batonrouge
COMMUNITY COLLEGE®

Baton Rouge Community College
Nursing Fundamentals (HNUR 1214) Course–Acadian Campus

APPLICATION PACKET
All students enrolling in HNUR 1214
must complete this application packet

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED

Call Department for Application Packet Deadline if email is not received
225-359-9233

RETURN COMPLETED APPLICATION IN PERSON, OR DROP BOX BY THE DUE DATE FROM THE EMAIL, NO LATER THAN 12:00 PM TO JEAN DORSEY AT THE SELECTED LOCATION

BRCC ACADIAN CAMPUS – Room C252, 3250 N. Acadian Thrwy E, Baton Rouge, LA, 70805

For additional information and/or assistance please contact:

Contact: Jean Dorsey, Practical Nursing Coordinator 225-359-9233, dorseyr@mybrcc.edu or Dr. Pamela Potter, Ph.D., RN 25.216-8538 – BRCC Acadian Campus

Please make sure to keep a copy of all documents
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It is the policy of Baton Rouge Community College not to discriminate on the basis of age, sex, race, color, religion, national origin or disability in its educational programs, activities or employment policies.

Rev- 02/14/2024

COURSE INFORMATION

HNUR 1214 Nurse Fundamentals

HNUR 1214 Nurse Fundamentals introduces the student to the fundamental skills of Practical Nursing. This <u>course is not designed to be a nursing assistant program</u>. Students who complete the course with a 70% or better must apply with LA.CNA@la.gov to become a Certified Nursing Assistant. Please contact Claire Knight at knightc2@mybrcc.edu for instructions on how to obtain certification.

Applicants to the Practical Nursing Program must complete this course with 80% or higher.

COURSE: HNUR 1214 Nursing Fundamentals is a 4-credit hour course that includes 80 hours of combined classroom and laboratory training and 45 hours of external clinical.

APPLICATION PROCESS

STEP 1   **COMPLETE THE BATON ROUGE COMMUNITY COLLEGE ADMISSION PROCESS**

In order to enroll into the HNUR 1214 Nursing Fundamentals course the student must complete the BRCC admission requirements.

STEP 2   **MUST OBTAIN REQUIRED TEST SCORE <u>BEFORE</u> PRECEDING TO STEP 3**

One of the following admission scores are required:

Type of Assessment	ACCUPLACER	ACCUPLACER NG	ACT	College Level English	TEAS
Reading	53	235	16	Pass	55 or higher

→→ PLEASE NOTE --- STEP I AND STEP 2 MUST BE COMPLETED BEFORE STARTING WITH STEP 3**

STEP 3   **COMPLETE AND SUBMIT, IN PERSON ALL COMPONENTS OF THE REQUIRED ADMISSION APPLICATION**

All components of the required application must be submitted in person. Applications submitted via the mail or electronically will not be accepted.

STEP 4   **ENROLLMENT**

1. Full approval will be granted to complete the registration process after the application is reviewed and all documents has been submitted.

STEP 5   **HNUR 1214 COMPLETION**

1. Students must satisfactorily complete all components of HNUR 1214 (lecture, lab, clinical and the final exam) with a minimal passing grade of (C) to qualify to take the CNA National Certification Exam.

2. Students planning to pursue Practical Nursing (LPN) at BRCC must attain a "B" or higher in HNUR 1214.

3. Completion of HNUR 1214 does not guarantee admittance to the BRCC Practical Nursing program nor does completion guarantee certification as a certified nursing assistance.

CRIMINAL BACKGROUND CHECK

Applicants to HNUR 1214 must submit a criminal background check, through the **Louisiana State Police Departmen**t, with all costs borne by the student. **Complete the RIGHT TO REVIEW forms** and take them to the Louisiana State Police Department for processing. Applicants who have been charged with, pled guilty or *nolo contendere* to, been convicted of, or committed a criminal offense that involves a crime of violence or distribution of drugs, abuse, neglecting or mistreating the elderly or infirm, or misappropriating property may be denied the right to enroll in the course. See links at the end of the application.

NATIONAL SEX OFFENDER PUBLIC REGISTRY CHECK The name of each applicant applying to the Nursing Fundamentals course will be submitted to National Sex Offender Public Registry for verification of any offences (completed through Viewpoint).

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED AND THE APPLICATION PERIOD WILL NOT BE EXTENDED

NURSING FUNDAMENTALS (HNUR 1214) APPLICATION–BRCC Acadian Campus
You must print & complete this application page

INDICATE STATUS	APPLICATION REQUIREMENTS
_____ Complete	1. Registered as a BRCC student. Write your L# or B#
_____ Complete Score/_____Date:_____	2. Reading Accuplacer score "53" / Accuplacer NG "235 / ACT of "16" / Passed College English or scored a 55 or greater on the TEAS
_____ Complete Exp. Date: _____	3. American Heart Association (AHA) Health Care Provider (BLS) CPR card
_____ Complete	4. Background check from Louisiana State Police – Right to Review
_____ Complete	5. Health History Physical Examination completed by applicant
_____ Complete	6. Physical Examination & Technical Performance Standard form completed by Physician
_____ Complete	7. a. Immunization record (flu immunization in season) b. MMR/Varicella titer's, Hepatitis B series) c. **Documentation of the COVID vaccine may be require.**
_____ Complete	8. All drug test **must be completed through Viewpoint Screening.** See instructions on page 7.
_____ Yes _____ No _____ N/A	9. Have you ever had a healthcare credential/ certification revoked?
_____ Yes _____ No	10. Have you been the subject of disciplinary action by any state agency?

PERSONAL INFORMATION

Last Name	First Name	Middle Name	
Mailing Address		City / State	Zip Code
Home Phone Number ( )		Cell Phone Number ( )	
E-Mail Address		Student ID Number	

OTHER REQUIRED INFORMATION

Are you a licensed/certified healthcare provider? ❏ Yes ❏ No License Number Exp. Date_____

Did you complete high school? ❏ Yes ___diploma ___ GED ❏ No

Do you have additional post-secondary degrees? ❏ Yes ❏ No Please list additional degrees earned

Make sure all application requirements are attached to the application.

I would like to apply for the HNUR 1214, Nursing Fundamentals course. I understand that any attempt on my part to falsify or exclude information is cause for disqualification of my application and / or dismissal from the program. I hereby certify that all information presented is true to the best of my knowledge. I understand completion of HNUR 1214 does not guarantee admission to a BRCC Practical Nursing program nor certification as a CNA.

Student Signature _____ Date _____.

Received by _____ Date _____ Time _____.

HEALTH HISTORY AND PHYSICAL EXAMINATION

HEALTH HISTORY to be completed by applicant

Last Name	First Name	Middle Name

Student ID (Banner) #	Date of Birth (Month / Day / Year)	Gender M ❑ Male F ❑ Female

Racial / Ethnic Group
❑ Asian   ❑ American Indian   ❑ African American   ❑ Hispanic/Latino   ❑ Pacific Islander   ❑ Caucasian   ❑ Other

Mailing Address	City / State	Zip Code

Home Phone Number ( )	Cell Phone Number ( )	E-Mail Address

Emergency Contact (Name / Relationship)	Emergency Contact Number ( )

Have you ever been <u>treated, *or* are you receiving treatment</u> for any of the following conditions -mark all that apply and comment below.

YES*	NO	Condition	YES*	NO	Condition	YES*	NO	Condition
		Alcohol/Substance Abuse			Diabetes			Orthopedic Disorder
		Allergies: Food			Eating Disorder			Seizure Disorder
		Allergies: Medication			Emotional Disorder			Social Disorder
		Asthma			Heart Disorder			Trauma
		Back Injury / Disorder			Hearing Disorder			Tuberculosis
		Blood Disorder			Intestinal Disease			Vision Disorder
		Cancer			Kidney Disease			Pregnancy

*Provide <u>dates</u> and an <u>explanation</u> for "yes" responses in the space provided below. *
Please use additional paper if needed to fully explain your 'yes' answers.

Explanations / Other:

List Surgical History:

List Routine Medications:

All pre-existing medical conditions (for ex. pregnancy, back issues etc.) require a medical release from your health care provider. Attached? ❑ Yes   ❑ N/A

My signature indicates I have no injury or illness and amble to meet technical performance standards. I will notify the program head of health changes. I understand that falsification, omission, or misrepresentation of health and abilities may result in dismissal from BRCC nursing and allied health programs.

APPLICANT SIGNATURE_____
DATE_____

PHYSICAL EXAMINATION PHYSICIAN FORM

Last Name:	First Name:	Middle Initial:

System	NORMAL	ABNORMAL	COMMENTS
General Health			
Cardiovascular			
Endocrine			
Extremities			
HEENT			
Gastrointestinal			
Neurologic			
Respiratory			
Reproductive			
Skeletal			
Skin			
Urinary			

B/P	Pulse	Resp	Temp	Weight	Height

IMMUNIZATION DOCUMENTATION: Please attach copies of immunization records and print out of lab results*

REQUIRED IMMUNIZATION and LABS	DATE	RESULTS / COMMENTS
❏ Mumps Titer*		
❏ Measles Titer*		
❏ Rubella Titer*		
❏ Varicella Titer*		
❏ Tetanus Vaccine – dated within last 10 years		
❏ Hepatitis B Vaccine Series* Dates of vaccination		
❏ 1st Shot		
❏ 2nd Shot		
❏ 3rd Shot		
Or Date and result of Hepatitis B Vaccine Titer*. Students may be required to update, accept or receive additional vaccines if indicate necessary by titer's results.		
❏ TB Skin Test*		
If TB skin test was positive was treatment received? ❏ No ❏ Yes		
If TB test was positive was chest x-ray done? ❏ No ❏ Yes		
Flu Vaccine (as per seasonal requirements). Show document		
Urine Drug Screen* 9 Panel (must complete through Viewpoint)		

Does the student have any physical, medical or mental conditions that would impede their ability to provide safe and competent care of patients in a health care environment? ❏ No ❏ Yes (please comment below)
Health Care Provider Comments:

Examining Health Care Provider: _____ **Date:** _____

Health Care Provider office / address contact information:

TECHNICAL PERFOMANCE STANDARDS

Students enrolled must demonstrate the ability to meet the following technical/performance standards while receiving classroom and clinical instruction as outlined in the course syllabus.

1. Read and communicate orally and in writing using the English language.

2. Hear with or without auditory aids to understand normal speaking voice without viewing the speaker's face.

3. Visually, with or without corrective lenses, observe changes in resident/patient/client's condition and actively participate in the learning process.

4. Utilize stamina, strength and psychomotor coordination necessary to perform routine nurse assistant/aide procedures at floor and bed level.

5. Demonstrate use of gross and fine motor skills necessary to provide independent, safe and effective nurse assistant/aide care.

6. Solve basic care problems and apply critical thinking skills while providing safe and efficient patient care.

7. Interact with individuals/families/groups from various socioeconomic and cultural backgrounds.

8. Function in a multi-stressor environment while adhering to legal/ethical guidelines of the college, program, regulatory, and clinical agencies.

Comments:

I attest this student can meet the technical/performance standards:

Examining Health Care Physician/Provider: _____ Date:_____
Signature required

Viewpoint Screening

As part of your admission criteria, it is mandatory to create a Viewpoint Screening account to manage your health requirements and make sure all required documents are **updated and approved by Viewpoint prior to first day of class of each semester**.

Within Viewpoint's system, you will initially be required to purchase the Health Portal and Background Check. (Viewpoint calls this "placing your order.")

The Health Portal is $20 plus $15 for a background check. This mandatory background check does not replace any State or FBI *Criminal* Background check(s).

It is also mandatory to submit a drug screening order at a cost of $40 through the portal. Viewpoint has an agreement with Quest Diagnostics, students must utilize this vendor.

For more detailed instructions about creating an account, see below:

1. To get started with Viewpoint Screening, visit the following web site:
   Viewpointscreening.com/Baton Rouge
2. From there click on "Start Your Order."
3. Select your program and package information.
4. Enter your information (name, DOB, etc.)
5. Use your BRCC email address or personal email. You will be unable to log in or receive communications from Viewpoint Screening if your email address is not valid.

   Once you have purchased the Health Portal and Background Check, you will receive a confirmation email containing a password. Use this information to log into your account and review other instructions. You will need this password to view your background check report.

   After you have placed your order, you will begin to receive get emails notifying you of specific documents required for uploading. After creating your account, log into www.viewpointscreening.com.

7. Click on Health Portal to view your specific requirements. As you complete your requirements, you can begin to upload documents.

8. Click on the "Upload document" button next to each requirement and select the correct file type to upload. All uploaded documents are typically reviewed within 24 hours. If your document is not in compliance or approved, you will receive an email from Viewpoint notifying you why the documents are not acceptable. This information can be found within the 'Student Messages" section of your account
.
If you have any additional questions, please contact Viewpoint Screening via email studentsupport@viewpointscreening.com. or by online chat.