



**RANDOLPH COMMUNITY COLLEGE**

629 Industrial Park Avenue • Asheboro, NC 27205 • (336) 633-0200 • [www.randolph.edu](http://www.randolph.edu)

*Creating Opportunities. Changing Lives.*

*When printing application DO NOT print on both sides of the paper (front and back), print on separate pages.*

## **Nursing Assistant 1 and Phlebotomy Registration Information Packet**

*(For costs associated for each program, see attached information sheet)*

### **Nursing Assistant 1**

This training course consists of classroom theory, lab instruction and a clinical externship. After satisfactory completion of this course, you should be eligible to take the NA 1 competency examination for certification.

The following courses are offered SPRING 2024

#### **ASHEBORO CAMPUS**

**NA 1 (NAS-3240A-84576) - DAY January 9-May 1 | Application deadline: December 18<sup>th</sup>**

Class/Lab T/W/TH | January 9-March 13 | 8:15am to 12:15pm | Location AE 220/222

Clinical T/W/TH | March 14-April 18 | 8:15am-12:15pm | Location: various clinical sites

MOCK Review April 23-May 1 | 8:15am-12:15pm | Location: AE Room 220/222

**No class April 2, 3, 4**

**NA 1 (NAS-3240A-84578) – NIGHT January 9-May 1 | Application deadline: December 18<sup>th</sup>**

Class/Lab T/W/TH | January 9-March 13 | 5:30pm to 9:30pm | Location AE 220/222

Clinical T/W/TH | March 14-April 18 | 5:30pm-9:30pm | Location: various clinical sites

MOCK Review April 23-May 1 | 5 : 3 0 p m -9:30pm | Location: AE Room 220/222

**No class April 2, 3, 4**

## **Phlebotomy**

This course provides theory and clinical practice for the safe collection of blood and other specimens. This course includes 116 hours of classroom/lab instruction and 50 hours of clinical externship. ***The ability to have a flexible schedule is necessary for this course.*** Clinical days/times may involve alternate days and/or extended hours other than those regularly scheduled for class and will involve travel - reliable transportation is necessary. At the end of this course, students may take the CPT (Certified Phlebotomy Technician) exam.

The following courses are offered SPRING 2024

### ARCHDALE CAMPUS

Phlebotomy (PBT-3022A-84653) | **January 9-May 14 Application deadline December 18<sup>th</sup>**

Class/Lab—T/TH- 5:30- 9:30 PM January 9- April 16 | Location: Archdale 310

Clinical M/T/W/TH/F | Various Times TBA | April 18-May 10 | Location: various clinical sites Class

Closure/Wrap Up: May 14

CLINICAL HOURS WILL BE IN THE MORNING AND AFTERNOON

Phlebotomy (PBT-3022A-84654) | **January 22-May 15 Application deadline December 18<sup>th</sup>**

Class/Lab—M/W- 5:30- 9:30 PM Jan. 22-April 22 | Location: Archdale 310

*(students will have 2 hours of online work 1/22-2/29)*

Clinical M/T/W/TH/F | Various Times TBA | April 24-May 14 | Location: various clinical sites Class

Closure/Wrap Up: May 15

CLINICAL HOURS WILL BE IN THE MORNING AND AFTERNOON

**No class April 1**

Phlebotomy (PBT-3022AX-H4655) | **January 8-May 13 | HYBRID Application deadline December 18<sup>th</sup>**

Class Online- M/T/W/TH/F/Sa/Su- January 8- April 15

Lab- Thursday- 1:00-5:00 PM January 11- April 11 | Location: Archdale 310

Clinical M/T/W/TH/F | Various Times TBA | April 17-May 10 | Location: various clinical sites Class

Closure/Wrap Up: May 13

CLINICAL HOURS WILL BE IN THE MORNING AND AFTERNOON

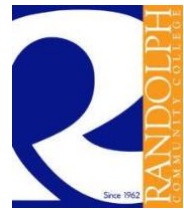
**No class January 15, April 1**

**No application will be processed unless it is complete. Incomplete applications will not be returned.**

If you have any questions regarding the application process or to register for either class, please call Janet Ingold at 336-633-0268.

# Randolph Community College

## Nursing Assistant 1 and Phlebotomy Student Registration Checklist



All areas must be completed PRIOR to course completion.

**DIRECTIONS:** Students, please review this document and initial beside EACH statement. At the end of the document, please print and sign your name. Once completed, return the entire packet and all supporting documents to Janet Ingold at 413 Industrial Park Ave. Asheboro

### Notice: Prior to registration, ALL students must acknowledge the following information

1. \_\_\_\_ I am aware it is my responsibility to submit ALL required documentation BEFORE the course begins or I will NOT be eligible for the course.
2. \_\_\_\_ I am aware that I am responsible for paying ALL fees associated with this course.
3. \_\_\_\_ I am aware a Background Check and urine Drug Screen are REQUIRED
4. \_\_\_\_ I am aware of the course requirements, and I am able to meet ALL the necessary requirements and attend regularly scheduled classes
5. \_\_\_\_ I am aware that I will need a laptop/tablet to complete course work and I will notify the Program Coordinator if I need assistance.
6. \_\_\_\_ I am aware that I must make copies of all original documents and these copies will not be duplicated for me.

### Phase 1: Required PRIOR to Course Enrollment

1. \_\_\_\_ Submit completed Program Application Packet
2. \_\_\_\_ Must be 18 years of age BEFORE the official end date of the course (Proof required)
3. \_\_\_\_ Submit a copy of your:
  - a. High school diploma or high school equivalency
  - b. Driver's license (MUST be current)
  - c. Social Security card
  - d. Immunization records (Must receive all vaccinations at least two (2) weeks PRIOR to the course start date (*see attached page for vaccine information*)).
  - e. Reading Assessment form- All students must pass a Reading Assessment or have records that indicate proficiency. Phlebotomy students must also pass a Math Assessment. The assessment verification form is in this packet.
4. \_\_\_\_ Successfully complete the REQUIRED American Heart Association BLS Provider Course (CPR) or hold a CURRENT AHA BLS Provider card prior to the course start date. (upcoming classes attached)
  - a. Submit copy of BLS card with application packet

## Phase 2: AFTER Registration and BEFORE Course Starts

1. \_\_\_\_\_ Purchase Course Manuals PRIOR to FIRST day of class.
  - a. NA1- *Manual of Nursing Assistant Modules Skills*
  - b. Phlebotomy- *Phlebotomy: A Competency Based Approach 6<sup>th</sup> Edition.*
  
2. \_\_\_\_\_ Purchase ALL required clinical uniforms: (scrubs are purchased by the individual student)
  - a. NA1 students- Solid color HUNTER GREEN scrubs.
    - o Scrubs of any color are acceptable for NA 1 lab days.
  - b. Phlebotomy- Solid color GRAY scrubs
  - c. Both classes- closed heel and toe BLACK or WHITE shoe. Per OSHA guidelines tennis shoes, clogs, Crocs, etc. are not allowed.
  
3. \_\_\_\_\_ Submit a background check and urine screen (REQUIRED)
  - a. You will receive a code when you turn in your application packet (*see attached for fees*)

## Phase 4: LAST day of class

1. NA 1 students: Register for the NC State Exam
  - a. State exam fee: \$140.00. Payment MUST be debit or credit card ONLY (student is responsible for the fee).
  - b. Students must have laptop/tablet to register for exam.
  
2. Phlebotomy students: Register for the Certified Phlebotomy Technician (CPT) National Exam
  - a. Exam fee: \$125.00. Payment MUST be debit or credit card ONLY (student is responsible for the fee).
  - b. Students will complete exam registration and payment during the final week of the course.

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

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

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



## Nursing Assistant 1 and Phlebotomy Application

ALL INFORMATION ON THIS FORM IS HELD CONFIDENTIAL

*Registration is subject to class availability. Students must register with their legal name on all documents. Names must match exactly.*

Applying for: ☐ Nursing Assistant 1 ☐ Phlebotomy

(PRINT)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Education:** ☐ High School Diploma or ☐ High School Equivalency (formerly known as GED)

School attended: \_\_\_\_\_

United States Citizen? ☐ Yes No ☐ Place of birth: \_\_\_\_\_ State of Legal Residency: \_\_\_\_\_

### In case of Emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Registration Information

- **Student Background Check and Drug Screening must NOT be obtained prior to starting the course.** See packet information for the Background and Drug Screening form.
- **Tuition is due at the time of registration.** Scholarships may be available. See attached program information sheets for all fees associated with the corresponding program. Contact Janet at 336-633-0268 for more information.

*Students seeking accommodations due to a documented disability should contact Tammy Cheek at 336-633-0246 or email [twcheek@randolph.edu](mailto:twcheek@randolph.edu).*

**Document Policy:** Copies of educational and identification documents are filed in RCC's archives and are not returned to the students. **Please do not give us your original or your only copy.**

**Attendance Policy:** There is a strict attendance and time policy in these programs. **If you are more than 10 minutes late for class, you will be counted absent.** If you wish to attend class after missing the first day of class, you will need to contact Kimberly Barkley, Program Coordinator for Nurse Aide, at 336-633-3028, before you may attend class.

➡ **Student Initials:** \_\_\_\_\_

**Refund Policy:** For a **full refund**, you must request your refund before class begins. For **75% refund**, you must request your refund before the 5<sup>th</sup> class day. **No refunds given after the 5<sup>th</sup> class day.** ➡ **Student Initials** \_\_\_\_\_

**By signing this document, I attest that the information that the information given above is complete and accurate. I understand and agree to the program requirements and will abide by all RCC policies and regulations.**

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



## Randolph Community College

### Nursing Assistant 1 Program

The Nursing Assistant I course is a state approved course which teaches basic nursing skills to the student. Such skills are required to provide personal care for patients, residents, the elderly and others requiring medical assistance in a healthcare setting. Emphasis is placed on patient safety and infection control, the aging process, communication, legal and ethical issues, patient rights, personal care, vital signs, elimination, nutrition, emergencies, rehabilitation, proper body mechanics and mental health. This course includes a clinical component.

**Students are accepted on a first come - first serve basis.**

Class space is limited. Clinical days/times may involve alternate days and/or extended hours other than those regularly scheduled for class and will involve travel - reliable transportation is necessary.

#### **Costs (*price of state exam not included*)**

Registration                      \$218.05

Textbook                      \$30 (approximate) *Manual of Nursing Assistant Modules Skills*.  
Contact the Campus Bookstore at 336-633-0236 for exact cost and availability.

CPR Class- \$75 (see attached form for upcoming classes)

Drug Screening- \$40 (approximate)

Criminal Background- - \$60.00 & up – depending on searches

RCC Student ID- .50 (completed as a class)

State Exam- \$140

Scrubs

Additional needed supplies will be discussed on the first day of class

*\*prices subject to change*



# Randolph Community College

## Phlebotomy

*Classes/Labs will be held at the Archdale campus- 110 Park Drive. Archdale 27263*

This training prepares the student to draw blood specimens from patients for the purpose of testing and analyzing blood. A phlebotomist's job includes maintenance of equipment used in obtaining blood specimens, the use of appropriate communication skills when working with patients, the selection of venipuncture sites, the care of blood specimens and the entry of the testing process into the computer, as well as clerical duties associated with record keeping. The academic work in the classroom moves rapidly and requires a significant amount of home study. The laboratory work in the classroom requires that students practice daily blood drawing on each other. The last three weeks of the course are for clinical rotations. During this period, each student will spend 50 hours in a clinical setting, while supervised by a working phlebotomist. During clinical rotations you will perform blood draws on real patients. Daily assignments are 6 to 8 hours long and will require you to be walking or standing the entire time.

This field of study is not recommended for those who are uncomfortable in proximity to sick patients, who faint easily, who have high anxiety levels, or who cannot be on their feet for extended amounts of time.

Important!: ALL students will have to practice venipuncture which includes being stuck and sticking others.

**Students are accepted on a first come - first serve basis.**

Class space is limited. Clinical days/times may involve alternate days and/or extended hours other than those regularly scheduled for class and will involve travel - reliable transportation is necessary.

### **Costs (does not include price of certified exam)**

Registration: \$180.00

Supply Fee: \$30.00

Student ID: \$ .50 (completed as a class)

National Exam Fee: \$125.00

Accident Insurance: \$ .55

Liability Insurance: \$16.00

Drug Screening- \$40 (approximate)

Criminal Background- 60.00 & up – depending on searches

CPR Class- \$75 (see attached form for upcoming classes)

Scrubs- Do not purchase your scrubs prior to starting the course!!!

Textbook: \$150 *Phlebotomy: A Competency Based Approach 6th Edition*. Approximate cost and is available at the Asheboro campus bookstore.

*\*prices subject to change*

**Classes/Labs will be held at the Archdale campus. Clinicals will be held in Randolph County and various surrounding counties** Clinical externships will be M/T/W/Th/F with times varying from 5:00am-11:00pm.

The schedule will be determined after the start of the course.



# Randolph Community College

## Nursing Assistant 1 and Phlebotomy Programs

### Student Checklist- Immunization Requirements

Every student must provide proof of immunization with the application packet. Please refer to your healthcare provider for a copy of your immunization record. Students can decide to use the attached immunization form provided by the College (2 pages). It must be signed by an authorized medical professional and attested to by the student.

\_\_\_\_\_ Measles, Mumps, Rubella (MMR)

- Documentation of 2 measles vaccines, 2 mumps vaccines and 1 rubella vaccine

**OR**

- Documentation of positive titers (blood test) showing immunity

**OR**

- If no documentation, 2 measles vaccines, 2 mumps vaccines and 1 rubella vaccine is required.

\_\_\_\_\_ Varicella (Chicken Pox)

- Documentation of 2 varicella vaccines if never had chicken pox

**OR**

- Documentation of varicella positive titers (blood test) showing immunity if history of chicken pox

\_\_\_\_\_ Hepatitis B (*see Program Coordinator if you need a Hepatitis B Vaccine Declination Form*)

- Documentation of 3 Hepatitis B vaccines or 2 Heplisav B vaccines
- Documentation of Hepatitis B positive titers (blood test) showing immunity

\_\_\_\_\_ Tetanus, Diphtheria, Pertussis (Td/Tdap)

- Documentation of a Td or Tdap that is current within 10 years.
- Individuals should receive a booster every 10 years.

\_\_\_\_\_ Tuberculosis (TB) Screening

- **NA students**-TB Skin test with results (within the past 12 months)
- **Phlebotomy students**- Quantiferon gold or T-spot blood test (within the past 8 months)

\_\_\_\_\_ Quadrivalent Flu (Influenza)

- Proof of seasonal flu vaccine, current season (October-March). Not required for summer classes

\_\_\_\_\_ Coronavirus (COVID-19)

- 2 doses of either the Pfizer, Moderna, AstraZeneca COVID-19 vaccine
- OR**
- Single dose of the Johnson & Johnson COVID-19 vaccine

*These immunizations are required by the clinical facilities for the students practicing in their clinical setting.*





# Randolph Community College

## Student Immunization Form

(Must be completed by MD/PA/NP/RN/Heath Department Representative)

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle MM/DD/YY

<b>Measles Vaccine or MMR</b>		<b>OR</b>	<b>Measles Antibody</b>	
Date 1: ____/____/____ Date 2: ____/____/____			Date: ____/____/____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
<b>Mumps Vaccine</b>		<b>OR</b>	<b>Mumps Antibody</b>	
Date 1: ____/____/____ Date 2: ____/____/____			Date: ____/____/____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
<b>Rubella Vaccine</b>		<b>OR</b>	<b>Rubella Antibody</b>	
Date 1: ____/____/____ Date 2: ____/____/____			Date: ____/____/____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
<b>Varicella Vaccine</b>		<b>OR</b>	<b>Varicella Antibody</b>	
Date 1: ____/____/____ Date 2: ____/____/____			Date: ____/____/____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
<b>Tetanus</b>				
<b>Td</b>		<b>OR</b>	<b>Tdap</b>	
Date 1: ____/____/____ (required every 10 years)			Date 2: ____/____/____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
<b>Tuberculosis (TB) Screening</b>				
<input type="checkbox"/> QuantiFERON-TB Gold <input type="checkbox"/> T-SPOT.TB Date: ____/____/____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative		<b>Skin Test for NA</b>	If positive, CXR date and result: ____ Treatment: ____ Date of Chest X-Ray: ____/____/____ Results: ____	
<b>Hepatitis B</b>				
<b>Vaccine</b>		<b>OR</b>	<b>Antibody</b>	
Date 1: ____/____/____ Date 2: ____/____/____ Date 3: ____/____/____			Date: ____/____/____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	

Health Care Provider Signature/Stamp (Required)

Date

( )  
Telephone Number (Required)

Address of Medical Facility (Required)

Street

City

State

Zip Code

### Seasonal Flu

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(required every year)

### COVID-19

Initial Round	Booster(s)
Date: ____ / ____ / ____	Date: ____ / ____ / ____
Manufacturer: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Johnson & Johnson	Manufacturer: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Johnson & Johnson
Date: ____ / ____ / ____	Date: ____ / ____ / ____
Manufacturer: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Johnson & Johnson	Manufacturer: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Johnson & Johnson

Additional Information:

**Measles, Mumps, Rubella (MMR)** – Must provide:

- Documentation of 2 measles vaccines, 2 mumps vaccines and 1 rubella vaccine **OR**
- Documentation of positive titers (blood test) showing immunity **OR**
- If no documentation, 2 measles vaccines, 2 mumps vaccines and 1 rubella vaccine is required

**Varicella (Chicken Pox)** – Must provide:

- Documentation of 2 varicella vaccines if never had chicken pox **OR**
- Documentation of varicella positive titers (blood test) showing immunity if history of chicken pox

**Hepatitis B** – Must provide:

- Documentation of 3 Hepatitis B vaccines **OR**
- Documentation of Hepatitis B positive titers (blood test) showing immunity **OR**
- Documentation of 2 dose Heplisav-B

**Tetanus, Diphtheria, Pertussis (Td/Tdap)** – Must provide:

- Documentation of a Td or Tdap that is current within 10 years
- Individuals should receive booster every 10 years

**Tuberculosis (TB) Screening** – Must provide:

- **TB skin test for NA students only**
- An IGRA (QuantiFERON or T-Spot) annually. Your IGRA must be within the past 8 months, prior to the program start date **OR**
- If you test positive for tuberculin exposure, you must submit a negative chest x-ray within the last 5 years **OR**
- TB clearance letters must be dated no more than 8 months before your program start date

**Quadrivalent Flu (Influenza)** – Must provide:

- Proof of seasonal flu vaccine.
- Medical contraindications must be reported on a physician letterhead.

**COVID-19** – Must provide:

- 2 doses of the Pfizer, Moderna, AstraZeneca COVID-19 vaccine **OR**
- Single dose of the Johnson and Johnson vaccine COVID-19 vaccine
- Medical contraindications must be reported on a physician letterhead.

### Student Attestation

*I hereby attest to this document being true and accurate. I understand the program clinical expectations and affirm to factual representation of my immunization record. Any false reporting will be subject to review and disciplinary action in accordance with institutional policies up to and including termination from the program.*

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date

**RANDOLPH COMMUNITY COLLEGE**  
**629 INDUSTRIAL PARK AVE., ASHEBORO NC 27205/www.randolph.edu**  
**CONTINUING EDUCATION STUDENT REGISTRATION FORM**

NAME (Please Print) <b>Last</b>		<b>First</b>		<b>Middle</b>		Maiden	
Street Address or Post Office			City		State	Zip	County
Home Phone #	Work Phone #		Cell Phone #		Social Security Number or your 7 digit Student ID Number		
E-mail Address:							
Date of Birth ____ - ____ - ____ If 65 or older, Check here <input type="checkbox"/>			<b>Employment Status – Circle One</b> <div style="display: flex; justify-content: space-between;"> <div>           E1 - Employed 1-10 Hrs.            E2 - Employed 11-20 Hrs.            E3 - Employed 21-39 Hrs.         </div> <div>           E4 - Employed 40 or more Hrs            R - Retired            UN - Unemployed – Not Seeking         </div> <div>           US - Unemployed Seeking         </div> </div> Name of Employer: _____				
<b>Ethnic – Circle One</b> 1. Non-Hispanic/Latino 2. Hispanic/Latino		<b>Race – Circle One</b> 1. American/Alaskan Native 2. Asian 3. Black or African American 4. Hawaiian/Pacific Island 5. White				<b>Gender – Circle One</b> M - Male F - Female	
Circle highest grade completed or check if passed High School (HS) Equivalency (GED) <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 11 12 13-Adult HS Diploma							
14- One Year Vocational Diploma    15-Associate's Degree    16-Bachelor's Degree    17-Master's Degree or higher							
How did you learn about the class?							
Section Number Ex: CAS3020A 98000	Section Title Introduction to Computers	Day(s) T, Th	Time 6-9 pm	Fees \$125	Location Main Campus		
2.							
3.							

Please check one:

I certify that I am at least 18 years old \_\_\_\_\_ or that I am under 18 and have provided a Minor Release Form to the Continuing Education Registration Office \_\_\_\_\_.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ Amount Paid \_\_\_\_\_

For CE Registration Only

Method of Payment: \_\_\_\_\_ Cash    \_\_\_\_\_ Check    \_\_\_\_\_ Credit Card - (circle one)    MASTERCARD    VISA

Revised 9/21/21 kwt



# **Randolph Community College**

## **Nursing Assistant 1 and Phlebotomy Programs**

### **Performance Standards & Guidelines**

#### **Guidelines for Evaluation of Physical Health**

Physical health is defined as being free of disabling or contagious diseases, being able to perform fine and gross motor skills, and being able to perform normal weight-bearing activities. Ongoing assessment of physical health is based upon instructor observation during the course. If a physical health problem threatens to prevent or prevents satisfactory classroom or clinical performance the student is referred to an appropriate professional. The recommendation of the professional is utilized to advise the student regarding admission or continued enrollment. Applicants or students may be denied admission or continued enrollment until the identified problem is satisfactorily corrected to the satisfaction of the course instructor.

#### **Guidelines for Evaluation of Emotional Health**

Emotional health is defined as reacting appropriately to stressful situations, coping with everyday stressors effectively, using healthy coping mechanisms, and understanding one's own ability to cope with stressful situations. Ongoing assessment of emotional health is based upon instructor observation during the course. If an emotional health problem threatens to prevent or prevents satisfactory classroom or clinical performance, the applicant or student is referred to an appropriate professional. The recommendation of the professional will be utilized to determine whether admission or continued enrollment in the program is appropriate. Applicants or students may be denied admission or continued enrollment until the identified problem is satisfactorily corrected to the satisfaction of the course instructor.

#### **ATTENDANCE**

In accordance with Federal laws that govern Nurse Aide training, the Nursing Assistant and Phlebotomy Programs, attendance policy is very strict for class, lab and clinical. Attendance plays a critical role in your success in the courses. Satisfactory progress is difficult without regular attendance.

\*Please note that clinical externship days/times and location may vary from your class/lab schedule. You will need to have a flexible schedule and reliable transportation.

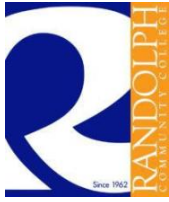
#### **STUDENTS MUST ATTEND THE FIRST DAY OF CLASS**

### **Technical Standards for NA 1 and Phlebotomy**

Our program technical standards have been developed to help students understand nonacademic standards, skills, and performance requirements expected of a student in order to complete the curriculum. If an accommodation is necessary to participate in the program, it is imperative to identify a reasonable accommodations to those students who qualify under the Americans with Disabilities Act (ADA). Reasonableness is determined by RCC's Student Services on a case-by-case basis utilizing the program technical standards. The accommodation needs to be in place prior to the start of the program, or it may delay your ability to start the program. It is the student's responsibility to contact Tammy Cheek at 336-633-0246 or email [twcheek@randolph.edu](mailto:twcheek@randolph.edu). and request accommodations.

<b>SKILLS</b>	<b>DESCRIPTION</b>	<b>SPECIFIC EXAMPLES</b>
<b>MOTOR SKILLS</b>	Fine and coarse motor skills	Can stand, bend, tie, open containers, sit, push and pull equipment and furniture, lift from 10 to 50lbs., perform CPR, assist patients with ADL, monitor vital signs, do dressing changes, oxygen therapy, catheterizations, tube feedings, ostomy care.
<b>SMELL</b>	Adequate sense of smell	<ul style="list-style-type: none"> <li>• Able to smell smoke, offensive and non-offensive odors, such as fecal and urine smells or perfume (can be offensive and cause nausea).</li> <li>• Can smell and recognize infectious odors.</li> </ul>
<b>VISION</b>	Near and Distant vision with or without corrective lenses	Can read regular sized print, discern skin colors, shapes and sizes of injuries or lesions, determine distances such as 2 inches, 3 cm, 10 ft., 20 ft.
<b>HEARING</b>	No more than mild hearing loss with or without hearing aids	<ul style="list-style-type: none"> <li>• Auditory ability must be sufficient to communicate/understand and give directions effectively to patients, family, and staff.</li> <li>• Can hear alarms from beds and monitors, patient calls, call bells, persons speaking from across the room</li> </ul>
<b>TECHNOLOGICAL</b>	Can operate a computer, small equipment	Can operate equipment such as Sequential Compression Devices , warming blankets, Dynamaps (vital sign monitors), oxygen therapy, tube feeding machines, CD player, use email, basic computer programs such as Excel, Word, can upload and download information, FAX
<b>COMMUNICATION</b>	Ability to speak coherently and appropriately	Spoken, written and electronic language is clearly understood by staff, patients, and families
<b>CRITICAL THINKING/ PROBLEM SOLVING</b>	Can detect abnormal or untoward situations and act or report to superiors	Can intervene using job skills/knowledge related to training/position and reports in a timely manner to superiors.
<b>INTERPERSONAL SKILLS</b>	Tries to foster positive relationships with patients and staff	<ul style="list-style-type: none"> <li>• Establishes collegial relationships with co-workers and rapport with patients, able to maintain emotional stability in negative situations remains calm and objective in crises, accepts accountability for own actions, establishes rapport with patients of diverse cultures and age groups, is respectful, empathetic, and team oriented.</li> <li>• Observes HIPPA regulations consistently.</li> <li>• Maintains a negative background check and drug screen.</li> </ul>
<b>ENVIRONMENTAL TOLERANCE</b>	Can work in a less than optimal environment	<ul style="list-style-type: none"> <li>• Could function in case of a fire or evacuation, with or without heat, or in case of flooding.</li> <li>• Ensures that infection prevention protocol prevails concerning bodily secretions, hand hygiene, odor control, and exposure to infectious persons. Protects self and patients by using personal protective equipment as applicable.</li> <li>• Can identify unsafe circumstances and assist in transfer or evacuation of patients.</li> </ul>

*This document is intended to serve as a guide regarding the physical, emotional, intellectual and psychosocial expectations placed on a student. This document cannot include every conceivable action, task, ability or behavior that may be expected of a student. Meeting these technical standards does not guarantee employment in this field upon course completion. Ability to meet the program's technical standards does not guarantee a student's eligibility for any licensure, certification exam, or successful completion of the program.*



**Randolph Community College**  
**Nursing Assistant 1 and Phlebotomy Programs**  
**Criminal Background and Drug Screening**

**Information Regarding Criminal Background Check/Drug Screen for Clinical Externships**

Affiliating clinical agencies require a national criminal background check and drug screen as a prerequisite for clinical learning experiences. Positive results can result in a clinical agency denying the student access to clinical practice in the facility. Any student who is denied access to any clinical facility will not be allowed to progress in the course. Students are responsible for all fees associated with background check/drug screen.

Potential students should be aware that this will be their financial responsibility.

Drug Screening - approximately \$45.00

Criminal Background Check - \$60.00 & up - depending on searches

**Do NOT obtain a background check or drug screening while completing the application portion. Instructions will be given when you return your completed application.**

You are signing this form as acknowledgement of this requirement.

My signature below indicates that am aware of the information regarding the national criminal background check and drug screen being required. I understand that if I fail to meet certain criteria, as set by these facilities, that I may not be able to participate in clinical education and that this may prevent my successful completion of the course/program to which I am applying.

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

Print Name: \_\_\_\_\_

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

Student ID# \_\_\_\_\_



**Randolph Community College**  
**Nursing Assistant 1 Program**  
**Reading Assessment Verification**

*Take this form with you to your testing appointment.*

Appointments are required for testing. Limited same day testing may be available.

Call (336) 633 – 0321

Appointments are available mornings, afternoons, and evening.

Location: Assessment Center (next to the greenhouses; behind the Campus Store)

**Acceptable scores / courses (scores must be less than 5 years old):**

Reading: NCDAP (Accuplacer) – score of 117 or higher

Completion of DRE 096 or higher, with a grade of C or better

CASAS (Form 907R or 908R) – score of 239 or higher (9<sup>th</sup> GL)

TABE 9/10 – score of 567 or higher (9<sup>th</sup> GL)

TABE 11/12 (Level D or A) – score of 576 or higher (9<sup>th</sup> GL)

RISE Placement Test Tier 1 – score 70 or higher (only available for students who meet the RISE criteria)

*If you intend to use scores from testing done at another school, please see the Welcome Center to have those scores transferred officially to RCC – we cannot accept only a print-out of scores.*

**Please ensure that someone from the Assessment Center signs this form.**

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

Date \_\_\_\_\_

Test Type \_\_\_\_\_

Scores / Completed Courses \_\_\_\_\_

Assessment Center Signature \_\_\_\_\_



## **Randolph Community College** **CPR Healthcare Provider**

**All classes are held at our Asheboro Campus.**

**Location:** Continuing Education and Industrial Center- 413 Industrial Park Ave. Asheboro

**Classroom:** 117

**Cost:** \$75.00

**Class description:** *This course is designed for individuals who work in a healthcare setting (doctor's office, hospital, EMT, Paramedic, nursing facility, home health care, etc.). Students will learn to recognize several life-threatening emergencies, provide CPR to victims of all ages, use an AED, and relieve choking in a safe, timely and effective manner.*

### **Day Classes: 9:00 AM- 1:00 PM**

July 18	August 15
September 19	October 17
November 14	December 12

### **Night Classes: 5:00 PM- 9:00 PM**

July 12	July 20
August 9	August 17
September 13	September 21
October 11	October 19
November 8	November 16
December 6	December 14

**To register for the CPR class, call Janet Ingold at 336-633-0268. Payment is required during registration.**