

NWCC Student Nurses' Association (SNA) Welcomes You!



SNA is an NWCC student organization in which all ADN students are required to maintain membership. We embrace "Nursing With Compassion for Community".

Some of our community service events and activities include (but are not limited to):

- Host "Special Activities" for all nursing students
- Collect needed items and/or funds for local and area organizations
 - Sponsor variety of community service projects
 - Participate in community health fairs/health education
 - Support NWCC events, such as homecoming activities
 - Sponsor student nursing contests with great prizes
- Enter state competitions at annual nursing student convention
 - And Much, Much, More!

**Dues are \$22...bring cash or money order (payable to "SNA")
to your registration appointment!**

*Dues include membership to both NWCC SNA and the Mississippi Organization for Student Nurses (MOSA).

NURSING REQUIREMENTS must be submitted by **January 25, 2021** so students may receive clearance from our various clinical facilities. These DO NOT have to all be obtained at a single agency. Existing shot records can be taken to the health department to obtain a **Form 121 (Certificate of Immunization Compliance)** as required or you may get this from your primary healthcare provider.

Student MUST provide documentation of each of the following (please use this check list):

- ☐ **TDAP:** Proof of TDAP within last 10 YEARS regardless of when the last Td received. **Must be on Form 121.**
- ☐ **MMR:** Proof of TWO (2) MMR vaccines OR antibody titers* (blood test) proving immunity to Mumps, Rubella AND Rubeola. Titers* must be a quantitative, numerical result, IgG test. If MMR vaccines are required, there must be at least 4 weeks between the first and second vaccine. **Must be on Form 121.**
- ☐ **VARICELLA:** Proof of TWO (2) Varicella (chicken pox) vaccines OR titer* proving immunity to Varicella. Titer* must be a quantitative, numerical result, IgG test. If Varicella vaccines are required, there must be at least 4 weeks between the first and second vaccine. **Must be on Form 121.**
- ☐ **HEP B (3 dose series):** Proof of the first TWO (2) doses of Hepatitis B vaccines is required before entering into the program. The 3rd dose must be completed prior to end of 2nd semester of RN program. A quantitative titer* proving immunity is acceptable. **Must be on Form 121.**
- ☐ **TB TESTING:** Proof of either one (1) IGRA (Interferon Gamma Release Assay) test showing positive or negative for TB, or a two-step TB skin test/PPD** with documentation. **Step 1:** TB skin test administered and then student returns to facility which administered the test between 48 and 72 hours after administration for the test result to be read. Then **Step 2:** A second TB skin test is administered and then the student returns to the facility which administered the test between 48 and 72 hours after administration. **Note:** **Step 2** must be at least 7 days after Step 1's test result has been read but not more than 21 days after Step 1's test has been read. [Example: student receives TB skin test at primary care office on June 3rd. Student must return to same office on June 5 or June 6 to have result read. Then between 7 and 21 days later (June 12 or 13 through June 26 or 27, depending on date the first test was read) the student returns to primary care office to have second TB test administered. Then the student must return 48-72 hours after that date to have the second skin test read.]

Use the TB #1 and TB #2 forms (included in your packet/email) and be sure the healthcare provider fully and accurately completes each form.

****NOTE-The 2-step TB skin test will require you to visit the facility (which provides the test) a total of four (4) times.**

If the IGRA or step 1 or step 2 comes back positive, then you must show proof of the positive test **AND** have a chest X ray to prove you do not have active TB **AND** complete the "absence of TB symptoms" form.

Students do NOT need to complete the "absence of TB symptoms" form unless they have a POSITIVE result.



CPR Certification

CPR certification **MUST** be American Heart Association Basic Life Support

(AHA HeartSaver, Red Cross or Lifeguarding courses are NOT acceptable)

****Courses that do not include hands-on training will not be accepted****

If you already have CPR certification, bring your card with you to your pre-registration appointment for review to ensure it meets clinical facility requirements.

If you need CPR certification, AHA Basic Life Support classes will be taught for nursing students each May, November and December.

CPR certification is required while enrolled in the nursing program.

Cost: \$45.00 (Cash or Money Order ONLY!)

Make Money Order Payable to Stacy Taylor.

Sign up with Ms. Taylor for a date and time during your pre-registration appointment.

Bring your money order or cash with you.

For questions, please contact Ms. Taylor at 662-562-3982 or swtaylor@northwestms.edu.

**** Money is non-refundable after your spot has been secured. If you do not attend your class, you will have to make payment again for another class as space permits.**

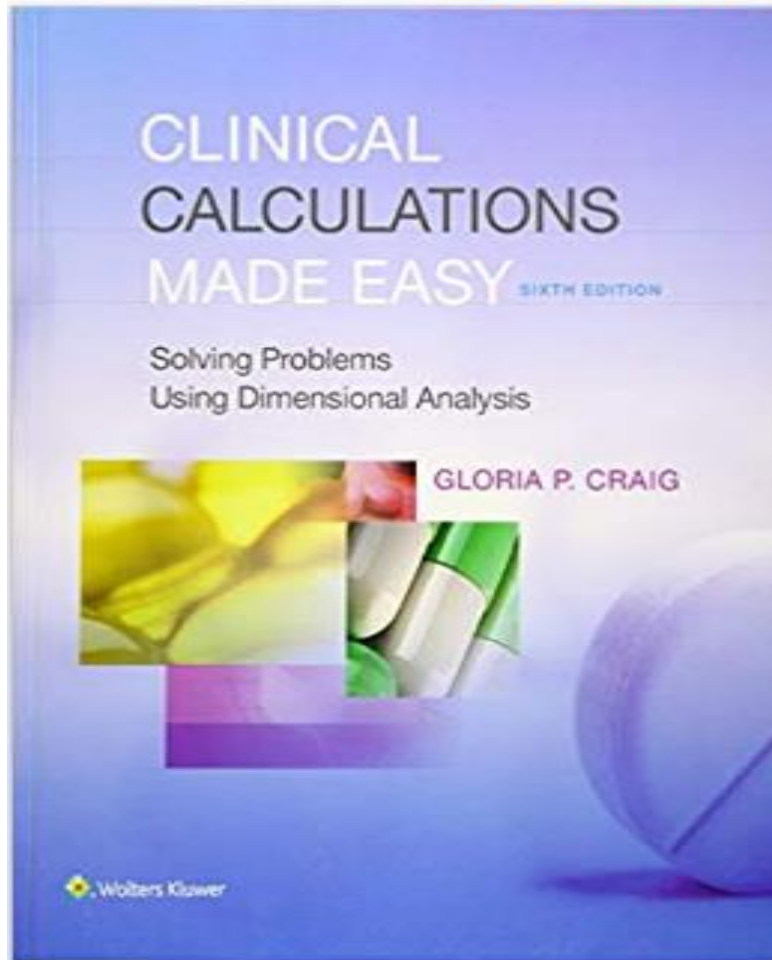
Most of your text books will be eBooks. However, you will need to purchase this book. It is a workbook; therefore, it will need to be purchased new. You may purchase it wherever you find it at the cheapest price. Just be certain the ISBN matches.

by Craig EdD MSN RN, Gloria P. (Author)



21 customer reviews

[Look inside](#) ↓



ISBN-13: 978-1496302823

ISBN-10: 9781496302823

Clinical Calculations Made Easy includes a review of basic math skills, measurement systems, and drug calculations/preparations using dimensional analysis. The sixth edition provides many opportunities for students to practice their skills. Additional practice problems further strengthen the student's dosage calculations skills while new information related to vaccines has been added with tables for administering vaccines to adults and children. In addition, there are practice problems related to the tables to help students understand how to use these types of tables effectively.

Fingerprinting Info

Per clinical guidelines, you will be fingerprinted prior to January 25, 2021. The Department of Nursing will notify you of this date soon. Refer to the NWCC bulletin for further information.



NORTHWEST
MISSISSIPPI COMMUNITY COLLEGE
DEPARTMENT OF NURSING

Flu Vaccine Documentation

Date of Vaccination: _____

Name of Person Receiving Vaccine: _____

Name of Flu Vaccine: _____

Expiration Date: _____

Lot Number of Vaccine: _____

Site of Injection: _____

Signature of Person giving Vaccine: _____

Place health care provider/health care facility stamp below:
(If stamp is not available, health care provider, please print name and address, and provide signature.)

Name: _____ Phone #: _____

Address: _____

Signature: _____

Rev. 11/19

4975 Highway 51 North, Senatobia, MS 38668
662.562.3283 www.northwestms.edu

Shoes Must Be All White Solid Leather. No Open Back Slip on Shoes or Strap Back Shoes Allowed.





NORTHWEST
MISSISSIPPI COMMUNITY COLLEGE
DEPARTMENT OF NURSING

Student Name: _____ Phone: _____ Gender: _____ DOB: _____

Last 4 Digits of SS: _____ Age: _____ Emergency Contact: _____

Phone #: _____ Relationship: _____

Medical History: Circle if you currently have or have ever had any problem with the listed conditions.

Arthritis/Polio/Back Pain	Epilepsy/Seizures	Jaundice	Skin Disease
Asthma	Fainting/Dizziness	Kidney Disease	Sleeping Issues
Bleeding Disorder	Frequent/Painful Urination	Learning Disability	Tuberculosis
Blood Clots	Frequent Colds	Menstrual Difficulties	Tumor/Growth/Cyst
Bone or Joint	Frequent Cough	Mononucleosis	Varicose Veins
Bronchitis	Frequent Indigestion	Mouth/Tooth Gum	
Cancer	Frequent/Severe Headaches	Pneumonia	
Chest Pain	Gallbladder Disease	Pregnancy (*see below)	
Color Blindness	Hearing Aid	Recent Weight Change	
Corrective Lenses	Hearing or Vision Deficits	Rectal/Bowel	
Coughing Up Blood	Heart Attack	Respiratory	
Depression	Heart Disease	Rheumatic Fever	
Diabetes/Thyroid/Adrenal Disorder	Heart Murmur/Palpitations	Seasonal Allergies	
Digestive	Hepatitis	Sexually Transmitted Illness	
Ear/Nose/Throat/Sinus	High/Low Blood Pressure	Shortness of Breath	
Emotional/Mental Illness	HIV/Aids	Sickle Cell Anemia	

(*If pregnant during the program, you will need to obtain a pregnancy release form for you and your physician to sign.)

If you circled any of the above, please explain: _____

Describe any serious illness, injury, or surgery: _____

List any current medications: _____

Allergies (Food/Drug/Environmental): _____

I understand that all information is strictly confidential. I certify that the information given on this form is true and correct, and I have no abnormality, limitation, or restriction not mentioned on this document. I understand that any false information or failure to disclose any requested information will constitute grounds for dismissal from the nursing program. I agree to notify the NWCC Department of Nursing of any change in my physical or mental health prior to my registration and while I am a student in the ADN nursing program. I understand that I may be exposed to patients' bodily fluids and other hazardous material in the clinical setting. I can tolerate physically taxing workloads and function effectively under stress. I feel that I possess the emotional well-being required for the full use of intellectual abilities: the exercise of sound judgment, the prompt completion of all responsibilities attendant to the care of patients, the development of mature, sensitive, and effective relationships with clients, peers, and staff. I understand that I will be required to administer narcotics safely. I acknowledge by my signature that I have read and understand these statements and agree to be bound by them. I give my permission for release of all medical information related to this health form.

Date

Signature

Student Name: _____

This section is to be completed by a physician or certified nurse practitioner ONLY.

HT _____ WT _____ B/P _____ PULSE _____ TEMP _____ RESP _____

HEENT _____

RESP _____

GI/GU _____ MUSCULOSKELETAL _____

NEURO _____ LYMPH _____

In your opinion, is the applicant physically and mentally capable of providing safe client care with regard to the following functions? (circle one) YES NO

If NO, please explain:

All nursing applicants and current nursing students must possess the following functions:

- Visual acuity with corrective lenses to identify cyanosis, absence of respiratory movement in patients, read very fine, small print on medication, containers, physician orders, monitors, and equipment calibrations. Must possess normal night, color, and peripheral vision.
- Hearing ability (with auditory aids if necessary) to understand the normal speaking voice without viewing the speaker's face, hear monitor alarms, emergency signals, call bells from clients, and telephone orders; take/hear blood pressure, heart, lung, vascular, and abdominal sounds with a stethoscope.
- Physical ability to stand for prolonged periods of time, perform cardiopulmonary resuscitation, lift patients/objects of 35 pounds or less without assistance, and move from room to room or maneuver in limited spaces. Must also be able to transfer and transport patients, sit in one place, kneel, reach, and bend.
- Effective communication skills in verbal and written form by speaking clearly and succinctly when explaining treatment procedures, describing patient conditions, and implementing health teaching. Write legibly and correctly in patients' charts for legal documentation.
- Manual dexterity to use sterile technique to insert catheters, withdraw blood and prepare medications (IV, PO, IM). Must also be able to perform repetitive hand and wrist motion, grip, squeeze, and possess good hand/eye coordination.

Date Printed Name of MD/NP Signature of MD/NP

Printed address and phone number of MD/NP (or use stamp):



NORTHWEST

MISSISSIPPI COMMUNITY COLLEGE
DEPARTMENT OF NURSING

Tuberculin Skin Test #1 Documentation

Name: _____

Date & Time PPD Placed: _____ Right Arm ____ Left Arm ____

Lot Number of Vaccine: _____ Expiration Date: _____

Manufacturer: _____

Administered by: _____ Are you certified? Yes ____ No ____

Date PPD Read: _____ Induration _____ MM

Read by: _____ Are you certified? Yes ____ No ____

Tuberculin skin test is: Negative ____ Positive ____

Referred for chest x-ray: Yes ____ No ____

If unable to take TB Skin Test, complete interferon-gamma release assay test for TB.

Place health care provider/health care facility stamp below:

(If stamp is not available, health care provider, please print name and address, and provide signature.)

Name: _____

Address: _____

Phone Number: _____

Signature: _____



NORTHWEST
MISSISSIPPI COMMUNITY COLLEGE
DEPARTMENT OF NURSING

Tuberculin Skin Test #2 Documentation

Name: _____

Date & Time PPD Placed: _____ Right Arm ____ Left Arm ____

Lot Number of Vaccine: _____ Expiration Date: _____

Manufacturer: _____

Administered by: _____ Are you certified? Yes ____ No ____

Date PPD Read: _____ Induration _____ MM

Read by: _____ Are you certified? Yes ____ No ____

Tuberculin skin test is: Negative ____ Positive ____

Referred for chest x-ray: Yes ____ No ____

If unable to take TB Skin Test, complete interferon-gamma release assay test for TB.

Place health care provider/health care facility stamp below:

(If stamp is not available, health care provider, please print name and address, and provide signature.)

Name: _____

Address: _____

Phone Number: _____

Signature: _____

- **PHYSICAL EXAM:** Must be completed within the past 12 months on the form available on the Department of Nursing website. Health care provider must print name, sign form, and CIRCLE section of capability of providing safe care. (Expires in 2 years) Documentation on the Health Form must have the same dates on the front and the back of the form. (Healthcare provider completes and dates one side of form, and student completes and dates the other side of form using same date as HCP.)
- **CURRENT CPR certification:** MUST be American Heart Association Basic Life Support Provider. On-line courses without a return demonstration component are NOT acceptable. Student must turn in a copy of the actual AHA BLS card (copy of front and back) or a copy of the AHA BLS eCard.
- **FLU VACCINE:** **Students entering fall semester should NOT get this vaccine until October.** Proof of 2020-2021 season Quadrivalent Flu Vaccine MUST be on Northwest Flu Vaccine form (provided in new student packet/email) and include all information on the form. Be sure provider will document on this form BEFORE obtaining vaccine.

Pregnancy or breastfeeding will not be an exception. Students who are unable to provide proof of all vaccinations due to pregnancy or breastfeeding will need to withdraw from the course. After proof is obtained, the student will be allowed to re-enter the program in the next semester. All pregnant students must have a signed release from the health care provider to participate in lab and clinical experiences.

***TITERS:** If a titer is drawn and used as proof of immunity, student **MUST** include a separate copy (other than Form 121) and it must show the student's numerical blood titer value, positive or negative, and include the lab's reference range with guide to understand results.

All information above must have the date and name of facility where testing/services were received and each form must be entirely complete. If there is a space for a healthcare provider signature, then it MUST be signed to be complete. It is the student's responsibility to make sure these are completed in a timely manner. **Failure to comply with the requirements for clinical clearance will result in the student withdrawing from the course as the student will be unable to attend and participate in the required clinical portion of the course.**

All NWCC forms may be found in your new student packet/email or on the NWCC website on the Department of Nursing page.

ALL NURSING REQUIREMENTS are due on the first day of class, January 25, 2021. You MUST MAKE COPIES of everything you turn in as these will NOT be returned to you. You WILL need copies of each of these again, so we advise you to go ahead and make at least two (2) copies—one to turn in and one to keep in a safe place (you will need these for an assignment and also may need to provide them for the next semester).

For questions, please contact the NWCC Nursing Department health requirements advisor Mrs. Beaver at rbeaver@northwestms.edu or the Nursing office at 662-562-3283.