APPLICATION PACKET MUST BE COMPLETE TO BE ACCEPTED BY STUDENT SERVICES
NURSING PROGRAM

(Initial each requirement and return to Student Services)

_____ Application for Admission to WCCS or Readmission form on file with Student Services

_____ Completed Nursing Application must indicate program of interest (LPN, Generic, or Mobility)

_____ All generic program applicants must indicate if you want to be considered for the LPN program if not accepted into the RN program.

_____ Unconditional admission to WCCS (In good standing with a 2.0 or higher GPA)

_____ An official copy of all transcripts (high school and/or all colleges attended) must be on file in the Office of Student Services prior to deadline dates to be considered for admission.

_____ A minimum of 2.50 GPA on the last 24 hrs of College work completed (PN Students Only). A minimum of 2.5 GPA for nursing required academic core courses (ADN Only).

_____ A minimum of 2.50 high school GPA for students without prior college work (GED acceptable in lieu of high school transcript)

_____ Eligibility for ENG101 and MTH116 (PN); MTH 100 (ADN) as determined by Compass Test and College policy

_____ Signed Essential Functions form (meeting the essential functions or technical standards required for nursing)

_____ Signed Student Drug Screen Policy Participating Form (Drug Screening Fee $38.00 paid when clearing fees)

_____________ Fees are subject to change.

_____ Signed Background Screening Consent and Release Form (Background Fee $45.00 paid to Verified Credentials at the time screening is scheduled. Fees are subject to change.

_____ A minimum of 18 composite score on the American College Testing (ACT) National or Residual (RN) Registration Fee ($ 39.50 (without writing section), 56.50 (with writing section) Writing is not required for WCCS admission. (ADN only)

_____ A TEAS score (Test of Essential Academic Skills within the 2 years of application date) Registration Fee $66.00 (PN only)

All documents, including official transcripts for each individual college attended must be on file in the Office of Student Services or included in this packet in sealed official envelopes. Students who have college credit from Wallace Community College Selma do not have to obtain official Wallace Community College Selma transcripts to include in this packet. Reminder! Application will NOT be accepted if transcript(s) is not on file. Students who are transferring from another college are not required to include a high school transcript unless they wish it to be used in the evaluation process.

Meeting minimal requirements does not guarantee acceptance to the Nursing Program. After meeting all minimum requirements, applicants are rank-ordered using a point system. See page 6 of this packet for more details and the method of calculating points for selection.

_______________________________________  ______________________
Student Signature                     Date
We are pleased that you are interested in the Nursing Programs at WCCS.

We offer three options:

- Licensed Practical Nursing
- Associated in Applied Science (Generic)
- Mobility (LPN to RN)

Licensed Practical Nurse applicants may choose to complete the 3 or 4 semester track. The Associate in Applied Science Degree is a 5 semester program for generic students, and a 3 semester program for mobility students. When applying for admission, program applicants must submit the following documents, as a complete package to the Office of Student Services no later than the listed deadline dates.

1. Wallace Community College Application for general admission to the college.
2. Official college/technical program transcripts. **An official transcript from each individual college, university and/or technical school attended must be submitted with the application to the Office of Student Services at Wallace Community College in a sealed official envelope or unofficial copies attached with official ones ordered.**
3. Program Application.
4. *(PN only)* Essential Academic Skills (TEAS) Exam percentage score. The TEAS score must be within the past 2 years of the application deadline date. A student may repeat the TEAS V (or current version) once during any semester admission timeframe. A student must wait at least six weeks between taking each test.
5. *(ADN only)* ACT score (18-36) possible points. Minimum score required= 18 composite score. No time limit on when ACT was taken. WCCS does not require writing.
6. A signed Essential Functions Form indicating that you meet the technical requirements required in nursing with or without accommodations. The Essential Functions form must be read and signed by you, not your physician, and submitted with your application. The nursing faculty reserves the right at any time to require an additional medical examination at the student’s expense in order to assist with the evaluation of the student’s ability to perform the essential functions.
7. Reviewed Drug Screen Policy (will require a $38.00 drug screening fee, to be paid when clearing fees) Fees are subject to change.
8. Reviewed Background Screening Policy (will require a background screening fee $45.00 to be paid on-line to Verified Credentials at the time screening is scheduled.)* Fees are subject to change.*
9. A 2.5 GPA for the last 24 semester hours of college(s) work completed *(PN Only)*. A minimum of 2.5 for nursing required academic core courses *(ADN Only)*.
10. Unconditional acceptance to Wallace Community College Selma.
11. Be in good standing with WCCS (2.0 or higher GPA).

**Mobility Applicants**

We are pleased that you are interested in the Mobility Associate Degree Nursing Program at WCCS. The mobility program is designed for Licensed Practical Nurses and enables them to complete the Associate in Applied Science Degree in three semesters. Should you choose to apply for admission to the A.D.N. Mobility Program, you must submit the following documents, as a complete package to the Office of Student Services no later than **December 1.**

Good Standing with WCCS if attending or previously attended (2.0) or greater GPA from WCCS.

Must have a valid, unencumbered Alabama LPN license.

Must complete the following courses with a “C” or higher, prior to enrollment in the LPN to RN Mobility Program:

a. MTH 100 College Algebra or Pre--Calculus, Finite Math, etc. (3 credit hours)
b. BIO 201 Human Anatomy and Physiology I (4 credit hours)
c. BIO 202 Human Anatomy and Physiology II (4 credit hours)
e. ENG 101 English Composition I (3 credit hours)
f. PSY 210 Human Growth and Development (3 credit hours)
g. SPH 106 or SPH107 Fundamentals of Oral Communication/Fundamentals of Public Speaking (3 credit hours)

*NUR 209 Concepts for Healthcare Transition Students

*This course is mandatory for all LPN/RN mobility students who have graduated from a practical nursing program more than one year ago and/or in the old curriculum and/or from a practical nursing program outside of the Alabama Two-Year College System. After successful completion of NUR 209, LPN/RN mobility students will receive 6 hours’ credit for NUR 209, Once the mobility program is successful completed, 15 non-traditional credit hours will be awarded.
Wallace Community College Selma
NURSING PROGRAM
APPLICATION PACKET

Please read the following information carefully before completing this application packet:

**Deadline**

**Practical Nursing Program (LPN)**
- The deadline to return this packet is June 15th at 12:00 noon for Fall Admission, November 1st at 12:00 Noon for Spring admission. (Day Program)

**Associated Degree Nursing (Generic Track)**
- The deadline to return this packet is June 1st at 12:00 noon for Fall Admission

**Associate Degree Nursing (LPN to RN Mobility)**
- The deadline to return this packet is December 1st at 12:00 noon for Spring Admission.

*No application will be accepted after the deadline date. Incomplete packets will not be considered.*

**Application Forms**
Read the information included in this packet carefully. All items **must** be completed. If any item does not apply to you, please mark it NA.

**Transcripts**
An official copy of all transcripts (high school and all colleges attended) must be on file in the office of Student Services prior to deadline dates to be considered for admission. A high school transcript or GED is acceptable if you have not had any previous college work.

**Financial Aid**
Please complete your financial aid packet if you have not done so. Once students have been accepted into the program they must be able to clear fees on the designated registration date. For Pell Grant applicants, go to fadsa.gov and complete the application. The school code is 009980.

**Scholarships**
Tuition assistant scholarships are available for students who have successfully completed all first semester courses. Applications are available on the college’s web site.

**Copies**
You are encouraged to make copies of all material in your packet prior to submission. The Office of Student Services will not make copies of anything in your packet for use in re-applying to the Nursing program or in applying to other programs.

**Completed application packet MUST be hand delivered to the Nursing Advisor,**

Mrs. Irene Bonner
Located in the Student Center Building, 2nd Floor, Room AR-1
Office Hours are Monday thru Wednesday, 10:30 a.m. - 4:00 p.m.
Wallace Community College Selma
Office of Student Services
P. O. Box 2530/3000 Earl Goodwin Parkway
Selma, Alabama 36702-2530
Telephone: 334-876-9380 or e-mail: irene.bonner@wccs.edu

Revised 3/7/18
APPLICATION PACKET MUST BE COMPLETE TO BE ACCEPTED BY STUDENT SERVICES
WALLACE COMMUNITY COLLEGE SELMA
SELMA, ALABAMA
NURSING PROGRAM APPLICATION PACKET

Application Date __________/________/_______

Please initial intended program of study & term

<table>
<thead>
<tr>
<th>Associated Degree of Nursing (ADN)</th>
<th>Practical Nursing (LPN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional _____ Hybrid _____</td>
<td></td>
</tr>
<tr>
<td>(check one)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Admission Term</th>
<th>Admission Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Track</td>
<td>Deadline</td>
</tr>
<tr>
<td>Fall admission only</td>
<td>June 1st</td>
</tr>
<tr>
<td></td>
<td>Fall Admission</td>
</tr>
<tr>
<td>Mobility Track</td>
<td>Deadline</td>
</tr>
<tr>
<td>LPN to RN</td>
<td>Spring Admission</td>
</tr>
<tr>
<td>Spring admission only</td>
<td>December 1st</td>
</tr>
</tbody>
</table>

Please review my application for PN admission if I am not accepted in the ADN program. Yes__________ No__________

I. PERSONAL DATA

Name_______________________________________________
(First) ___________________ (Middle) ______ (Maiden) ______

Permanent Address_________________________ SSN___________________________

City: __________________ State: _______ Zip: __________ Telephone: ____________

Are You Currently Employed? Yes _____ No_____ Are you employed Full-Time _____ or Part-Time_____

Place of Employment_______________________________________________________________________________

II. EDUCATION

High School Graduation Year ____________High School Name: ________________________________

GED (if applicable) _______Date Completed_____________________________________________________

Do you currently hold a degree in any field? Yes_____ No_____ List Degree Earned_____________________

Have you taken any courses at this college? Yes_____ No _____

Have you attended other colleges? Yes__________ No__________ If yes, list colleges with degree earned, if applicable, and send official copies of transcripts to the Office of Student Services.

<table>
<thead>
<tr>
<th>Name of College</th>
<th>Years</th>
<th>Degree earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Have you previously been admitted to WCCS Practical Nursing or ADN program? Yes_____ No_____. If yes, state date of last admission. (LPN ___________________) (ADN ___________________)

Have you ever been enrolled in another nursing program? Yes______ No______ If yes, give the name of the college(s) attended and reason for withdrawal:

________________________________________________________________________________________________________________________________________

TRANSFER POLICY REQUIREMENT
IF YOU HAVE EVER BEEN ENROLLED IN ANOTHER ALABAMA 2 YEAR COLLEGE NURSING PROGRAM PLEASE CONTACT THE PN OFFICE AT (334) 876-9339 or the ADN OFFICE AT 876-9275 FOR TRANSFER POLICY REQUIREMENTS.

Have you taken the COMPASS test? Yes ________ NO_________ If yes, date___________________, your name as listed when tested__________________________.

III. ESSENTIAL FUNCTIONS
In order to be admitted and to progress in the Nursing Program you must possess a functional level of ability to perform the duties required of a nurse with or without reasonable accommodation(s). Admission or progression may be denied if you are unable to demonstrate the essential functions with or without reasonable accommodation(s). Please review the Essential Functions at wccs.edu under Nursing programs. Submit a signed Essential Function Verification form, along with your application.

IV. DRUG SCREENING POLICY
- Each applicant is required to submit a Drug Screening Policy Signature Form
- Please view Drug Policy at www.wccs.edu under Nursing.

V. ELIGIBILITY FOR LICENSURE
Legal requirement for licensure in the State of Alabama are listed in the Alabama Board of Nursing Administrative Code. The Alabama Board of Nursing determines the eligibility for licensure based on the following questions. As a nursing program applicant you are not required to respond to these questions, however, it is important that you understand the successful completion of the Nursing Program does not guarantee eligibility to take the NCLEX exam.

The Board of Nursing may deny any individual permission to take the National Council Licensure Examination (NCLEX) based on an investigation of these responses.

- Have you ever been arrested or convicted of a criminal offense other than a moving traffic violation?
- Have you within the last five (5) years abused drugs/alcohol or been treated for dependency to alcohol or illegal chemical substance?
- Have you ever been arrested or convicted for driving under the influence of drugs/alcohol?
- Have you within the pass five (5) years received inpatient or outpatient treatment or been recommend to seek treatment for mental illness?
- Have you ever had disciplinary action or is action pending against you by any board of nursing?
- Have you ever been placed on a state and or federal registry?

I understand that completion of this application is a component of the student profile and does not in itself grant admission to the Nursing program. I understand that an application must be resubmitted if I am not selected.
Minimum admission standard to the Nursing program included:

- Unconditional admission to Wallace Community College Selma.
- Receipt of completed application for the desired nursing program by the deadline date for the program in which you are applying for.
- A minimum of 2.50 GPA on the last 24 hours of college courses completed (PN students only). A minimum of 2.5 for nursing required academic core courses (ADN students only).
- A minimum of 2.50 high school GPA for students without prior college work (GED acceptable in lieu of high school transcript).
- Eligibility for ENG 101 and MTH 116 (PN) MTH 100 (ADN) BIO 201 during first term of associated degree nursing as determined by Compass Test and College policy.
- TEAS scores must be within the past 2 years for consideration. Students not meeting the minimum scores should seek advisement regarding policies and/or remediation requirements.
- A minimum of 18 ACT composite score National or Residual (RN)
- Meeting the essential functions or technical standards required for nursing.

Admission to the Nursing Program is competitive, and the number of students is limited by the number of faculty and clinical facilities available. **MEETING MINIMAL REQUIREMENT DOES NOT GUARANTEE ACCEPTANCE**

After meeting all minimum requirements, applicants are ranked-ordered using a point system based on:

<table>
<thead>
<tr>
<th>PN Rank Order</th>
<th>ADN Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TEAS scores</strong></td>
<td><strong>ACT score. (Possible of 36 points with no time limit on when the test was taken.)</strong></td>
</tr>
<tr>
<td>Points for selected <strong>College</strong> courses (i.e., ENG 101, MTH 116 or higher) or selected high school courses if student have not attended college (i.e., Algebra II or higher level math, highest level Biology).</td>
<td>Points for selected <strong>College</strong> courses (i.e., ENG 101, MTH 100 or higher, BIO 201, 202) or selected high school courses if student have not attended college (i.e., Algebra II or higher level math, highest level Chemistry).</td>
</tr>
<tr>
<td>College Course</td>
<td>A</td>
</tr>
<tr>
<td>ENG 101</td>
<td>3</td>
</tr>
<tr>
<td>MTH 116 or higher</td>
<td>3</td>
</tr>
<tr>
<td>BIO 201</td>
<td>3</td>
</tr>
</tbody>
</table>

Points for grades in selected high school courses, if student has not attended college.

<table>
<thead>
<tr>
<th>High School Course</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest level Biology including A &amp; P</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Algebra II or higher level Math</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

- Additional points (**Maximum 10**) a student may be awarded up to 10 additional points for the following:
- Current enrollment or previously completed courses at Wallace Community College (**including dual enrollment and or early college admission**). = 3 points
- Completion of the Patient Care Technician (PCT) program at WCCS. = 4 points
- Completion of BIO 202 = 3(A), 2(B), 1(C) point.
- Maximum TEAS possibility plus an additional 19 points possible from college courses and additional points (maximum 10) as specified above.

<table>
<thead>
<tr>
<th>High School Course</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest level Biology including A &amp; P</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Algebra II or higher level Math</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Chemistry</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

- Additional points (**Maximum 10**) a student may be awarded up to 10 additional points for the following:
- Current enrollment or previously completed courses at Wallace Community College (**including dual enrollment and or early college admission**). = 3 points
- Completion the PN program at WCCS = 4 points
- Completion of BIO 220 = 3(A), 2 (B), 1 (C) point
- Maximum possible scores **54** points (Generic)
- Maximum possible scores **58** points (Mobility)
I HEREBY CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE. I HAVE READ ALL STATEMENTS INCLUDED IN THIS APPLICATION:

__________________________________________________________
Applicant’s Signature

Date

NOTE: THE FOLLOWING ITEMS MUST BE ON FILE IN THE OFFICE OF STUDENT SERVICES, PRIOR TO THE PUBLISHED DEADLINE DATES.

• COMPLETED NURSING APPLICATION PACKET TO INCLUDED:
• COPY OF ESSENTIAL FUNCTIONS VERIFICATION FORM
• COPY OF STUDENT DRUG SCREEN POLICY PARTICIPATION FORM
• COPY OF BACKGROUND SCREENING CONSENT AND RELEASE FORM
• COPY OF HIGH SCHOOL TRANSCRIPTS (GED ACCEPTABLE) (IF APPLICABLE)
• TRANSCRIPTS FROM ALL PREVIOUSLY ATTENDED COLLEGES (IF APPLICABLE)
• COPY OF TEAS SCORE (LPN APPLICANTS)
• COPY OF ACT SCORE (ADN APPLICANTS)
• INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED
THE ALABAMA COLLEGE SYSTEM
NURSING PROGRAMS
ESSENTIAL FUNCTIONS

The Alabama College System endorses the Americans' with Disabilities Act. In accordance with College policy, when requested, reasonable accommodations may be provided for individuals with disabilities. Physical, cognitive, psychomotor, affective and social abilities are required in unique combinations to provide safe and effective nursing care. The applicant/student must be able to meet the essential functions with or without reasonable accommodations throughout the program of learning. Admission, progression and graduation are contingent upon one's ability to demonstrate the essential functions delineated for the nursing programs with or without reasonable accommodations. The nursing programs and/or its affiliated clinical agencies may identify additional essential functions. The nursing programs reserve the right to amend the essential functions as deemed necessary.

In order to be admitted and to progress in the nursing program one must possess a functional level of ability to perform the duties required of a nurse. Admission or progression may be denied if a student is unable to demonstrate the essential functions with or without reasonable accommodations. The essential functions delineated are those deemed necessary for the Alabama College System nursing programs. No representation regarding industrial standards is implied. Similarly, any reasonable accommodations made will be determined and applied to the respective nursing program and may vary from reasonable accommodations made by healthcare employers. The essential functions delineated below are necessary for nursing program admission, progression and graduation and for the provision of safe and effective nursing care. The essential functions include but are not limited to the ability to:

1) Sensory Perception
   a) Visual
      i) Observe and discern subtle changes in physical conditions and the environment
      ii) Visualize different color spectrums and color changes
      iii) Read fine print in varying levels of light
      iv) Read for prolonged periods of time
      v) Read cursive writing
      vi) Read at varying distances
      vii) Read data/information displayed on monitors/equipment
   b) Auditory
      i) Interpret monitoring devices
      ii) Distinguish muffled sounds heard through a stethoscope
      iii) Hear and discriminate high and low frequency sounds produced by the body and the environment
      iv) Effectively hear to communicate with others
   c) Tactile
      i) Discern tremors, vibrations, pulses, textures, temperature, shapes, size, location and other physical characteristics
   d) Olfactory
      i) Detect body odors and odors in the environment

2) Communication/ Interpersonal Relationships
   a) Verbally and in writing, engage in a two-way communication and interact effectively with others, from a variety of social, emotional, cultural and intellectual backgrounds
   b) Work effectively in groups
   c) Work effectively independently
   d) Discern and interpret nonverbal communication
   e) Express one's ideas and feelings clearly
   f) Communicate with others accurately in a timely manner
   g) Obtain communications from a computer

3) Cognitive/Critical Thinking
a) Effectively read, write and comprehend the English language
b) Consistently and dependably engage in the process of critical thinking in order to formulate and implement safe and ethical nursing care decisions in a variety of health care settings
c) Demonstrate satisfactory performance on written examinations including mathematical computations without a calculator
d) Satisfactorily achieve the program objectives

4) Motor Function
   a) Handle small delicate equipment/objects without extraneous movement, contamination or destruction
   b) Move, position, turn, transfer, assist with lifting or lift and carry clients without injury to clients, self or others
   c) Maintain balance from any position
   d) Stand on both legs
   e) Coordinate hand/eye movements
   f) Push/pull heavy objects without injury to client, self or others
   g) Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others
   h) Walk without a cane, walker or crutches
   i) Function with hands free for nursing care and transporting items
   j) Transport self and client without the use of electrical devices
   k) Flex, abduct and rotate all joints freely
   l) Respond rapidly to emergency situations
   m) Maneuver in small areas
   n) Perform daily care functions for the client
   o) Coordinate fine and gross motor hand movements to provide safe effective nursing care
   p) Calibrate/use equipment
   q) Execute movement required to provide nursing care in all health care settings
   r) Perform CPR and physical assessment
   s) Operate a computer

5) Professional Behavior
   a) Convey caring, respect, sensitivity, tact, compassion, empathy, tolerance and a healthy attitude toward others
   b) Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client
   c) Handle multiple tasks concurrently
   d) Perform safe, effective nursing care for clients in a caring context
   e) Understand and follow the policies and procedures of the College and clinical agencies
   f) Understand the consequences of violating the student code of conduct
   g) Understand that posing a direct threat to others is unacceptable and subjects one to discipline
   h) Meet qualifications for licensure by examination as stipulated by the Alabama Board of Nursing
   i) Not to pose a threat to self or others
   j) Function effectively in situations of uncertainty and stress inherent in providing nursing care
   k) Adapt to changing environments and situations
   l) Remain free of chemical dependency
   m) Report promptly to clinicals and remain for 6-12 hours on the clinical unit
   n) Provide nursing care in an appropriate time frame
   o) Accepts responsibility, accountability, and ownership of one's actions
   p) Seek supervision/consultation in a timely manner
   q) Examine and modify one's own behavior when it interferes with nursing care or learning

Upon admission, an individual who discloses a disability can request reasonable accommodations. Individuals will be asked to provide documentation of the disability in order to assist with the provision of appropriate reasonable accommodations. The respective College will provide reasonable accommodations but is not required to substantially alter the requirements or nature of the program or provide accommodations that inflict an undue burden on the respective College. In order to be admitted one must be able to perform all of the essential functions with or without reasonable accommodations. If an individual's health changes during the
program of learning, so that the essential functions cannot be met with or without reasonable accommodations, the student will be withdrawn from the nursing program. The nursing faculty reserves the right at any time to require an additional medical examination at the student's expense in order to assist with the evaluation of the student's ability to perform the essential functions. Requests for reasonable accommodations should be directed to:

ADA Coordinator JaNett Agnew 334 876-9393
Wallace Community College Selma
Essential Functions Verification Form

My signature below indicates that I have read the Essential Functions for nursing programs set forth by the State Department of Post-secondary Education. My signature also verifies the following:

(Initial) ______________ I can meet the Essential Functions of Nursing Programs set forth by the State Department of Postsecondary Education.

(Initial) ______________ I understand that I must be able to continue to meet these same Essential Functions throughout my entire course of study in nursing.

____________________________________  ______________
Signature                  Date
Wallace Community College Selma  
HEALTHCARE SCIENCE PROGRAMS  
Essential Functions Extended Physician Care Verification Form

(Initials)______________ I can, at present, meet the Essential Functions of Nursing Programs set forth by the State Department of Postsecondary Education.

(Initials)______________ I understand that I must be able to continue to meet these same Essential Functions throughout my entire course of study in the Nursing Programs.

(Initials)______________ I understand that while I remain under a physician’s care, I must submit a monthly medical clearance form from my physician. The health clearance form must place no limitation on the student’s ability to meet the Essential Functions.

(Initials)______________ If my physician refuses to sign my health clearance or places restriction(s) on the health clearance form, I will not be able to complete the clinical component of the nursing courses.

(Initials)______________ I understand that I must complete both the Theory and Clinical components of each course to successfully complete the course.

My signature below verifies that I have read the Essential Function for the nursing program set forth by the two year Alabama Community College System, and understand that being under extended care of a physician should not prevent me from meeting the Essential functions.

_________________________  _____________________  
Signature                      Date
WALLACE STATE COMMUNITY COLLEGE
NURSING PROGRAMS
STUDENT DRUG SCREEN POLICY

In response to requirements of certain external agencies providing clinical experiences for WCCS nursing students, any student who enrolls in the Wallace State Community College Nursing Programs and desires to participate in courses which have a clinical component is required to have an initial pre-clinical drug screening. The student must abide by the College’s Drug Screen Policy and clinical agency policy for which the student is assigned clinical practice. This policy includes random drug screening and reasonable suspicious screening, should the student exhibit behaviors indicative of substance abuse anytime while enrolled in the nursing program.

I. PRE-CLINICAL SCREENING

1. All students will receive notice of the drug screening guidelines prior to admission to the nursing programs.
2. The nursing programs will maintain on file a signed consent to drug screening from each student.
3. Drug screening will be scheduled and conducted by On-Site Drug Collection at the cost of $38.00 per student. Fees subject to change. The fee for testing is to be pre-paid by the student.
4. Any student failing to report for screening at the designated time must complete testing with On-Site Drug Collection within 24 hours of that date and/or documentation of extenuating circumstances as approved by the Director of the Nursing Program.
5. Failure to complete drug screening as required by clinical agencies will prohibit the student from completing the clinical component of required nursing courses.
6. Failure to complete drug screening with a negative test result on the 10 Classes of Drugs as required by the College and/or clinical agency will prohibit the student from completing the clinical component of the required nursing courses.
7. Positive drug screens will be confirmed by the Medical Review Officer. No sample is reported as positive before it has been tested at least three times. Any sample requiring review by the medical review officer, will result in a $10.00 additional charge to the student.
8. Results will be sent to the Director of the Nursing Program in which the student is enrolled at Wallace State Community College.
9. Any student who is unable to complete the clinical component of required courses due to a positive drug screen may apply for readmission to the nursing program. The student will be considered for readmission according to the criteria in Section VI of this document.

II. REASONABLE SUSPICION SCREENING

Students may also be required to submit to reasonable suspicion testing as stipulated in the drug screen policy of the College and/or Clinical Agency while participating in clinical experiences. Reasonable suspicion is defined as but not limited to the following behaviors:

1. Observable phenomena, such as direct observation of drug use and/or the physical symptoms or manifestations of being under the influence of a drug; such as, but not limited to, unusual slurred or rapid speech; noticeable change in appearance and hygiene; impaired physical coordination; inappropriate comments, behaviors or responses; trembling hands; persistent diarrhea; flushed face; red eyes; unsteady gait; declining health; irritability; mood swings; isolation; decreased alertness; and/or pupillary changes.
2. Abnormal conduct or erratic behavior on the clinical unit, absenteeism, tardiness or deterioration in performance;
3. Evidence of tampering with a drug test;
4. Information that the individual has caused or contributed to an incident in the clinical agency;
5. Evidence of involvement in the use, possession, sale, solicitation or transfer of drugs while enrolled in the nursing program.
6. Odor of Alcohol:
   If a faculty member or clinical agency staff member observes such behavior, the faculty member must dismiss the student from the educational or clinical setting immediately and contact either the Program Director, the Vice President for Instruction, or a designee of the President. The Program Director, the Vice President for Instruction, or a designee of the President will then determine if there is “reasonable suspicion” to screen the student.

If the decision is made to screen the student the Program Director, the Vice President for Instruction, or a designee of the President will direct the faculty member to make arrangements to have the screening performed immediately. The student will be responsible for obtaining transportation to the designated lab for screening; the student will not be allowed to drive to the designated lab. A student’s failure to consent to the screening will result in immediate termination from the nursing programs.

III. STUDENT DRUG SCREEN PROCEDURE

1. Students must pay the $38.00 (fees subject to change) screening fee prior to the time.
2. Students must submit a photo ID and social security number at the time of specimen collection.
3. The collector will be a licensed medical professional or technician who has been trained for collection in accordance with Chain of Custody and Control procedures. The collector will explain the collection procedure and Chain of Custody form to the student and provide a sealed collection container.
4. Students must remove unnecessary outer garments (coats, sweaters, bags, etc.) and remove items for pockets when entering the collection site.
5. The collector will collect a monitored urine specimen.
6. In the presence of the student, the collector will seal the urine specimen with a tamper proof security seal and affix an identification label with a code number.
7. The student will verify the information on the identification label, initial the security seal, read and sign the Chain of Custody Form.
8. The collector will sign the Chain of Custody Form and give the student the appropriate copy.
9. The collector will forward the sealed urine specimen and Chain of Custody Form to the designated certified testing center/laboratory for testing.
10. Specimens will be screened for ten (10) classes of drugs:
    a. Amphetamines
    b. Barbiturates
    c. Benzodiazepines
    d. Cocaine
    e. Cannabinoids
    f. Methaqualone
    g. Opiates
    h. Phencyclidine
    i. Propoxyphene
    j. alcohol
11. Positive screens will be confirmed by the Medical Review Officer.
12. Students will be informed of the screening results by the Director of the Nursing Program within two weeks of testing.
IV. GUIDELINE FOR A POSITIVE DRUG SCREEN

Student with a positive drug screen are not permitted to participate in the clinical component of a nursing course. The student will receive a zero for each clinical assignment missed as a result of a positive drug screen.

In order to participate in clinical after a positive drug screen, the student must complete the following:
1). Complete a substance abuse treatment program approved by the Nursing Program and the Alabama board of Nursing.
2). Have the substance abuse treatment program mail the program completion statement directly to the Nursing Program Director.
3). Have the treatment program send a copy of each random drug screen report directly to the Nursing Program Director. Failure to do so will result in immediate dismissal from the Nursing Program based on deliberate disregard of the guidelines for a positive drug screen.

Once the student has satisfied the above requirements, the student will be able to resume the program of study according to all guidelines set forth in the current Nursing Student Handbook.

The Nursing Program Director reserves the right to randomly screen the student until completion of the Nursing program. A positive screen will result in immediate and permanent dismissal from the Nursing program.

Graduation from the Nursing Programs at WCCS does not guarantee eligibility to take the NCLEX licensure examination. A student with a history of chemical dependency must submit a full explanation of the situation including treatment records, urine screens, doctor’s statements, etc. when submitting the application to the Alabama Board of Nursing.

V. CONFIDENTIALITY

The Director of the Nursing Program will receive all test results. Confidentiality of the test results will be maintained with only the Director and the student having access to the results with the exception of legal actions which require access to test results.

VI. READMISSION

To be considered for readmission, students who withdraw from the nursing program due to positive drug screen must:
1). Complete a substance abuse treatment program approved by the Wallace Community College Nursing Program and the Alabama Board of Nursing.
2). Have the approved treatment agency submit a letter to the Program Director verifying completion of a substance abuse treatment program.
3). Submit to an unannounced drug screen at the student’s expense prior to readmission. A positive screen will result in ineligibility for readmission.

VII. Drug screening policies/programs suggested or required by the Alabama Board of Nursing, Wallace State Community College, and/or various institutions with which the College contracts may vary from time to time in any or all of their aspects. Students will be required to comply with the screening which satisfies the program or requirement established by the Alabama Board of Nursing or any clinical agency with whom the college contracts for clinical experience, whether pre-clinical drug screening, random drug screen, or reasonable suspicious screening.
Some of the ten classes of drugs for which screening will be conducted are available by prescription from health care practitioners. Prescription drugs prescribed to a student by an appropriate health care practitioner may nevertheless be subject to abuse and may give rise to reasonable suspicion testing. The fact that a student has a prescription for one or more of the ten classes of drugs which are legally prescribed by health care practitioner does not necessarily, in and of itself, excuse the student from the effect of this policy.

**VIII.** Each nursing student is required to sign a statement certifying that he or she has received a copy of the drug testing policy and guidelines and consents to provide urine specimen(s) for the purpose of analysis. If the nursing student is under eighteen (18) years of age, the nursing student’s parent or legal guardian must sign the drug testing consent form in addition to the nursing student. The Nursing Director shall maintain the original of the signed consent for and may provide a copy of the consent form to the student upon request.
WALLACE STATE COMMUNITY COLLEGE  
NURSING PROGRAMS  
STUDENT DRUG SCREEN POLICY PARTICIPATION FORM

I understand that any student who enrolls in one of Wallace State Community College’s Nursing Programs and desires to participate in courses which have a clinical component is required to have initial pre-clinical drug screening.

I certify that I have received a copy of the Wallace State Community College Drug Screening Policy, and have read and understand the requirement of the policy guidelines.

I further understand that if I fail to provide a certified negative drug screen result that I will be unable to participate in the clinical portion of the nursing program.

BY SIGNING THIS DOCUMENT, I AM INDICATING THAT I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THE REQUIREMENT TO HAVE A DRUG SCREEN AND TO PROVIDE A CERTIFIED NEGATIVE DRUG RESULT PRIOR TO PARTICIPATION IN THE CLINICAL COMPONENT OF THE NURSING PROGRAM.

A COPY OF THIS SIGNED AND DATED DOCUMENT WILL CONSTITUTE MY CONSENT FOR THE CERTIFIED LABORATORY PERFORMING THE DRUG SCREEN TO RELEASE THE ORIGINAL RESULTS OF ANY DRUG SCREEN TO THE WALLACE STATE COLLEGE NURSING PROGRAM. I DIRECT THAT THE CERTIFIED LABORATORY HEREBY RELEASE THE RESULTS TO THE NURSING PROGRAM.

I further understand that my continued participation in the Wallace State Community College Nursing Program is conditioned upon satisfaction of the requirements of the clinical agencies providing clinical rotations for the nursing program.

I hereby release On-Site Drug Collections, Laboratory Corporation of America, the Medical Review Officer, Wallace State Community College, and the nursing faculty from any claim in connection with the Drug Screen Policy.

I understand that should any legal action be taken as a result of the Drug Screen Policy, that confidentiality can no longer be maintained.

________________________
Student’s Signature

________________________
Student’s Printed Name

________________________
Parent’s Legal Guardian’s Signature  
(If nursing student is a minor)

________________________
Date
Wallace Community College Selma

Background Screening Policy for Students in the Health Sciences

I. Policy Purpose

A. Education of Health Science students at Wallace Community College requires extensive collaboration between the institution and its clinical affiliates.

B. The College and clinical affiliates share an obligation to protect, to the extent reasonably possible, recipients of health care from harm.

C. The College desires to ensure that the health and safety of students and patients are not compromised and acknowledges that clinical affiliation agreements exist to provide students with quality clinical education experiences.

II. Standards of Conduct and Enforcement Thereof

A. Clinical affiliation agreements for programs within the health sciences contain contractual obligations to comply with the requirements set forth by health care facilities.

B. Student enrolled in a health program at Wallace Community College must conform to the rules, policies, and procedures of the clinical affiliate in order to participate in clinical learning experiences.

C. Wallace Community College requires background screening of all students choosing to enroll in a program within the Health Sciences.

III. General Guidelines

A. Any student accepted into, currently attending, or re-admitting to any program within the Health Sciences at Wallace Community College will be required to undergo an initial background screen.

B. Types of screening to be conducted
   1. Social Security Number Trace / ID Search to verify that the Social Security Administration issued the number provided by the individual and that it is not listed in the files of the deceased. The SSN trace will also locate additional names and addresses that may assist in locating jurisdictions for additional criminal searches.
   2. Unlimited County Criminal Record Verifications to identify criminal convictions for all names and addresses revealed on the Social Security Trace.
   3. The Alabama Statewide Search includes criminal convictions since 1987. These records contain information submitted to the State by courts from each county to other criminal justice agencies.
   4. FACIS (Fraud and Abuse Control Information System) Database Searches to identify adverse actions of individuals and entities in the health care field, including information on disciplinary actions ranging from exclusions and debarments to letters of reprimand and probation. Among others, searches include the OIG, GSA, OFAC and National Terrorist Watch List.
      a) Office of the Inspector General (OIG) List of Excluded Individuals/Entities identifies those individuals who have committed offenses deeming them ineligible to care for patients receiving Medicare, Medicaid and other Federal health care benefits.
      b) General Services Administration (GSA) Excluded Parties List Service identifies the List of Parties Excluded (EPLS) that identifies those excluded throughout the US Government from receiving Federal contracts and certain types of Federal financial/non-financial assistance/benefits.
c) Office of Foreign Assets Control (OFAC) List of Specially Designated Nationals (SDN) includes individuals associated with terrorism and Narcotics Trafficking.

d) National Terrorist Watch List contains names of international terrorism suspects and those of people who aid them.

5. National Sex Offender Public Registry, maintained by the U. S. Department of Justice, returns complete profiles of sex offenders, including their convictions.

IV. Student Guidelines

A. Consent

1. Submission of all information disclosed in the process of requesting a background screening will be the responsibility of the student.

2. The Disclosure & Authority to Release Information form required in on-line creation of an account through the College-approved vendor must be signed by the student.

3. A Background Screening Consent and Release Form containing appropriate signatures must be submitted to and a copy kept on file in the applicable health program office student file.

4. An Acknowledgement of Receipt of the Background Screening Policy for Students in the Health Sciences form containing appropriate signatures must be submitted and a copy kept on file in the applicable health program student file.

B. Procedure Policies

1. Background screens will be scheduled and conducted by a College-designated vendor in accordance with program specific admission deadlines and/or semester start dates. Background screens performed by any other vendor or agency will not be accepted.

2. Students reinstated to a health program after an absence from program coursework of one semester or more, will be required to submit a screening update to the College-approved vendor.

3. All expenses associated with background screening, whether initial screens or updates, are the responsibility of the student.
   a) Any applications of financial aid resources must follow aid-specific guidelines approved by the provider.
   b) Any expenses not applicable to financial aid resources must be provided by the student.

4. Failure to complete the background screen by the published deadline and/or refusing to sign the consent, disclosure, and/or release authorization form(s) will prohibit a student from attending health program courses.
   a) The student will be advised to officially withdraw from registration in any courses within the applicable health program prefix.
   b) If the student does not officially withdraw, applicable procedures will be followed for administrative withdrawal.

5. A student who experiences extenuating circumstances that prohibit completion of the background screen by the deadline should contact the Director of the nursing program. In the event that a student is allowed to proceed with background screening beyond the designated deadline, he/she will not be allowed to attend any clinical experiences until the full background screen process is completed.

II. Results

A. Results of background screening are confidential and will be released only to the individual student, the approved College designee, and the healthcare agencies upon request.

B. If required by affiliate contracts, clinical affiliates will be provided with a copy of negative results for students assigned to the specific agency.
C. Receipt of a positive background screening report will require further review by the College designee and appointed affiliate representatives.

1. Background screens which could render a student ineligible to obtain clinical learning experiences include, but are not limited to:
   a) Certain convictions or criminal charges which could jeopardize the health and safety of patients.
      (1) Crimes against the person, such as battery or assault
      (2) Crimes based on dishonesty or untruthfulness, such as theft or embezzlement
      (3) Drug or substance abuse-related crimes, including but not limited to, use, manufacture, distribution, possession, and/or purchase of illegal substances.
   b) Sanctions or debarment.
   c) Felony or repeated misdemeanor activity.
   d) Office of the Inspector General violations including inclusion of one’s name on an excluded party list.
   e) Other crimes as deemed ineligible by appointed affiliate representatives

2. In the event of a positive background screen, the student will be notified of the results by the College designee and the screening vendor.

3. Students will be provided an opportunity to challenge the accuracy of reported findings through the Adverse Action process provided by the College-approved vendor.

4. Students with a positive background screen will not be allowed to participate in clinical assignments pending resolution of the background finding.

5. Students who are unable to resolve positive background findings will not be allowed to continue in a health program at Wallace Community College. The student will be advised by the College designee as to their future eligibility for program re-entry and the mechanisms for readmission application to a health program.
   (1) The student will be advised to officially withdraw from registration in any courses within the applicable health program prefix.
   (2) If the student does not officially withdraw, applicable procedures will be followed for administrative withdrawal.

D. Background screening results will be securely filed in the office of the College designee.

E. Any conditions associated with positive background screens, which, upon review by designated clinical affiliate representatives are deemed allowable, may still have licensure implications upon graduation from a health program.
WALLACE COMMUNITY COLLEGE

Background Screening Consent and Release Form
for Students in the Health Sciences

I have received and carefully read the Background Screening Policy for Students in the Health Sciences. I understand that compliance with the background screening policy is a requirement to complete my admission to and/or maintain enrollment in a health care program at Wallace Community College.

By signing this document, I am indicating that I have read and understand Wallace Community College’s Background Screening Policy for Students in the Health Sciences. My signature also indicates my agreement to complete the requirement and to submit required information to the approved screening vendor. I understand that my enrollment in health program courses is conditional to the provision of negative findings or facility approval upon circumstantial review. In the event of positive findings on my background screen and follow-up denial of access to or declared ineligibility to continue in clinical learning experiences, further attendance in health program courses will not be allowed. I will be offered the opportunity to withdraw from all courses in my health program for which I am enrolled. My failure to withdraw as directed will result in administrative withdrawal.

A copy of this signed and dated document will constitute my consent to abide by the College’s Background Screening Policy. Upon submission of my personal information to the approved screening vendor, I also consent to approve the release of the original screening results to the approved College designee. A copy of this signed and dated document, along with approval during the information submission process, will constitute my consent for the College to release the results of my background screen to the clinical affiliate(s)’ specifically designated person(s). I agree to hold harmless the College and its officers, agents, and employees from and against any harm, claim, suit, or cause of action, which may occur as a direct or indirect result of the background screen or release of the results to the College and/or the clinical affiliates. I understand that should any legal action be taken as a result of the background screen, that confidentiality can no longer be maintained.

I agree to abide by the aforementioned policy. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document. I hereby acknowledge that I will authorize the College’s contracted agents to procure a background screen on me. I further understand this signed consent hereby authorizes the College’s contracted agents to conduct necessary and/or periodic background screens and/or updates as required by contractual agreements with clinical affiliates.

__________________________________
Student Signature

__________________________________
Student’s Printed Name

__________________________________
Date