - more severe - moderate amounts of harmful substance involved. Can include a penetrating injury if no injection of agent occurs.
        vii. Extent - extensive - large amounts of potentially harmful substance and/or an exposure over a wide area of the body surface or via a deep penetration of the skin.
        viii. Duration: short - exposure for less than one minute.
        ix. Duration: moderate - exposure for 1 - 4 minutes.
        x. Duration: prolonged - exposure for greater than five minutes.

8. Blood-human blood or components (i.e., platelets, packed red cells, etc.) or products made from blood.
9. Body fluids:
   a. semen or vaginal secretions, or any other body fluid contaminated with visible blood that have been implicated in the transmission of HIV.
   b. cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluid which have an undetermined risk for transmitting HIV.
10. Contaminated--the presence or reasonable anticipated presence of blood or other infectious material on an item or surface.
11. Contaminated material--any laundry, linens, dressings, breakage, paper, equipment or other items which have been or may have been exposed to infectious material and which require disposal according to hazardous waste guidelines.
12. Direct contact--contact with blood or body fluids during which barrier protection was either not used or was ineffective in protecting skin or mucus membranes.
13. Harmful agent--includes but is not limited to any chemical, infectious material, or radiation which has the potential to result in immediate and/or long-term harmful effects to the exposed individual.
14. Other potentially contaminated or infectious material--all human body fluids, especially saliva when oral trauma has or is suspected to have occurred, that is visibly contaminated with blood; all body fluids in situations where differentiation between body fluids is difficult or impossible.
15. Parenteral a route which allows organisms or substances to enter the bloodstream; includes but is not limited to pierced mucus membranes or skin which is no longer intact due to needle stick, human or animal bites, insect stings, cuts or abrasions.
16. Sharps--any object which can penetrate the skin including but not limited to needles, scalpels, broken glass, torn metal, weapons, exposed ends of wires, blades, or scissors.
17. Source individual--any individual whose blood or potentially infectious materials may be the source of exposure for the HDS.
18. Standard Precautions--the procedures which delineate the way the HDS/health care worker treats human blood, blood components, blood products, or body fluids as if they are known to be infectious.
19. Tuberculosis--a chronic infection, most often respiratory, generally transmitted by inhalation or ingestion of infected droplets.

Receipt of Exposure Policy and Control Plans for Students

I have received the Blood-Borne Pathogens & Tuberculosis Exposure Control Plan for Students, have been informed of the correct procedure for control of blood-born pathogens and tuberculosis exposure and understand my role in the exposure control plan. I understand that it is my responsibility to familiarize myself with the information contained in this handbook, as well as remain current regarding any changes. I agree to abide by the policies, procedures, and rules as written in the Blood-Born Pathogens & Tuberculosis Exposure Control Plan for Students of Wallace State Community College.

Student Printed Name	Student Number	Student Signature
Date		Parent/Legal Guardian Signature (if student is a minor)

Post-Exposure Management Protocol for Bloodborne Pathogens

Purpose: The purpose of this protocol is to delineate the procedures to be followed when a student or faculty member in any Health Division program at Wallace State Community College has an accidental exposure to a blood borne pathogen while participating in any college activity. At all times, it is the student/faculty's responsibility to use standard precautions.

Immediate/Emergent Procedures

1. Immediately cleanse the affected area with soap and water.
2. If the skin has been punctured, bleeding should be encouraged if not excessive.
3. If the mucus membrane has been splashed, irrigate copiously with water. **Do not use caustic agents such as bleach to flush the skin or mucus membranes.**
4. Provide applicable first aid.
5. Immediately report exposure to faculty and/or preceptor.
6. Faculty/preceptor will fill out the appropriate risk management report (clinical agency and college) and institute the agency procedure for exposure.
7. Refer the exposed individual to the agency emergency room, private physician, or local Public Health Department for PEP advisement **within 2 hours of exposure**.

***All expenses related to testing and PEP are the sole responsibility of the student.

Concurrent Procedures for Faculty/Preceptor

1. Document the exposure on the appropriate risk management forms for the agency and college.
2. Identify and document the source individual, unless not feasible or prohibited by state or local law.
3. Test the source blood after consent is obtained to ascertain HBV, HCV or HIV infectivity.
4. If consent is unobtainable, document that legally required consent cannot be obtained.
5. If consent is not needed, then test the source blood as soon as possible.
6. If source status for HBV, HCV and/or HIV is known to be positive, then source testing is not necessary. However, collect information about the source's stage of infection (e.g., asymptomatic or AIDS), CD4+, T- cell count, viral load testing, and current and previous antiretroviral therapy. Send information with the exposed individual for evaluation for PEP. If information is unavailable, **do not delay PEP. The regimen, if instituted, can be adjusted if information is available at a later time.**
7. Collect a blood sample for baseline testing from the exposed individual and send for testing if consent is obtained. If consent for HIV serologic testing is not obtained at this time, have the agency preserve the sample for 90 days.
8. Inform the exposed individual of the outcome of source testing.
9. Complete the post-exposure checklist

Post-Exposure Management Protocol for Harmful Agents

Purpose: The purpose of this protocol is to delineate the procedures to be followed when a student or faculty member at Wallace State Community College has an accidental exposure to a harmful agent while participating in any college sponsored activity. At all times, it is the student/faculty's responsibility to use standard precautions, safety equipment for safety procedures.

Immediate/Emergent

1. See immediate assistance from supervisory personnel.
2. Institute agent-specific first aid if appropriate (i.e., flushing copiously for chemical splashes, etc.).
3. Refer student/faculty **immediately** to the ER for follow-up care as indicated.

***All expenses related to transport and care are the sole responsibility of the student.

Concurrent Procedures for Faculty/Preceptor

1. Document exposure on the appropriate risk management forms for the agency and college.
2. Forward copy of agency risk management form and college form to appropriate faculty or program

Conditions of Use

1. As a condition of access to use the technology resources, all students must read this policy and are required to sign an acceptable use agreement form.
2. Students who violate this policy are subject to disciplinary action, up to and including dismissal following guidelines provided in the college catalog.

(revised 03/2025)

I have read the above Policy on Acceptable Use of Technology Resources. I understand the above policy and agree to abide by its guidelines. I also understand the possible penalties associated with failure to adhere to the policy.

Student Printed Name	Student Number	Student Signature
Date		Parent/Legal Guardian Signature (if student is a minor)

Release to Return to Clinical/Fieldwork/Lab Responsibilities

_____, a Wallace State student has been evaluated at this time and can safely return to direct patient care by_____. This includes participation in the clinical 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)

Simulation Center Rules and Procedures

Wallace State Community College Simulation Center (WSCC SC) replicates a simulated clinical/laboratory experience. Therefore, all policies and procedures related to a clinical/laboratory setting will be implemented at the WSCC SC. Please note the following rules and regulations:

1. Participant performance in the Simulation Center may be considered part of the clinical experience and will be evaluated based on specific criteria as outlined by your instructor/facilitator.
2. Participants are to interact with simulators as if they are real clients.
3. Students are expected to follow departmental/institutional policies for clinical dress, preparation, and interaction with peers and clients.
4. The Simulation Center is classified as a clinical space, and all clinical policies and procedures apply.
5. All students are expected to come prepared to the simulated experience and be actively involved in the experience. This is to include any simulation prep assignments to be complete prior to the scheduled simulation. Students with incomplete or missing simulation prep assignments will not be allowed to participate in the simulation.
6. It is recommended to arrive 10 minutes prior to the scheduled simulation. Once a simulation session has begun, students will not be allowed to enter the simulation area and students will be considered absent. All simulation absences must be made up at the time designated by faculty to receive credit for the course. Simulation absences that have not been made up will result in an “I” in the course grade.
7. Only participants will be allowed into the Simulation Center. When entering and exiting WSCC SC, please do so quietly out of respect to others who may be actively participating in a simulation experience.
8. Cell phones are NOT allowed in the Simulation Center.
9. No food, drink, or gum is allowed in the simulation area.
10. Discussion of the simulated experiences will occur in the debriefing phase of the simulated experience. A debriefing session may occur at any time during the simulated experience. Confidentiality is to be maintained regardless of the methods used for communication (real time experience, video recording, and/or verbal communication). In order to maintain an optimal simulation experience for ALL learners, participants are to maintain strict confidentiality of ALL aspects of the simulation experience including but not limited to pre-briefing, in situ and debriefing phases. Breaches of the confidentiality may result in disciplinary action.
11. 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.

(revised 04/2025)

Simulation Center Rules and Procedures Acknowledgment

I have received and agree to abide by the above listed rules and procedures at the Wallace State Community College Simulation Center.

Student Printed Name	Student Number	Student Signature
Date		Parent/Legal Guardian Signature (if student is a minor)

Vaccine Notice for Clinicals

Please be advised that Wallace State Community College's third-party clinical affiliates may have different requirements than WSCC as it relates to the COVID-19 vaccine. Wallace State Community College strongly encourages all students to be vaccinated for COVID-19, but it is not mandatory for attendance. However, third-party health sciences affiliates who partner with WSCC (i.e., hospitals, long-term care facilities, and other healthcare providers) may require students presenting inside their facilities to be fully vaccinated and provide proof of vaccination in order to participate in the clinical portion of Wallace State's health science curriculum. WSCC has no control over policies mandated by these clinical affiliates. Wallace State is not requiring vaccination or proof of vaccination, but its thirdparty clinical affiliates might. Wallace State Community College wants to notify you that if you are unable to adhere to policies mandated by clinical partners, you may be unable to successfully complete courses which require clinicals.

Acknowledgment of Handbook Policies

I have received and thoroughly read the student handbook for the program of study and the Health Science Division Handbook. I understand the policies and requirements contained therein and the responsibilities to be undertaken.

I understand that, with proper notice, the material in this handbook is subject to change or revision, at the Program Director's or the school's discretion. If such a change takes place, I will be made aware of the policy change in writing.

I understand failure to comply with the established policies and guidelines may result in probation or dismissal from the program of study.

I have read and agree to comply with these policies and guidelines.

(revised 04/2025)

Student Printed Name	Student Number	Student Signature
Date		Parent/Legal Guardian Signature (if student is a minor)