

# P. O. Box 129 Decatur, Mississippi 39327

Tel. No. 601-635-6293 DIVISION OF HEALTHCARE EDUCATION Fax No. 601-635-5472

Email address: eccchealthcare@gmail.com

To: Prospective Student

From: Sheryl Allen, PhD, MSN, RN

Dean of Healthcare Education

Thank you for your interest in a Healthcare Education program at ECCC. You have taken an important step toward a career opportunity in a healthcare field.

The information in this application packet allows the prospective student to apply to the **Associate Degree Nursing Program.** 

The following documents are included in this application packet:

- 1. Memo to prospective student.
- 2. Admission requirements and steps.
- 3. Acceptance Criteria
- 4. Application instructions
- 5. Application
- 6. Entrance exam form.
- 7. Program policies acknowledgement agreement.
- 8. Applicant checklist.

If you have questions about any of the healthcare programs at ECCC, please call the Office of Healthcare Education at 601-635-6293 or one of the faculty located on the website at <a href="https://www.eccc.edu/sites/default/files/adn\_faculty\_contact\_information.pdf">https://www.eccc.edu/sites/default/files/adn\_faculty\_contact\_information.pdf</a>

- \* Please contact the financial aid office to apply for financial aid during the application process. Delay in financial aid request can delay receipt of benefits.
- \*\* 2020-2021 Scholarship application packets will be located at <a href="www.eccc.edu">www.eccc.edu</a> in spring 2020 under the "Scholarship" tab. If you have further questions about scholarships, please contact the ECCC Student Services office.

# EAST CENTRAL COMMUNITY COLLEGE ADMISSION OF ASSOCIATE DEGREE NURSING STUDENTS

The Associate Degree Nursing (ADN) Program is designed to provide educational opportunities for qualified students entering a career as a registered nursing. The curriculum includes a balance of general education, nursing theory, laboratory, and clinical experiences. Graduates of the program receive an Associate of Applied Science Degree (AAS). Candidates that meet the requirements of the Mississippi State Board of Nursing are eligible to write the National Council Licensure Examination for Registered Nurses (NCLEX-RN®). The MS State Board of Nursing may deny any application for licensure due to, but not limited to, conviction of a felony, commission of fraud, or deceit in the application process, or addiction to alcohol or other drugs. The Associate Degree Nursing Program is accredited by the Board of Trustees of State Institutions of Higher Learning (IHL) of Mississippi and the Accreditation Commission for Education in Nursing (ACEN).

## Admission Requirements and Steps:

- 1. The applicant <u>must apply</u> for regular admission <u>and be accepted by the College</u> before applying to the program.
- 2. The applicant must apply to the Associate Degree Nursing Program.
- 3. Applicants must submit **ALL** official college transcripts to the (1) Office of Admissions **AND** to (2) the Office of Healthcare. **BOTH offices must have official transcripts on file**.
- 4. The applicant must have a minimum ACT composite score of 18.
- 5. The applicant must have a cumulative Grade Point Average (GPA) of 2.00 or better.
- 6. All applicants are required to complete Anatomy & Physiology I with lab and Anatomy & Physiology II with lab, or upper level equivalent; Microbiology with lab or upper level equivalent; and earn a grade of "C" or better in each course **prior** to taking the first nursing course. An applicant <u>may</u> be accepted into the ADN program prior to completing these courses, but all courses must be successfully completed during the summer prior to beginning nursing classes in the fall.
- 7. All applicants will be required, at the student's expense, to take an entrance examination test as scheduled by the Office of Healthcare Education. The cost of this exam is \$50.00.
- 8. Applicants chosen for the ADN program will receive Fingerprinting and Background Check information at a later date. (This fee will be \$70.00.)
- 9. After applicants are <u>selected for admission into the ADN program</u>, proof of all items listed below must be submitted before **July 31, 2020**.
  - a. Physical examination by a physician or nurse practitioner obtained in June or July of the year of admission.
  - b. Proof of immunizations against measles, mumps, rubella (MMR), or rubella titer and Varicella or titer.
  - c. Hepatitis B vaccine or titer, or signed declination statement.
  - d. Proof of American Heart Association® Healthcare Provider Basic Life Support course certification completed in June or July of the year of admission).

\*\*\*All submissions are due in the Office of Healthcare Education on or before <u>July 31</u> of the year of admission.

Any student accepted into the ADN program must agree to be randomly tested for drugs and/or alcohol at any point and time while enrolled in the ADN program. The student is responsible for all expenses associated with testing. (Initial drug testing fees are included in the student's course fees assessed by the college). The number of students admitted into the program will vary according to resources available. Qualified applicants will be given priority based on academic records. Students admitted to any nursing courses must adhere to the policies in the current <u>Catalog</u> and the Nursing Student Handbook.

# Acceptance Criteria

To be considered for acceptance into the ADN Program, the applicant's file in the Office of Admissions & Records and the Office of Healthcare Education must be complete by July 31, 2020 deadline. The student is responsible for ensuring data in the files are correct. The nursing admissions committee will review qualified applicants for the ADN program using criteria outlined below and ranked by overall scores. All candidates selected or not selected for admission into the traditional Associate Degree Nursing program will be notified via email by March 31, 2020. Please check your email address on the application for accuracy. Selection for admission into the program is not a guarantee of admission. Applicants must refer to the ECCC College Catalog for post-acceptance requirements.

# **Points Categories**

# 1. Lives within the college district or previously enrolled at ECCC.

| Residence or Enrollment             | Points |
|-------------------------------------|--------|
| Lives within district or previously | 1      |
| enrolled.                           |        |
| Lives outside district or never     | 0      |
| enrolled.                           |        |

# 2. College GPA on ADN Curriculum Courses <u>or</u> High School GPA with no college courses taken:

| GPA        | Points |
|------------|--------|
| 3.5 - 4.0  | 4      |
| 3.0 - 3.49 | 3      |
| 2.5 - 2.99 | 2      |
| 2.0 - 2.49 | 1      |
| Below 1.99 | 0      |

# 3. ACT composite score:

| ACT Composite Score | Points |
|---------------------|--------|
| Above 27            | 6      |
| 24-26               | 5      |
| 21-23               | 4      |
| 18-20               | 3      |

ACT scores below 18 will NOT be considered for admission into the ADN program.

4. Each required science course (A&P I, A&P II, Microbiology) completed with an A=3 points, B=2 points, and C=1 point.

| Sciences              | Po         | oints: |  |
|-----------------------|------------|--------|--|
| completed.            | A=3<br>C=1 | B=2    |  |
| A & P I with lab      |            |        |  |
| A & P II with lab     |            |        |  |
| Microbiology with lab |            |        |  |
| Total                 |            |        |  |

#### 5. Preadmission examination results:

| Pre-entrance exam cumulative score | Points |
|------------------------------------|--------|
| 85% or Above                       | 5      |
| 80% - 84%                          | 4      |
| 75% - 79%                          | 3      |
| 70% - 74%                          | 2      |
| 65% - 69%                          | 1      |
| Below 65%                          | 0      |

Students who have received a grade of "D" or "F" in more than 6 hours in the ADN curriculum will receive a 10-point deduction.

All Healthcare Education Division students must submit fingerprints, which will be transmitted to the Mississippi Department of Health and run through the Mississippi Criminal Information and Federal Bureau of Investigation databases. Nursing student candidates must satisfactorily meet requirements for a criminal history background check. Admission to the program may be rescinded and reversed based on review of the students' criminal history record check. The criminal background check will be conducted prior to admission into the nursing program.

All healthcare education students are required to submit to a criminal background check according to Mississippi law prior to any clinical experience. If the person has ever been convicted of a felony, or pleaded guilty to, or pleaded no contest to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offence listed in Section 45-33-23 (f), child abuse, grand larceny, burglary, gratification of lust or aggravated assault, felonious abuse and/or battery of a vulnerable adult they may not be eligible to attend clinical experience, thus forfeiting their slot in the program. The list is not all inclusive and is subject to criterion set forth by the Mississippi Attorney General's office, laws of the state of Mississippi, and misdemeanors by clinical agencies' judgment for participation in patient or resident care.

Students who refuse to submit to a criminal history background check or fail to submit a satisfactory criminal background check review will be refused entry into the program. If a student has a disqualifying event that he/she believes to be in error, it is the responsibility of the student to clear the record prior to admission into a healthcare program. Students who are dismissed from a Healthcare Education Division program may seek admission into another educational program.

If a student is enrolled in a healthcare education program and is charged with a misdemeanor or felony, the student is responsible for notifying the Dean of Healthcare immediately. Failure to notify the Dean will qualify as grounds for dismissal.

# EAST CENTRAL COMMUNITY COLLEGE HEALTHCARE EDUCATION ASSOCIATE DEGREE NURSING PROGRAM

## **Instructions for Application**

In order to be considered for admission into the Associate Degree Nursing Program, all requirements must be completed and submitted by January 31. Only completed applications will be reviewed. It is the applicant's responsibility to ensure that all documents are on file. Incomplete applications will not be considered.

- \_\_1 Applicants who have not attended East Central Community College are to complete the **APPLICATION for ADMISSION** to the college.
- \_\_2. Apply for **Financial Aid.**
- \_\_3. Applicants who have had a semester break in attendance at East Central Community College are to complete the **READMISSION APPLICATION** to the college.
- \_\_4. <u>ALL</u> applicants must complete the **ASSOCIATE DEGREE NURSING ADMISSION APPLICATION**. Mail all ADN application documents to:

Office of Healthcare Education East Central Community College P.O. Box 129 Decatur, MS 39327

- \_\_5. **ALL** applicants must submit **official transcripts** from **every** college attended other than East Central Community College to:
  - (A) the Office of Healthcare Education (address listed in #3)
  - AND (B) the College Admissions office. \*Order two official transcripts.
- \_\_6. Validated results of ACT scores must be submitted or on file at East Central Community College Office of Admissions & Records. The minimum ACT score accepted for the ADN Program is a composite score of 18. Anything less than 18 will not be considered.
- \_\_7. Proof of current acceptance to East Central Community College must be on file with the Office of Admissions and Records that states you have been accepted to the college.
- \_\_8. ALL applicants must take an entrance exam as scheduled. See attached instructions.
- \_\_9. Deadline for the completed application is **January 31st** for fall admission.
- \_\_10. ALL applicants will be notified via email of acceptance or non-acceptance to the ADN program in March 2020. (Specific date to be determined) Please make sure the email address on the application is LEGIBLE and active. All communication and notifications from the Office of Healthcare Education will be by email.
- \_\_11. Applicants must refer to the college catalog for additional post-acceptance requirements.

Please return to: Office of Healthcare Education East Central Community College P.O. Box 129 Decatur, MS 39327



# HEALTHCARE PROGRAM ADMISSION APPLICATION

| Date received |  |
|---------------|--|
|               |  |
|               |  |
|               |  |
|               |  |

**ECCC Student ID Number** 

**Associate Degree Nursing (ADN)** 

| APPLICANT INFOR       | MATION                    |                        |                  |                        |
|-----------------------|---------------------------|------------------------|------------------|------------------------|
| Name                  |                           |                        |                  |                        |
| Last                  | First                     | Middle/Maiden          | SS#              | DOB                    |
| Addresss<br>Street/Ap | artment Number/P.O. I     | <br>Box City           | <br>State Zi     | p County               |
| Telephone ( )         | ( )_<br>Home              | Cell or Work           | E-mail (p        | lease print clearly)   |
| ACADEMIC INFORM       | MATION                    |                        |                  |                        |
| High School Attended  | d                         |                        | _Graduation Date | <u> </u>               |
| City                  |                           | State                  |                  |                        |
| GED or official state | and locally approved h    | igh school equivalency | exam 🗆 Yes       | □ No                   |
| GED Graduation OR I   | Exam Completion Date      | State Whe              | ere GED or Exam  | Was Taken              |
| ACT: Date Taken       | AC                        | T SCORE                |                  |                        |
|                       | ersities currently or pro | •                      |                  | varded (if applicable) |
|                       |                           |                        |                  |                        |
|                       |                           |                        |                  |                        |
|                       |                           |                        |                  |                        |
|                       |                           |                        |                  |                        |
|                       |                           |                        |                  |                        |

<sup>\*</sup>An official transcript from each institution attended (excluding ECCC), and/or GED or approved high school equivalency exam results must be submitted to ECCC Admissions, P.O. Box 129, Decatur, MS 39327 <u>AND</u> to the Office of Healthcare Education, P.O. Box 129 Decatur, MS 39327 before action can be taken on your application.

| FFLONY/MISDI                            | EMEANOR DECLARATIO  | N                 |             |                        |                                   |
|---|---|-------------------|-------------|------------------------|-----------------------------------|
| Have you ever be                        | een convicted of or have o  | charges pending   |             |                        | isdemeanor in any                 |
| state/jurisdiction                      | n?YesNo If yes,   | please attach ex  | xplanatio   | n.                     |                                   |
| unable to obtain                        | n convicted, pleaded guil<br>licensure/certification of<br>sippi. For more informati<br>llen@eccc.edu | r attend clinical | or obtain   | employment in a lice   | ensed health care                 |
| PREVIOUS HEA                            | LTHCARE PROGRAM EN  | IROLLMENT         |             |                        |                                   |
| -                                       | een enrolled in a school o<br>e following for each prog   | _                 | er health   | related program?       | _YesNo If yes                     |
| Type of<br>Program                      | School  | City              | State       | Dates Attended         | Did you<br>graduate?<br>Yes or No |
|   |   |                   |             |                        |                                   |
|   |   |                   |             |                        |                                   |
|   |   |                   |             |                        |                                   |
|   |   |                   |             |                        |                                   |
| your last semest                        | omplete a nursing progra<br>er completed and/or elig<br>althcare Education.                           |                   |             |                        |                                   |
| If you successful                       | lly completed the prograi   | n, please provid  | le the foll | owing information:     |                                   |
| Date of Li                              | censure/Certification/Re  | gistration        |             |                        |                                   |
| Licensure/Certification/Registry Number |   |                   |             |                        |                                   |
|   |   |                   |             |                        |                                   |
| Are charges pen                         | ding against you concern  | ing licensure or  | practice i  | n any state jurisdicti | on?                               |
| Yes _                                   | No  | ach explanation   | 1           |                        |                                   |
| CERTIFICATIO                            | N   |                   |             |                        |                                   |
| intentionally wit                       | information I have provi-<br>hheld information reques<br>smissal from any prograr                     | sted. I understar |             |                        |                                   |

East Central Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, or age in admission or access to, or treatment, or employment in its programs and activities. Compliance with Title VI of the Civil Rights Act of 1964 and its amendments, Part H of the Higher Education Act of 1964 and its Amendments, Title IX of the Higher Education Act of 1965 and its Amendments, Section 504 of the Rehabilitation Act of 1973 and its Amendments, the Americans with Disabilities Act of 1990, Age Discrimination Act, and the Vocational Education Act is coordinated by the Vice President for Instruction, Walter Arno Vincent Administrative Building, Rm. 171, P.O. Box 129, Decatur, MS 39327. 1-601-635-6202; fax, 1-601-635-4011.

Date

**Applicant Signature** 

# ASSOCIATE DEGREE NURSING ENTRANCE EXAM: HESI A2 with Critical Thinking

You are required to take the HESI Admission Assessment Exam for Associate Degree Nursing at East Central Community College as part of the admission process. HESI Admission Assessment Exams from other nursing programs are non-transferrable to ECCC. Allow approximately four hours to complete all sections of the exam. Follow the steps in order below.

Pay **\$50.00** to the East Central Community College Business Office. You may call the office regarding payment transactions at 601-635-6335. Please Note: Testing fees are non-refundable.

- 1. If payment is made in the business office, you must deliver the receipt and this completed form to the Office of Healthcare Education. If payment is made over the telephone, you are responsible for assuring the receipt and this completed form is delivered to Office of Healthcare Education.
- 2. Please select a test date on this form and forward/deliver the form to: East Central Community College. Attn: Office of Healthcare Education P. O. Box 129 Decatur, MS 39327

NOTE: Applicants will not be scheduled for an exam date until the payment receipt AND this form is received by the Office of Healthcare Education. Scheduling will be made on a first-come basis. Confirmation of the exam date and time will be emailed to applicants. The exam will be administered in the Phil A. Sutphin Building Computer Lab in room #115 on the ECCC Decatur Campus.

| PLACE A (√) BY THE DATE OF YOUR SELECTION | TEST DATE                   | Exam Time | LAST DAY TO PAY THE BUSINESS OFFICE Submit receipt to Healthcare Office by this deadline |
|---|-----------------------------|-----------|--|
|   | Wednesday, December 4, 2019 | 9am-1pm   | November 15th  |
|   | Wednesday, January 8, 2020  | 9am-1pm   | December 6th   |
|   | Friday, January 10, 2020    | 9am-1pm   | December 6th   |
|   | Wednesday, February 5, 2020 | 9am-1pm   | January 17th   |

Free HESI A2 practice questions are available at <a href="http://www.hesia2test.com/">http://www.hesia2test.com/</a> Chemistry and Biology sections are not tested.

**Each testing date is limited to 30 participants**. If your chosen testing date is closed, a new date will be assigned. You will receive a **confirmation email** on your new test date.

#### **TEST DATE INSTRUCTIONS:**

- 1. You **must** be in the Computer Lab by 8:30 a.m.
- 2. You **must** present one form of official photo identification
- 3. Cell phones and electronic devices will not be allowed in the computer station

IF you are applying to the Practical Nursing program **AND** the Associate Degree Nursing program, Please rank program of choice as #1 and #2.

| <br>Associate Degree Nursing |
|------------------------------|
| <br>Practical Nursing        |

# EAST CENTRAL COMMUNITY COLLEGE NURSING PROGRAM POLICIES

## **Criminal History Background**

All Healthcare Education Division students must submit to and satisfactorily complete a criminal background check. Candidacy for admission may be rescinded and reversed based on review of the students' criminal background check. Students and applicants who refuse to submit to a criminal background check will be disqualified as an applicant if seeking admission or readmission to the program. Students and applicants who are disqualified from a Healthcare Education Division program may seek admission into another educational program.

Criminal history record checks will be performed through the legal process of collecting data and fingerprints on all healthcare applicants and students by designated ECCC personnel. Fingerprints and data will be transmitted to the Mississippi Department of Health and run through the Mississippi Criminal Information and Federal Bureau of Investigation databases to complete state and national criminal history background checks.

ECCC performs criminal history record checks pursuant to, but not inclusive to, Section 37-29-232 of the Mississippi Code of 1972, Annotated, Section 43-11-13 of the Mississippi Code of 1972:

If the fingerprinting or criminal history record checks disclose a felony conviction, guilty plea or plea of nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23(g), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and/or battery of a vulnerable adult that has not been reversed on appeal or for which a pardon has not been granted, the student shall not be eligible to be admitted to the health care professional/vocational technical academic program of study.

A comprehensive criminal history search will be conducted through all state and federal databases. All convictions, deferred adjudications or judgments, expunged criminal records, and pending criminal charges will be noted. The student and/or applicant will be responsible for expenses to provide any necessary documentation showing disposition of charges.

Students and/or applicants have the right to review information reported by the Mississippi Department of Health for accuracy and completeness. (See Noncriminal Justice Applicant's Privacy Rights.) Prior to making a final determination that will adversely affect the student, the student will have the opportunity to provide any supporting documentation in disposition of the charge(s). The process to review, challenge, correct, or update erroneous information can be obtained at http://www.fbi.gov/about-us/cjis/background- checks.

Although it is the students and/or applicant's right to withhold the evidence of the criminal background check, the college has to adhere to standards set forth by its clinical laboratory affiliates. Therefore, results must be disclosed to the Dean of Healthcare Education to seek eligibility for any healthcare education program at ECCC. Failure to notify the Dean within seven (7) business days of receiving the report will result in an automatic ineligible status for admission or progression into the healthcare programs of ECCC. Employability is **not** guaranteed in the chosen health education program (Appendix B).

### **Drug & Alcohol Policy**

East Central Community College's Healthcare Division is committed to zero tolerance of the use of illegal drugs and the abuse of legal drugs and alcohol. In addition, the Division strictly prohibits the illicit use, possession, sale, conveyance, distribution, and manufacture of illegal drugs, intoxicants, or controlled substances in any amount or manner; and the abuse of non-prescription and/or

prescription drugs. All Healthcare programs prohibit any student under the influence of alcohol and illegal drugs or substances from participating in a clinical/practicum, educational setting, campus, or any other program affiliate activity.

All students are required to submit a random alcohol or substance screening to designated laboratory personnel following acceptance into a Healthcare Division. The student must provide written consent for the results to be released to the Healthcare Division Dean and/or designee. It is the intent of the Healthcare Division to maintain an environment that is free from substance or abuse. Students who take a prescribed, controlled medication must provide proof of a current prescription by a licensed physician, nurse practitioner, or psychiatrist.

If a student is suspected of being under the influence of alcohol or substances in the clinical/practicum setting, the assigned clinical faculty reserve the right to require a drug and alcohol test. A student's participation in the clinical/practicum program is conditioned upon the student willingness to waive any rights that the student may have, and to consent to, the initial drug testing, and subsequent random or reasonable-suspicion drug and alcohol screening.

Definition of Impairment: A Healthcare Division student who is suspected of any of following will be identified as impaired.

- 1. The student exhibits impaired professional (i.e. academic or clinical) performance in association with observed or alleged improper use of alcohol or drugs.
- 2. The student poses a danger to himself/herself, others, or demonstrates behavior considered disruptive to the goals of academic or clinical programs.
- 3. The student is, or appears to a reasonable observer to be, under the influence of alcohol and/or other drugs in the classroom, clinical, or other campus or professional setting.
- 4. The student is discovered using or found to have possession of any illicit substance on college property or at an event which utilizes the college's name.

For purposes of this policy, the following definitions shall apply:

- 1. Drug/alcohol screen is a forensic drug screen conducted by a licensed drug screening facility. The screen will detect the presence/non-presence of specified drugs or their analogs at standard industry levels indicating a positive (present)/negative (not present) screen.
- 2. Illegal drugs are drugs identified by state and federal law as illegal and include but are not limited to: marijuana, hashish, cocaine (including crack), amphetamines, heroin, PCP, hallucinogens and legal drugs taken without a documented prescription for the student.
- 3. Legal drugs are prescription drugs and controlled substances that are required by law to be prescribed by a physician or licensed health care provider for a specific individual. The drug is considered legal if the person has a written prescription from their health care provider in their name and the dose taken is the dose prescribed.

Reasonable Suspicion Testing means drug and alcohol testing based on the belief that a student is using or has used drugs or alcohol in violation of the Healthcare Division's Drug and Alcohol Policy and will be based on a suspicion of impairment (see definition of impairment above). If the student is required to submit to a drug test under this assumption, the student must undergo the testing within two hours of notification by faculty and the test will be done at the student's expense.

#### **Tattoo Policy**

East Central College's nursing programs require practice in various healthcare agency settings, which mandates students to have <u>no visible tattoos</u>. Tattoos located on the hands cannot be covered with bandages, dressing, make-up or other artificial substances.

## **Americans with Disabilities Act Policy**

The Nursing Programs of East Central Community College do not discriminate against students with disabilities in the admission process. Upon admission, students with disabilities must identify themselves. Determination will be made as to the individual's ability to meet the program objectives with or without reasonable accommodations as determined by the student, the nursing faculty, and the administration of the College. All students are expected to meet the same criteria for progression in the program. Upon completion of the program, all graduates should be able to meet requirements for employment in secondary health care settings.

#### **Procedures**

- 1. Students will be admitted based on the admission criteria in the admission packet and College Catalog.
- 2. Upon admission, students will be given a list of Essential Functions Related to Core Standards, Adapted from: Red Alert: the Americans with Disabilities Act Implications for Nursing Education (March, 1993). All students are required to perform according to these standards.

According to the ADA Core Standards, the faculty agrees with the following non-academic criteria, which all students are expected to meet in order to participate in healthcare education programs and professional practice. The student must be able to participate actively in all demonstrations, laboratory exercises, and clinical experiences in the clinical component and comprehend the condition of all patients assigned to them.

#### **Health Requirements**

ECCC healthcare programs promote health of students and the public for which care is provided and in compliance with affiliated clinical agencies. Applicants and students in healthcare programs are required to submit and maintain documented proof of health to the Office of Healthcare Education. Applicants must submit documentation of the following by **July 31st during the year of admission.** 

- Negative tuberculosis (TB) skin test documentation from a TB certified healthcare provider to perform associated healthcare activities will be required. A copy of the provider TB certification is required. Mississippi offers two options for TB testing.
  - 1. The first tuberculin skin test requires a 2-Step, then a 1-Step each subsequent year.
  - 2. QuantiFeron®-TB Gold In-Tube blood test (within last 12 months).
  - NOTE: If the TB skin test produces a positive result, documentation of clearance from a certified TB healthcare provider and proof of certification is required
  - o Measles, Mumps and Rubella (MMR) vaccination with 2 vaccinations or positive titer documentation, Varicella or titer.
  - o Hepatitis B vaccination, proof of titer, or statement of declination (Appendix C).
  - A satisfactory physical examination including the essential functions related to American with Disabilities Act (ADA) core standards completed by a licensed Physician or Nurse Practitioner in June or July.
  - An annual influenza vaccination, or declination statement, may be required two weeks before the
    initial attendance at any clinical affiliate or agency. If a student refuses or cannot take the vaccine
    for health reasons, he or she may be required by the clinical agency to wear a face mask at all times
    in the clinical setting.

# Students enrolled in a healthcare program may be required to maintain documented proof of health.

# **Essential Functions Related To ADA Core Standards**

| STANDARD   | ESSENTIAL ACTIVITIES/TASKS (not all inclusive)   |
|--|--|
| Critical thinking ability sufficient for clinical judgment and decision-making   | <ul> <li>Use relevant data to support the decision making process.</li> <li>Identify priorities of care based on analysis of data.</li> <li>Analyze and use assessment findings to plan care for patients and families.</li> <li>Evaluate the plan of care and revise as appropriate.</li> <li>Solve problems and make valid, rational decisions using logic, creativity, and reasoning.</li> <li>Demonstrate ability to compute dosages and knowledge of pharmacology.</li> </ul>   |
| Interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural, and intellectual backgrounds | and hearing.   |
| Communication abilities sufficient for interaction with others in verbal, nonverbal, and written form  | <ul> <li>Communicate therapeutically with patients, families, and groups in a variety of settings.</li> <li>Communicate pertinent information in the English language both verbally and in writing to appropriate persons.</li> <li>Document data and nursing care completely and accurately using appropriate terminology.</li> <li>Provide health teaching for patients, families, and groups.</li> </ul>  |
| Gross and fine motor abilities sufficient to provide safe and effective nursing care   | <ul> <li>Calibrate and use equipment such as reading number on measuring cups, syringes, and adjusting flow rates.</li> <li>Maintain sterile technique when performing sterile procedures.</li> <li>Hold skin taunt with one hand while inserting needle in skin or vein with the other hand and perform other procedures requiring the use of two hands.</li> <li>Maintain immobilization devices such as traction equipment and casts, feel for heat or wetness. Be able to use a computer keyboard.</li> <li>Have good eye-hand coordination and manual dexterity to manipulate equipment, instrumentation, and medication as appropriate.</li> </ul> |
| Environmental  | <ul> <li>Be exposed to infectious agents, chemicals, medications, blood and body fluids, and communicable diseases.</li> <li>Work in environmental temperatures determined by the patient and/or patient's condition.</li> <li>Be able to perform duties in potentially dangerous situations.</li> </ul>   |
| Auditory abilities sufficient to monitor and assess health needs   | <ul> <li>Be able to hear alarms, emergency signals, cries for help, and answer phones.</li> <li>Distinguish changes in tone and pitch such as in listening to patients breathing characteristics.</li> </ul>   |

| Tactile ability sufficient for physical   | <ul> <li>Able to hear and interpret communication in stressful situations such as when more than one person is talking at a time, or when they are talking in a loud voice.</li> <li>Be able to hear alarms, emergency signals, cries for help, and answer phones.</li> <li>Distinguish changes in tone and pitch such as in listening to patients breathing characteristics.</li> <li>Able to hear and interpret communication in stressful situations such as when more than one person is talking at a time, or when they are talking in a loud voice.</li> <li>Palpation related to physical examination.</li> </ul>   |
|---|--|
| assessment and intervention   | <ul> <li>Perform therapeutic intervention (example, IV catheter insertion).</li> </ul>   |
| Physical abilities sufficient to move from room to room, maneuver in small spaces, and accommodate stairwell when necessary | <ul> <li>Move around in patient's rooms, workspaces and treatment rooms.</li> <li>Perform physical activities necessary to do basic skills such as put on sterile gloves, attach blood pressure cuff on patient's arm, hold one part of a patient's body while performing an action on another part of the body.</li> <li>Provide or assist with activities of daily living such as bed bath, oral hygiene, and positioning patients.</li> <li>Transport and transfer patients from various areas to other areas using stretchers, wheelchairs, walkers. Paramedics must be able to walk and crawl in less than ideal conditions and terrain.</li> <li>Lift at least 50 lbs. of weight. Paramedics must lift 125 lbs independently or 250 lbs with assistance.</li> <li>Respond quickly in an emergency.</li> <li>Able to stand or walk for 75% of a shift.</li> <li>Gather a minimum of 3-4 pieces of equipment and carry to patient's room.</li> </ul> |
| Visual abilities sufficient for observation and assessment necessary in nursing care  | <ul> <li>Read numbers on dials, thermometers, gauges, measuring cups, etc.</li> <li>Distinguish changes in color, size, and continuity of body parts.</li> <li>Distinguish alterations in normal body activities such as breathing patterns, level of consciousness.</li> <li>Observe safely features in environment such as water on the floor, obstacles in the path of patient.</li> <li>Observe nonverbal responses of patients, families or coworkers.</li> <li>Read small print.</li> <li>Perform basic nursing skills (such as insertion of a catheter counting respirations, preparing and giving medications).</li> </ul>   |
| Demonstrate accountability and responsibility in all aspects of nursing practice  | <ul> <li>Able to distinguish right from wrong, legal from illegal and act accordingly.</li> <li>Accept responsibility for own actions.</li> <li>Able to comprehend ethical standards and agree to abide by them.</li> <li>Demonstrate flexibility.</li> <li>Show concern for others.</li> </ul>  |

# EAST CENTRAL COMMUNITY COLLEGE NURSING PROGRAM PROGRAM POLICIES ACKNOWLEDGEMENT FORM

| <u>*</u>      | outlined in the ECCC Nursing program required for admission gram, I concur that I meet the standards required within the | ı. If |
|---------------|--|-------|
| <br>Signature | <br>Date   |       |