

Student Application for FCPS Nurse Aide Program 2023/24
Please write legibly.

Student application and two teacher recommendations (forms attached) are required for consideration of enrollment into the FCPS "Nurse Aide" Program at Fauquier High School. Students participating in the Nurse Aide courses work directly with vulnerable adult patients in health care settings. Students learn and practice patient care skills on each other in the lab to prepare for offsite clinical practice in a skilled nursing home during their school day. Participation and demonstration of lab skills is mandatory prior to clinical experience. Some patients are elderly and need physical care and assistance while others are post-surgical and in recovery/rehabilitative care. This is a professional course to prepare the student for employment in the field. This course is overseen by the Virginia Board of Nursing. There are strict program guidelines for clinical hours and attendance. Professional behavior and appearance as well as participation are required.

At the end of this course you will take the VA State Board of Nursing Exam to earn the Certified Nurse Aide and be able to work in health care facilities at this entry level. This exam includes a written and skills component. Both must be passed to be certified. The exam is \$120.00 and is paid by FCPS. Failure to attend the exam will require reimbursement to FCPS.

Professionalism, regular attendance, dress code standards, responsibility and respectfulness are critical for success in this course.

- Required for course: Hepatitis B Vaccine
- Flu Vaccine
- TB testing at your Dr. office or Medi Clinic
- Uniform for clinicals
- White tennis shoes
- Watch with second hand and waterproof

Last Name _____ First Name _____

Grade Next Year 11 or 12 (please circle) Base School: FHS LHS KRHS (please circle)

Completed/ or will have completed course "Introduction to Health & Medical Sciences" _____
(yes/no) Term/year grade received

Attendance record - days of school missed for the current school year to date (August - May) _____
Please attach attendance record Signature of Attendance Clerk

Why do you want to take the Nurse Aide course?

Are you interested in seeking employment as a Nurse Aide upon completion of this course?

What are your career interests and/or goals?

Teamwork is important to provide patient care. Do you feel you are able to interact with classmates and facility staff to provide care in a professional manner? Please explain.

Teacher Recommendations – It is the **applicant's** responsibility to provide a recommendation from to **two** teachers.

Please list the teachers who will be providing a recommendation for you. *The teacher will return the recommendation form directly to Mr. Bjorkman. You can use your current Intro to Health & Medical Sciences teacher as one reference.*

1 _____

2 _____

Teacher's Name (Print)

Teacher's Name (Print)

I certify that all of the information on this application is true and correct to the best of my knowledge. I have read the basic requirements for the Nurse Aide course and understand the important nature of the requirements as well as the examination costs.

Student signature

Date

I have read the application completed by my child and support participation in the Nurse Aide class. I have read the basic requirements for the Nurse Aide course and understand the important nature of the requirements as well as the examination costs.

Parent Signature

Date

Thank you for your application to enroll in the Nurse Aide courses. An interview with the course teacher may be requested.

FHS Nurse Aide Program
Health & Medical Sciences
Fauquier County Public Schools

CONFIDENTIAL

Please return directly to Mr. Bjorkman, Director of Counseling

**FCPS Nurse Aide Program 2023/24
Faculty Recommendation Form**

Student Name : _____

This student has given your name as a reference on an application to participate in the FHS Nurse Aide program. Please return this completed form to Mr. Bjorkman, Director of Counseling.

In what classes or activities have you observed this student? _____

	Needs Help	Average	Good	Excellent
Relating to Others				
Punctuality/Attendance				
Cooperation				
Class Participation				
Industriousness				
Reliability				
Scholarship (ability)				
Initiative				
Leadership				
Honesty				

Comments:

Special talents or strong points:

Areas in which student may need assistance:

Teacher's name (print) /School

Teacher's Signature / Date

**FCPS Nurse Aide Program 2023/24
Faculty Recommendation Form**

Student Name: _____

This student has given your name as a reference on an application to participate in the FCPS Nurse Aide program. This recommendation is required for admission. Please return this completed form to Mr. Bjorkman, Director of Counseling.

In what classes or activities have you observed this student? _____

	Needs Help	Average	Good	Excellent
Relating to Others				
Punctuality/Attendance				
Cooperation				
Class Participation				
Industriousness				
Reliability				
Scholarship (ability)				
Initiative				
Leadership				
Honesty				

Comments:

Special talents or strong points:

Areas in which student may need assistance:

Teacher's name (print)/ school

Teacher's Signature/ date