



MARTIN COMMUNITY COLLEGE
CONTINUING EDUCATION

HEALTHCARE PROGRAM APPLICATION
(SUBMIT ALL PAPERWORK AT THE SAME TIME)
(Please type or print in black ink)

Applicant Name: _____

Social Security #: _____ Birth Date: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

CHECK PROGRAM YOU ARE APPLYING FOR:

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Nurse Aide I Fast Track | <input type="checkbox"/> Nurse Aide II Day | <input type="checkbox"/> Phlebotomy Day | <input type="checkbox"/> Nurse Aide I Refresher |
| <input type="checkbox"/> Nurse Aide I (Nights) | <input type="checkbox"/> Nurse Aide II Nights | <input type="checkbox"/> Phlebotomy (Nights) | |
| <input type="checkbox"/> Pharmacy Technician | <input type="checkbox"/> Nurse Aide II Competency Assessment | <input type="checkbox"/> Activity Director | <input type="checkbox"/> Medication Aide for Long Term Care |

Which campus do you need to take classes on: Williamston Windsor Either

PREVIOUS EDUCATION:

Do you have a high school diploma or High School Equivalency (formerly known as GED)?

Yes No

Have you attended college before? Yes No

If yes, what program did you attend? _____

If yes, what college did you attend? _____

Did you receive a certificate or diploma for college? Yes No

Do you have a Career Readiness Certificate (CRC)? Yes No If yes: Bronze Silver Gold

DOCUMENT POLICY: Copies of education and identification documents are filed in MCC's archives and are not returned to the student. Staff **WILL NOT** pull copies from prior classes. Please do not give us your original or your only copy. **Student Initials:** _____

CANCELLATIONS: A course may be canceled if fewer than 10 students enroll. **Student Initials:** _____

REFUNDS: A 100% refund shall be made if the student withdraws prior to the first class meeting. A 75% refund shall be made if the student withdraws from class prior to the official 10% point of the class. Request for refunds must be made by completing a **Continuing Education Course Withdrawal Form** prior to the 10% point of the class. Forms are available in the Continuing Education Office. No refunds are granted for Self-Supporting courses once the class has started. For classes canceled by the College, a full refund shall be made. You do not have to request refund in these cases. No refunds will be made after the 10% point of the class. **Student Initials:** _____

Signature: _____ Date: _____

PLEASE ATTACH COPIES OF APPLICABLE DOCUMENTATION TO APPLICATION

(see page 2 for required documents)

HEALTHCARE PROGRAMS REQUIREMENTS

ALL APPLICABLE FORMS MUST BE TURNED IN WITH
HEALTHCARE APPLICATION

NOTE: Name on ID and social security card must match.

| NURSE AIDE I | NURSE AIDE II | PHLEBOTOMY | PHARMACY TECHNICIAN |
|--|---|---|---|
| Healthcare Application | Healthcare Application | Healthcare Application | Healthcare Application |
| Immunization Records/Form | Immunization Records/Form | Immunization Records/Form | Immunization Records/Form |
| Copy of Government Issue ID and Social Security Card | Copy of Government Issue ID and Social Security Card | Copy of Government Issue ID and Social Security Card | Copy of Government Issue ID and Social Security Card |
| Attend Healthcare Orientation | Attend Healthcare Orientation | Attend Healthcare Orientation | Attend Healthcare Orientation |
| CPR is included NA1 course work | Healthcare Provider CPR (Must be Current) | Healthcare Provider CPR (Must be Current) | Healthcare Provider CPR (Must be Current) |
| Career Pathways in Healthcare Class | HS Diploma/HSEquivalent (formerly GED), or Transcripts | HS Diploma/HS Equivalent (formerly GED), or Transcripts | HS Diploma/HS Equivalent (formerly GED), or Transcripts |
| Key Train Assessment (Level 4) | Current Unencumbered Registry Listing for NAI | Career Pathways in Healthcare Class | Career Pathways in Healthcare Class |
| Sliver Level (or higher) CRC | | Key Train Assessment (Level 4) or CRC | CRC with Level 5 Mathematics Score (this course is math intensive) * |
| | | NA, EMT, other Healthcare experience, OR previous Med Terminology or Anatomy course Strongly Advised | Level 4 Mathematics score within 3 points of Level 5 accepted if all other CRC scores are Level 4 or above |

NOTE: Most Clinical Sites Require a background check and/or drug screen. Students are also responsible for registering and paying for CPR class.

| MEDICATION AIDE (Long Term Care) | ACTIVITY DIRECTOR | | |
|---|--|--|--|
| Healthcare Application | Healthcare Application | | |
| HS Diploma/HS Equivalent (formerly GED), or Transcripts | HS Diploma/HS Equivalent, (formerly GED), or Transcripts | | |
| Current Nurse Aide I registry | Negative TB Test within course clinical period | | |
| Copy of Government Issue ID and Social Security Card | | | |

HEALTHCARE PROGRAMS REQUIREMENTS (CONT.)
ALL APPLICABLE FORMS MUST BE TURNED IN WITH
HEALTHCARE APPLICATION

Name on ID and social security card must match.

| NURSE AIDE I REFRESHER | NURSE AIDE II COMPETENCY ASSESSMENT | | |
|--|--|--|---|
| Healthcare Application | Healthcare Application | | |
| Government Issue ID copy | Government Issue ID copy | | |
| Social Security Card copy | Social Security Card copy | | |
| <p>An expired North Carolina Nurse Aide I listing within the last 3 years with no substantiated findings <u>or</u> a successful completion of a North Carolina Nurse Aide I Program from an accredited institution within the last 3 years</p> <ul style="list-style-type: none"> •A current Nurse Aide I listing from another state with no substantiated findings •An expired out-of-state listing with no substantiated findings from an accredited institution or a successful completion of a Nurse Aide I Program from another state from an accredited institution within the last 3 years | <p>The NAII is eligible for competency assessment if:</p> <ol style="list-style-type: none"> 1. The NAII must have been eligible for renewal of NAII Listing prior to the listing expiration. <ul style="list-style-type: none"> • The NAII must have worked at least eight hours for compensation during the past 24 months performing nursing care activities under the supervision of a Registered Nurse. • The NAII must have no substantiated findings of abuse, neglect, or misappropriation of funds on the DHSR Nurse Aide Registry. 2. The NAII has had a continuous period of 24 months during which nursing care activities were not performed for monetary compensation, but <u>patient care activities were performed for compensation.</u> 3. <u>The NA II Certification has not been expired for more than 24 months</u> <p><i>Note: If the NAII does not all of the above criteria, an entire NAII course must be completed.</i></p> | | <p align="right">Revised 01/29/2020sg</p> |

MARTIN COMMUNITY COLLEGE HEALTHCARE PROGRAMS

IMMUNIZATIONS REQUIRED FOR STUDENT CLINICAL: The immunizations listed on the form below are required by our clinical sites. Get a copy of your records from your Health Department, Pediatrician, or school records for documentation of what you have already had. If you have not completed all of the shots listed below, then **you will need to get them done before you go to clinical.** Do not wait until the end of the class to get your shots finished.

Please print clearly in Black ink

Last Name _____ First Name _____ Middle Initial _____
Date of Birth ___/___/_____

Part 1: Required Immunizations for all Clinical Sites

| | |
|--|---|
| Tetanus, TDAP, or Td Booster (Within 10 years if over age 18) | Date: _____ |
| MMR Vaccines (Measles, Mumps, Rubella) 2 doses required OR immunity by positive blood titer. *Vidant does not accept documentation of having these disease as proof of immunity. You must have either shots or titer done. | Date #1: _____ Date#2: _____ OR Date of titer with range results Date: _____ |
| PPD Tuberculin Skin Test (We are aware the CDC no longer recommends this testing yearly but most clinical sites require it before you can attend clinical) 2-step testing is required by Vidant and most other sites if no PPD within last year. If you have had a PPD in the last year you only need one test now AND you MUST provide documentation of the PPD you had within last year OR Negative Chest X-ray within the last year | Date#1: _____ mm _____ Date#2: _____ mm _____ OR Negative Chest X-ray results Date: _____ |
| Varicella (Chicken Pox) 2 doses required OR immunity by positive blood titer *Vidant does not accept documentation of having the disease as proof of immunity. You must have either shots or titer done. | Date#1: _____ Date#2: _____ OR Date of titer with range results Date: _____ range _____ |

Part 2: Recommended Immunizations for all students and may be required by most sites

| | |
|--|---|
| Hepatitis B (Required for Phlebotomy students) | Date#1: _____ Date#2: _____ Date#3: _____ |
| Influenza (Flu) Vaccine... Usually available October – April, and required by nearly all sites | Date#1: _____ |

Clinician Signature or Clinic Stamp: _____ Phone #: _____
Office Address: _____ Date: _____

Form Revised April 2020