Department of Nursing
A.A.S.

Student Packet

Fall 2019
Dear Incoming Nursing Students,

As you begin, I personally want to welcome you to the Bergen Community College Student-Nursing Program. Each professional in the Nursing Department, faculty, staff, and administration, are here to assist you in your endeavors. Together we will support and encourage you to attain your goals of becoming a registered nurse.

Our state-of-the-art Health Professions Integrated Teaching Center fosters a collaborative environment using the most current methodologies. Various disciplines interact with each other to simulate live clinical experiences in our Interdisciplinary Center for Simulation. Our experienced nursing faculty provide students with the opportunity to bridge the theory-practice gap by providing real world experiences to prepare you to become leaders of tomorrow.

Bergen Community College Nursing Program has a reputation of excellence. The health care facilities with whom we work, welcome and encourage our students to develop and grow in the learning process and in the profession of nursing. Our Nursing Program is accredited by the Accreditation Commission for Education in Nursing (ACEN), which is an indicator of the success of our program.

The faculty, staff and I wish you a successful year!

Sincerely,

Darlene Zales-Russamano
Darlene Zales-Russamano
Assistant Dean/Clinical Coordinator Nursing Program
NEW STUDENT ORIENTATION FOR FALL 2019 SEMESTER

ATTENDANCE IS MANDATORY!!!

June 25, 26, and 27, 2019

The schedule is as follows:

Day 1: June 25, 2019
8:00 a.m. – 5:30 p.m.
Room HP-302 and HP304

Day 2: June 26, 2019
8:30 a.m. – 3:30 p.m.
Room #: Tech 128

Day 3: June 27, 2019
8:30 a.m. – 3:30 p.m.
Room HP-302 and HP-304

Please make your own arrangements for lunch.
MANDATORY

NURSING DEPARTMENT REQUIREMENTS

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 25, 2019 (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-October - March)
  - Immunization Requirement Form

- Malpractice Insurance (coverage as a Registered Nurse Student)

- CPR certification

- CHBC - Criminal History Background Check / Adam Safeguard & Inquiry Systems Inc.

- Student Handbook Sign-off Form
  Do not sign until you have read the Nursing Student Handbook. The 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 2019 handbook.

- Copy of your Student Identification Badge and Student ID Number

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
Paramus, NJ 07652
READ CAREFULLY AND COMPLETELY

IMMUNIZATION POLICY

To all Nursing Fall 2019 Students 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 students 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 Thursday, July 25, 2019 for the FALL 2019 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 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 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)

(Rev. 3/2019)
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: ________________________________

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.

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: date drawn IgG Titer Value __________________________

Mumps IgG: date drawn IgG Titer Value __________________________

Rubella (German measles IgG) date drawn IgG Titer Value __________________________

Hepatitis B Surface Antibody titer date drawn IgG Titer Value __________________________

Varicella IgG (chicken pox) date drawn IgG Titer Value __________________________

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: _______

Review of Systems: Skin

Head, Ears, Nose, Throat

Glands (cervical, axillary, inguinal) __ __

Eyes __ __

Chest __ __

Lungs (chronic bronchitis, asthma) __ __

Heart (murmurs, click, rhythm) __ __

Abdomen (Liver, spleen, masses) __ __

Musculoskeletal __ __

Metabolic/Endocrine __ __

Neurological/Neuropsychiatric __ __

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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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.
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: ________________________ E-mail 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: ______________

11/16
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
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:

________________________________________________________________________________

Rev. 3/18
YEARNLY DRUG SCREENING REQUIREMENT

ALL NURSING AND HEALTH PROFESSIONS
BERGEN COMMUNITY COLLEGE
SCHOOL YEAR FALL 2019 – SPRING 2020

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 25, 2019 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
ATTENTION NURSING STUDENTS FALL 2019
URGENT MESSAGE: PLEASE READ CAREFULLY
AND FOLLOW THE DIRECTIONS

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 2019 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. 1401 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. 2nd 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 Associate Dean / Clinical Coordinator of Health Professions

**This test must be completed between July 5, 2019 thru July 25, 2019 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.**

3/2019
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

Attention 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
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 25, 2019.
ALL NURSING STUDENTS ARE REQUIRED TO MAINTAIN CPR CERTIFICATION FROM THE FOLLOWING ORGANIZATIONS ONLY:

AMERICAN HEART ASSOCIATION

Level: BLS 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

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 25, 2019.

* If you have not received a copy of your card by July 25, 2019, 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 25, 2019
Dear Student,

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) now requires all healthcare students to have their identity verified and a criminal history search conducted prior to being allowed to participate in any cooperative educational program. In order to facilitate these requirements, Bergen Community College has engaged Adam Safeguard to provide necessary service.

The fee is $45.50 for the base package to include system usage, profile storage, Social Security Trace, National Sex Offender Search, an OIG Sanction Search, and New Jersey Criminal History Search. Your Social Security Trace will dictate what venues are searched. If any address in any additional state is found, we are required to search the county found in that state. The fees for additional locations are as listed and are in addition to the package price above (NJ Sales Tax will be added):

• NY - $75
• PA - $20
• All other states by county - $10 each (plus any county court fees, if any)

INSTRUCTIONS:
• Go to www.adamsafeguardstudents.com
• Click on “Order Student Background”
• You will be required to enter School Code: bccn

Be sure to include newupdate_automail@adamsafeguard.com in your address book so the completed background report will not go into your spam mail.

PLEASE NOTE:
• The charges on your credit card will reflect the name Adam Safeguard.
• For those not utilizing a credit card you should complete the form, print it and send it with a bank check or money order to Adam Safeguard, 1187 Washington Street, Suite #2, Toms River, NJ 08753.

Please note that because of the timeframe involved in the return of the NJ Statewide Criminal History Searches (10 business days) we ask that you do not contact Adam Safeguard with inquiries regarding completion of searches before the 10-day mark. Unfortunately, we cannot inquire the status of these reports, nor can we expedite them in any way. If you need to contact Adam Safeguard, please call us at (732) 506-6100.

Although we are approved by Bergen Community College, you are Adam Safeguard’s client. You are entitled to:
• Our support
• Our best service
• As many copies of your profile as you require at no additional cost
• Indefinite profile storage
• Additional information to be provided on how to correct discrepancies
• If a discrepancy is located in your criminal history search, Adam will provide you with the necessary information regarding correct procedure on how to correct, admit, deny or dispute the claim(s).
• If a discrepancy is found in your Social Security Trace, we will provide you with the necessary information on how to identify and correct possible fraudulent activity.

1187 Washington Street – Suite #2
Toms River, NJ 08753
(732) 506-6100
www.adamsafeguard.com
Frequently Asked Questions:

• Will I be charged if I have lived outside of NJ? If so, how much?
  • Yes. The charge is $10 for each County (plus county court fees if any - excluding NY & PA). The charge for a NY Search will be $75 and PA will be $20.

• Will my prior arrest, criminal history, conviction, etc. show up?
  • We do not know what arrests, convictions, etc. will show up until the searches have been run.

• How long does the search take?
  • The search will take about 10 business days to complete if the record is clear. If a hit is recovered, it could take about two, even three weeks, to come back depending on the availability of any additional information that may be required to obtain. Unfortunately, we cannot expedite this process, nor can we contact the State Police for updates on results.

• What crimes/convictions/arrests will keep me out of the program?
  • The education and/or medical facilities will determine which applicants they will accept and deny based on the Background Report. Adam Safeguard does not have any authority to make these decisions.

• Who will have access to/see my report? My credit card number? My SS Number?
  • Adam Safeguard will have access to all three indicated above. The medical facility will have access to the reports, which will contain your SS Number.

• When/How will the school receive my report?
  • The education and/or medical facility will be directly linked to our system and they will be able to log in and view your report as soon as it is completed.

• What do I do if an arrest/conviction shows up on my report and it is not me?
  • Adam will provide you with information on how to dispute/deny/admit/correct any discrepancies in your criminal history. These are one page forms that can be found on our web site under “JCAHO Compliance”.

• What do I do if an address that isn’t mine shows up on my Social Security Trace?
  • You may download a form from the web site listed above that will direct you on how to correct any discrepancies found in your Social Security Trace.

• What if I had a PO Box in another state but never lived there?
  • We will still need to run a criminal search in that state, because the general idea is that you still had the opportunity to commit a crime in that area, resident or not.
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 pleased to introduce a program to further aid nursing students to learn the theory and clinical application 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.

Sincerely,

Darlene Zales-Russamano
Darlene Zales-Russamano
Assistant Dean of Nursing / Clinical Coordinator
ENROLLING IN THE
ATI PROGRAM

Your ACCESS KEY CODE will be provided on

**June 27, 2019**

during the *New Student Orientation in*

*Room # HP-302 and HP-304 at 8:30 a.m.*

Your online **ATI registration must be completed**
prior to the start of FALL 2019 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://bergen.edu/community/foundation/scholarships/
Your nursing skills kit can be purchased through M&M Medical Sales, Inc. by completing the form below.

All payments are due prior to July 8, 2019. Please pick up your kit on the first day of Class from Professor Mary Singletary in HP-207. Notify Professor Mary Singletary IMMEDIATELY if any items are missing.

M&M MEDICAL SALES, INC.
356 South Maple Avenue
Glen Rock, New Jersey 07452
(201) 612-9060

BERGEN COMMUNITY COLLEGE, DEPARTMENT OF NURSING
NURSE TRAINING KIT - $125.00

This order form, along with your payment must be received by M&M Medical Sales, Inc. by July 8, 2019.
• Orders received after this time will not be guaranteed for pick up at the designated time and location.

Provided your order is received by the deadline, your Nurse Training Kit will be available for pick up in the Nurse Skills Lab, HP207. Due to FDA regulations, once you receive your Nurse Training Kit, it cannot be returned. The contents of this Kit have been developed in conjunction with your instructors and are required for your program.

Payment is accepted by Cash, Certified Check or Money Order only.
All orders must be delivered or mailed to:

M&M Medical Sales, Inc.
356 Maple Avenue
Glen Rock, New Jersey 07452

BY JULY 8, 2019

Please include the following information:

Student’s Name: ________________________________

Telephone Number: ____________________________

PLEASE RETURN THE ENTIRE ORDER FORM
The Nurse Training Kit is a custom package, which will be made to order for you. If you do not order before the deadline, M&M Medical Sales cannot guarantee the availability of a Nurse Training Kit for you.
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<tr>
<th>QTY</th>
<th>ITEM</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>1</td>
<td>Sterile Foley Catheterization Tray</td>
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<td>5 pr</td>
<td>SensiCare Powder Free Synthetic Exam Gloves</td>
<td></td>
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<tr>
<td>2</td>
<td>IV Set, Primary Tubing (Clearlink continu-flo solution set 112 inch)</td>
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<tr>
<td>2</td>
<td>IV Set Secondary Tubing (Clearlink secondary medication set with blue hanger in bag)</td>
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<tr>
<td>2</td>
<td>250 ml Sodium Chloride (0.9% or Dextrose) injection USP Solution Bags in clear plastic wrap</td>
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<tr>
<td>2</td>
<td>50 ml Sodium Chloride (0.9% or Dextrose) injection USP Solution Bags in clear plastic wrap</td>
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<td>1</td>
<td>Suction Catheter Kit sterile/disposable size 14 French</td>
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<td>1</td>
<td>Irrigation Tray with piston Syringe or bulb syringe in long white container</td>
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<td>2</td>
<td>Central Line Dressing Change Tray</td>
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<td>2</td>
<td>Towel/Drape Non-Fenestrated (sterile disposable towel)</td>
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<tr>
<td>25</td>
<td>Sterile Gauze sponges (4 in x 4 in sterile gauze dressings)</td>
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</table>

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.

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

3/18/2019

**PLEASE CHECK YOUR NURSING SKILLS KIT IMMEDIATELY.**
**DEPARTMENT OF NURSING UNIFORMS**

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

---

**BERGEN COMMUNITY NURSING PROGRAM**

**ORDER FORM -2019**

<table>
<thead>
<tr>
<th>Mr.</th>
<th>Mrs.</th>
<th>Ms.</th>
<th>Miss:</th>
<th>PHONE #:</th>
</tr>
</thead>
<tbody>
<tr>
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**ADDRESS:**
________________________________________________________________________

<table>
<thead>
<tr>
<th>CITY:</th>
<th>STATE:</th>
<th>ZIP:</th>
<th>APT#</th>
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<table>
<thead>
<tr>
<th>PANTSUIT w/emblem</th>
<th>sz</th>
<th>( ) @ $55.00 ea.</th>
<th>$</th>
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</table>

<table>
<thead>
<tr>
<th>NAME PIN</th>
<th>sz</th>
<th>( ) @ $8.00 ea.</th>
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</table>

<table>
<thead>
<tr>
<th>BANDAGE SCISSORS</th>
<th>( ) @ $5.00 ea.</th>
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<table>
<thead>
<tr>
<th>WARM-UP JACKET w/emblem</th>
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<table>
<thead>
<tr>
<th>MENS TUNIC w/emblem</th>
<th>sz</th>
<th>( ) @ $27.00 ea.</th>
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<table>
<thead>
<tr>
<th>MENS SLAX</th>
<th>sz</th>
<th>( ) @ $22.00 ea.</th>
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</table>

<table>
<thead>
<tr>
<th>MENS WARMUP JACKET</th>
<th>sz</th>
<th>( ) @ $26.00 ea.</th>
<th>$</th>
</tr>
</thead>
</table>

* MINIMUM 2 GARMENTS IN ANY COMBINATION *

WARM-UP JACKET OPTIONAL

**OTHER ITEMS AVAILABLE**

<table>
<thead>
<tr>
<th>SHOES</th>
<th>style</th>
<th>sz</th>
<th>( ) @ $ ea.</th>
<th>$</th>
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<table>
<thead>
<tr>
<th>STETHOSCOPE KIT</th>
<th>color</th>
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</table>

<table>
<thead>
<tr>
<th>LITTMAN SCOPE KIT</th>
<th>color</th>
<th>( ) @ $72.00 ea.</th>
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<table>
<thead>
<tr>
<th>WATCHES</th>
<th>( ) @ $ ea.</th>
<th>$</th>
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Shipping Charge $13.50

**AMOUNT PAID** $ 

**BALANCE** $ 

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

<table>
<thead>
<tr>
<th>PANTSUIT:</th>
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<td>slax size</td>
<td>alter slax</td>
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</tbody>
</table>
**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 October - March)
- Health/Medical Insurance Company

**Nursing Department compliance information**

- CHBC – Criminal History Background Check
- Malpractice Insurance
- CPR Certification – **American Heart Association, ONLY**
- Student Handbook Sign-Off Form
- Copy of your Student Identification Badge and Student ID Number

**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 25, 2019.**

Health Services information (the first seven items), 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-212.**

There is a drop box outside of the Nursing office by HP-212 to submit your paperwork.