

Buncombe County Schools Nursing Fundamentals Application

Buncombe County Schools is pleased that you are applying to Nursing Fundamentals. This course is designed to help you prepare to become a qualified healthcare professional.

Students accepted into this course must assume responsibility for appropriate behavior. As a requirement for this course, you will participate in job shadowing or mentoring experiences in a clinical healthcare setting. This is a serious responsibility because you will be in direct contact with patients and healthcare professionals.

The objective of clinical shadowing or mentoring is to provide you with a meaningful experience while assuring patient, student, and visitor safety. You will be expected to comply with all directions of your instructor, apply what you learn in your coursework, be respectful of patients and the healthcare professionals with whom you interact, and closely abide by the requirements stated in this application that you and your parent/guardian must sign. You will be required to comply with healthcare facilities' policies, procedures and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you are accepted into this course but do not abide by the course's rule and requirements stated in this application, course syllabus or contract, or provided by the clinical setting, there will be three consequences:

- 1. you will be removed from the clinical setting and assigned to another setting for the remainder of the semester (ISS or other assignment determined by administration), and**
- 2. you will receive a failing grade and no credit for the course, and**
- 3. you may not graduate on time due to the loss of course credit (depending on your graduation status and chosen course of study).**

If you are not willing to accept the responsibilities that come with taking Nursing Fundamentals, and the consequences that result from not meeting those responsibilities, you need to meet with your School Counselor, Advisor, or Career Development Coordinator to discuss your course selection and career plan.

All students who apply to take Nursing Fundamentals will be evaluated using objective criteria that includes high school attendance, grades and discipline, as well as the results of a criminal record check (if applicable). Additionally, student's answers to application questions and teacher recommendations will be reviewed for evidence of the applicant's maturity, responsibility, initiative, integrity, good judgment, respect, service orientation, problem-solving skills, and self-discipline. All of these factors are critical to ensure that healthcare workers and patients in a clinical setting can depend on our students to act in a safe and professional manner.

If you have any questions or concerns about Nursing Fundamentals or the application process, please contact your school's Health Science teacher(s) or Career Development Coordinator.

Do not ask for the form back – the recommending teacher should give it to the person(s) indicated on the form. List below the names of the two high school teachers whom you will ask to complete these recommendation forms:

- (1) _____ (Science teacher)
(2) _____ (Previous year core academic or CTE teacher)

I understand that I will be required to do the following to participate in and maintain a Health Science clinical internship/mentorship:

- Purchase my own uniform and shoes as approved by the Health Sciences teacher within the first 5 days of the semester.
- Acquire a watch with a second hand.
- Maintain a passing average in the Health Science course.
- Provide my immunization record including a current TB skin test within the first 5 days of the semester.
- Complete the vaccination series for hepatitis B prior to the first day of class.
- Adult, Infant & Child CPR with AED certification is required prior to the first day of class. Opportunities to achieve this certification will be identified by each school. These opportunities may be on a Saturday or during the summer and may require a fee for tuition and supplies. If a student fails to take advantage of the posted opportunities they will be responsible for individually achieving this certification through the American Red Cross or American Heart Association.
- Provide my own transportation to my clinical or mentorship sites.
- Females only -- tell my teacher if I become pregnant (To avoid clinicals/mentorships in hazardous areas).
- Maintain a clean criminal and school discipline record (Refer to rubric).
- Submit for criminal background check and/or drug test if required by clinical site(s).
- Behave in a professional manner up to the standards of the Health Science teacher and clinical sites at all times.
- Respect patient rights and confidentiality at all times.

Signature of Student Applicant _____ Date _____

RETURN YOUR COMPLETED APPLICATION TO _____

BY NO LATER THAN _____.

Parent/Guardian Information

To be completed by the applicant's parent/guardian. Please print.

By signing below, I grant permission for my son/daughter, _____, to participate in instructional activities located in healthcare facilities such as hospitals, physicians' offices, dental offices, veterinarian offices, health departments, nursing homes, pharmacies, etc.

Additionally, I understand that my son/daughter and I will be required to do the following to be admitted into the course and allowed to participate in the required Health Science clinical internship/mentorship:

- Purchase a uniform and shoes as approved by the Nursing Fundamentals teacher within the first 5 days of the semester.
- Purchase a watch with a second hand.
- Have my son/daughter tested for Tuberculosis (TB) within the first 5 days of the semester.
- Pay for the vaccines and/or TB screening, if needed.
- Attend an orientation session for parents/guardians.
- Maintain a passing average in the Health Science course.
- Ensure my son/daughter has achieved Adult, Infant & Child CPR w/AED certification prior to the first day of class.
- Ensure my son/daughter has reliable transportation to clinical/mentorship sites.
- Ensure my son/daughter is covered by auto accident insurance.
- Acknowledge that health insurance is strongly recommended for Nursing Fundamentals students, the school does not provide health insurance for students. Documentation of health insurance may be required by some clinical sites.

I also understand that if my son/daughter is accepted into Nursing Fundamentals but does not abide by the requirements as stated in the application there will be three consequences:

1. *your son/daughter will be removed from the clinical setting and assigned to another setting for the remainder of the semester (ISS or other assignment determined by administration), and*
2. *your son/daughter will receive a failing grade and no credit for the course, and*
3. *your son/daughter may not graduate on time due to the loss of course credit (depending on his/her graduation status and chosen course of study).*

If you and your son/daughter are not willing to accept the responsibilities that come with taking Nursing Fundamentals, and the consequences that result from not meeting these responsibilities, then you and your son/daughter need to meet with a School Counselor or the Career Development Coordinator to discuss his/her course selection and career plan.

Signature of Parent/Guardian _____ Date _____

Parents/Guardian Name (print) _____

Questions/Comments/Concerns _____

Student Name: _____

Health Sciences Application Rubric

Criteria	Description	Points Possible	Points Earned	Notes
Essay	<ul style="list-style-type: none"> Student has a well-written essay; states a strong, clear interest in a career in healthcare 	6		
	<ul style="list-style-type: none"> Student has an adequately-written essay (occasional spelling/grammatical errors); expresses a strong, clear interest in pursuing a career in healthcare 	4		
	<ul style="list-style-type: none"> Student has a poorly-written essay (numerous spelling/grammatical errors); expresses a strong, clear interest in pursuing a career in healthcare 	2		
	<ul style="list-style-type: none"> No essay submitted, or poorly-written with no real interest in pursuing a career in healthcare 	0		
Grades	Average of numerical grades earned in Health Science I and II:			
	<ul style="list-style-type: none"> A 	6		
	<ul style="list-style-type: none"> B 	5		
	<ul style="list-style-type: none"> C 	3		
Attendance (See Note Below)	Absences occurring in Health Science I and II classes:			
	<ul style="list-style-type: none"> Average of 1 absence per semester 	6		
	<ul style="list-style-type: none"> Average of 2-3 absences per semester 	4		
	<ul style="list-style-type: none"> Average of 4-5 absences per semester 	2		
Discipline	Greater than 5 absences per year	0		
	Unacceptable behavior in the academic school year prior to enrollment in upper-level Health Sciences course:			
	<ul style="list-style-type: none"> No discipline referrals 	6		
	<ul style="list-style-type: none"> 1-2 discipline infractions resulting in ISS 	3		
Rec. Forms Completed by 2 Teachers	<ul style="list-style-type: none"> 3 or more discipline infractions resulting in ISS 	0		
	<ul style="list-style-type: none"> Evidence of out-of-school suspension (OSS) or criminal record (if applicable) 	Not Eligible		
	<ul style="list-style-type: none"> 3 points – Highly recommended 	Up to 6		
	<ul style="list-style-type: none"> 2 points – Recommended 	(max. of 3 each)		
TOTAL	<ul style="list-style-type: none"> 1 point – Recommended with reservations 			
	<ul style="list-style-type: none"> 0 points – Undecided/Not Recommended 			
TOTAL	Minimum of 20 points required for approval	30		

Excessive absences due to a chronic medical condition may be excluded from the total number of absences at the discretion of the Application Committee provided appropriate documentation is submitted by the student. If this exemption is requested the student must be cleared for participation in the clinical experience by a physician. Exam exemption absences will not be included in the total number of absences for this standard.

Nursing Fundamentals Student Application - Teacher Recommendation

Student Name: _____

Program for which student is requesting approval: (Circle one)

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

Nursing Fundamentals is 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 job shadowing and mentoring experiences 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 hospital, 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, and 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 and 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 and is well-prepared	1	2	3	4	5
• Actively participates and contributes to class	1	2	3	4	5
• Well-behaved and 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 Nursing Fundamentals? (Check one.)

My highest recommendation

My recommendation

My recommendation with reservation (related comment should be written on the back of this form)

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 _____ at your school by _____.

To ensure confidentiality feel free to place this form in a sealed envelope if you wish.

Nursing Fundamentals Student Application - Teacher Recommendation

Student Name: _____

Program for which student is requesting approval: (Circle one)

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

Nursing Fundamentals is 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 job shadowing and mentoring experiences 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 hospital, 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
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• 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 and 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 and is well-prepared	1	2	3	4	5
• Actively participates and contributes to class	1	2	3	4	5
• Well-behaved and 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 Health Sciences program? (Check one.)

____ My highest recommendation

____ My recommendation

____ My recommendation with reservation (related comment should be written on the back of this form)

____ 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 _____ at your school by _____.
To ensure confidentiality feel free to place this form in a sealed envelope if you wish.