Department of Nursing
A.A.S.

Student Packet

Spring 2015
Dear Nursing Student,

It is my pleasure to welcome you on behalf of the faculty and staff of the Nursing Program to Bergen Community College. I wish you success in your professional and personal goals. To that end, myself, the faculty, and staff are committed to assist you as you begin this incredible journey culminating in your entry into the profession of nursing.

This nursing program prepares its graduates to become leaders of tomorrow by integrating classroom content with real life patient interactions in a variety of healthcare facilities. The program uses cutting edge technology such as the Human Patient Simulator to provide simulated experiences. This amazing learning tool enables you to practice your clinical skills before embarking into the clinical areas.

Graduates of the Bergen Community College Nursing Program are sought after by every healthcare facility in the college’s service area. Graduates of the program consistently report that they “were extremely well prepared to begin their nursing career”. Other indicators of success are that the program is fully accredited by the National League for Nursing Accreditation Commission and the New Jersey Board of Nursing.

Your future begins here and now. Best wishes for success.

Sincerely,

Dawn Kozlowski, PhD, RN, CNE
Associate Dean of Nursing
NEW STUDENT ORIENTATION FOR SPRING 2015 SEMESTER

Tuesday, January 13, 2015
9:00am – 3:00pm
Tec Building -- Room TEC-128

ATTENDANCE IS MANDATORY!!!
MANDATORY

NURSING DEPARTMENT REQUIREMENTS

Please read carefully and complete ALL requirements by the deadline listed. Students will not be permitted in classes, labs, or clinicals until all documentation has been received and all requirements have been met.

Deadline for all Requirements to be turned in: JANUARY 5, 2015 (NO Exceptions)

Nursing Department Requirements: (Instructions for each on following pages)

- **BCC Health Services Department Requirements**
  - Medical Exam Form
  - Hepatitis B Acceptance/Declination Form
  - Tuberculosis (TB) Screening Requirement Form
  - Urine Drug Screening Form

- **Malpractice Insurance** (coverage as a Registered Nurse Student)
- **CPR certification**
- **Student Handbook Sign-off Form**

Documents (other than Health Services forms) may be dropped off in B301 during normal business hours, placed in a dropbox outside B301 or mailed to:

Bergen Community College, Department of Nursing
Pamela Forte, Assistant Dean/Clinical Coordinator
400 Paramus Road
Paramus, NJ 07652
HEALTH SERVICES
IMMUNIZATION POLICY FOR ALL NURSING STUDENTS

This informational sheet is provided to assist you and your health provider with all the requirements that are now needed for all Nursing students as well as the Health Professions. Hopefully, this letter may clear up any questions you or your provider may have.

The attached forms must be completed and returned to the Health Services Office on or before January 5, 2015.

1. A recent physical form needs to be filled out by your provider. The physical form cannot be older than 6 months.

2. Our clinical affiliate hospitals have imposed effectively immediately, the following requirements that affect the Health Professions and Nursing Students.

   - All Nursing and Health Profession students are required to have titers drawn for Measles (Rubeola), Mumps, Rubella, Varicella. Laboratory reports must be attached. If the test/titer is negative or equivocal you must be revaccinated.

   - A Hepatitis B Surface Antibody blood titer. If the Hepatitis B titer is negative and you have proof that you did receive the vaccine, you can sign a declination (attached) if you want, but you must submit the three dates in the appropriate area as requested.

   - A recent Tdap vaccine. (Please note that a TD, or Dtap is not in compliance.)

   - Tuberculosis TB screening must be a 2-step. (Form is attached)

   - Drug screening (A form is attached with specific requirements.)

   - Copy of Health/Medical Insurance Company/Group Card. (If you do not have health insurance, you can purchase a limited policy thru the Bursars office. Please contact the Bursars office for more information)

Thank you,
Barbara Buff BSN RN-BC
The Center for Health Wellness and Personal Counseling
Room HS 100

11-2014
Last Name (Please Print)  First  Middle initial (circle)  Student ID or Social Security #

Address: Street  City  State  Zip Code

Contact: Home: _______________  Work:__________________  Cell:_________________  Date of Birth:_______________

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name _____________________________________________________________________________________________________
Contact Home:________________________Work:____________________________Cell:____________________________________

Part A: Student: Please answer all questions as completely as possible.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Explain/List/Date</th>
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<tbody>
<tr>
<td>1.</td>
<td>Head injury/fainting/seizure?</td>
<td>___ ___       _____________________________________________________</td>
</tr>
<tr>
<td>2.</td>
<td>Eye injury/loss of vision?</td>
<td>___   ___       _____________________________________________________</td>
</tr>
<tr>
<td>3.</td>
<td>Broken bone?</td>
<td>___   ___       _____________________________________________________</td>
</tr>
<tr>
<td>4.</td>
<td>Hospitalization or surgery?</td>
<td>___   ___       _____________________________________________________</td>
</tr>
<tr>
<td>5.</td>
<td>Diabetes, Heart, Lung, Asthma, Cancer</td>
<td>___   ___       _____________________________________________________</td>
</tr>
<tr>
<td>6.</td>
<td>Anxiety/emotional/mental illness?</td>
<td>___   ___       _____________________________________________________</td>
</tr>
<tr>
<td>7.</td>
<td>Other health problems?</td>
<td>___   ___       _____________________________________________________</td>
</tr>
<tr>
<td>8.</td>
<td>Allergies: food/medications/environmental</td>
<td>___   ___       _____________________________________________________</td>
</tr>
<tr>
<td>9.</td>
<td>Take any medications regularly?</td>
<td>___         ___       _____________________________________________________</td>
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Part B: Health Care Provider/Physician:

ALL Nursing and Health Profession students are required to have titers drawn for Measles (Rubeola), Mumps, Rubella, Varicella and Hepatitis B surface Antibody. Laboratory reports must be attached. If test/titer is negative or equivocal you must be revaccinated.

Measles (Rubeoia) IgG:  _________       ____________   immune       _____________________

Mumps IgG:                    _________       ____________   immune       _____________________

Rubella          _________       ____________   immune       _____________________

Hepatitis B Surface       _________       ____________   immune       #1______ #2_______ #3_______

Antibody titer date drawn  IgG Titer Value

Varicella IgG        _________       ____________   immune       #1_________ #2_________

(chicken pox)

Date of Tdap _____________________ (Must be within 10 Years)

Tuberculosis TB Screening:  2 STEP required please see attached form.

Name of Health/Medical Insurance Company/Group ____________________________________________________________________________ (copy of card must be attached)

Signature: Health Care Professional/Physician:_________________________________________ Date:__________________

Health Care Address & STAMP: ______________________________________________________________
BERGEN COMMUNITY COLLEGE  
HEALTH SERVICES MEDICAL RECORD  
OFFICE: 201-447-9257 FAX 201-447-0327

ID# ___________________  
E-mail: ________________

THIS MEDICAL EXAM MUST BE RETURNED TO HEALTH SERVICES BEFORE STARTING CLASSES.  
IF YOU ARE A NURSING AND HEALTH PROFESSIONS STUDENT, THIS MEDICAL EXAM MUST BE DATED, SIGNED AND 
STAMPED WITHIN 6 MONTHS OF STARTING YOUR PROGRAM IN ORDER TO BE CLEARED FOR CLINICAL.

Part C / page 2 Health Care Provider/Physician complete:

Patient's Name: ___________________  
Date of Birth: ___________________  
Date: ___________________

Address: Street  
City  
State  
Zip Code

Emergency Contact: Name  
Telephone

Height: _______  
Weight: _______  
Blood/Pressure: _______  
Pulse: _______  
Respirations: _______  
Temp: _______

Review of Systems:

<table>
<thead>
<tr>
<th>Norm</th>
<th>Abnor</th>
<th>Comments/ Description</th>
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<tbody>
<tr>
<td>Skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head, Ears, Nose, Throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glands (cervical, axillary, inguinal)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
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<tr>
<td>Chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs (chronic bronchitis, asthma)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart (murmurs, click, rhythm)</td>
<td></td>
<td></td>
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<tr>
<td>Abdomen (Liver, spleen, masses)</td>
<td></td>
<td></td>
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<tr>
<td>Musculoskeletal</td>
<td></td>
<td></td>
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<tr>
<td>Metabolic/Endocrine</td>
<td></td>
<td></td>
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<tr>
<td>Neurological/Neuropsychiatric</td>
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Allergies to food or medicines: (Please list)

Medical condition(s) requiring ongoing care:

Clinical Impression based on history and physical exam:

MEDICATIONS:

<table>
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<tr>
<th>Diagnosis:</th>
<th>Medication:</th>
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</table>

Recommendations: For this student:

_____ May participate in physical activities

_____ Needs health problems evaluated prior to participation in physical activities

_____ Limit classroom and physical activities as follows:

_____ No participation due to:

Comments or Recommendations:

_________________________  
Signature: Health Care Professional/Physician:  
Date: ___________________

Health Care Address & STAMP:

Please be advised that this information will not be shared. However there may be a time when our Professional Staff may need to confer with other campus Professionals or appropriate health care providers in the event of an emergency.

Rev 7/14
Hepatitis B Vaccine Acceptance/Declination Form

Due to your occupational exposure to blood or other potentially infectious material (OPIM) you may be at risk of acquiring hepatitis B virus (HBV) infection. Hepatitis B vaccination is strongly recommended unless:

1) Documentation of prior vaccination and post-vaccination titer is provided to Health Services
2) Medical evaluation identifies that vaccination is contraindicated.

I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring Hepatitis B virus

Declination Reason:

- I decline because I have received the 3-dose Hepatitis B vaccination in the past. List dates: ________, ________, _______ and send a copy of the vaccination record and post-vaccine titer*.

- I decline because I have evidence of immunity (send a copy of the antibody titer record*).

- Other reason for declination; explain: ______________________________________________

*Send prior vaccination records and/or immunity records

______________________________________________________________  ______________________________
Signature of Student                                                                                   Date signed

______________________________________________                  ______________________________
Students name (print)                                                                                   ID #

______________________________________________
Program of Study
Incoming Nursing/Health Professions Students – Tuberculosis (TB) Screening Requirement

Part A must be completed by you. Part B must be completed by your physician or healthcare provider. Please return the completed form to The Office of Health Services, HS-100, Pitkin Education Center.

Part A

Name: ___________________________ Date of birth: __________

Student ID: ___________________ Email address: _______________________

Home Phone: ___________________ Cell Phone: _______________________

Part B

Tuberculosis (TB) Screening: In order to be cleared for clinical participation, you are required to submit the date and results of either a 2-Step Mantoux Tuberculin Skin Test (TST) dated within 6 months of starting your program OR the results of an interferon gamma release assay (IGRA) blood test such as Quantiferon Gold dated within 6 months of starting your program.

Tuberculin Skin Test (TST) results:

TST(Mantoux) #1: ________ (date administered) ________ (date read- 48-72 hrs. after injection)

Results: positive_______ negative______ (circle one); results must be documented in millimeters.

TST(Mantoux)#2: (administered a minimum of 7 days after TST#1 is read; 1-3 weeks is recommended interval.)

_______ (date administered) ________ (date read- 48-72 hrs. after injection)

Results: positive_______ negative______ (circle one); results must be documented in millimeters.

OR

Results of the Quantiferon Gold blood test may be submitted in place of the 2-Step TST.

___________ (date of blood test) Result: positive negative (circle one) *Lab report of blood test must be attached*

Chest X-ray is required if PPD or Q-Gold result is positive. Chest X-ray must be performed within 6 months of starting your program. Chest X-ray report must be attached. *If result of the Q-Gold blood test is indeterminate, repeat Q-Gold or administer PPD skin test.*

Signature of physician or Healthcare Provider: ___________________________ Date: ________

Healthcare Address Stamp:

Rev 4/13
ATTENTION NURSING AND HEALTH PROFESSIONS STUDENTS
URGENT MESSAGE

Effective IMMEDIATELY, OUR CLINICAL AFFILIATE Hospitals have a new requirement that MANDATES a URINE DRUG SCREENING.

LAB CORP IS THE ONLY ACCEPTABLE LAB TO COMPLETE THIS DRUG SCREENING

You must complete this screening in order to participate in all clinical education for Spring 2015. The screening will cover clinical education for a 12 month period.

Only the approved LabCorp locations below (in Bergen, Hudson, and Passaic Counties) are where you can go to have the screening:

- 464 Valley Brook Road, Lyndhurst, NJ Phone 201-672-0138 Mon-Fri 11 am – 2 pm.
- 170 Prospect Ave. Suite 201, Hackensack, NJ Phone 201-343-0222 Mon-Fri 11 am – 2 pm.
- 522 Central Ave. Jersey City, NJ Phone 201-659-0278 Mon-Fri 11 am -2 pm.
- 3196 Kennedy Blvd. 2nd floor, Union City NJ Phone 201-330-3274 Mon-Fri 11 am –2 pm.
- 209 Lefante Way, Bayonne, NJ Phone 201-436-0129 Mon-Fri 11 am- 2 pm.
- 1011 Clifton Ave. Suite 201, Clifton, NJ Phone 973-365-1186 Mon–Fri 11 am-2 pm.

ONLY CREDIT/DEBIT CARDS OR MONEY ORDER WILL BE ACCEPTED. NO CASH or PERSONAL CHECKS WILL BE ACCEPTED. THE FEE IS $45.

You can also schedule an appointment on-line. The web site is www.LabCorp.com.

YOU MUST BRING:

1. THE ATTACHED COLLECTION AUTHORIZATION FORM
2. A PHOTO ID CARD
3. A CREDIT/DEBIT CARD OR MONEY ORDER FOR $45.00. NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED.

Results are sent directly to the Dean of Health Professions

This test must be done Before January 5, 2015 in order for the results to reach the college before clinical begin

REMINDER YOU MUST COMPLETE THIS Screening IN ORDER TO PARTICIPATE IN CLINICAL EDUCATION FOR THE SPRING SEMESTER!!!

11/18/14
LABCORP WEB COC
COLLECTION AUTHORIZATION FORM

Donor Name: ________________________________

Attn Donor: Please present this authorization form to the collection site upon arrival. Make sure you have a photo ID, and a credit card to pay for the testing or a money order for the exact amount.

Attn Collector:

************ CASH SALES ACCOUNT ONLY ************
Collect $45 for urine test (768889-$30.00; 708008-$10.00; 708776-$5.00)

*** Account Name: BERGEN COMMUNITY COLLEGE RM HS100
*** LabCorp Account #: 29925705-NURSING COC ACCOUNT
*** Test(s) To Be Performed (please check off):

☐ 768889 12-Oxycodone

*** REQUIRED FIELDS

• REASON FOR TEST: ☐ PRE-EMPLOYMENT ☐ RANDOM
• ☐ REASONABLE SUSPICION/FOR CAUSE ☐ POST ACCIDENT
• ☐ PERIODIC ☐ OTHER

Collection Site Locations (only):

Collector: If you have any questions, please contact:

Client Contact: BARBARA BUFF 201-447-9257
OR

OTS Customer Operations: 800 833-3984 option #5
LabCorp Web COC Authorization Form Revised: 10/25/2009
Nursing students are required to purchase liability insurance. You can purchase the insurance from any company, but it must cover you as a Registered Nurse Student for at least the amounts of 1 million dollars ($1,000,000) per individual claim and 3 million dollars ($3,000,000) per aggregate claim.

Many of our nursing students use NSO (Nurses Service Organization) to purchase their liability insurance. This company’s liability coverage for nursing students is now at a level of $1,000,000 per individual claim and $6,000,000 per aggregate claim for a Registered Nurse Student. You can apply online to purchase your insurance from NSO at: www.nso.com or you can call toll free at 1-800-247-1500.

A copy of your Certificate of Insurance must be turned in with your other required paperwork by January 5, 2015.
ALL NURSING STUDENTS ARE REQUIRED TO MAINTAIN CPR CERTIFICATION FROM THE FOLLOWING ORGANIZATIONS ONLY:

American Heart Association
Level: BLS for Health Care Provider Certification

~ Or ~

American Red Cross
Level: CPR/AED for the Professional Rescuer and the Healthcare Provider Certification

*IMPORTANT: Be sure you have registered for the correct level of CPR certification as indicated above. CPR certification must also be from a live, in-person course from either of the organizations listed above. No online CPR certification can be accepted.

Class schedules are available online at the American Heart Association website, www.americanheart.org and the American Red Cross website, www.redcross.org.

The Bergen Community College School of Continuing Education also offers CPR classes that meet our Nursing Department requirements. You can contact the Bergen Community College School of Continuing Education at 201-447-7488 to obtain more information.

It takes a few weeks to receive your official CPR card. Upon receipt of your card, please make a photocopy of the card and submit it with your other required paperwork to the Nursing Office B 301 by January 5, 2015. *If you have not received a copy of your card by January 5, 2015- we will temporarily accept a letter from the CPR course instructor stating that you successfully passed the course (until your card arrives).

Students who are unable to meet the performance criteria for Certification due to health restrictions must:

1. Present a physician’s statement excluding them from this requirement and
2. Attend the theory component of the CPR course.

Proof of exemption must be sent directly to the Nursing Dept. office, Room B-301, from the physician; attendance at the course must be validated.

Deadline for all Requirements to be turned in: JANUARY 5, 2015
Dear Level One Nursing Student:

Welcome to the Nursing Program at Bergen Community College. We have a proud 40+ year history of educating nurses to provide health care to area residents and beyond. The faculty and nursing administration rigorously and regularly reviews student and program outcomes always seeking new ways to improve the teaching/learning process. As a result of our studies, we are so pleased to introduce a program to further aid nursing students to learn the theory and clinical application of theory to nursing practice.

This program is an extension of our long affiliation with ELSEVIER/EVOLVE REACH testing and remediation. You may recognize the name because the entrance examination you took to qualify for the Nursing Program is an EVOLVE product. The program, utilized by numerous nursing programs throughout the country, will include the following products:

- Practice Tests and Case Studies
- Patient Reviews
- Assessment examinations to be offered at the end of each course

This program will provide YOU with personalized electronic remediation content; it will help you address your weaknesses. Your performance will be assessed in accordance with the categories tested on the HESI exit examination AND the national licensing examination, (NCLEX-RN) that you will be required to take to become a registered nurse.

We wish you the very best and will share in your success as you achieve your goal of becoming a registered nurse.

*Dawn Kozlowski PhD, RN, CNE*  
*Associate Dean of Nursing*
You may pick up your ACCESS KEY CODE on

**Tuesday, January 13th, 2015 at New Student Orientation**

**9:00 a.m. in Room TEC-128**

Your online Evolve registration must be completed prior to the start of Spring 2015 classes.
There are many scholarships available for students enrolled in the Nursing Program at Bergen Community College. We encourage all students to take advantage of the financial assistance offered by the scholarships available at BCC.

Nursing student scholarships and the application can be viewed on the Bergen Community College web page via the following link:

http://www.bergen.edu/scholarships
**DEPARTMENT OF NURSING SKILLS KIT**

Your nursing skills kit can be purchased in the Bookstore on the day of New Student Orientation. The cost is $125.00.

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**DEPARTMENT OF NURSING UNIFORMS**

Information on where and how to purchase your uniforms will be released shortly.
NUR 181 - ASSESSMENT
~or~

NUR 182 - PHARMACOLOGY/MATH

NUR 183 – CONCEPTS

~or~


OPTIONAL


NURSING CARE PLAN BOOKS - student choice


WE ARE YOUR BERGEN COMMUNITY COLLEGE BOOKSTORE

AND WE’RE HERE TO HELP

From Orientation to Graduation
We’ve got everything you need!

Textbooks
- New & used books
- Rent-a-Text™
- Digital textbooks

General Books
- Dictionaries & reference
- Study guides & test prep
- Medical reference
- Nursing reference
- Special orders available

Supplies
- School supplies
- Logo binders & notebooks
- Planners & calendars
- Calculators
- Nursing supplies

Services
- Gift cards
- Graduation caps & gowns
- Class rings
- Graduation announcements

Technology
- Academically discounted software
- Printer cartridges
- Laptop bags & accessories

BERGEN COMMUNITY COLLEGE BOOKSTORE
400 Paramus Road | bergenstore.com | /BCCbkstr
The Bergen Community College Bookstore has all the materials students need for their academic courses. Our store carries every textbook requested for all courses, whether the class is taught online or in person. We know that no two students study or learn the same way, which is why we offer the convenience and flexibility to let you decide how, when and where you want to obtain your textbooks and course materials.

**Used Books**
Buying used textbooks saves you money...not to mention trees. Go green and save up to 25% off the cost when compared to new.

**New Books**
Why would you want a new book? Maybe you just love that new book smell or you don’t like to see what other students have highlighted. In some cases, your instructor wants to use a new edition, and there just aren’t any used copies available.

**Digital Textbooks**
Bergen Community College Bookstore offers more digital course materials choices than ever before! From digital textbooks and study guides to complete digital learning environments, we offer course materials to suit your unique learning style. Plus, digital course materials can often be used on the web, mobile and tablet devices, so you can study where and when you want to. Almost all digital textbooks include built-in study features such as searchable text, highlighting and note-taking. Some even offer social learning capabilities that allow you to interact with your classmates and instructors within the text itself.

**Rent-A-Text**
Renting your books through Rent-A-Text offers you the lowest upfront cost while still allowing you to use your books like you would if you bought them (highlighting and notes are allowed!). Just look for the Rent-A-Text logo on our store’s shelves or web page to determine if your book is available for rent. A reminder: to rent, you must be at least 18 years of age, provide ID and contact information, and have a major credit card. Every textbook can be pre-ordered online and picked up in-store, saving you the cost of shipping and time in line. Or shop in our store located at 400 Paramus Road and one of our employees will be happy to help you find everything you need.

All these choices are great, but what you really need to know is which format of book is going to offer you, personally, the best overall VALUE. Remember to consider your own personal learning style, as well as your wallet, when judging the right fit for you.

**Need advice?** Talk to a bookstore associate. Tell them what your needs are, both academically and financially. They can help point you in the right direction.
I hereby certify that I have read each page of the Nursing Student Handbook, that I am fully familiar with the contents of the document, and that I understand and have agreed to the terms and provisions. Any questions that I had about the nursing program and its handbook have been fully explained to my satisfaction.

NAME: __________________________________

please print

SIGNATURE: ______________________________

DATE: ______________________

INFORMED CONSENT

I understand that the nursing program will include academic, laboratory, and clinical experiences and will include direct care or exposure to clients with a variety of illnesses and diseases, and will include the handling of and/or contact with human bodily fluids and tissues. I, therefore, understand that I may or will be exposed to disease causing bacteria and microorganisms.

In consideration of being permitted to participate in the Bergen Community College Nursing Program, I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in the health care field and in particular medical facilities, assume all of the risks and responsibilities surrounding my participation in the nursing program or my independent activities undertaken as an adjunct thereto and further I do for myself, my heirs, and personal representatives hereby agree to defend, hold harmless, indemnify and release and forever discharge Bergen Community College and all of its officers, agents, and employees from and against all claims, demands and actions, or causes of action on account of damage to personal property, or personal injury, disease, death, which may result to me from my participation in this program and my exposure to the risks inherent in this program.

NAME: __________________________________

please print

SIGNATURE: ______________________________

DATE: ______________________

Approved by Nursing Faculty 5/2013

Deadline for all Requirements to be turned in: JANUARY 5, 2015
**Nursing Student Compliance Information Checklist**

**Health Services compliance information**
- Nursing & Health Professions Immunization Requirement Form
- Health Services Medical Record
- Hepatitis B Vaccine Acceptance/Declination Form
- Nursing/Health Professions Students – Tuberculosis (TB) Screening Requirement
- LabCorp urine drug screening

**Nursing Department compliance information**
- Malpractice Insurance
- CPR Certification
- Student Handbook Sign-Off Form

**Day of Orientation**
- Purchase Nursing Skills Kit from Bookstore
- Purchase Textbooks or Bundles from Bookstore
- Elsevier/Evolve registration (Access codes will be handed out at orientation. Registration must be done prior to start of classes)

The above compliance information must be completed and returned by January 5, 2015. Health Services information (the first five), should be submitted to Health Services Department, room HS100.

Malpractice, CPR Certification, and student Handbook sign-off form should be submitted to the Nursing Department, Dr. Pamela Forte, room B301. There is a drop box outside of office B301 if there’s no one there to collect your paperwork.