



Date Received \_\_\_\_\_

**Nursing Fundamentals Application**

**Due 3/31/2023**

*\*STUDENTS NOT RETURNING THE APPLICATION BY THE DEADLINE WILL BE MOVED TO PROVISIONAL STATUS.\**

**There are limited openings for Nursing Fundamentals' students @ CATS**

<b>Student Name</b>	<b>Student DOB</b>
<b>Address:</b>	<b>Student Phone #</b>
<b>Student email:</b>	<b>Personal email:</b>
<b>Parent/Guardian's Name:</b>	<b>Parent phone:</b> <b>Parent email:</b>

Students, please answer the following questions as completely as possible.

1. What careers or occupations have you considered exploring?

a. \_\_\_\_\_

b. \_\_\_\_\_

2. Please include all Health Science CLASSES you have taken, the TEACHER you had, and your final GRADE. If you have not taken the class yet, but have registered to take it for next year, indicate that below as well.

Class	Teacher	Grade
HS1		
HS2		
Biomed Tech		
Foundations of HS		

*\*THE REMAINDER OF THE APPLICATION INCLUDES RESPONSES FOR PARENTS/GUARDIANS.\* Their signature (along with the applicant's) is **REQUIRED**. Both parties should read the remainder of the application in its entirety!*

**Parent Responses Please Initial**

3. Do you give parental approval for this course?	Yes _____ No _____
4. Do you grant permission for your son/daughter to participate in instructional activities located in healthcare agencies (hospitals, physician's offices, dental offices, veterinary offices, health departments, nursing homes, etc.)?	Yes _____ No _____
5. Please select the appropriate response below:	
A. Will you be able to purchase the uniform(s) for your child to wear while in the clinical site (estimated cost \$30-\$40/set)? Cherokee Brand Hunter Green	Yes _____ No _____
B. Will you be able to purchase a watch with a second hand?	Yes _____ No _____
C. Will you agree to your student having a background check, and urine drug screen?	Yes _____ No _____
D. Will you agree for your child to be tested for TB?	Yes _____ No _____
E. Will you agree to attend a parent meeting? <b>(required)</b>	Yes _____ No _____
F. Will you agree for your student to be vaccinated against hepatitis B prior to clinical? (Only for students who have NOT completed the vaccinations) or sign declination.	Yes _____ No _____
G. Will you agree for your student to be vaccinated against COVID prior to clinical or submit a medical or religious exemption to be reviewed by the facility for approval or denial? This is not ISS decision!	Yes _____ No _____
H. Do you understand your student must provide their own transportation to clinical sites and CATS? (Or be able to arrange transportation, with appropriate permissions, with another student.)  <b>Buses are not an option since they do not arrive at CATS on time and must leave CATS campus before dismissal time. Buses do not transport to clinical facilities.</b>	Yes _____ No _____
I. Will you ensure that your student has accident insurance?	Yes _____ No _____

**Student Response Please Initial**

6. Do you have a job?	Yes _____ No _____
6a. How many hours do you work each week? (leave blank if not applicable)	_____ hrs
6b. If the job interferes, are you willing to cut your hours to succeed in Nursing Fundamentals? (leave blank if not applicable)	Yes _____ No _____
7. Do you participate in any sport?	Yes _____ No _____
7a. Which sport? Which semester? (leave blank if not applicable)	_____ Semester _____
7b. If yes, will this sport interfere with your participation and success in Nursing Fundamentals? (leave blank if not applicable) <i>** If you have to leave early or miss class due to sports, the time missed counts against your maximum 18 hours allowed.</i>	Yes _____ No _____
8. Are you or will you be involved in ANY school-sanctioned activities which may result in your missing time in Nursing Fundamentals (such as, but not limited to: pep rallies, prom preparations, competitions or performances, field trips (including Senior trip), club meetings, band, chorus, and club obligations)?	Yes _____ No _____
8a. If your answer is "yes," explain what you will be doing:	_____ _____ _____ _____ _____
9. Do you have a semester preference? (not guaranteed, but considered)	Spring: _____ Fall: _____ Block: ___1/2 ___3/4

**Student AND Parent Response Please Initial**

10. Do you understand that you may not be able to participate in field trips in other classes because of your commitment to Nursing Fundamentals? Time missed with field trips count against allowed missed time for the class. See # 8	S: Yes _____ No _____ P: Yes _____ No _____
11. Do you understand that you will be allowed to miss a <b>MAXIMUM OF 18 HOURS</b> in this class, and that this time includes absences for ANY reason, tardiness, early dismissals, school-sanctioned field trips/activities, etc. Only senior activities such as senior pictures are excused (senior skip day is not excused)	S: Yes _____ No _____ P: Yes _____ No _____

<p>12. Do you understand that you will be wearing your scrubs outfit EVERYDAY, whether at clinical facilities or CATS? You will be expected to have them within two weeks of the beginning of the semester.</p>	<p>S: Yes _____ No _____ P: Yes _____ No _____</p>
<p>13. Do you understand your failure of either the background check or the drug screening could result in immediate dismissal from the program.</p> <p><i>Please sign, date and return the attached permission slip for the background check/drug screen with the application. A background check will be completed at the beginning of either the fall or spring semester, whichever you are accepted in.</i></p>	<p>S: Yes _____ No _____ P: Yes _____ No _____</p>
<p>14. Do you understand that you will be required to wear a mask in the clinical settings during clinical?</p>	<p>S: Yes _____ No _____ P: Yes _____ No _____</p>

**Please ask 2 teachers to complete the letters of recommendation and submit them directly to the Nursing Fundamentals Committee at CATS.**

Nursing Fundamentals gives students the opportunity to obtain knowledge and learn necessary skills to sit for the North Carolina State Board of Nursing Certified Nursing Assistant (CNA) Exam. In order to meet those requirements, students must spend an appropriate amount of time in the class lab setting and in the clinical facilities and have appropriate grades and skill levels. Class size is limited to TEN per the State Board.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Nursing Fundamentals Application Checklist

Due to the Nursing Fundamentals Committee at CATS by **3/31/23**. Please send all of the following in one submittal (if possible) by the date above.

**Mail: 350 Old Murdock Rd. Troutman, NC 28166 (or hand deliver).**

**FAX: 704-978-2792 attention to Jamie Head or Kim Rogers**

**Email: [Jamie\\_head@iss.k12.nc.us](mailto:Jamie_head@iss.k12.nc.us) or [krogers@iss.k12.nc.us](mailto:krogers@iss.k12.nc.us)**

\_\_\_\_\_ Application (this document) make sure all is signed

\_\_\_\_\_ Immunization record

\_\_\_\_\_ 3 Hepatitis B Vaccines (optional)

\_\_\_\_\_ 2 MMR Vaccines (required)

\_\_\_\_\_ TDaP Booster within 10 years (not plain tetanus) (required)

\_\_\_\_\_ 2 Varicella (chicken pox) or documentation of immunity (required)

\_\_\_\_\_ Flu vaccine during flu season. (October-March) (required by facilities for clinical)

- Please realize if the health care facilities we use for clinical experience come under sanctions, we will have to find a different facility which may require other immunizations
- Other facility-required immunizations will be discussed as appropriate (Not due at this time.)

\_\_\_\_\_ Copy of driver's license or explanation of transportation plan

\_\_\_\_\_ Copy of current CPR card (If currently enrolled in HS2, please state)

\_\_\_\_\_ Description of car and license's plate number

\_\_\_\_\_ Signed background check/drug screen **(These will be performed in the class. Just need signature.)**

\_\_\_\_\_ 2 Teacher letters of recommendations (one from a science teacher & 1 from a CTE teacher), to be submitted directly by the teacher.

Health Sciences Education does not discriminate against gender, race, handicaps, limited English speaking persons, or diseases/disorders. **Let it be known that a requirement of the testing agency for CNA is a valid Social Security Card. If students do not currently have one, it is a good idea to start the process of obtaining one. They must present this card to the evaluator at test time or they will not be allowed to sit for the exam.** This is not a requirement for the class, or Iredell-Statesville Schools, but of the testing agency for CNA.

## Nursing Fundamentals Student Application Teacher Recommendation

Student Name: \_\_\_\_\_

**Recommending teacher:** Thank you for taking the time to complete this recommendation form. Your recommendation and comments are valuable to the Nursing Fundamentals, Honors screening committee. The responses you provide **will not** be seen by the student and will be kept in strict confidence by the committee.

The Nursing Fundamentals, Honors courses are designed to help students prepare to become qualified healthcare professionals. Additional expectations and responsibilities will be required of students who enroll in these courses, including participation in clinical rotations in a clinical healthcare setting. This is a serious responsibility because these students will be in direct contact with patients and healthcare professionals. The safety of patients as well as students is imperative. Our clinical sites, including the nursing home, require that participation be limited to those students who are mature enough to function in this complex environment with minimal supervision. Please keep this in mind as you make your recommendation.

On a scale of 1-5, with 1 being the weakest score and 5 the strongest, please rate this student on the following characteristics: (Circle one number per item)

	Weak		Average		Strong
• Responsible for homework, projects & assignments	1	2	3	4	5
• Mature in comparison to his/her classmates & others his/her age	1	2	3	4	5
• Respectful of teachers & other classmates; has a positive attitude	1	2	3	4	5
• Able & willing to follow instructions	1	2	3	4	5
• On task a high percentage of class time	1	2	3	4	5
• Comes to class on time & is well-prepared	1	2	3	4	5
• Actively participates & contributes to class	1	2	3	4	5
• Well-behaved & not a discipline problem	1	2	3	4	5
• Exhibits good problem-solving skills	1	2	3	4	5
• Honest, trustworthy	1	2	3	4	5
• Open to constructive criticism	1	2	3	4	5

Does this student have your recommendation for the Nursing Fundamentals, Honors program?

\_\_\_\_\_ My highest recommendation

\_\_\_\_\_ My recommendation

\_\_\_\_\_ My recommendation with reservation (related comment should be written on back)

\_\_\_\_\_ I am undecided

\_\_\_\_\_ The applicant does not have my recommendation

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Name (Print): \_\_\_\_\_

Subject Area(s): \_\_\_\_\_

**Please do not return this form to the student making the request. Return this recommendation to Nursing Fundamentals Committee at CATS. To ensure confidentiality feel free to place this form in a sealed envelope.**

## Nursing Fundamentals Student Application Teacher Recommendation

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\_\_\_\_\_ My highest recommendation

\_\_\_\_\_ My recommendation

\_\_\_\_\_ My recommendation with reservation (related comment should be written on back)

\_\_\_\_\_ I am undecided

\_\_\_\_\_ The applicant does not have my recommendation

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Name (Print): \_\_\_\_\_

Subject Area(s): \_\_\_\_\_

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## Drug Use & Criminal Record Information

Nursing Fundamental applicants will be required to have a criminal background check and a drug screen to satisfy the requirement of our clinical agencies. These requirements must be met before being allowed into the clinical facility. **This will be completed in the classroom and does not need to be completed prior to admission to the program.**

By signing the drug use and criminal record policy acknowledgement form, students and their parents/guardians agree to use the recommended service provider. They also give permission to allow the host facilities to have access to the results of the criminal background check and drug screen.

Nursing Fundamental applicants need to be aware that if the applicant has any drug use history or criminal record, felony, or misdemeanor, other than minor traffic violations, the applicant may not be allowed to begin clinical assignments or be eligible for licensure in the state of North Carolina. Any student accepted into the Nursing Fundamental Program would have to be “eligible” to be hired by any clinical facility.

Procedures for determining existence of any conviction of a crime/felony, other than a minor traffic violation or for drug screening, may be required by any clinical affiliate. A clinical affiliate may refuse to allow any student access to clinical experiences. Clinical experiences are required for completion of the Nursing Fundamental course. Therefore, if clinical experience is denied by the clinical affiliate, completion of the CNA program is not possible.

### DRUG USE AND CRIMINAL RECORD POLICY

#### ACKNOWLEDGEMENT FORM

I have read and understand the Drug Screen/Criminal Record Background Check policy of Iredell Statesville Schools’ Nursing Fundamentals Program. My signature indicates my willingness to comply with the stated policy. This includes the release of the results of the criminal record and drug screen information to the host facilities.

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*Student Signature*

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*Date*

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*Parent Signature*

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*Date*