Nursing Assistant

Admission Booklet

Application Deadline:
One week prior to class start date or until class is full.

For more information
IRSC Information Call Center
1-866-792-4772

www.irsc.edu
IRSC OVERVIEW

INDIAN RIVER STATE COLLEGE is a public, comprehensive college with a nationally recognized commitment to helping students succeed. The College was selected out of 1,000 colleges nationwide as a Finalist with Distinction for the prestigious 2017 Aspen Prize for Excellence and has been designated an Achieving the Dream™ college for support of students from enrollment to employment. Over 30,000 people enroll in IRSC courses each year, attracted by the College's combination of quality, convenience and affordable tuition. IRSC is designated as the 3rd Most Affordable College in the country by the U.S. Department of Education, and students benefit from many scholarship and financial aid opportunities.

Every aspect of IRSC is focused on helping students succeed with small classes, an array of student support services, convenient campuses, and online courses. IRSC offers over 100 programs, including Bachelor’s degrees, Associate in Arts degrees for continuing education at IRSC or a university, Associate in Science degrees for in-demand careers after two years of training, short-term certificate programs and Quick Job Training.

EA/EO

Indian River State College provides equal employment and educational opportunities to all without regard to race, color, national origin, ethnicity, sex, pregnancy, religion, age, disability, sexual orientation, marital status, veteran status, genetic information, and any other factor protected under applicable federal, state, and local civil rights laws, rules and regulations. The following person has been designated to handle inquiries regarding non-discrimination policies:

Adriene B. Jefferson
Equity Officer & Title IX Coordinator
IRSC Main Campus • 3209 Virginia Ave. • Fort Pierce, FL 34981
(772) 462-7156

Nursing Assistant

This course teaches skills for certification and employment as nursing assistants in long-term care facilities. Students learn to identify and meet basic patient care needs for safety comfort and activities of daily living.
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NURSING ASSISTANT

A nursing assistant works under the supervision of nursing or medical staff to provide basic care in hospitals, nursing homes, physicians' offices, clinics and in-home care. Most nursing assistants help with activities that patients cannot do for themselves such as bathing and feeding. Nursing assistants also collect information about the patients for the nursing staff. The Nursing Assistant course usually takes about seven weeks to complete. Students attend class approximately 20 hours per week.

Note:
Students interested in the Nursing Assistant course must have proof that they are 18 years old by the first day of class

APPLICATION CHECKLIST

Necessary forms can be found in the back of this booklet.

1. Complete the Indian River State College Application for Admission online at www.irsc.edu.

2. Applicant must be 18 years old or older.

3. Meet with an academic advisor.

4. Request high school, former school and/or college(s) to forward transcripts(s) to Admissions Office at IRSC (preferred but not required).

5. Attend Nursing Information Session (verified through Health Science Division by attendance cards).

6. Submit Health Science Program Application online (see process for applying online for the Nursing Assistant course page 3 and pay $30 fee.

7. Complete a CPR (cardiopulmonary resuscitation) course. (Certification cannot expire while enrolled in the program and cannot be taken as an online course.)

8. Register for class (enrollment limit of 12 per class), and pay for class one week prior to the start of class.

9. Submit Fingerprint Information Sheet and Drug Screen Form with $100 to Nursing Office H-234 at the Main Campus in Fort Pierce prior to the first day of class. (Make check payable to IRSC or pay cash.)

10. Complete and submit the IRSC Physical Examination Form with completed immunizations to the Nursing Department H-234 at the Main Campus in Fort Pierce prior to the first day of class.
INTRODUCTION

The Nursing Assistant course is offered through the IRSC Health Science Division. Applicants should carefully review the application procedures outlined in this booklet. Admission to the Nursing Assistant course is on a selective admission basis. It is the applicant’s responsibility to ensure that the application process is complete.

APPLICATION PROCESS

Candidates who wish to be considered for a Health Science program at Indian River State College must complete the procedures outlined on the checklist on page 1. It is the student's responsibility to see that admission requirements are met. No notices will be sent.

DUAL ENROLLMENT

Dual Enrollment students under the age of 18 must register for HCP V122 which does not include the clinical component.

Note:
Students should report any change of address in person or by telephone to the Educational Services Division and the Nursing Office at (772) 462-7570, any IRSC Campus, Adult/Continuing Education Division or the website within 24 hours. Address records must be kept up to date.

INFORMATION SESSIONS

Students interested in applying to a health science program should attend the appropriate, regularly scheduled, program information session prior to the application deadline date for direction and assistance with the application process. The information session addresses any questions or concerns prospective applicants may have. The session also assists students in understanding how to achieve a “qualified” applicant status. No reservations or fees are required to attend.

Nursing Information Sessions are held in the
Mary L. Fields Health Science Building
3rd Thursday of each month
Main Campus in Fort Pierce
H - 106
4:00 p.m.
APPLICATION DEADLINE DATE

One week prior to class start date or until class is full.

PROCESS FOR APPLYING ONLINE FOR THE NURSING ASSISTANT COURSE

1. Go to the IRSC website at www.irsc.edu
2. Click Register & Pay and then Sign in to MYIRSC
3. Sign in using your Student ID and pin number
4. Go to Registration (blue menu bar) and select Health Science Application
5. Place a check mark in the “I Agree” statement.
6. In the Health Science Program box, select Nursing Assistant. Application Deadline: this automatically fills in the program deadline date.
7. Select Submit. Select OK
8. Select Pay Fee Now and then PAY NOW
9. Select process for payment
10. Select $30 application fee
11. Enter credit card details
12. Submit Payment

ACCEPTANCE INTO COURSE

Final acceptance into the course is contingent upon satisfactory results from the physical examination, with immunizations, drug screen and Federal Bureau of Investigation National Background Checks (FBI/NBC), and documentation of CPR.

DRUG SCREENING & CRIMINAL BACKGROUND CHECK

Refer to the IRSC website at www.irsc.edu. Click Programs & Careers. In the DIVISIONS box, select Health Sciences/How to Apply. In the HANDBOOKS/FORMS box, select Background Check Requirements.

Health/Medical Record

A completed medical health form must also be submitted and approved by the Department Chair. This health record will contain results from a physical examination and laboratory tests including immunization records.

Applicants who do not meet the standards of good physical and mental health, as required by clinical facilities for safe patient care, may reapply and be considered for application to a Health Science program after resolution of the health problem. An updated health record, verified by a licensed physician, physician’s assistant or an ARNP must be submitted.
Student Drug Screen, Background Check, and Medical Records

When submitted, these records will become the property of the College, and will not be available for copying or for use to meet the requirements of outside employers. Students who are out of the program for six months or more must submit new records. Any changes to these records must be reported immediately to the Program Director.

EXPENSES

Refer to the IRSC website at www.irsc.edu. Click Programs & Careers. In the DIVISIONS box, select Health Sciences/How to Apply and then select Nursing Assistant on the left. In the START HERE box, select Expenses.

REIMBURSEMENT/FINANCIAL AID/SCHOLARSHIP

Reimbursement: If you become employed by a nursing home within 12 months of completing certification, under federal law and Florida facility handbook guidelines, the facility is required to reimburse nursing assistants’ fees for training and testing. Contact the District Medicaid Office in your area if you have any questions regarding reimbursement.

Financial Aid (grants, loans, work-study) is not available for students who are taking the Nursing Assistant course. Note that Financial Aid is available for students enrolled in the Practical Nursing certificate program. (The Nursing Assistant course is part of the Practical Nursing certificate program.) Contact the Financial Aid Office at (772) 462-7450 or toll-free at (866) 900-3243 for further information.

 Scholarships designated for students in the Health Science programs may be available. Apply online at www.irscfoundation.org. The application deadline for all IRSC Health Science scholarships is in May.

CURRICULUM

This course teaches skills for certification and employment as nursing assistants in long-term care facilities. Students learn to identify and meet basic patient care needs for safety, comfort and activities of daily living.

HCPV410C .................................................................................................................... 165 hours
FREQUENTLY ASKED QUESTIONS

When do classes begin?
Classes begin throughout the year at dates determined by the Nursing Department. A minimum number of students is required for any class to be offered. Special registrations are available throughout the year.

Where are classes held? Classes are held at the IRSC Main Campus; the Blackburn Education Building in Fort Pierce; Mueller Campus in Vero Beach; Chastain Campus in Stuart; and the Dixon Hendry Campus in Okeechobee. Clinical hours are in area nursing homes and hospitals.

Who can apply for Nursing Assistant?
Anyone who is 18 years of age may apply.

Do I need a high school diploma? A high school diploma or GED® is not required; however some employers require a high school diploma or GED®.

GED® is a registered trademark of the American Council on Education (ACE) and administered exclusively by GED Testing Service LLC under license. This material is not endorsed or approved by ACE or GED Testing Service.

What about jobs after completion?
The career outlook for Nursing Assistant course completers is excellent. IRSC posts jobs in Career & Transition Services. When you complete the program, you apply for employment on your own. NOTE: Each Certified Nursing Assistant can expect to have an additional screening through the FBI/NBC and the Abuse Registry prior to employment and must meet the minimum standards for good moral character or must obtain an exemption in order to work in a nursing facility. Employers will also perform a drug screen. Some employers require a high school diploma. These screenings are requirements of the employer and are in addition to those completed for IRSC.
Nursing involves the provision of direct care for individuals and is characterized by the application of knowledge in the skillful performance of nursing functions. Therefore, in order to be considered for admissions or be retained in the program after admission, all students must be able to demonstrate the following abilities:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Standard</th>
<th>Examples of Necessary Activities (not all inclusive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal</td>
<td>Interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds</td>
<td>Establish rapport with patients/clients and colleagues</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities sufficient for interaction with others in verbal and written form</td>
<td>Explain treatment procedures</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from room to room and maneuver in small spaces</td>
<td>Move around in patient rooms, work spaces and treatment areas; administer cardio-pulmonary procedures</td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Gross and fine motor abilities sufficient to provide safe and effective nursing care</td>
<td>Calibrate and use equipment; position patients/clients</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient to monitor and assess health needs</td>
<td>Hear monitor alarm, emergency signals, cries for help</td>
</tr>
<tr>
<td>Visual</td>
<td>Visual ability sufficient for observation and assessment necessary in nursing care</td>
<td>Observe patient/client responses</td>
</tr>
<tr>
<td>Tactile</td>
<td>Tactile ability sufficient for basic physical assessment</td>
<td>Sense temperature changes; assess peripheral pulses</td>
</tr>
<tr>
<td>Strength/Stamina</td>
<td>Sufficient stamina to provide patient care and related responsibilities for extended periods of time (8-12 hours)</td>
<td>Adapt to shift work; lift without restrictions from standing position</td>
</tr>
</tbody>
</table>

**LATEX ADVISORY** – Latex based products are used in all health care facilities. Adapted from the Board of Directors of the Southern Council on Collegiate Education for Nursing (SCCEN) guidelines for Nursing Education programs.
Student must see an advisor before starting the checklist to review program requirements. Acceptance is based on completion of this checklist, prior to the start of class.

Name of Student_____________________________________       Student ID #_________________________________   Date: _________________

<table>
<thead>
<tr>
<th>APPLICATION REQUIREMENTS</th>
<th>YES/DATE COMPLETED</th>
<th>NO</th>
<th>Is answer is NO, indicate what intervention/resources were shared with student to assist them in completing requirement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. IRSC Application for Admission submitted online at <a href="http://www.irsc.edu">www.irsc.edu</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Applicant must be 18 yrs. or older.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Meet with an academic advisor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Request high school, former school and/or college(s) to forward transcript(s) to Admissions Office at IRSC by the application deadline (preferred but not required).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Attend Nursing Information Session (verified through Health Science Division by attendance cards).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Submit Health Science Application with fee online.</td>
<td></td>
<td></td>
<td></td>
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<td>7. Complete a CPR (cardiopulmonary resuscitation) course (Certification cannot expire while enrolled in the program and cannot be taken as an on-line course).</td>
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<td>8. Register for class (enrollment limit of 12 per class), and pay for class one week prior to the start of class.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Submit Fingerprint Information Sheet and Drug Screen Form with $100 to Nursing Office H-234 at the Main Campus in Fort Pierce prior to the first day of class. (Make check payable to IRSC or pay cash.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Complete and submit the IRSC Physical Examination Form with completed immunizations to the Nursing Department H-234 at the Main Campus in Fort Pierce prior to the first day of class.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STUDENT SIGNATURE_________________________________ EDUCATIONAL SERVICES STAFF SIGNATURE________________________________

PRINT STUDENT NAME_________________________________ DATE____________
This page left intentionally blank.
Fingerprint Information Sheet and Drug Screen

Student ID# ___________________________          Date ___________________________

I AM confirming my intention to take the Nursing Assistant course and have enclosed a non-refundable check of $100.00, payable to Indian River State College, for my fingerprinting FBI/NBC (background check) and drug screen.

I authorize the Health Science Division to request a Fingerprinting FBI/NBC Inquiry and the results sent to Indian River State College Health Science Division.

Carefully read the directions and fill in the responses as indicated below.

1. Name: ___________________________________________ Last        First        Middle

2. Date of Birth Example 1965/08/25: __________________________ Year/Month/Day

3. Place of Birth:
   If born in United States, indicate state ________________________________
   If born in Canada, indicate province ______________________________________
   If born outside of the United States, indicate country _______________________

4. Gender – select one:
   □ Male
   □ Female

5. Race – select one:
   □ Black
   □ American Indian/Alaskan Native
   □ Unknown
   □ White/Hispanic

6. Height: _____________ ft. ____________ in.          8. Color of Eyes ________
7. Weight: _____________ lbs.          9. Color of Hair ________

Complete the entire form and submit with your check for $100.00 made payable to IRSC to:

Nursing Department H-234
Indian River State College
3209 Virginia Avenue • Fort Pierce, FL 34981-5599
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# Physical Examination

**TO BE COMPLETED BY STUDENT BEFORE EXAMINATION**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>(Area Code) Home Phone</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apt.</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Emergency Contact:**

- Name: [Name]
- (Relationship to student): [Relationship]
- (Area Code) Phone Number: [Number]

I understand that I may be asked to submit additional data. I understand that any falsification or omission of information can result in my dismissal from the health science program.

**Student's Signature:** [Signature]  
**Date:** [Date]  
**Student I.D. #:** [ID]

**TO BE COMPLETED BY EXAMINER**

<table>
<thead>
<tr>
<th>Reviewed</th>
<th>Normal Findings</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>[Yes] [No]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Temp</td>
<td>[Yes] [No]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Height</td>
<td>[Yes] [No]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Weight</td>
<td>[Yes] [No]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Vision</td>
<td>[Yes] [No]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Hearing</td>
<td>[Yes] [No]</td>
<td>[ ]</td>
</tr>
<tr>
<td>ENT</td>
<td>[Yes] [No]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Respiratory</td>
<td>[Yes] [No]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>[Yes] [No]</td>
<td>[ ]</td>
</tr>
<tr>
<td>GI</td>
<td>[Yes] [No]</td>
<td>[ ]</td>
</tr>
<tr>
<td>GU/Reproductive</td>
<td>[Yes] [No]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Neuro/Muscular</td>
<td>[Yes] [No]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Endocrine</td>
<td>[Yes] [No]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Integumentary</td>
<td>[Yes] [No]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Do you consider this person to be physically and emotionally capable of performing the essential tasks required?  
- [ ] Yes  
- [ ] No

**Remarks:** [Remarks]

Patient has been advised about smoking cessation classes/program: [Yes] [No]

**Examining Physician/Nurse Practitioner Signature:** [Signature]  
**Date:** [Date]

**PRINT**  
Name and Address: [Address]  
Phone: [Phone]
# LABORATORY TESTS AND IMMUNIZATIONS

**Student Name:**

**Program:**

---

**PLEASE INITIAL EACH SECTION AND SIGN BOTTOM OF PAGE**

To be completed by Health Care Practitioner

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Date Administered</th>
<th>Date Read</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculin Skin Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantiferon Gold Test</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OR**

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest X-Ray</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**II.**

If born after 1/1/57, must have proof of two (2) MMR vaccines after age one (1).

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR Vaccine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OR**

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubella Titer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella Titer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**III.**

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus/Diphtheria/Pertussis</td>
<td></td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
</tr>
<tr>
<td>Tetanus Titer</td>
<td></td>
</tr>
<tr>
<td>Diphtheria Titer</td>
<td></td>
</tr>
<tr>
<td>Pertussis Titer</td>
<td></td>
</tr>
</tbody>
</table>

**IV.**

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B Vaccination</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Titer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OR**

Sign declination if all three (3) immunizations and Surface Antibody Test are not complete or titer results were negative.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Signature (if declining) ____________________________

**V.**

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella Titer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OR**

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella Vaccine</td>
<td></td>
</tr>
</tbody>
</table>

**VI.**

I certify that the above tests and/or vaccinations were performed in this office or laboratory, or documentation was provided to me by the patient.

(If the above tests and/or vaccinations were not performed in this office, documentation of agency performing the tests and/or immunizations is provided).

Licensed Health Care Practitioner Signature: ____________________________

License #: ____________________________

Print Name: ____________________________

Date: ____________________________

IRSC is an E/A/EQ educational institution.