

**Nurse Education Department  
A.A.S. Degree in Nursing**

**Welcome to the Nursing Program. The Nurse Education Faculty are happy that you have chosen to pursue a nursing career. To be eligible to register for your first nursing course you **MUST** complete the prerequisites listed below and submit the attached Eligibility Packet. It is the student's responsibility to ensure completion of all eligibility requirements and to notify the Nurse Education Department when their eligibility documentation is ready for review. Class size is limited; therefore admission to the Nursing I is based on meeting eligibility prerequisites and a space available basis.**

- New Students
  - Apply to CCC, meet all admission requirements and be accepted to the college. You will be accepted into the Nursing Program and the General Studies Program and receive a letter from the Admission Office of the Recruiting & Marketing Department.
  - Complete any CCC Placement Assessment Tests that you are required to take. Please contact Advising and Counseling Services @ 607-962-9434 to set up a testing appointment.
  - Submit high school **and** college transcripts to the Recruiting & Marketing Department (Admissions Office).
    - If you are a high school student submit official documentation of having taken Biology & Chemistry and the grade received. (This can be obtained from high school teacher, guidance counselor, or by using an official high school transcript that includes completed courses.)
    - If you have attended other colleges and have received college credits you will need to request an official transcript from those colleges.

**OR**

- Current Students
  - If needing to change programs - see your advisor or go to the Admission's Office, to put in a change of program request to include the Nursing program.

**Then ALL students MUST meet the following prerequisites:**

- Successful completion of any developmental courses.
- Completion of Chemistry and Biology in high school with 75% or better within 10 years of beginning your first nursing course **OR** completion of a college course with a minimum of a "C" or better. (see flow chart included in packet for additional details.)

- Place into MATH 1215 or higher – by Placement Assessment Tests **OR** by successfully passing MATH 1015.
- Have on file, in the College Health Office, a complete and up-to-date **HEALTH FORM specific to the Nursing Education student**. This includes the form, self-assessment, physical exam & all screening/ immunizations/titers listed. Additional information regarding screenings/ immunizations/titers is included in this packet.
- Complete the attached Student Information Form, Essential Functions Form and submit along with the following to the Nurse Education Department:
  - a copy of current health insurance coverage card
    - health insurance coverage may be private, public or through Corning Community College.
      - a letter of intent to obtain CCC health insurance is included in this packet. Please complete the bottom half of the form and submit to the Nurse Education Department and retain the top half as it provides you with the dates where you can complete the necessary paperwork to apply for the CCC health insurance. Information on coverage & cost is available in Student Administrative Services.
  - a copy of current CPR certification for the Professional Rescuer – **ONLY** American Heart Association or American Red Cross certification will be accepted.
  - a copy of the results of your criminal background checks completed by Certified Background. Information on the process to complete background checks is included in this packet.

## ADDITIONAL INFORMATION CRIMINAL BACKGROUND CHECKS, CHILD ABUSE CHECKS AND HEALTH FORM - SCREENINGS/IMMUNIZATIONS/TITERS

**EFFECTIVE JANUARY 1, 2010**

The following information is required by clinical agencies and thus will be a requirement to enter nursing courses. However, since this is required by the clinical agencies it is subject to change based on their requirements. Students will be notified of any changes as soon as the Nurse Education Department has been notified by the agencies.

### **Criminal Background Checks**

- **ALL nursing students** will need to have a criminal background prior to being approved to enter their first nursing courses. Results of the background check will need to be submitted to the Nurse Education Department. The Nurse Education Department has contracted with CertifiedBackground.com to complete the required background checks. This organization is able to obtain information nationally so regardless of whether your clinical lab is scheduled in Pennsylvania or New York State, you will only need to have this one background check completed. As long as you continue to move from one nursing course to the next consecutively you will only need to have just this 1 check completed. IF you should leave the nursing courses for whatever reason and then petition to return you will need to repeat the background check before being approved to return.
  - **Results** will report nation-wide info, not just an individual state directly to the student
  - **Cost** - \$65
  - **How long before results are ready** – It generally takes **a week** for results once the request has been processed.
    - **Required results** – Results are expected to be clear
  - **Contact Information** on the following page.

### **Child Abuse Checks**

- Nursing students attending a clinical lab in Pennsylvania will **also** need a Pennsylvania Child Abuse History check. Because Pennsylvania does not allow a 3<sup>rd</sup> party access to this information, you will need to contact Pennsylvania directly.
    - **Results** – will report ONLY Pennsylvania information and not other state directly to the student.
    - **Cost** - \$10
    - **How long before results are ready** – it will take up to **6 weeks** for processing before results would be sent
      - **Required results** – Results are expected to be clear
- Contact Information** - download from:

<http://www.dpw.state.pa.us/Resources/Documents/Pdf/FillinForms/DPWchildabuse.pdf>

**OR**

a link will be found on the [www.Certifiedbackground.com](http://www.Certifiedbackground.com) site

## Screenings/Immunization/Titers

- Screenings and Immunizations are noted on the Health Form required for nursing students. These can be obtained through the Nurse Education Department or the College Health Office. **However**, some additional information is now being required by the clinical agencies and these are not noted on the form, but still must be included in the documentation. Those are:
  1. PPD
    - **a 2 step PPD is now required.** 2 step testing is given to detect individuals previously exposed who may test negative to tuberculin testing initially, but who show a strong reaction to tuberculin if the same procedure is repeated later.
    - **IF you have never had a PPD –**
      - You **MUST** have your initial PPD given and have the site assessed 2-3 days later **and** then REPEAT the PPD 1-3 weeks following your initial PPD. The results of the second test should be reported to the Health Office. Then you must have a PPD done annually with results provided to the Health Office.
    - **IF you have had a PPD previously BUT it has been more than 12 months –**
      - You **MUST** have a PPD given, have the site assessed 2-3 days later **and** then REPEAT the PPD 1-3 weeks later. The results of the second test should be reported to the Health Office. Then you must have a PPD done annually with results provided to the Health Office.
    - If you have a positive PPD, the student must provide documentation of chest x-ray and/or QuantiFERON-TB Gold results to the Health Office
  2. Varicella (Chicken Pox)
    - **Now required –**
      - **Reliable history of disease that includes a date of the disease**
      - **OR**
      - **Positive titer documentation of immunity.**
    - **If lab test fails to document immunity to Varicella, documentation of the Varivax vaccination series of 2 injections is required**

06/09, 09/09



## CertifiedBackground.com

### -----Student Instructions-----

#### Background Check

##### **Corning Community College**

The above organization has chosen CertifiedBackground.com as an approved source for background checks.

#### About CertifiedBackground.com

CertifiedBackground.com is a background check service that allows students to purchase their own background check. The results of a background are posted to the CertifiedBackground.com web site in a secure, tamper-proof environment, where the student, as well as organizations can view the background check.

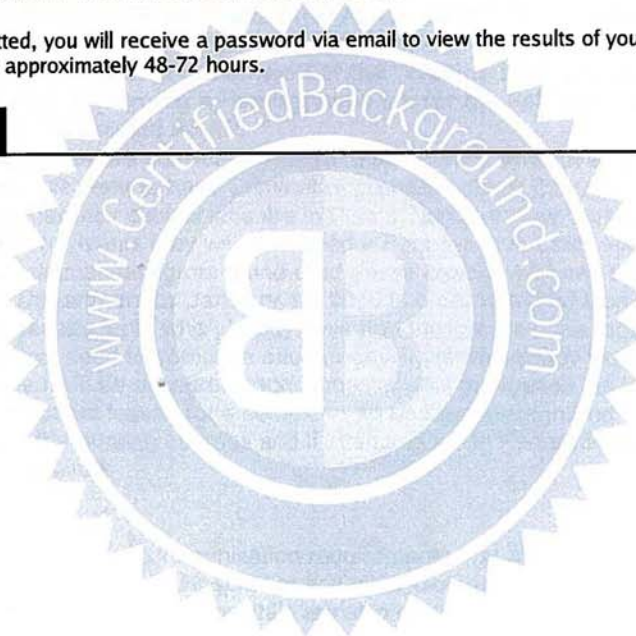
To order your background check from CertifiedBackground.com, please follow the instructions below.

#### Instructions

1. Go to [www.CertifiedBackground.com](http://www.CertifiedBackground.com) and click on "Students."
2. In the Package Code box, enter package code: **CC44**
3. Select a method of payment: Visa, MasterCard or money order.

Once your order is submitted, you will receive a password via email to view the results of your background check. The results will be available in approximately 48-72 hours.

#### Notes





corning community college

Academic Drive  
Corning, New York 14830-3297  
607-962-9241 800-358-7171 x 241  
Fax: 607-962-9287  
www.corning-cc.edu

Nurse Education Department  
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**A copy of a current Professional CPR card, health insurance card/CCC insurance intent, and an unofficial college transcript MUST be attached.**

**STUDENT INFORMATION for a student entering Nursing I:**

**I plan to enter Nursing I Fall \_\_\_\_\_ (please add semester year)**

Name:

\_\_\_\_\_

Last

First

Middle Initial

Mailing address:

\_\_\_\_\_

House# / Apt# / P.O. Box / Rural route

Street name

\_\_\_\_\_

City

State

Zip code

Birthdate: \_\_\_\_\_ CCC CID# \_\_\_\_\_ C \_\_\_\_\_

County of Residence: Chemung \_\_\_\_\_ Schuyler \_\_\_\_\_ Steuben \_\_\_\_\_ Other - please identify \_\_\_\_\_

Previous name(s) under which your academic records are listed? \_\_\_\_\_

High School Name & Graduation Date / GED Date \_\_\_\_\_

Previous degrees obtained : \_\_\_\_\_

**HAVE YOU EVER ATTENDED NURSING I AT CCC?** If yes, please provide date \_\_\_\_\_

Phone # Daytime \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Personal e-mail: \_\_\_\_\_ College e-mail: \_\_\_\_\_

Release and Signature: The information provided in this application is correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read, sign, and submit the Essential Functions form included.**

## ESSENTIAL FUNCTIONS FOR NURSING STUDENTS

**A prospective nursing student/nursing student must be able to maintain emotional stability, accept responsibility, and be accountable for one's own actions. The prospective student must also be able to:**

**See:**

Must possess near clarity of vision at 20 inches or less and far clarity of vision at 20 feet or more.

**Hear:**

Must be able to hear verbal communication, as well as sounds that indicate changes in a person's condition (for example: breathing sounds, heart sounds, heartbeat, blood pressure...).

**Speak:**

Speak to clients and members of the health team utilizing understandable English.

**Feel:**

Possess sufficient sense of touch to determine a person's condition (for example: changes in skin temperature, pulses...).

**Read and Understand:**

Read and understand English.

**Write:**

Use the English language to write legibly, thoroughly, concisely and appropriately.

**Calculate:**

Use mathematical functions to accurately calculate (for example: add, subtract, multiply, and divide - whole numbers, decimals, and fractions and use basic algebraic equations).

**Move:**

Move freely to perform safe client care with both gross and fine motor skills.

**Lift:**

Lift and/or support a person in order to safely assist that person to change position, move and ambulate.

**Think:**

Successfully complete the pre-requisites of the Nurse Education program. Have the ability to learn, assess, analyze, and solve problems.

**Transport:**

Transport self (for example: travel to college, community assignments, clinical facilities, and community agencies...).

**I have read and understand the above information.**

**Student Name - Printed** \_\_\_\_\_

**Student Name – Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Nursing Advisor** \_\_\_\_\_ **Date** \_\_\_\_\_

# TOP PORTION – KEEP UNTIL APPLYING FOR INSURANCE

## Corning Community College Health Insurance Intent

I am not enrolled in a health insurance plan and have no health insurance coverage. It is my intent to purchase the student health insurance available to CCC students. I understand that I can pick-up an application in Student Administrative Services (SAS) beginning **July 31** and I must submit proof of applying for the insurance to the Nurse Education Department. Evidence of applying would be either a copy of the electronic page showing that you have signed up **OR** have the SAS rep sign and date the area below at the time you sign up for the insurance. **Failure to have proof of insurance at Nursing I orientation can lead to de-scheduling. (For Advanced Placement Students - Failure to have proof of insurance at the Seminar for Entry into Nursing II can lead to de-scheduling.**

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SAS Rep Signature and date \_\_\_\_\_

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## BOTTOM PORTION - SUBMIT WITH ELIGIBILITY PACKET

I am not enrolled in a health insurance plan and have no health insurance coverage. It is my intent to purchase the student health insurance available to CCC students. I understand that I can pick-up an application in Student Administrative Services (SAS) beginning **July 31** and I must submit proof of applying for the insurance to the Nurse Education Department. Evidence of applying would be either a copy of the electronic page showing that you have signed up **OR** have the SAS rep sign and date the area below at the time you sign up for the insurance. **Failure to have proof of insurance at Nursing I orientation can lead to de-scheduling. (For Advanced Placement Students - Failure to have proof of insurance at the Seminar for Entry into Nursing II can lead to de-scheduling.**

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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