



Department of Nursing A.A.S.

Student Packet

Fall 2018



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 healthcare facilities 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 Accreditation Commissions for Education in Nursing (ACEN).

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

Sincerely,

*Dawn Kozlowski, PhD, RN, CNE
Associate Dean of Nursing*



NEW STUDENT ORIENTATION FOR FALL 2018 SEMESTER

June 26, 27, and 28, 2018

8:30am-3:30pm

(June 28, 2018 session ends at 5:30pm)

**All sessions will be held in the Technology Building
Room - TEC 128**

ATTENDANCE IS MANDATORY!!!



MANDATORY

NURSING DEPARTMENT REQUIRMENTS

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

Deadline for all Requirements to be turned in: July 30, 2018 (NO EXCEPTIONS)

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

- BCC Health Services Department Requirements
 - ✓ Medical Exam Form
 - ✓ Titers for Measles, Mumps, Rubella and Varicella
 - ✓ Recent Tdap
 - ✓ Hepatitis B Acceptance/Declination Form
 - ✓ Tuberculosis (TB) Screening Requirement Form
 - ✓ Urine Drug Screening Form
 - ✓ Copy of Health/Medical Insurance Company
 - ✓ Flu Vaccine (in season-September-April)
 - ✓ Immunization Requirement Form
- Malpractice Insurance (coverage as a Registered Nurse Student)
- CPR certification
- Student Handbook Sign-off Form

Do not sign until you have read the Nursing Student Handbook. The 2018-2019 nursing student handbook will be available prior to orientation and will be located on the nursing web page:
<http://bergen.edu/academics/academic-divisions-departments/health-professions-division/nursing/>
Please make sure that you sign-off on the 2018-2019 handbook.

Documents (**other than Health Services forms**) may be dropped off and placed in the mailbox directly outside HP 212 during normal business hours, or mailed directly to:

**Bergen Community College
Department of Nursing, HP 212
Darlene Zales-Russamano, Assistant Dean/Clinical Coordinator
400 Paramus Road**

HEALTH SERVICES

IMMUNIZATION POLICY FOR ALL NURSING STUDENTS

READ CAREFULLY AND COMPLETELY

Immunization Policy

To all Nursing, Health Professions Student and Health Professions Staff:

This information sheet is provided to assist you and your health provider with all the requirements that are now needed for all Nursing student, Health Professions and Health Professions staff. Hopefully, this notice may clear up any questions you or your provider may have.

The attached forms must be completed and returned to the Health Services Office before Monday, **July 30, 2018** for the FALL 2018 semester. You are welcome to bring in, fax, mail or email your records.

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

1. A recent physical form needs to be filled out by your provider. The physical form cannot be older than 6 months.
2. All Nursing, Health Professions students and Health Professions staff are required to have titers drawn for Measles (Rubeola), Mumps, Rubella, Varicella and Hepatitis B surface antibody.
Laboratory reports must be attached. If the test/titer is negative you must be revaccinated.
3. If Hepatitis B Surface Antibody blood 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.
4. A recent Tdap vaccine. (Please note that a TD, or Dtap is not in compliance.)
5. Tuberculosis TB screening must be a 2-step for first year students, or a Quantiferon Gold blood test or Spot Blood test. Copy of titer must be attached. (Form is attached for 2-step.)
6. **Drug screening (A form is attached with specific requirements and time frame of when it should be completed by.) Not following the specific dates may affect your externship.**
7. Copy of Health/Medical Insurance Company/Group card. (If you do not have health insurance, you can purchase a limited policy thru the Bursar's office Room L 127. Please contact the Bursar's office Room L127 for more information)
8. Flu vaccination documentation must be submitted in accordance with flu season (Oct-Mar)

Bergen Community College
 400 Paramus Rd. Room HS100
 Paramus, NJ 07652
 Phone: 201-447-9257
 Fax: 201-447-0327

**NURSING AND HEALTH PROFESSIONS
 IMMUNIZATION REQUIREMENT FORM**

Email: _____

_____/_____/_____/ M/F _____
 Last Name (Please Print) First Middle initial (circle) Student ID or Social Security #

-----/-----/-----/-----
 Address: Street City State Zip Code

Contact Numbers: Home: _____ Work: _____ Cell: _____ Date of Birth: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name _____
 Contact Numbers: Home: _____ Work: _____ Cell: _____

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

	Y	N	Explain/List/Date
1. Head injury/fainting/seizure?	_____	_____	_____
2. Eye injury/loss of vision?	_____	_____	_____
3. Broken bone?	_____	_____	_____
4. Hospitalization or surgery?	_____	_____	_____
5. Diabetes, Heart, Lung, Asthma, Cancer	_____	_____	_____
6. Anxiety/emotional/mental illness?	_____	_____	_____
7. Other health problems?	_____	_____	_____
8. Allergies: food/medications/environmental	_____	_____	_____
9. Take any medications regularly?	_____	_____	_____

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 (Rubeola) IgG:	_____	_____	<input type="checkbox"/> immune	_____
	date drawn	IgG Titer Value	<input type="checkbox"/> not immune	Revaccination date if titer is negative or equivocal
Mumps IgG:	_____	_____	<input type="checkbox"/> immune	_____
	date drawn	IgG Titer Value	<input type="checkbox"/> not immune	Revaccination date if titer is negative or equivocal
Rubella (German measles IgG)	_____	_____	<input type="checkbox"/> immune	_____
	date drawn	IgG Titer Value	<input type="checkbox"/> not immune	Revaccination date if titer is negative or equivocal
Hepatitis B Surface Antibody titer	_____	_____	<input type="checkbox"/> immune	#1 _____ #2 _____ #3 _____
	date drawn	IgG Titer Value	<input type="checkbox"/> not immune	Revaccination dates if titer is negative or signed declination
Varicella IgG (chicken pox)	_____	_____	<input type="checkbox"/> immune	#1 _____ #2 _____
	date drawn	IgG Titer Value	<input type="checkbox"/> not immune	Revaccination dates if titer is negative or equivocal

Date of Tdap _____ (Must be within 10 Years)

Influenza vaccination when in season must have signature of administrator (If pharmacy administrator backup required)

Tuberculosis TB Screening: 2 STEP required for first year students, 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: _____

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:** _____

<u>Review of Systems:</u>	<u>Norm</u>	<u>Abnor</u>	<u>Comments/ Description</u>
<u>Skin</u>	_____	_____	_____
<u>Head, Ears, Nose, Throat</u>	_____	_____	_____
<u>Glands (cervical, axillary, inguinal)</u>	_____	_____	_____
<u>Eyes</u>	_____	_____	_____
<u>Chest</u>	_____	_____	_____
<u>Lungs (chronic bronchitis, asthma)</u>	_____	_____	_____
<u>Heart (murmurs, click, rhythm)</u>	_____	_____	_____
<u>Abdomen (Liver, spleen, masses)</u>	_____	_____	_____
<u>Musculoskeletal</u>	_____	_____	_____
<u>Metabolic/Endocrine</u>	_____	_____	_____
<u>Neurological/Neuropsychiatric</u>	_____	_____	_____

Allergies to food or medicines: (Please list)

Medical condition(s): requiring ongoing care: _____

Clinical Impression based on history and physical exam: _____

MEDICATIONS:

Diagnosis:	Medication:

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: _____



400 Paramus Road
Paramus, New Jersey
07652-1595
(201) 447-9257
Fax (201) 447-0327

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:

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

Student ID # _____

Program: _____

Incoming Nursing/Health Professions Students - Tuberculosis (TB) Screening Requirement

Please complete Part A. 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

Print Name: _____ **Date of birth:** _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Part B

Tuberculosis (TB) Screening: In order to be cleared for clinical participation, you are required to submit the date and result of either a PPD skin test OR an interferon gamma release assay (IGRA) blood test such as Quantiferon Gold.

A 2-step PPD skin test is must be done within 6 months of starting program.

PPD (Mantoux) #1 _____ (date administered) _____ (date read 48-72hrs. after injection)

Results: positive _____ negative _____ (circle one); report positive results in
millimeters.

PPD (Mantoux) #2 _____ (date administered) _____ (date read 48-72hrs. after injection)

Results: positive _____ negative _____ (circle one); report positive results in
millimeters.

OR

Quantiferon Gold blood test OR Spot Blood test may be used in place of PPD -Lab report must be attached. Date of test _____. Result: positive / negative (**circle one**)

Chest X-ray is required if PPD or Q-Gold result is positive. Chest X-ray must be performed within 6 months of starting 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:

**ATTENTION NURSING AND HEALTH PROFESSIONS STUDENTS
URGENT MESSAGE: PLEASE READ CAREFULLY AND FOLLOW THE
DIRECTIONS**

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 **FALL 2018 SEMESTER**. The screening will cover clinical education for a 12 month period.

These are the **ONLY AUTHORIZED** sites to have the collections done. **ONLY CREDIT/DEBIT CARDS OR MONEY ORDER WILL BE ACCEPTED. NO CASH or PERSONAL CHECKS WILL BE ACCEPTED. THE FEE IS \$45.** PLEASE SEE LOCATIONS LISTED BELOW:

You can also schedule an appointment on-line at WWW.LABCORP.COM The hours are **ONLY** from 11am-2pm.

1. 401 S VAN BRUNT ST, STE 403	Englewood	201-894-4780
2. 170 PROSPECT AVE STE,	Hackensack	201-343-0222
3. 464 VALLEY BROOK AVE,	Lyndhurst	201-672-0138
4. 401 GOFFLE RD,	Ridgewood	201-493-9245
5. 215 OLD HOOK RD,	Westwood	201-666-6800
6. 92 FERRY STREET, SUITE 101,	Newark	973-991-1482
7. 2040 MILLBURN AVE STE 203,	Maplewood	973-761-0751
8. 1 GREENWOOD AVE STE 102,	Montclair	973-783-4470
9. 393 CENTRAL AVENUE,	Newark	862-234-1621
10. 1011 CLIFTON AVE STE 2C,	Clifton	973-365-1186
11. 1139 MAIN AVENUE,	Clifton	973-777-9062
12. 680 BROADWAY, UNIT B3,	Paterson	862-257-1334
13. 307 HAMBURG TPKE, STE 103,	Wayne	973-790-0350
14. 406 ROUTE 23, SUITE 2,	Franklin	973-823-9701
15. 227 NEWTON SPARTA RD, STE 8,	Newton	973-579-0010
16. 522 Central Ave.,	Jersey City	201-659-0278
17. 3196 Kennedy Blvd. 2 nd Floor	Union City	201-330-3274
18. 209 Lefante Way,	Bayonne	201-436-0129

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 completed between May 11 thru July 23, 2018 only in order for the results to reach the college before clinical begins. It is important you have your test done during this time frame so it can cover you the entire school year. ****

Rev 03/2018



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. NO CASH WILL BE ACCEPTED

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: Darlene Zales-Russamano 201-301-1594

OR

OTS Customer Operations: 800 833-3984 option #5

YEARLY DRUG SCREENING REQUIREMENT FOR ALL NURSING AND HEALTH
PROFESSIONS AT
BERGEN COMMUNITY COLLEGE
SCHOOL YEAR 2018-2019

This information sheet and Lab corp. collection authorization form gives directions on how and when you should visit the lab for your yearly screening. **THIS IS THE ONLY NOTICE YOU WILL RECEIVE ABOUT THIS IMPORTANT CLINICAL REQUIREMENT.**

Your attention in this matter is important as it needs to be completed by **JULY 30, 2018** in order to be cleared for your clinical experience.

If you have any questions, please call the health services office at 201-447-9257.

Thank you,
Dania Huie – Pasigan, RN, BSN

11/15
enclosures

Student ID# _____

Influenza Vaccine Mandatory Reporting

Nursing and Health Professions Students/Staff

Beginning January 1, 2013, the Centers for Medicare and Medicaid Services (CMS) have mandated that hospitals report summary data on influenza vaccination of healthcare personnel (HCP) for the influenza season. The required HCP includes all students and faculty 18 years of age and greater.

Please submit this letter with documentation from your Health Care Provider that influenza vaccination was given. Please note to have your vaccine given in accordance to the flu season. (Oct-Mar)

Print Student Name: _____

Influenza vaccine date administered: _____

Vaccine Lot Number: _____

Vaccine Manufacturer: _____

Expiration Date: _____

If pharmacy or clinical site is administering vaccine, please provide name and address of location.

Signature of Administrator/Physician Stamp or attached copy with the above requirements:

MALPRACTICE INSURANCE

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 (\$6,000,000) 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 **JULY 30, 2018.**

CPR CERTIFICATION

ALL NURSING STUDENTS ARE REQUIRED TO MAINTAIN CPR CERTIFICATION FROM THE FOLLOWING ORGANIZATIONS ONLY:

American Heart Association

Level: BLS 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

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 HP-212 by JULY 30, 2018.** *If you have not received a copy of your card by JULY 30, 2018, 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 HP 212B, from the physician; attendance at the course must be validated.

Deadline for all Requirements to be turned in: JULY 30, 2018



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 affiliated with ATI testing and remediation. You may recognize the name because the entrance examination you took to qualify for the Nursing Program is an ATI product. The program, utilized by numerous nursing programs throughout the country, will include the following products:

- Tutorials and Simulations
- Practice Assessments
- Proctored Assessments
- Active Learning Templates
- Print and eBooks

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 ATI 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

**ENROLLING IN THE
ATI PROGRAM**

**Your ACCESS KEY CODE will be provided on
JUNE 26, 2018 at *New Student Orientation*
8:30 a.m. in TECH 128**

Your online **ATI registration must be completed
prior to the start of Fall 2018 classes.**

NURSING STUDENT SCHOLARSHIPS

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:

<https://bccfscholarships.communityforce.com/>

DEPARTMENT OF NURSING SKILLS KIT

Your nursing skills kit can be purchased in the campus Bookstore beginning June 14, 2018. Please make sure you have your kit by the first day of New Student Orientation, June 26, 2018. The cost is approximately \$130.00.

BERGEN COMMUNITY COLLEGE SCHOOL OF HEALTH PROFESSIONS
DEPARTMENT OF NURSING
CONTENT NURSING SKILLS KIT

QTY	ITEM	COMMENTS
1	Sterile Foley Catheterization Tray	
5 pr	SensiCare Powder Free Synthetic Exam Gloves	
2	IV Set, Primary Tubing (Clearlink continu-flo solution set 112 inch	
2	IV Set Secondary Tubing (Clearlink secondary medication set with blue hanger in bag)	
2	250 ml Sodium Chloride (0.9% or Dextrose) injection USP Solution Bags in clear plastic wrap	
2	50 ml Sodium Chloride (0.9% or Dextrose) injection USP Solution Bags in clear plastic wrap	
1	Suction Catheter Kit sterile/disposable size 14 French	
1	Irrigation Tray with piston Syringe or bulb syringe in long white container	
2	Central Line Dressing Change Tray	
2	Towel/Drape Non-Fenestrated (sterile disposable towel)	
25	Sterile Gauze sponges (4 in x 4 in sterile gauze dressings)	

You will find the Items below in the plastic bag. Tweezers, inner cannula, and cotton balls are for use during Level-2 rotation. Please bring your nursing skills kit to the lab for skills practice and validation.

1	30 or 10 ml vial Sodium Chloride (0.9%), sterile water	
1	Ampule, 10 ml or 2ml glass ampule with liquid content	
1	Practi-Insulin, NPH (cloudy solution)	
1	Practi-Insulin, Regular (clear solution)	
1	Practi-Powder (vial with yellow powder)	
1	Insulin Syringe (1 ml 100 units) 29g x ½ inch	
2	Tie-On Face Mask	
2	Isolation Gown (yellow)	
1	Disposable Eye Light (pen light to check pupil size)	
1	Shiley Disposable Inner Cannula 6DIC (curved round cannula with wings) Tracheostomy inner cannula	
5	Cotton balls	
1	Sterile Thumb Forceps (tweezers)	

1/5/17

PLEASE CHECK YOUR NURSING SKILLS KIT IMMEDIATELY. IF AN ITEM IS MISSING FROM THE LIST, PLEASE NOTIFY THE BOOKSTORE OR BRING THE KIT BACK TO THE BOOKSTORE, TO HAVE THE ITEM REPLACED.

DEPARTMENT OF NURSING UNIFORMS

BELLE UNIFORMS
266 Main Street
Paterson, New Jersey 07505
(973) 977-9733 Fax (973) 684-5266

ORDER FORM -2018

BERGEN COMMUNITY NURSING PROGRAM

Mr. Mrs.
 FULL NAME: Ms. Miss: _____ PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ APT# _____

- | | | | |
|-------------------------|----------------|-------------|----------|
| PANTSUIT w/emblem | sz _____ () @ | \$54.00 ea. | \$ _____ |
| NAME PIN | sz _____ () @ | \$ 7.00 ea. | \$ _____ |
| BANDAGE SCISSORS | _____ () @ | \$ 5.00 ea. | \$ _____ |
| WARM-UP JACKET w/emblem | sz _____ () @ | \$23.00 ea. | \$ _____ |
| MENS TUNIC w/emblem | sz _____ () @ | \$25.00 ea. | \$ _____ |
| MENS SLAX | sz _____ () @ | \$21.00 ea. | \$ _____ |
| MENS WARMUP JACKET | sz _____ () @ | \$26.00 ea. | \$ _____ |

*** MINIMUM 2 GARMENTS IN ANY COMBINATION ***
 WARM-UP JACKET OPTIONAL

OTHER ITEMS AVAILABLE

- | | | | |
|-----------------------------|---------------|-----|----------|
| SHOES style _____ sz _____ | () @ \$ | ea. | \$ _____ |
| STETHOSCOPE KIT color _____ | () @ \$30.00 | ea. | \$ _____ |
| WATCHES | () @ \$ | ea. | \$ _____ |

CASH * MONEY ORDER * CREDIT CARD	Shipping Charge	\$ <u>9.50</u>
* PAYMENT AT TIME OF FITTING *	TOTAL	\$ _____
	AMOUNT PAID	\$ _____
	BALANCE	\$ _____

FITTING HOURS: Monday thru Saturday 10:00a.m. to 5:00p.m. NO APPOINTMENT NEEDED

PANTSUIT: tunic size _____	alter tunic _____
slax size _____	alter slax _____

NURSING STUDENT COMPLIANCE INFORMATION CHECKLIST

Health Services compliance information

- Nursing & Health Professions Immunization Requirement Form
- Health Services Medical Exam Record
- Hepatitis B Vaccine Acceptance/Declination Form
- Nursing/Health Professions Students – Tuberculosis (TB) Screening Requirement
- LabCorp urine drug screening
- Flu Vaccination Form (in season September-April)
- Health/Medical Insurance Company

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
- ATI registration (Access codes will be handed out at orientation. Registration must be done prior to start of classes)

IMPORTANT – PLEASE READ BELOW AND COMPLY

The above compliance information must be completed and returned by **July 30, 2018**. 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**, Darlene Zales-Russamano, Assistant Dean/Clinical Coordinator Room HP 212B. There is a drop box outside of office HP-212 if there's no one there to collect your paperwork.