

NURSING PROGRAMS HANDBOOK

A.A.S. NURSING PRACTICAL NURSING CERTIFICATE



2022-2023

Reviewed and revised annually

(Updated January 2023)

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Further information regarding the Lehigh Carbon Community College (LCCC) Nursing Programs tuition, fees and program requirements available on the LCCC website, www.lccc.edu, and through:





ACCREDITATION COMMISSION FOR EDUCATION IN NURSING (ACEN)

3390 Peachtree Road NE, Suite 1400 Atlanta, GA 30326 Phone: 404-975-5000 www.acenursing.org

PENNSYLVANIA STATE BOARD OF NURSING

Mailing Address:

State Board of Nursing P.O. Box 2649 Harrisburg, PA 17105-2649

Physical Address:

One Penn Center 2601 N. 3rd Street Harrisburg, PA 17110 Phone: 833-367-2762

Fax: 717-783-0822 <u>ST-NURSE@pa.gov</u> *Drop-off Hours:*

Effective November 1, 2019 8:30 a.m. - 4:00 p.m. (M-F)

DISCLAIMER

Admission to the nursing programs is open to anyone regardless of race, creed, color, national origin, religion, age, sex, marital status, socioeconomic status, handicap, or lifestyle.

The intention of this handbook is to provide prospective applicants, accepted applicants and current nursing students with information and guidance as they begin/continue their nursing education within the nursing programs at LCCC. This handbook serves to be informational and non-binding upon the LCCC Department of Nursing. Provision of the most updated information and policies is a priority; however, each step of the educational process from admission to graduation requires continual faculty and administrative review, and therefore acute policy remediation is intermittently necessary. The Nursing Department reserves the right to change the requirements, regulations, and fee schedules contained in this catalog at any given point in time.

Informational and policy updates that occur are conveyed via college email, Canvas, virtual or live meetings, and/or in writing from the LCCC Department of Nursing.

* Policies are subject to change at the discretion of the faculty. Students will be advised of all new or revised policies are shared with students in a timely fashion. Distribution may utilize the LMS (Canvas), email, or verbal communication from faculty and Director of Nursing.

APPROVAL AND ACCREDITATION

Lehigh Carbon Community College's nursing programs maintain approval by the Pennsylvania State Board of Nursing and are fully accredited by the Accreditation Commission for Education in Nursing (ACEN).

WELCOME

Welcome to the Lehigh Carbon Community College's Department of Nursing programs! This nursing programs handbook contains policies that pertain to prospective or current students in either the Associate Degree Registered Nursing AAS (ADN) program, or the Practical Nursing Certificate (NURC) program. It serves as a supplement to the Lehigh Carbon Community College Student Handbook; it is the students' inherent responsibility to be familiar with these policies and guidelines.

Nursing is an exciting, challenging, and evolving profession. As such, it is the responsibility of the nursing student to be familiar with the information outlined in this reference. Nursing students will quickly discover that education is a lifelong process within the field. On behalf of the college and department, we extend our very best wishes for success in a prestigious career in nursing.

If you have any questions, please contact the Director of Nursing, Karen Clark, MSN, RN at kclark@lccc.edu.

*Policies are subject to change at the discretion of the faculty. Students will be advised of all new or revised policies are shared with students in a timely fashion. Distribution may utilize the LMS (Canvas), email, or verbal communication from faculty and Director of Nursing.

PHILOSOPHY

The faculty of the Lehigh Carbon Community College Nursing programs accept the beliefs, mission, and operating principles of the college under which the Nursing programs operate; therefore, the faculty believe the following:

Nursing is an art and a science. As an art, nursing embraces the concept of caring as its central core. As a science, nursing involves the application of nursing theory to clinical practice through the use of the nursing process and therapeutic communication—the practice of nursing changes as the needs of society change. Ethical and legal principles have a strong influence on the practice of nursing.

The Nursing programs are responsible for educating graduates to function in entry-level positions in the health care system with an awareness of political, economic, and social activities that affect the health care system. The programs are instrumental in preparing members who contribute to the community for the betterment of society.

COVID-19 DISCLAIMER

Student, faculty and patient health is of the utmost importance. A complete COVID-19 vaccination is required for admission to the Nursing Program. Students will be directed to report any exposures or positive COVID results to their primary instructor as soon as possible. It is the expectation of the Nursing Department that all students and faculty follow current CDC and LCCC guidelines regarding

COVID-19. The Nursing Department is committed to assisting all students who are in compliance with these guidelines and vaccination requirement.

MISSION

Lehigh Carbon Community College's nursing programs are committed to the academic preparation of Registered and Practical Nurses who seek licensure through the National Council of State Boards of Nursing, by successful completion of the NCLEX RN or NCLEX PN examination, dependent upon their course of study. The graduates are deemed competent graduate nurses, both academically and clinically, according to the established college and program standards. These nurses will provide safe, quality, evidence-based, patient-centered nursing care in a variety of health care settings.

VISION

To be the recognized leader in preparing the highest quality graduate professional and practical nurses in the greater Lehigh Valley community.

COMMUNICATIONS

| Name | Role | Location | Phone | Email |
|---------------------------|---------------|----------|--------------|----------------------|
| Buchkowski, Kathleen, | Full-time ADN | SH 6A | 610-799-1135 | kbuchkowski@lccc.edu |
| MSN, RN | Faculty | | | |
| Burnett, Lauren, MSN, RN | Full-time ADN | SH 6D | 610-799-1625 | lburnett1@lccc.edu |
| | Faculty | | | |
| Clark, Karen, MSN, RN | Director of | SH 32M | 610-799-1022 | kclark@lccc.edu |
| | Nursing | | | |
| | Programs | | | |
| Felton, Josephine | Clinical | SH 32 | 610-799-1525 | jfelton@lccc.edu |
| | Secretary | | | |
| LaCava, Brittany, MSN, RN | Full-time PN | SH 6E | 610-799-1640 | blacava@lccc.edu |
| | Faculty | | | |
| Levin, Ina, DNP, MSN, RN | Full-time ADN | SH 6C | 610-799-1562 | ilevin@lccc.edu |
| | Faculty | | | |
| Morcombe, Michelle, | Full-time ADN | SH 32I | 610-799-1031 | mmorcombe@lccc.edu |
| MSN, RN | Faculty | | | |
| Rabert, Anne, DHA, RN | Full-time ADN | SH 6G | | arabert@lccc.edu |
| | Faculty | | | |
| Soldridge, Melissa, MSN, | Full-time ADN | SH 6E | 610-799-1866 | msoldridge1@lccc.edu |
| RN | Faculty | | | |
| Cynthia Terry, MSN, RN | Full-time ADN | SH 6F | 610-799-1030 | cterry@lccc.edu |
| | Faculty | | | |
| Karen Wotring, MSN, RN | Full-time PN | SH 6H | 610-799-1547 | kwotring@lccc.edu |
| | Faculty | | | |

Office Hours: The nursing faculty have office hours for student advisement and assistance posted on their office doors.

• Five (5) office hours weekly in fall and spring, please schedule accordingly.

- Two (2) office hours weekly in the summer, please schedule accordingly.
- The nursing faculty is accessible to assist the student as needed by appointment.
- It is the student's responsibility to seek faculty assistance.

Communication Platforms

Students will review the LCCC website as well as Canvas, and their college email accounts a minimum of twice daily throughout the semester.

- Students are responsible for remaining informed.
- Students are required to utilize their LCCC Email account for all correspondence based on the Family Educational Rights and Privacy Act of 1974 (FERPA) laws.

Chain of Command

Students will follow the chain of command when dealing with any issues.

The chain of command in ascending order:

- 1. Individual/Peer
- 2. Adjunct faculty (clinical concerns)
- 3. Full-time faculty (classroom/clinical concerns)
- 4. Ombudsman
- 5. Academic/Clinical Coordinator
- 6. Director of Nursing
- 7. Dean of the Division of Healthcare
- 8. Vice President
- 9. President

NURSING PROGRAMS OUTCOMES

END OF PROGRAM STUDENT LEARNING OUTCOMES (AAS REGISTERED NURSING - ADN)

Upon completion of the program, the ADN graduate will be able to:

- 1. Synthesize information from nursing, biological, social, and behavioral sciences into the delivery of nursing care.
- 2. Promote, maintain, and restore the health integrity of assigned clients by utilizing evidence-based practice, technology, and resources for the achievement of quality patient/client outcomes.
- 3. Use the nursing process to provide safe, cost-effective, quality care to individuals, families, and communities across the lifespan.
- 4. Communicate therapeutically to ensure safe, quality care to individuals, families, and communities.

- 5. Provide inter-professional, evidence-based care that is socially responsible, environmentally sound, and culturally/spiritually sensitive to diverse populations within select health care delivery systems.
- 6. Demonstrate accountability, advocacy, and professionalism within the framework of legal and ethical standards of the nursing profession.
- 7. Develop attitudes, values, and personal qualities that reflect a commitment to lifelong learning as a professional nurse and member of the health care team.

END OF PROGRAM STUDENT LEARNING OUTCOMES (PRACTICAL NURSING CERTIFICATE - NURC/PN)

Upon successful completion of this program, PN graduate will be able to:

- 1. Integrate the concepts of person, environment, health, nursing, and basic needs to assist with the assessment, planning, implementation, and evaluation of individuals, families, and groups across the life span.
- 2. Understand the cultural/spiritual needs of a diverse population within a dynamic health care system.
- 3. Utilize critical thinking to implement the nursing process as a framework for the delivery of cost-effective, outcome-based nursing care to individuals, families, or groups.
- 4. Develop the ability to use therapeutic communication and technology to promote, restore, or maintain the health of individuals, families, or groups.
- 5. Recognize the need for lifelong learning and the active participation in continued professional development.
- 6. Demonstrate the core competencies of a graduate of practical nursing.
- 7. Practice within the ethical/legal standards of nursing care developed by the National Federation of Licensed Practical Nurses Inc. and according to the state wherein employed.
- 8. Assume the roles of caregiver, interdisciplinary team member, manager, and community partner, as well as the responsibilities inherent in the scope of practical nursing as defined by the state wherein employed.
- 9. Employ the teaching-learning process to promote the optimum health of individuals, families, or groups within a framework of prevention and wellness care.

PROGRAM OUTCOMES DEFINITIONS

Program Completion Rate: The completion rate is the percentage of students who complete the program in 150 percent of the prescribed timeframe. The rate is calculated based on the number of students enrolled on the first day of the first semester who go on to complete the program.

Graduate Satisfaction: Satisfaction of graduates with a program of study and ability to practice nursing.

NCLEX Pass Rate: Percentage of graduates who pass the NCLEX on the first attempt.

Job Placement Rate: Percentage of graduates seeking employment who find employment within one year of passing the NCLEX exam.

PROGRAM OUTCOMES (AAS REGISTERED NURSING - ADN)

- 1. Program Completion Rate: At least 65 percent of the students enrolled on the first day of the first semester in either ADN 150 or ADN 173 will graduate within 150 percent of the time, within three years of enrollment.
- 2. Graduate Satisfaction: The results of the college-wide Graduating Student Satisfaction Survey will indicate that graduates of the nursing program have an overall program satisfaction average of 80 percent or higher.
- 3. NCLEX-RN Pass Rate: The NCLEX-RN pass rate on the first attempt will meet or exceed the state minimum of at least 80 percent.
- 4. Job Placement Rates: Ninety percent (90%) benchmark of respondents seeking employment in nursing will occur within six months of passing the NCLEX-RN examination. Career Development Services collect this data.

PROGRAM OUTCOMES (PRACTICAL NURSING CERTIFICATE - NURC/PN)

- 1. Program Completion Rate: At least 65 percent of the students enrolled on the first day of the first semester will graduate within 150 percent of the time (i.e., four semesters over two years).
- 2. Graduate Satisfaction: The results of the college wide Graduating Student Satisfaction Survey, as collected by the college, will indicate that graduates of the nursing program have an overall program satisfaction average of 80 percent or higher.
- 3. NCLEX-PN Pass Rate: The NCLEX-PN pass rate on the first attempt will meet or exceed the state minimum of at least 80 percent.
- 4. Job Placement Rates: Ninety percent (90%) benchmark of respondents seeking employment in nursing will occur within six months of passing the NCLEX-PN examination. Career Development Services collect this data.

ACADEMICS

NURSING A.A.S. (ADN) COURSE SEQUENCE

Pre-Nursing Prerequisites (Completed in Health Science A.S. Program)

| BIO 163 | Anatomy and Physiology I | 4 Credits |
|---------|----------------------------|-----------|
| BIO 164 | Anatomy and Physiology II | 4 Credits |
| ENG 105 | Research and Composition | 3 Credits |
| MAT 121 | Mathematics for Allied | 3 Credits |
| | Health | |
| PSY 140 | Introduction to Psychology | 3 Credits |

17 Credits

Pre-ADN Semester

| SDS 110 | Introduction to Associate Degree Nursing | 1 Credit |
|----------------|--|-----------|
| BIO 220 | Introduction to Microbiology | 4 Credits |
| ENG 106 | Introduction to Literature | 3 Credits |
| PSY 145 | Human Growth and Development | 3 Credits |
| SOC 150 or SOC | Introduction to Sociology or Modern Social | 3 Credits |
| 151 | Problems | |

14 Credits

Nursing A.A.S. Program Sequence

| First Semester | | |
|--------------------------|-----------------------------|--------------------------|
| ADN 150 | Fundamentals of Nursing | 8 Credits |
| Second Semester | | |
| ADN 160 | Medical Surgical Nursing I | 7 Credits |
| Third Semester | | |
| ADN 245 | Nursing Leadership | 2 Credits |
| Third or Fourth Semester | | |
| ADN 205 | Maternal Newborn Nursing | 4 Credits |
| ADN 215 | Pediatric Nursing | 4 Credits |
| Third or Fourth Semester | | |
| ADN 225 | Mental Health Nursing | 4 Credits |
| ADN 235 | Medical Surgical Nursing II | 4 Credits |
| Fourth Semester | | |
| ADN 255 | NCLEX Prep | 2 Credits |
| | | Credit Total: 66 Credits |

LPN TO ADN COURSE SEQUENCE

Must have an active unencumbered LPN license

Pre-Nursing Prerequisites (Completed in Health Science A.S. Program)

| BIO 163 | Anatomy and Physiology I | 4 Credits |
|---------|-------------------------------|-----------|
| BIO 164 | Anatomy and Physiology II | 4 Credits |
| ENG 105 | Research and Composition | 3 Credits |
| MAT 121 | Mathematics for Allied Health | 3 Credits |
| PSY 140 | Introduction to Psychology | 3 Credits |

17 Credits

Pre-ADN Semester

| SDS 111 | Introduction to LPN to Associate Degree Nursing | 1 Credit |
|--------------------|---|-----------|
| BIO 220 | Introduction to Microbiology | 4 Credits |
| ENG 106 | Introduction to Literature | 3 Credits |
| PSY 145 | Human Growth and Development | 3 Credits |
| SOC 150 or SOC 151 | Introduction to Sociology or Modern Social Problems | 3 Credits |

14 Credits

Nursing A.A.S. Program Sequence LPN to ADN Advanced Placement First Semester

| First Semester | | | |
|---|-----------------------------|-------------------------|--|
| *Advanced Placement for ADN 150 Fundamentals of Nursing (8 Credits) and ADN 160 Medical | | | |
| Surgical Nursing I (7 Credits) | | - | |
| ADN 173* | LPN Transition to ADN | 4 Credits | |
| Second Semester | | | |
| ADN 245 | Nursing Leadership | 2 Credits | |
| Second or Third Semester | | | |
| ADN 205 | Maternal Newborn Nursing | 4 Credits | |
| ADN 215 | Pediatric Nursing | 4 Credits | |
| Second or Third Semester | | | |
| ADN 225 | Mental Health Nursing | 4 Credits | |
| ADN 235 | Medical Surgical Nursing II | 4 Credits | |
| Third Semester | | | |
| ADN 255 | NCLEX Prep | 2 Credits | |
| | | Credit Total 66 Credits | |

Grading Policy:

| A | 93-100 |
|---------|--------|
| A minus | 90-92 |
| B plus | 88-89 |
| В | 85-87 |
| B minus | 82-84 |
| C plus | 78-81* |
| C | |
| C minus | 70-73 |
| D | 65-69 |
| F | 0-64 |
| | |

A 78% overall grade average is needed to pass this course.

There will be no rounding of any assignments/test grades for this course. For example, a 77.5 will not be rounded up to a 78%.

For continuation in the ADN program, the student must:

- Maintain an overall minimum GPA of 2.2
- Earn a "C+" (78%) or better grade in all nursing courses required for the Associate Degree in Nursing.
- Earn a "C" or better grade in all required non-nursing courses for the Associate Degree in Nursing.
- Not fail or withdraw from more than one nursing course to remain in the ADN program. This course must be retaken and passed at LCCC.
- A second failure in or withdrawal from an ADN course will result in the student being dismissed from the program
- A medical withdrawal is not considered a failing grade.
- Students who fail or withdraw from two ADN courses must contact an academic Advisor (610-799-1137) or adviseme@lccc.edu) and change their major to Health Sciences.
- Students who fail or withdraw from two Nursing courses may be considered for readmission to the ADN Nursing program by submission of an appeal.

The process to request an appeal and readmission into the ADN program

- 1. Student must contact an Academic Advisor (610-799-1137 or adviseme@lccc.edu) and change their major to Health Sciences.
- 2. Student must have a written recommendation from their current faculty.
- 3. Student must submit their appeal for readmission to the Dean of Health Care Sciences. The appeal request should include a professional appeal letter from the student as well as a letter of recommendation from the instructor that had issued the final failure or withdrawal. The student's appeal letter should include:
 - a. Reasons for the poor academic performance.
 - b. Plan for addressing academic challenges.
- 4. All appeals and related documentation must be submitted to the Dean of Health Care Sciences within two weeks of the end the semester in which the failure or withdrawal occurred.
- 5. Only **ONE** appeal per student will be accepted.
- 6. The Dean of Health Care Sciences will share the appeal with the Nursing Admissions Committee. After the committee reviews the appeal, the Dean will contact the appealing student with the committee's decision. Student must return to classes within 2 years of their last nursing class.
- 7. Student must return to classes within 2 years of their last nursing class.
- 8. All decisions of the Nursing Admissions Committee are FINAL.

Upon readmission to the nursing program, the student must fulfill the requirements of the curriculum currently in effect.

NURC/PN COURSE SEQUENCE

College placement testing results required

| First Semester (Fall) | | |
|-----------------------|----------------------------|------------|
| NUR 106 | Nursing I | 11 credits |
| BIO 163 | Anatomy and Physiology I | 4 credits |
| PSY 140 | Introduction to Psychology | 3 credits |

18 credits

| Second Semester (Spring) | | |
|--------------------------|---------------------------|------------|
| NUR 116 | Nursing II | 11 credits |
| BIO 164 | Anatomy and Physiology II | 4 credits |
| PSY 145 | Human Growth and | 3 credits |
| | Development | |

18 credits

| Third Semester (Summer) | | |
|-------------------------|------------------------------|------------|
| NUR 126 | Nursing III | 14 credits |
| SOC 150 or SOC 151 | Introduction to Sociology or | 3 credits |
| | Modern Social Problems | |

17 credits

Certificate Credit Total: 53 credits

Grading Scale:

| A = 95.0 - 100 | 4.0 | C + = 84.0 - 85.9 | 2.3 | |
|--------------------|-----|--------------------|-----|--|
| A = 93.0 - 94.9 | 3.7 | C = 78.0 - 83.9 | 2.0 | |
| B+ = $91.0 - 92.9$ | 3.3 | C = 76.0 - 77.9 | 1.7 | |
| B = 88.0 - 90.9 | 3.0 | D = 70.0 - 75.9 | 1.0 | |
| B- = 86.0 - 87.9 | 2.7 | F = 69.9 and below | 0 | |

For continuation in the PN program, the student must:

- Maintain an overall minimum GPA of 2.0
- Earn a "C" (78%) or better grade in all required non-nursing courses required for the Practical Nursing Program.
- Earn a "C" or better grade in all required courses for the Practical Nursing Program.
- Not fail more than one nursing course and remain in the NURC/PN program. This course must be retaken and passed at LCCC.
- Students that fail a first semester nursing course and wish to retake it the following year, must contact the nursing program no later than February 1st of the following year to declare their intent to return.
- A second failure in or withdrawal from an NURC/PN course will result in the student being dismissed from the program.
- A withdrawal medical is not considered a failing grade.
- Students who fail or withdraw from two NUR courses must contact an Academic Advisor (610-799- 1137) or adviseme@lccc.edu) and change their major to Health Sciences.
- Students who fail or withdraw from two NUR courses may be considered for readmission to the NUR program by submission of an appeal.

The process to request an appeal and readmission into the PN program

- 1. Student must contact an Academic Advisor (610-799-1137) or adviseme@lccc.edu) and change their major to Health Science.
- 2. Student must have a written recommendation from their current faculty.
- 3. Student must submit their appeal for readmission to the Dean of Health Care Sciences. The appeal request should include a professional appeal letter from the student as well as a letter of recommendation from the instructor that had issued the final failure or withdrawal. The student's appeal letter should include:
 - a. Reasons for the poor academic performance.
 - b. Plan for addressing academic challenges.
- 4. All appeals and related documentation must be submitted to the Dean of Health Care Sciences within two weeks of the end the semester in which the failure or withdrawal occurred.

- 5. Only ONE appeal per student will be accepted.
- 6. The Dean of Health Care Sciences will share the letter with the Nursing Admissions Committee. After the committee reviews the appeal, the Dean will contact the appealing student with the committee's decision.
- 7. Student must return to classes within 2 years of their last nursing class.
- 8. All decisions of the Nursing Admissions Committee are FINAL.

Please note the following:

- A student may repeat only ONE NURC course in which a failing grade or withdrawal grade is earned.
- Upon readmission to the nursing program, the student must fulfill the requirements of the curriculum currently in effect.
- Students who have failed or withdrawn from the NUR 116 or NUR 126, within two years, may be readmitted to the program without challenging the previous NUR courses.
- Students who have failed or withdrawn from NUR 116 or NUR 126, more than two years, will be required to complete a challenge examination or repeat the course successfully.
- An interview with the DON is a requirement of the readmission process.

GENERAL INFORMATION

STUDENT EMPLOYMENT

The nursing curriculum is both challenging and rewarding; outside employment while in the program may be difficult to balance.

- The student must set priorities.
- It is the student's responsibility to accommodate their class schedule.
- Outside responsibilities such as employment are not considered acceptable excuses for a student's inability to meet curriculum requirements.
- The student may not wear the student uniform for outside employment.

ACADEMIC HONESTY

Lehigh Carbon Community College expects that all work produced by students will represent their personal effort. The LCCC Academic Honesty policy can be found on the college website: https://www.lccc.edu/current-students/college-policies/violation-of-academic-honesty

Academic dishonesty includes but should not be limited to:

- Cheating on tests and exams.
- Using test aids.
- Copying.
- Sharing work with others.
- Stealing test materials.
- Plagiarism Quoted materials must be enclosed in quotation marks with complete documentation indicating the source. Materials used without direct quotations should have the source indicated. Uploading and sharing content with another student is considered

- plagiarism and cheating. Sharing course content or exam questions to platforms such as Quizlet or Course Hero is considered plagiarism and cheating.
- Copying any written assignment such as papers, homework, lab reports, ENG 105 Library Skills Assignment.
- Copying any electronic assignments such as papers, homework, lab reports, programs, etc. Do not copy something from the Internet and call it your own.
- Purchase of all or part of papers, reports, workbooks, or other assignments.
- False statements designed to earn the student the right to make up missed work.
- Falsifying personal information submitted to the Nursing programs or clinical facilities.

The Dean of Student Success and Support is made aware of all offenses which includes a confidential reporting and recording process.

The faculty member involved will decide how to handle each case of dishonesty unless the penalty exceeds failing the course or affects something other than grades.

NONDISCRIMINATION POLICY

The College will not discriminate against any employee, an applicant for employment, student, or applicant for admission based on gender, gender identity, gender expression, sex, race, ethnicity, color, national origin, religion, age, disability, veteran or military status, genetic information, family or marital status, sexual orientation, or any other protected class under applicable local, state, or federal law, including protections for those opposing discrimination or participating in any grievance process on campus or within the Equal Employment Opportunity Commission or other human rights agencies. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, and transfer, leaves of absence, compensation, and training. Inquiries about this policy and procedure may be made internally to the Director of Human Resources/Title IX/ Equity Coordinator, Office of Human Resources, 4525 Education Park Drive, Schnecksville, PA 18078, 610-799-1107.

The LCCC Nondiscrimination policy can be found on the college website: https://www.lccc.edu/LCCC/media/current-students/college%20policies/updated2019student-handbook.pdf

SERVICES FOR STUDENTS WITH DISABILITIES

Lehigh Carbon Community College's Disability Support Services (DSS) office is committed to providing reasonable accommodations to qualified students with disabilities to ensure that they have an equal opportunity to succeed and participate in their college careers. LCCC strives to provide equal access to all of its programs and college-wide offerings. LCCC's services for students with disabilities can be found on the college website: https://www.lccc.edu/student-experience/disability-services

DSS at LCCC provides support to students with registered disabilities in compliance with Section 504 of the Rehabilitation Act, Americans with Disabilities Act, 1990, and the ADA Amendments Act 2008.

The college does offer a specialized program for persons with disabilities, called SEED (SEED | LCCC). All students in traditional degree-seeking programs, including those with disabilities, are

responsible for meeting the requirements outlined in the college catalog and the "LCCC Code of Student Conduct" policy.

If one-on-one assistance is required, please call 610-799-1156 and ask for disability services. Disability Services is located in Science Hall, Room 150, on the main campus. Appointments are available live or virtual.

ACADEMIC ADVISING

Advisors and counselors are available to assist students with academic decisions by providing information regarding policies and procedures at LCCC. Students who are experiencing academic difficulty are encouraged to speak with an advisor to discuss their options. Academic Advising is located in the Student Services Center, Room 124, on the main campus. Appointments are available live or virtual. The Advising Office can be reached by email at adviseme@lccc.edu or by phone at 610-799-1137.

Academic advising is an integral part of the Nursing Program. Nursing students must meet with an academic advisor before the start of nursing courses in order to:

- 1. Keep the student informed of individual progress.
- 2. Assist the student in becoming self-directed.
- 3. Provide an opportunity for professional growth.
- 4. Encourage the student to self-evaluate their progress toward goal achievement.

Walk-In Wednesdays - A 15-minute session ideal for quick questions

- 1. Discuss the class selection, add/drop courses, change of major, resolve scheduling conflicts or address time-sensitive questions
- 2. First-come, first-served basis

Walk-In Wednesday wait times may be longer during the two weeks before and after a semester starts.

Advising Appointments – A 30-minute appointment for in-depth planning

- Dedicated time to talk about academic goals, academic/degree planning, transfer school planning, and career development
- Get support for personal and academic challenges

NURSING LABORATORIES

Nursing courses incorporate the skills laboratories and simulation laboratories to increase the knowledge base and practice skills. Nursing laboratories are located at the Schnecksville, Allentown, and Tamaqua locations. Students may be assigned to any of these laboratories on any given day based on need and availability.

HEALTH SERVICES

The college does not provide physical health care services on campus. Health records for students are managed by "CastleBranch." The cost of health care majors' requirements is the responsibility of the student. Each nursing student must have personal health care insurance coverage (health care insurance information is available through the Student Life Office). Students may elect to enroll in the insurance offered through the Affordable Care Act (ACA). In the case of a campus health emergency, contact the Security Office (610-799-1169).

PROFESSIONAL EXPECTATIONS

Students must adhere to a standard of behavior and conduct consistent with the high standards of the healing and scientific profession. All students must:

- 1. Respect the right of fellow students to pursue their studies in a professional environment conducive to study.
- 2. Maintain professional interpersonal relationships by demonstrating civility and respect for each other.
- 3. Uphold the highest standard of academic honesty and integrity.
- 4. Show respect for diversity, which exists among students, faculty, and patients regarding disability, social background, age, gender, religious beliefs, race, sexual orientation, and disease process.
- 5. Fulfill their responsibilities to their peers and patients in group work, including clinical experiences and community-based assignments.
- 6. Adhere to all of the policies of LCCC, including those prohibiting discrimination or harassment. The student shall refer to the LCCC Code of Conduct and the LCCC Student Handbook. https://www.lccc.edu/student- experience/lccc-code-of-student-conduct
- 7. Comply with all guidelines and requirements outlined in the ADN/NURC-PN Student Handbook.
- 8. Refrain from harmful, inappropriate, and /or unprofessional social media.

REQUIRED SKILLS AND ABILITIES

The applicant must demonstrate the physical and mental health necessary to meet the requirements of the nursing programs.

- 1. Must be able to speak and understand the English language and communicate understandably.
- 2. Must be able to read and write the English language in an understandable manner.
- 3. Must be able to move, walk, sit, and stand intermittently for extended periods, in the clinical and classroom setting.
- 4. Must be able to bend and lift 50 pounds.

- 5. Must be able to see and hear or use prosthetics that will enable these senses to function adequately to meet the program requirements.
- 6. Must be in good general health and demonstrate emotional stability.
- 7. Must be able to cope with emotional and mental stress.
- 8. Must possess or be able to learn the manual dexterity required to care out the functions necessary to meet the objectives of the program.

CLINICAL GUIDELINES

- Times and days of clinical are subject to change.
- Clinical start and end times can vary from the times outlined in the published schedule.
- Clinical experiences may be assigned within the limits of 0630 and 2230.
- Clinical days, hours, and shifts are subject to alterations based on the needs of the clinical site, 'guest speaker' availability, the necessity for testing, or for any reason that may be required best to meet the needs of the student learning outcomes. (Example: day shift clinical orientation days may need to be required for the afternoon shift due to availability of clinical orientation guest speakers)
- Saturday clinicals will be scheduled on the 2nd and 4th Saturday of the month. There may be simulation days scheduled on Saturdays other than the 2nd and 4th Saturdays.
- The nursing department reserves the right to alter clinical assignments, days and times to best meet the Student Learning Outcomes. It is the students' responsibility to be available during those times. In the second year of the ADN program when taking either 205, 215, 225, or 235, students may be scheduled on either of the days even if only taking one of the two classes.
- 205 and 215 can have clinical on either Thursday or Friday day schedule even if only taking one class.
- 225 and 235 can have clinical on either Monday or Wednesday day schedule even if only taking one class.
- For the afternoon cohorts, clinical can be either Monday afternoon or a twelve-hour Saturday.
- Students may not combine day shift and afternoon shift classes and clinicals.
- When students are accepted into the program they will remain in their accepted cohort throughout their time in the LCCC nursing program.

MEDICATION MATH SAFETY EXAMS

The student is required to pass a medication math safety exam at the start of second, third and fourth semesters before administering any medication. The score of the first attempt will be counted as an exam grade. The student is permitted to retake the exam two times only. If the student is unsuccessful after the second retake, the student will fail the course.

Required score for passing (for ADN):

• Second semester and ADN 173: 80%

• Third semester: 90%

• Fourth semester: 100%

Required score for passing (for PN):

• Second semester NUR 116: 80%

• Third semester NUR 126: 100%

NURSING POLICIES

ADMISSIONS

Admissions to the LCCC Nursing Programs are open to all qualified applicants regardless of race, creed, color, national origin, religion, age, gender, marital status, socioeconomic status, disability, or orientation.

Directions to apply for ADMISSION to LCCC for all Students.

- Go to www.lccc.edu and submit an application to Lehigh Carbon Community College
 - o Click on the "Apply Now" button
 - Select Major: Health Care Science / Pre Nursing
- Acceptances to LCCC
 - An acceptance email will be received with 48 hours
 - The email will include your L# (Student ID) and your portal information
 - Please save and write down your usernames and passwords for these accounts.
 They will be used from here forward.

NOTE: Per LCCC policy, <u>all</u> communication with the Nursing Department will be carried out **ONLY** via the LCCC email and LCCC Portal.

All applicants must possess a high school (HS) diploma, GED (or be in the process of completing), or equivalent.

- 1. Apply to Lehigh Carbon Community College https://www.lccc.edu/ "APPLY NOW."
- 2. Submit an official high school transcript to be eligible for admission; it must reflect the minimum Pennsylvania State Board of Nursing Requirements (PA-SBON) or obtain the college equivalent with a grade of "C" or better. Consult Advising: adviseme@lccc.edu
 - 4 units of English
 - 3 units of Social Studies
 - 2 units of Mathematics (including one Algebra)
 - 2 units of Science with a related laboratory

A minimum grade of a "C" is required.

3. Submit official transcripts from all post-secondary schools attended to registrar@mymail.lccc.edu

- 4. Complete the restricted program application online according to the specific deadlines.
 - October 1 for SDS in Spring (clinical program start in Summer)
 - February 1 for SDS in Summer (clinical program start in Fall)
 - June 1 for SDS in Fall (clinical program start in Spring)

Located on the lccc.edu home page under academics, click on the program of choice and then find the "apply now" button, which is the restricted application. https://bannerweb1.lccc.edu:8443/myssb/bwskalog.P_DispChoicesStu

- 5. All applicants, except for the LPN to RN and advanced placement applicants, must take the TEAS (Test of Essential Academic Skills) test (https://www.atitesting.com). The test cannot be older than two years and is required to be taken at LCCC. The test can be taken at the most three times per year. The costs associated with the test is the responsibility of the applicant.
 - ADN minimum comprehensive TEAS score required is 60%
 - NUR minimum comprehensive TEAS score required is 55%
 - LPN to ADN TEAS test is not required
- 6. Eligibility for admission is based on a point system according to the following requirements:
 - Meets all high school requirements
 - TEAS overall composite score
 - Grades for all required courses for each respective program
 - Points for Pre/Co-requisites are awarded as follows: All BIO courses have a 7-year expiration.

BIO, MAT & SDS

A = 5 points

B = 4 points

C = 3 points ENG, PSY & SOC

A = 3 points

B = 2 points

C = 1 point

- 7. All applications are reviewed by an admissions committee that consists of faculty of the healthcare sciences division, academic advising, and members of the LCCC management team.
- 8. Acceptance to the program is contingent on:
 - Drug test results
 - If a student results in a positive drug screen, their offer will be rescinded and the student will be permitted to re-apply.
 - Criminal background results
 - Child Abuse background results
- 9. Acceptance, waitlist, and denial notification will be sent via the college email and by US post mail.
- 10. Applicants are held accountable to all deadline dates outlined in the notification letters.

PRIOR LEARNING ASSESSMENT FOR NURSING CREDITS

- 1. Before the formal assessment process begins, the student must apply for admission to Lehigh Carbon Community College and submit an official high school transcript and all previous college transcripts.
- 2. The student must meet with an advisor to ensure that all program prerequisites are completed. An advising meeting can be scheduled by email: adviseme@lccc.edu.
- 3. It is the student's responsibility to be able to demonstrate college-level competencies. Including but not limited to:
 - Providing syllabi associated with all classes under consideration.
 - Submission of a brief resume.
 - Demonstration that their level of learning/ training/work experience matches the curriculum content and course objectives.
- 4. Transferring nursing classes from another accredited nursing program must meet the following criteria:
 - The most recent nursing course cannot be older than two years.
 - A grade of a "C+" or "78 percent equivalent" is required in order to meet LCCC standards.
- 5. No more than 18 credits will be awarded through Prior Learning Assessment.
- 6. No award of advanced placement becomes official until the student completes more than three credits at LCCC, with a grade of "C" or better or a "C+" or better in ADN nursing courses. The student will demonstrate competency in the course competencies through a challenge examination.
 - A grade of 78 percent or higher is required.
 - Clinical skills testing may be required.
- 7. Students are required to take a minimum of 15 credits at the Lehigh Carbon Community College to be eligible for graduation.
 - Prior learning assessment does not count towards that 15 credit minimum.
- 8. The cohort (campus and shift) a student is offered placement within will be contingent on seat availability and current enrollment.
- 9. Students that successfully complete advanced placement testing for a first semester nursing course (ADN 150 or NUR 106) prior to June 1st of a given year will be eligible to begin the program with the second semester course (ADN 160 or NUR 116) the subsequent Spring, contingent on seat availability.
- 10. The student is responsible for non-refundable associated fees
- 11. Questions concerning Prior Learning should be addressed to James Ayrton: jayrton@lccc.edu, located in the Academic Services Office, Main Campus, Schnecksville, PA.

FAMILY RELATIONS POLICY

For this policy, the term immediate family applies to individuals who are related by blood, marriage, or adoption, and is defined to include the following relatives of a student: his/her spouse, fiancée, grandfather, grandmother, grandson, granddaughter, father, mother, step-father, step-mother, son, daughter, first cousin, father-in-law, mother-in-law, brother-in-law, sister-in-law, daughter-in-law, son-in-law, and spouses of the student's immediate family. Immediate family also includes a person who is in a close relationship with the student. The Nursing program reserves the right to refuse the appointment of students related by blood, marriage, or adoption to the same clinical rotation or assignment. Assigning relatives to the same clinical unit has the potential for creating an adverse impact on supervision, safety, security, morale, and/or may involve a potential conflict of interest. The student must notify the clinical instructor if they are assigned to a family member.

It is the student's responsibility to notify their instructor whenever a professional conflict of interest arises regarding their clinical placement. Examples include, but are not limited to, situations where a family member are employed and working on the same floor as the clinical assignment or a family member is a patient on the same floor as the clinical assignment.

RISK FOR HEALTH CARE STUDENTS

When performing essential functions, depending upon the assigned area, potential risks include but are not limited to:

- Confined small space
- Cuts and punctures
- Slippery surfaces
- Radiation
- Extreme heat/cold
- Extreme and/or constant noise
- Exposure to biological hazards
- Burns
- Electrical, chemical hazards
- Assault/battery
- Operating machinery
- Infectious diseases

STUDENT ASSIGNMENT TO CLIENTS WITH COMMUNICABLE DISEASES

The student may be assigned to clients with communicable diseases. The clinical instructor will make assignments and supervise the student based on the student's knowledge and competency for protecting themselves and others. It is the student's responsibility to notify the appropriate faculty of any health issues that may impact their ability to care for clients and or protect themselves. The student will take precautions to protect them self from communicable diseases at all times. By practicing appropriate universal precautions, utilization of personal protective equipment, and abiding by all clinical site infection control policies.

[&]quot;Procedure Following an Exposure Incident"

ALLERGY POLICY

Allergies can result in potentially dangerous health problems for sensitive individuals. Any student with a known sensitivity or allergy must provide documentation to the DON so that appropriate accommodations can be facilitated.

BEREAVEMENT POLICY

A student may be excused from class/lab/clinical for 2 consecutive days for bereavement of an immediate family member. A student may be excused from class/clinical/lab for 1 day for bereavement of a non-immediate family member. Documentation will be required. No points will be deducted. Make up clinical/lab class work must be planned with the appropriate instructor within one week of excused absence. Make up is mandatory.

ATTENDANCE POLICY

Students absent from scheduled nursing classes, laboratories, or clinical are strongly discouraged. Attendance is recorded for each class. Should the student miss nine or more consecutive hours of class, laboratory, or clinical, the student must communicate with the appropriate faculty and/or the DON before returning to class, laboratory, or clinical.

Absence on a scheduled class, clinical, or skills experience day is strongly discouraged. Such an absence may require documentation from a healthcare provider for readmission to class or clinical. Any absence from the clinical area may require written documentation from a physician or other acceptable authority to be presented upon return to the college.

Students absent from scheduled nursing classes, laboratories, or clinical are strongly discouraged.

Laboratories Absences

- 1. All absences from laboratories and clinicals must be made up.
- 2. It is the student's responsibility to make arrangements with the appropriate faculty member within one week of the absence to arrange laboratory make up.
- 3. If arrangements for the make-up laboratory are not established within one week, it will not be permitted for makeup and the score for the lab score will be recorded as zero.
- 4. A student can make up one laboratory with the faculty's approval.
- 5. A student can make up the second laboratory with written documentation approved by the faculty and the DON or designee. This will be limited to extenuating circumstances with approved supporting documentation. (Examples include but are not limited to: physician excuse or legal documents.)
- 6. A student who misses three laboratory classes will fail the laboratory, therefore, failing the course.
- 7. Course-specific guidelines regarding time limitations and grading standards will be outlined in the course syllabi. (This varies between courses, programs, and instructors.)

Clinical Absences

- 1. All absences from laboratories and clinicals must be made up.
- 2. It is the student's responsibility to make arrangements with the appropriate faculty member within one week of the absence to arrange clinical make up.
- 3. If arrangements for the make-up clinical are not established within one week, it will not be permitted for make-up and the score for the clinical score will be recorded as zero.
- 4. A student can make up one clinical day with the faculty's approval.
- 5. A student can make up two clinical days with written documentation approved by the faculty and the DON or designee. This will be limited to extenuating circumstances with approved supporting documentation. (Examples include but are not limited to: physician excuse or legal documents.)
 - All 12-hour clinical days count as TWO clinical days.
- 6. A student who misses three clinical days within a semester will fail the clinical, therefore, failing the course. (In second year, if you are taking two classes at the same time, you cannot exceed three missed clinical days in both classes combined. The clinical failure will be applicable to both classes.
- 7. Course-specific guidelines regarding time limitations and grading standards will be outlined in the course syllabi. (This varies between courses, programs and instructors.)

The student must meet with the appropriate faculty to develop a plan to meet the learning objectives not achieved due to absence. The student is required to notify the clinical agency and/or clinical instructor before the start of clinical if they are absent that day. Tardiness (must be present at the start of the specified time) is unprofessional and unacceptable behavior and disruptive to the teaching/learning process.

Repeat offenses may negatively impact grading. Students must be prepared for each client assignment. Students who are not prepared for the clinical day will be dismissed by the clinical faculty and will be required to make up the missed clinical day. Dismissal for lack of preparation is clinical absence, and will be documented on the clinical evaluation form.

Students who will be absent from class or clinical laboratory due to observance of a religious holiday should inform the faculty at least one week in advance in order to plan for a clinical make-up day.

CLINICAL REQUIREMENTS

Legal affiliation contracts are maintained between LCCC and the companies through which students complete clinical experiences. Within these contracts, the companies define specific requirements which students participating in clinical experience at their facilities are obligated to complete and provide as requested. Students that fail to complete, comply or maintain these requirements will not be permitted to participate in clinical experience, and due to this, risk failure in their respective nursing course(s).

MEDICAL REQUIREMENTS

TUBERCULOSIS (TB)

All new students will be required to receive baseline TB screening using the two-step Tuberculin Skin Test (TST) or QuantiFERON Gold.

- TST must be completed within three months of admission to the LCCC nursing program.
- First TST will be administered and read within two to three days.
- If the first TST is negative, the second TST will need to complete within three weeks of the reading of the first TST.
- Reading of second TST needs to be completed and documented within two to three days.
- Individuals with a previously documented two-step TST will be required to follow up with yearly one- step TST.
- Students with previously documented positive TST or positive Quantiferon Gold will be exempt from the TST.
 - A current chest x-ray (within one year) may confirm no active disease.
- A chest x-ray will be required yearly while in the nursing programs at LCCC.
- Quantiferon Gold that is less than one year is acceptable for the duration of their nursing education, except for:
 - o Experiencing TB symptoms
 - Exposed or diagnosed with TB

TITERS

Documented laboratory evidence of immunity is required by a positive (+) Antibody Titer within the last five years for:

- 1. Measles (Rubeola)
- 2. Mumps
- 3. Rubella (German Measles)
- 4. Varicella (Chicken Pox)
- 5. Hepatitis B
 - Documentation of at least one vaccine is required to be eligible to start the program.
 - The completion of the series and follow up titer are required within six months of the start of the program.
 - Positive Hepatitis B antibody titer is acceptable documentation.
 - If the Hepatitis B vaccine series is required, a minimum of four months to complete with intervals of:
 - Second dose one month from the initial dose
 - Third dose three months from second
 - o Titer repeated one month after the third dose
 - o If the student is considered a non-converter, documentation stating such is required in writing by the practitioner.

INFLUENZA

All students are required to have the yearly influenza vaccine during the annual flu season (September through April).

• Flu documentation must be uploaded into CastleBranch no later than October 31st each year.

- Students who do not receive the flu vaccine will not be permitted to attend clinical and will fail the clinical portion of their course.
- Medical exemptions to the flu vaccine must be discussed and reviewed with the DON or designee prior to the beginning of the applicable semester.

COVID-19 VACCINATION REQUIREMENT

A full COVID-19 vaccination series is required for admission to and participation in the Nursing Programs.

HISTORY AND PHYSICAL

A complete history and physical must be completed by a licensed practitioner and declared "fit for duty" according to the established deadlines of the program. History and Physicals must be dated within one year of admission to the program. This includes documentation of "fit for duty," as per nursing program requirements. If student experiences any health changes, it is their responsibility to report to the DON or designee. Students with restrictions or limitations will not be permitted to attend clinical until written notification of medical clearance is received as per nursing program requirements.

ESSENTIAL FUNCTIONS FOR NURSING STUDENTS

- Physical and mental proficiency and energy to fulfill job description.
- Adequate vision (with correction if necessary).
- Hearing (with assistive device if necessary).
- Ability to clearly articulate and understand the English language.
- Ability to follow directives with attention to detail.
- Sense of touch for physical assessments.
- Manual dexterity (of all limbs to operate equipment, syringes and switches).
- Strength to push, pull or lift at least 50 lbs.
- Ability to lift, carry, push, pull, stoop, and bend, depending on assigned unit.
- Ability to squat and crouch.
- Ability to kneel, crawl, and climb.
- Ability to reach above shoulder level.
- Ability to stand and walk for long periods of time.
- Ability to organize, and effectively manage time to meet deadlines.
- Ability to perform neat, accurate work.
- Ability to respond to increasing pressure, emergencies and workloads.
- Ability to set priorities.
- Ability to apply health care/clinical agency policies and procedures.
- Ability to wear personal protective equipment (PPE) for extended period of time as required by client care needs.
- Ability to communicate with acute and chronically ill patients and their significant others.
- Ability to document completely and legibly, using acceptable, professional terminology.
- Ability to use a computer system, including but not limited to, electronic health records (EHR).
- Ability to deal with varied working days and hours, changing shifts.

- Analytical thinking abilities to perform deductive and inductive reasoning for nursing decisions.
- Visual acuity sufficient to read calibrated equipment (e.g., manual sphygmomanometer).
- Sensory ability to identify and distinguish odors.
- Adequate tactile senses to feel vibration, assess temperature, and moisture.

The above list of ability requirements was compiled in accordance with clinical facilities used nursing programs and is not inclusive and may differ according to institutional policies.

DISCLOSURE OF INJURY/EXPOSURE/ILLNESS OR CRIMINAL ARREST

If a student for any reason would suffer an injury that would impair any of the Essential Functions listed above, they would need to inform their primary instructor within 24 hours to ensure safety for class or clinical.

If the faculty feels it is necessary to discuss further with the Director of Nursing or Designee permission will be granted from the student to share this information.

If a student would be arrested for a criminal act they need to inform the Dean of Student Development, Equity and Inclusion within 24 hours of the event.

DRUG SCREEN TESTING

All students are required to have a five-panel drug screen complete according to the instructions in the Castle Branch screening tool. The Drug Screen cost and directions are included in the CastleBranch package.

The drug screen is required to be completed and uploaded into CastleBranch by the established deadlines of the program. This deadline is established during orientation.

If a student tests positive for a substance included in the five-panel drug screen, the offer to the current class will be rescinded. They will be permitted to re-apply for consideration for admission in the future.

If a student tests positive and is under the direct care of a physician/practitioner:

- A licensed physician must have prescribed the medication.
- The substance is used at the dosage prescribed or authorized.
- The physician/practitioner must provide documentation supporting the fact that the student can safely perform their student nurse duties.
 - This document is required to be uploaded to CastleBranch.
- Students that test positive for marijuana, regardless of a prescription or medical card, will not be permitted to participate within the nursing program.
- If a student tests positive for marijuana, the offer to the current class will be rescinded. They will be permitted to re-apply for consideration for admission in the future.

The nursing program reserves the right to request a random drug screen if an assessment of behaviors associated with impairment are identified and documented.

OTHER REQUIREMENTS

PENNSYLVANIA STATE POLICE BACKGROUND (e-Patch)

State Police Background fees are included in the CastleBranch Package fees. Students are responsible for associated fees.

• All backgrounds are required to be completed and uploaded into CastleBranch by the established deadlines of the program. This deadline is established during orientation.

CHILD ABUSE BACKGROUND

Any findings on the child abuse background will prohibit admission to the nursing programs. Students are responsible for associated fees.

- https://www.compass.state.pa.us/CWIS/Public/ClearanceLearnMore
- All backgrounds are required to be completed and uploaded into CastleBranch by the established deadlines of the program. This deadline is established during orientation.

FBI FINGERPRINTING

Admission is contingent on a review of findings at the discretion of the Healthcare Sciences Dean and Director of Nursing. The student is responsible for associated fees.

- https://uenroll.identogo.com/
- CODE: 1KG756
- All backgrounds are required to be completed and uploaded into CastleBranch by the established deadlines of the program. This deadline is established during orientation.

HEALTH INSURANCE COVERAGE

All students are required to have active health care insurance throughout their tenure in the LCCC nursing programs.

- Must be completed and uploaded with a copy of both sides of the health insurance card to be approved in the CastleBranch screening tool.
- A negative drug screen is required for admission to the nursing programs.
- If a student is under the care of a provider and takes a prescription that may cause the drug panel to come back positive, documentation of this care must be uploaded into CastleBranch
 - Documentation must include that the student is fit and safe for duty as a nursing student.
 - Medical marijuana is not acceptable.

MALPRACTICE INSURANCE COVERAGE

All students are required to carry student malpractice insurance, which is not equivalent to any such insurance one may carry as a licensed provider.

- Any malpractice insurance is acceptable as long as it is a student nurse policy
 - o An example can be found at www.NSO.com

CPR

All students are required to have BLS/CPR for healthcare providers, which includes adult, child, and infant CPR with AED certification. It is the student's responsibility to keep CPR certification up to date while in the nursing programs at LCCC. **Education must include a hands-on and a didactic component; online certifications will not be accepted**. If a student's CPR expires, they will not be permitted to clinical.

DRESS CODE

- The student is required to wear the LCCC uniform with black scrub pants. No jeans or yoga pants are permitted.
- Mostly black or white duty shoes or sneakers, they must be clean and tied. Open clogs of any kind or canvas shoes are NOT permitted.
- Black or white socks are required.
- Undergarments must not be visible at any time.
- Uniforms must appropriately fit at all times including when sitting and bending over.
- The uniform, shoes, and socks must be clean and in good condition.
- Clinical college photo ID must be visible at all times. If a student arrives at clinical without an appropriate identification, they will be sent home and will need to make up the clinical day.
- Students are permitted to wear long-sleeve plain (unadorned) T-shirts under their uniforms. (White, Maroon or Black ONLY)
- Hair should be short or pulled back and contained to be off the face and collar. No large barrettes or hair ornaments are permitted. Hair should be of a natural color. Unacceptable colors may include but not limited to: purple, pink, green, orange, or blue.
- Facial hair must be clean, trimmed, kempt, and not extend under the jawline.
- Head coverings are NOT permitted unless serving cultural or religious purposes. Must be clean, solid black, maroon, or white in color.
- Rings other than a wedding band are not permitted.
- No other jewelry except a watch with a second hand is permitted.
- Visible body piercings are prohibited, except for one small post-type earring may be worn per ear lobe.
- Visible tattoos must be covered.
- Cosmetics of natural color can be worn in moderation.
- Perfume, aftershave, or cologne should not be worn.
- Appropriate hygiene and use of deodorant are required.
- Nails should NOT be visible above the finger-tips to ensure safe care to patients.

- Artificial nails, nail polish, nail art, and nail glitter may NOT be worn.
- The Dress Code is in effect in all clinical, simulation, laboratory, and virtual settings unless otherwise directed by the nursing faculty.

ELECTRONIC DEVICE POLICY

Use of cell phones, smart watches, tablets or any means of electronic communication is not permitted on the clinical unit or during active class times.

SMOKING POLICY

Smoking is not permitted within or on any of Lehigh Carbon Community College's campuses as well as in or on the grounds of our healthcare clinical sites. Any use of tobacco, including cigarettes, cigars or electronic cigarettes, is prohibited. Our clinical sites reserve the right to dismiss a student who smells of tobacco smoke.

POLICY FOR THE PROTECTION OF PREGNANT AND/OR BREASTFEEDING STUDENTS

Any student who is or becomes pregnant is responsible for notifying the DON in writing when the pregnancy is confirmed. Clearance from the OB/GYN health care provider stating the student is physically able to complete the course requirements and perform all Essential Functions is required. The DON must be notified in writing if there are any problems/changes in health status during the pregnancy, as well as provide clearance from the OB/GYN healthcare provider post-birth to return to class.

Students must be able to participate with no physical restrictions for clinical fieldwork, for the safety of both the pregnant student and patients. Students must be able to meet all course requirements and objectives to attain a passing grade.

Any student who requires lactation breaks (breastfeeding) who must 'breast pump' during their class or clinical shall inform the instructor of the need and estimated time away as soon as possible. An agreeable plan will be established to ensure patient safety.

See LCCC Student Handbook or LCCC Policies & Regulations Manual relating to Pregnant Students.

STUDENT ADVISING

Advising is an integral part of the Associate Degree Nursing Program and Practical Nursing Program. Advising is utilized for the following purposes:

- 1. To keep the student informed of individual progress.
- 2. To assist the student in becoming self-directed.
- 3. To provide an opportunity for professional growth.
- 4. To encourage the student to self-evaluate.
- 5. To assist the student to increase self-esteem and actual potential.

The nursing faculty will be available during office hours and or by appointment to each student to serve in an academic advising capacity.

The student is encouraged to discuss any problems affecting academic or clinical performance. The nursing faculty may request that a student discuss academic or clinical performance.

Confidentiality will be maintained as per the Student Bill of Rights. Referrals may include other sources for assistance, should the student and nursing faculty feel a specialized approach is necessary.

COLLEGEWIDE POLICIES, SERVICES, AND INFORMATION

BOOKSTORE

The LCCC Main Campus Bookstore provides textbooks and course materials for every LCCC class and campus. Textbook information, prices and current inventory for the LCCC Main Campus Bookstore are available on the Bookstore's website at

https://www.bkstr.com/lehighcarbonccstore/shop/textbooks-and-course-materials. The LCCC Bookstore rents textbooks, sells used books and offer all formats of eBooks through their website. Students are required to use books identified for the course. Students are expected to purchase the textbook and all other required materials for the course the first week of class.

MICROSOFT OFFICE 365 - FREE

Using a valid LCCC email address, students can obtain free access to Microsoft Office 365 Education including Word, Excel, PowerPoint, and more. Click on the MS Office 365 link in the myLCCC portal Launchpad.

TUTORING

Free tutoring is provided in a variety of subjects for LCCC students. This is a resource to help students be successful. Tutoring information and schedules are available through the Launchpad link from myLCCC portal homepage under Student Services. For additional information, contact the Educational Support Center (SH 150) either in person or by phone (610-799-1156) or visit: Home Page - MyLCCC 2.0.

LIBRARY

The Rothrock Library supports the research and information needs of the students at LCCC. Materials can be accessed online or on campus. The knowledgeable staff looks forward to helping all students meet their educational goals. For detailed information about library services visit: https://www.lccc.edu/library.

For help with library resources and services visit https://lccc.libanswers.com/ or call 610-799-1150 or email rothrock@lccc.edu.

WITHDRAWAL POLICY

To withdraw from a course, students must submit documentation to the Registration/Student Records Office (SSC 122). Withdrawals will be accepted via email from your myLCCC portal email account to registrar@mymail.lccc.edu. Withdrawal dates vary depending on the start date and length of the course (part of term):

For more information and withdrawal dates for other part of term courses check: https://www.lccc.edu/current-students/student-records-registration/withdrawal-policy-procedures-refunds

If students drop credits or withdraw from all courses, financial aid will be adjusted and a balance may be owed to the college. Students with all Ws, Zs, or Fs, at the end of the term who have not formally withdrawn will have their financial aid adjusted to the last date of attendance which may create a balance due to the college. All students receiving financial aid should consult with the Financial Aid Office before any course withdrawal, as their financial aid may be affected. Call 610-799-1133 or email finaid@mymail.lccc.edu.

EARLY ALERT PROGRAM

LCCC Faculty and Staff are committed to the ongoing success of our students. The Early Alert Program allows faculty and staff to be proactive, supportive and involved in student success and retention by means of early detection and intervention. The Program is designed so that students, who begin demonstrating signs that they are struggling in their efforts to succeed, can begin to receive available supports in a time-effective manner. In those cases, a faculty or staff member will submit an Early Alert so that these potential issues can be addressed effectively. Whenever possible, the LCCC faculty or staff member will inform the student that an Early Alert has been, or will be, submitted. Signs that students may be struggling in their efforts can include (but are not limited to):

- Excessive tardiness.
- Excessive absences.
- Changes in academic performance.
- Failing to complete assignments or homework.
- Exhibit low test or quiz scores.
- Express concerns over personal or family issues.
- Demonstrate noticeable changes in demeanor.

GPA CALCULATION

Each final grade used in the calculation of the GPA is assigned a quality point value. The numeric value of the grade (A = 4.0, A- = 3.7, B+ = 3.3, B = 3.0, B- = 2.7, C+ = 2.3, C = 2.0, C- = 1.7, D = 1.0, F = 0.0) is multiplied

by the number of credits for the particular course to obtain the quality points earned in that course. The sum of the quality points of the courses taken is used to calculate an average. The equation used is as follows: Total Quality Points ÷ Total Credits = GPA.

COUNSELING SERVICES

The life of a college student is a busy one – balancing obligations to work, family, friends, and school. It can feel overwhelming at times even just knowing where to start. At LCCC Counseling Services, licensed counselors work with students to navigate the challenges of being a busy student in an even busier world. Counseling services are available free of charge to all students. All contacts and communications with counseling services are confidential in keeping with guidelines that govern professional counseling.

The Counseling Center on the main campus is located in the Student Services Center, SSC 126; however, appointments are available at the Donley and Morgan sites. Call 610-799-1895 or email counselingcenter@lccc.edu with questions or to schedule an appointment. For additional information and related Resources visit: https://www.lccc.edu/academics/academic-advising/counseling-center-and-services.

BASIC NEEDS

It can be challenging to do your best in class if you have trouble meeting basic needs such as sufficient access to food. Any student who has difficulty affording groceries or basic personal hygiene items, is urged to contact the LCCC Student Life Office. This office can provide information about the LCCC Food Pantries and other resources that are available to assist students in meeting these basic needs. For more information, please email the Student Life Office at studentlife@lccc.edu or visit Food Pantry | LCCC.

DIVERSITY, INCLUSION, EQUITY, AND RESPECT

LCCC values human diversity respects the dignity of every person and is dedicated to providing equitable learning opportunities for all its students. We encourage students to share their voices, experiences, and perspectives: differences in gender, sexuality, disability, age, socioeconomic status, ethnicity, race, language and culture are valuable learning resources that strengthen our community. Students are encouraged to share suggestions with their instructors about how to make programs, courses, materials, and methods more accessible, inclusive, and equitable. Our intent is to listen, to learn, and to ensure equitable access to opportunities to succeed.

VETERAN AND RETURNING ADULT SERVICES

Special services are available to veterans. These services include access to a learning specialist, a special lounge, workshops, and more. Please visit https://www.lccc.edu/admissions/veteranservices for further information.

SUPPORT SERVICES FOR STUDENTS WITH DISABILITIES

Students with disabilities (a substantial limitation of one or more major life activities for greater than six months) must contact the Office of Disability Support Services (SH 150) at 610-799-1156 or dss@lccc.edu to request course accommodations. Students are also encouraged to personally discuss arrangements with the instructor if there is a need to share medical emergency information or if there is a need for special building evacuation assistance in an emergency situation. Visit https://www.lccc.edu/student-experience/disability-services for detailed information.

SUPPORT SERVICES FOR STUDENTS WITH TEMPORARY IMPAIRMENT

Students requesting assistance due to a temporary impairment (such as injury, illness, or a condition related to pregnancy) that impairs or influences a student's ability to fully participate in academic activities should complete a Request for Assistance Due to Temporary Impairment. Documentation from the student's treatment provider, describing the temporary impairment must also be submitted with the request. Submit all documents to the Office of Educational Support Center (ESC) located in Science Hall, SH 150, or email them to the Associate Dean of Student Learning and Organizational Development, Karen Ladley, kladley@lccc.edu.

Temporary impairment is a limitation with actual or expected duration of six months or less. The type of assistance allowed is determined on a case-by-case basis and is based on documentation of the student's temporary limitation and what is necessary and reasonable.

Students are strongly encouraged to submit requests as soon as possible so that assistance can be provided promptly within the semester. All requests will be handled in a timely manner. For more information, call 610- 799-1156, email kladley@lccc.edu or visit https://www.lccc.edu/current-students/educational-support- services/accommodations.

OMBUDSMAN SERVICE

Most problems or concerns that students encounter in the classroom or in receiving college services can be resolved by simply taking the time to speak with the instructor, department staff, or director, so that should always be the first step. If, after doing so, a satisfactory resolution cannot be reached, the College offers a service to assist. Students can confidentially email or speak to someone by telephone at any time, Monday through Friday from 8:30 a.m. – 5 p.m.

Just call 610-295-5168 during the above hours or click on MyLink-Ombudsman Hotline (under Academics) on the myLCCC portal homepage or visit https://www.lccc.edu/current-students/mylink-ombudsman-hotline and submit the concern online.

WEATHER AND EMERGENCY PROCEDURES

For class cancellations due to inclement weather, go online to https://www.lccc.edu/ or listen to the local news or radio stations.

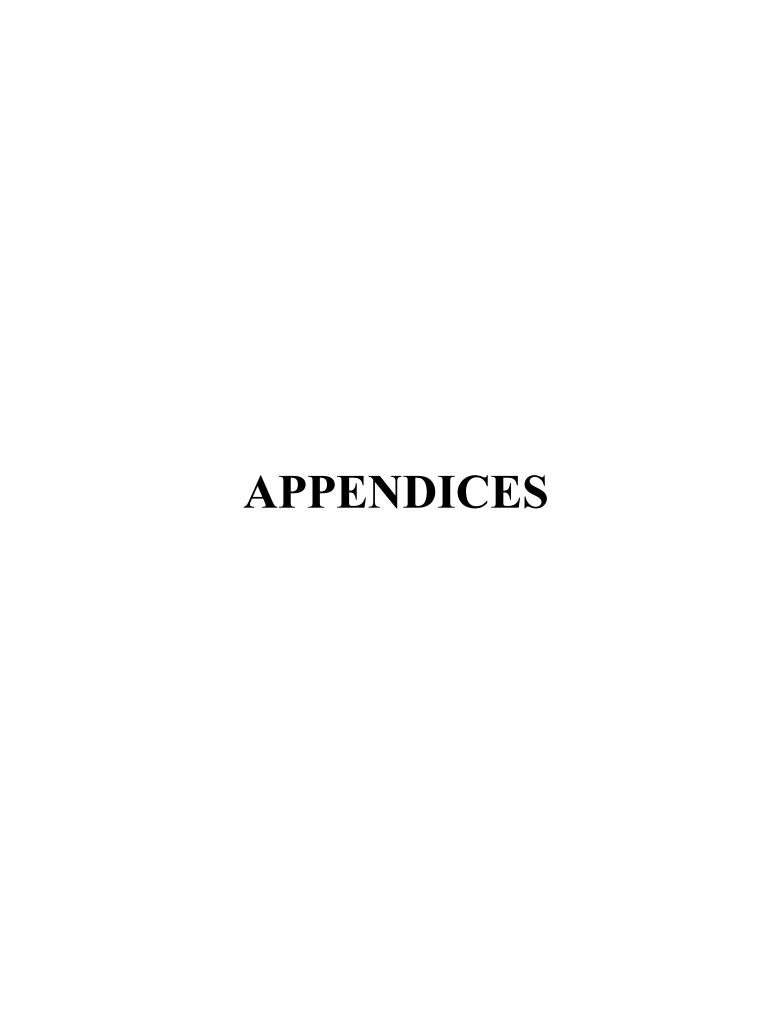
The college provides a mass notification system for LCCC students and employees. Sign up for the Omnilert notification system to receive emergency information and updates regarding school closings, delays, and emergency evacuation information.

Enrollment can be completed through the Launchpad link from myLCCC portal homepage. Messages can be received via text message, email, and/or voicemail. Text messaging rates through your wireless carrier may apply.

For additional emergency procedures, information visit https://www.lccc.edu/about-lccc/safety-and-security/fire,- building-evacuation,-and-campus-lockdown-pro.

LCCC is a smoke-free/tobacco-free/vaping free campus.

PERM6L-t (AC)



APPENDIX A



INCOMING NURSING STUDENT CHECKLIST

All admission and castle branch requirements must be 100% completed and documented in order to start the nursing programs.

January 2: Spring Starts

May 1: Summer Starts

August 1: Fall Starts

If Castle Branch and Admission Requirements are not 100% complete and documented by the deadline stated, the student will be not permitted to start and will be deferred until all requirements are met.

If you have not already, please schedule to meet with an Academic Advisor by calling 610-799-1137 or emailing adviseme@lccc.edu

Items 1 through 3 should be initiated following Orientation:

- 1. <u>CastleBranch</u>: Online database where all student clinical requirements and documentation are uploaded and stored
 - To establish an account, utilize the CastleBranch Welcome Sheet, and choose the most appropriate package for your program (LPN, LPN to RN, RN)
 - Incoming student (no previous CastleBranch account) Cost: \$118
 - Returning student (previous CastleBranch account) Cost: \$83
 - Package cost: includes Compliance Tracker (for incoming student option but NOT included in returning student option), Nationwide Healthcare Fraud and Abuse Scan, PA State Criminal Record Check, as well as a drug test using Quest laboratories. For Quest lab locations contact CastleBranch customer support
 - The drug screen is a 5 Panel Assessment for: Amphetamines, Cocaine, Cannabinoids,
 Opiates Includes morphine, codeine, hydromorphone, hydrocodone, Phencyclidine (PCP)
 - o Drug Screen is completed through Quest Labs
 - Registration form for drug screen is located within the myCB portal and must be presented at time of screening
- 2. CastleBranch Bridges: Used to reserve openings for clinical placement at LVHN
 - Cost: \$50
 - Required to complete clinicals at LVHN
 - Bridges can be ordered through the myCB portal with the coordinating package code:
 - o LPN: LM30bridges
 - o LPN to RN: LV85bridges
 - o RN: LM29bridges
- 3. St. Luke's University Health Network (SLUHN) Onboarding: Workday: Used to reserve and complete clinical at St. Luke's
 - Review instructions in orientation packet for creating an account in SLUHN's Workday
 - Sign and retain copies of the St. Luke's agreements for your records and upload to SLUHN's when instructed
 - St. Luke's Agreements include:
 - o St. Luke's Commitment
 - Star Wellness Commitment

- St. Luke's Records Verification
- o St. Luke's COVID-19 Questionnaire

ALL of the following items must be uploaded into your CB account two weeks prior to the first day of class:

- 4. <u>Clearances</u>: As explained on Memorandum.
- 5. Malpractice Insurance
 - NSO is the supplier we recommend
 - www.nso.com choose option for student nurse coverage (approx. \$40/year)
 - Anticipated Graduation Date can be estimated; does not have to be exact

6. CPR Certification

- Obtain through American Heart Association or American Red Cross
- Healthcare Provider level CPR required: MUST include Adult, Child, and Infant CPR and AED
- CPR certification MUST contain an in-classroom component; cannot be an onlineonly course

7. Personal Health Insurance

- Student Health Insurance Requirement Form and front and back copies of insurance card are uploaded to CastleBranch
- If a student is in need of personal health insurance, they may be eligible to obtain it through the school. Send any inquiries to Gene Eden, Director of Student Life, at geden@lccc.edu

8. Health Record:

- Physical Examination
- Immunization Documentation and Completion
 - Printed lab results and immunization history must be obtained from evaluating health care provider to be approved in CastleBranch
 - o Must have positive titer and documentation of booster (if applicable) for:
 - Rubella (German Measles)
 - Rubeola (Measles)
 - Mumps
 - Varicella (Chicken Pox)
 - o Must have Tdap booster (for Tetanus/Diphtheria) within last 10 years
 - Hepatitis B: 3-step vaccine series and antibody titer (HBsAb)
 - Must have documentation of completed Hep B 3 step series, <u>or</u> initiate if never completed
 - Once completed, Hep B titer must be completed to denote immunity
 - Result of titer must show positive antibody **or** declaration of non-conversion
 - o Tuberculosis Screening
 - Must completed one of the following options:
 - 2-Step Mantoux TB PPD
 - OuantiFERON Gold blood test
 - Chest X-ray with TB assessment

9. Flu Vaccine

• Must be obtained annually between September 1 and November 30.

Having Problems uploading Castle Branch items?

Call:

888-666-7788

Email:

customerservice@castlebranch.com

Questions about required CastleBranch items?

Contact:

Lynne Hanna
Restricted Programs Admissions Support:
lhanna@lccc.edu

Josephine Felton
Clinical Secretary for the Nursing Program:
jfelton@lccc.edu

In correspondence, please always use your LCCC email. Include your L number and specify your program as: ADN, LPN or Transition (LPN to RN).

APPENDIX B

LEHIGH CARBON COMMUNITY COLLEGE MEMORANDUM

TO: Nursing Students

FROM: Donna Williams, Director of Human Resources, Title IX/Equity Coordinator

RE: Background Clearance Requirement

Act 153 – The Pennsylvania state legislature sought to strengthen protections for children in the PA Child Protective Services Law. This went into effect on December 31, 2014 and now requires colleges and universities to obtain background clearances for any individual having routine interaction with children at the college or in a college-sponsored program, activity, or service. This requirement applies to college employees, volunteers, independent contractors, and students. This law requires mandatory reporting of suspected child abuse directly to the PA Department of Human Resources.

You will be required to obtain the three mandatory background clearances at your expense:

- 1) PA Criminal Background (Completed through CastleBranch)
- 2) PA Child Abuse History
- 3) FBI Clearance Fingerprinting (IdentoGO).

These clearances must be obtained OR you must have proof that you sent for your clearances by your first day of work/clinicals/fieldwork.

Below are the following required clearances and instructions to obtain them.

Act 34 - PA Criminal Background (Included with CastleBranch package)
 The cost and process for this clearance is included within your CastleBranch account package. Instructions for submitting and completing the PA State Criminal Background clearance can be found within your CastleBranch account.

2. Act 151 - PA Child Abuse History (On-line)

Results are mailed or can be viewed and printed at the site. Upload copy to Castle Branch. https://www.compass.state.pa.us/cwis

3. Act 114 - FBI Clearance-Fingerprinting (On-line + In person)

Effective November 28, 2017, the Commonwealth of PA has changed to a new electronic fingerprinting vendor, IdentoGo, for FBI criminal history background checks. Go to website and register to be fingerprinted. The clearance will be mailed and/or emailed to you. Upload the document to CastleBranch.

www.ldentoGo.com

Use Department of Human Services (DHS) Facility Code: 1KG756
Use Lehigh Carbon Community College as your 'employer'; for reference the college's address is: 4525 Education Park Drive, Schnecksville, PA 18078

IdentoGO Locations for Fingerprinting:

Allentown, PA

1382 Hanover Ave. Allentown, PA 18109

Hellertown, PA

1866 Leithsville Road Hellertown, PA 18055

Reading, PA

1111 Commons Blvd. Reading, PA 19605

Hazelton, PA

996 N. Sherman Court Hazelton, PA 18201

Wyomissing, PA

96 Commerce Drive Wyomissing, PA 19610

Please contact the Office of Human Resources at 610-799-1005 if you have any questions.

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APPENDIX C



| L | Student Name | e: |
|---|--------------|----|
| | | |

HEALTH RECORD NURSING STUDENTS

REQUIREMENTS: – **FOR THE PRIMARY CARE PROVIDER:** Please complete this Health Record based on a history and physical examination for our incoming student. This form requires your assessment, documentation, and submission of all supporting evidence. Please be sure to sign and grant clearance for your client to attend nursing school without limitations.

Copy of Titer Results must be attached

Mumps: Immunity documented by a positive antibody titer.

Rubella: Immunity documented by a positive antibody titer.

Measles (Rubeola): Immunity documented by a positive antibody titer.

Varicella (Chicken Pox): Immunity as documented by a positive titer level.

<u>Tetanus/diphtheria booster:</u> Immunization date must be documented within the past 10 years.

Hepatitis B immunization series: Documentation of dates.

Hepatitis B Surface Antibody (HBsAb): Immunity as documented by a positive titer, or documentation of follow up plan.

<u>COVID-19 Vaccination</u>: Documentation of vaccine or vaccine series including date of completion if available.

Tuberculosis Screening: QuantiFERON TB Gold blood test **OR** 2-step TB Mantoux skin OR Chest X-ray less than 1 year.

ESSENTIAL FUNCTIONS for Nursing Students:

Nursing courses require a student to possess psycho-motor skills, knowledge, and abilities. [A student requesting adaptations or accommodations due to a documented disability should contact the Office of Disability Support Services at 610-799-1190.]

- Physical and mental proficiency and energy to fulfill job description
- Hearing (with assistive device if necessary)
- Ability to follow directives with attention to detail
- Manual dexterity (of all limbs to operate equipment, syringes and switches)
- · Ability to kneel, crawl, and climb
- Ability to stand and walk for long periods of time
- Ability to perform neat, accurate work
- Ability to wear personal protective equipment (PPE) for extended period of time as required by client care needs
- Ability to document completely and legibly, using acceptable, professional terminology
- Ability to set priorities
- Ability to communicate with acute and chronically ill patients and their significant others
- Ability to deal with varied working days, hours, changing shifts
- Visual acuity sufficient to read calibrated equipment (e.g. manual sphygmomanometer)
- Ability to apply health care/clinical agency policies and procedures

- Ability to clearly articulate and understand the English language
- Adequate vision (with correction if necessary)
- · Sense of touch for physical assessments
- Ability to lift, carry, push, pull, stoop, and bend, depending on assigned unit
- Strength to push, pull, or lift at least 50 pounds
- Ability to squat and crouch
- · Ability to reach above shoulder level
- Ability to organize and effectively manage time to meet deadlines
- Ability to respond to increasing pressure, emergencies, and workloads
- Sensory ability to identify and distinguish odors.
- Adequate tactile senses to feel vibration, assess temperature, and moisture
- Ability to use a computer system, including but not limited to, electronic health records (EHR)
- Analytical thinking abilities to perform deductive and inductive reasoning for nursing decisions

LEHIGH CARBON COMMUNITY COLLEGE NURSING PROGRAMS

| Date: | | | |
|---|-------------------------|--------------------|----------------|
| Student Name: | | | |
| Last | First | Middle | Maiden |
| Address: | | | |
| Street | | City | State Zip Code |
| Гelephone No.: | | Date of Birth: | • |
| тетернопе но | | Date of biltin. | |
| | PHYSICAL I | EXAMINATION | |
| Height: | | Weight: | |
| Blood Pressure: | | Pulse: | |
| | | | |
| System Evaluation | Within Normal Limits | Comm | nents |
| General | | | |
| Skin | | | |
| Head | | | |
| Nose and Sinuses | | | |
| Mouth and Throat | | | |
| Neck | | | |
| INCON | | | |
| Chest & Lungs/ | | | |
| | | | |
| Chest & Lungs/ Pulmonary System Breasts | | | |
| Chest & Lungs/ Pulmonary System Breasts Heart | | | |
| Chest & Lungs/ Pulmonary System Breasts Heart Cardiovascular System | | | |
| Chest & Lungs/ Pulmonary System Breasts Heart | | | |
| Chest & Lungs/ Pulmonary System Breasts Heart Cardiovascular System | | | |
| Chest & Lungs/ Pulmonary System Breasts Heart Cardiovascular System Abdomen/GI | | | |
| Chest & Lungs/ Pulmonary System Breasts Heart Cardiovascular System Abdomen/GI Genitalia and Rectal | | | |
| Chest & Lungs/ Pulmonary System Breasts Heart Cardiovascular System Abdomen/Gl Genitalia and Rectal Musculoskeletal | | Corrective lenses? | □ Yes □ No |

| L | Student Name: | |
|---|---------------|--|
| | | |

IMMUNIZATION & SCREENING RECORD

IMMUNIZATION HISTORY AND BLOOKWORK LAB RESULTS PRINTED BY PHYSICIAN MUST BE ATTACHED.

| MEASLES (Rubeola) | MUMPS | |
|---|--|--|
| | | |
| Date of Titer: | Date of Titer: | |
| Result of Titer: | Result of Titer: | |
| Immune: ☐Yes ☐No* | Immune: ☐Yes ☐No * | |
| *Date of booster: | *Date of booster: | |
| | | |
| RUBELLA (German Measles) | VARICELLA (Chicken Pox) | |
| Date of Titer: | Date of Titer: | |
| Result of Titer: | Result of Titer: | |
| Immune: ☐Yes ☐No * | Immune: ☐Yes ☐No * | |
| *Date of booster: | *Date of booster: | |
| | | |
| TETANUS/DIPTHERIA (Tdap) Booster Immunization | n: (within 10 yrs) | |
| | | |
| HEPATITIS B IMMU | INIZATION SERIES | |
| Date #1: Date #2: | Date #3: | |
| If Hepatitis B immunization series is incomplete at time of examination, please indicate date series is initiated. Documentation of the subsequent Hepatitis B immunizations must be submitted to | | |
| CastleBranch by the student afte | r each immunization is received. | |
| HEPATITIS B SURFACE ANTIBODY (HBsAb). | | |
| | No continue. | |
| Date: Non-Converter: Non-Converter: | | |
| COVID-19 VACCINATION | | |
| No: In Progress: Yes: Vaccination Completion Date: | | |
| | | |
| | | |
| TUBERCULOSIS SCREENING: | Complete ONE of the following: | |
| QuantiFERON TB Gold Test 2-Step TB Manto | ux (PPD) Skin Test: | |
| Date: | | |
| Chest x-ray within 1 year: Date Result: Positi | iveNegative*If Positive, Chest X-ray Required. | |
| **If chest y-ray is positive, treatment and documentation the | proof is required before starting the source | |

| L Student Name | : | | |
|--|----------------------------|-----------------|--|
| SUMMARY STATEMENT | | | |
| I have performed a physical examination / health assessment on this student. I have reviewed the applicant's immunization status. In my professional opinion, this student is able to fully participate in clinical experiences at health care agencies. | | | |
| Yes: | No: | | |
| Examiner's Name: | | | |
| Address: Street | City | State, Zip Code | |
| Telephone Number: | | | |
| Date: | | | |
| | | | |
| Examiner's Signature: | | | |
| Please describe any limitations related to "Essenti | al Functions for the Nursi | ng Student": | |

CASTLEBRANCH: NO STUDENT WILL BE PERMITTED TO PARTICIPATE IN ANY CLINICAL ACTIVITIES UNTIL ALL HEALTH CLEARANCES HAVE BEEN COMPLETED.

CASTLEBRANCH: NO STUDENT WILL BE PERMITTED TO PARTICIPATE IN ANY CLINICAL ACTIVITIES UNTIL ALL HEALTH CLEARANCES HAVE BEEN COMPLETED.

APPENDIX D



ATI AGREEMENT

Assessment Technologies Institute (ATI) is an Assessment-Driven program designed to support mastery of essential nursing content, increase competency and critical thinking in nursing practice, and to improve nursing NCLEX pass rates. These tools are utilized throughout the nursing programs at Lehigh Carbon Community College (LCCC).

Comprehensive Online Program:

- Nurse Logic
- Practice Examinations in all major content areas
- Proctored Examinations in all major content areas
- Health Assess/EHR tutor
- Skills Modules/Case Studies
- Pharm Made Easy/Math Calculations
- Comprehensive Predictor
- Capstone
- Live Review
- Virtual ATI

Guidelines:

- ATI activities count as part of each courses grades
- Remediation may be required
- 90% probability to pass NCLEX must be obtained to have Nursing Education Verification Submitted to the State Board of Nursing
- Fees are included in the tuition for the nursing programs

| \square I have read, understand and agree to the above information. | | | |
|---|--|--|--|
| Type your full name in the Signature box. By typing your name in the Signature box, you certify that you are signing the completed agreement. | | | |
| Name | | | |
| Signature | | | |
| Date | | | |

APPENDIX E Lehigh Carbon

Student Nurse Agreement

NT----

| Name | L# |
|--------|--|
| Addre | ss |
| City _ | State Zip |
| I und | erstand that I am accepted into the LCCC nursing program and I will be responsible for |
| 1. | Caring for clients of all ages, ethnic, socioeconomic and medical backgrounds. |
| 2. | Transportation and travel to various clinical sites, some 50 miles in distance from main campus, Schnecksville, Pa. |
| 3. | Devoting 6-8 hours per day to my education outside of class. |
| 4. | Scheduling time off from work on clinical days, on-campus days and the night before clinical will be required. |
| 5. | Maintaining required current immunizations, Health Care Provider CPR and health insurance is required. |
| 6. | Understanding clinical attendance, requirements and expectations is my responsibility. |
| 7. | Adhering to the ATI expectations and requirements is a requirement. |
| 8. | Providing documentation of Flu vaccination by November 30 th yearly. |
| 9. | Adjusting schedules/shifts for ATI Testing, Live Review and VATI assignments. |
| □Ih | nave read, understand and agree to the above information. |
| | your full name in the Signature box. By typing your name in the Signature box, you certify ou are signing the completed agreement. |
| Name | |
| Signat | ture |
| _ | |

9/15/20 PERM6L-cc (AC) fillable with signature



PROFESSIONAL EXPECTATION ACKNOWLEDGMENT

The role of a student nurse is physically, emotionally, and cognitively challenging. Please keep in mind that you have the support of your faculty members, health care team, and all resources of Lehigh Carbon Community College (LCCC).

LCCC nursing students will:

- 1. Display a professional attitude at all times.
- 2. Demonstrate a respectful means of communication personally and electronically with peers, faculty, and administration at all times.
- 3. Develop a clear understanding of the nursing handbook including, but not limited to, policies, procedures, and expectations.
- 4. Understand that LCCC is a "No Bullying Environment." There is zero tolerance for bullying of any kind.
- 5. Take responsibility for their own academic and clinical goals. Grades earned are that of the student. Discrepancies must be handled according to policy.
- 6. Understand that any absence or tardiness will result in deduction of points. The expectation of all nursing students is that they will consistently be punctual. This is inclusive of extenuating circumstances that were approved by the health care team.
- 7. Understand that there is no rounding of any nursing grades.
- 8. Documentation of clinical absences must be completed in writing and submitted electronically within 24 hours of absence.
- 9. Maintain Academic Integrity at all times.
 - There will be zero tolerance for unkempt uniforms, artificial fingernails, excessive nail length, facial piercings, exposed tattoos, and perfume or cologne.
 - Hair must be neat and off the collar, facial hair is groomed.
 - Please see Dress Code Policy for complete details.

| | Karen Clark, MSN, RN | | |
|--|--|--|--|
| Student Printed Name | Date | | |
| | | | |
| Type your full name in the Signature box. By typin are signing the completed form. | g your name in the Signature box, you certify that you | | |
| ☐ I agree to the above expectations. | | | |



NURSING PROGRAMS

STUDENT HEALTH INSURANCE REQUIREMENT

| I,, understand that I must have and maintain |
|--|
| personal health insurance, while enrolled in the Nursing Programs at Lehigh Carbon |
| Community College (LCCC). |
| |
| If my health insurance policy lapses at any time, I must contact the Director of Nursing |
| Programs immediately. I understand that I will not be able to continue clinical experiences, until I can verify that I have a current health insurance policy in place. |
| until i call verify that i have a current health insurance policy in place. |
| A lapse in my health insurance may affect my ability to participate in clinical experiences and |
| may prevent me from completing courses and meeting program objectives. The Director of |
| the Nursing Programs and/or the Dean of Health Care Sciences may request verification of my |
| current insurance at any time. |
| Ad a constitution of the second of the secon |
| My current health insurance company is: |
| Address: |
| |
| Time your full name in the Cianature have But uning your name in the Cianature have you cartiful that you are cianing |
| Type your full name in the Signature box. By typing your name in the Signature box, you certify that you are signing the completed form. |
| |
| Phone Number: |
| Policy Holder: |
| - Cincy Holder. |
| Policy Number: |
| Member/Group Number: |
| |
| Date Policy Effective: |
| Student Name (Please Print): |
| |
| Student Signature: |
| Date: |
| |
| |

^{*}Both sides of the health insurance card, together with this form, must be uploaded to your CastleBranch account.



Lehigh Carbon Community College

How to Place Order



To place your order, go to:

https://portal.castlebranch.com/LE51

Package Name (if applicable):

Place Order

Select Program

Select package

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

- View order results
- Upload documents
- Manage requirements
- Place additional orders

Complete tasks

Please have read5 personal identifying information needed for security purposes.

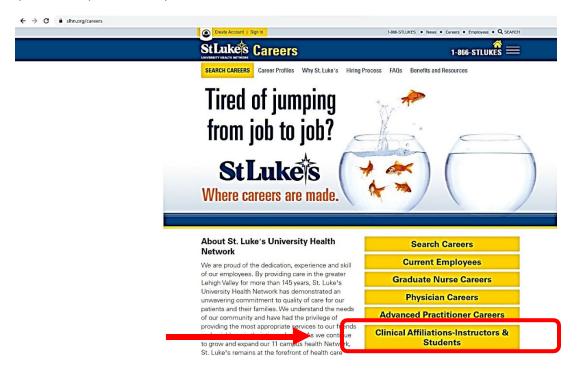
The email address you provide will become your username.

Contact Us: 888.914.7279 or servicedesk.cu@castlebranch.com

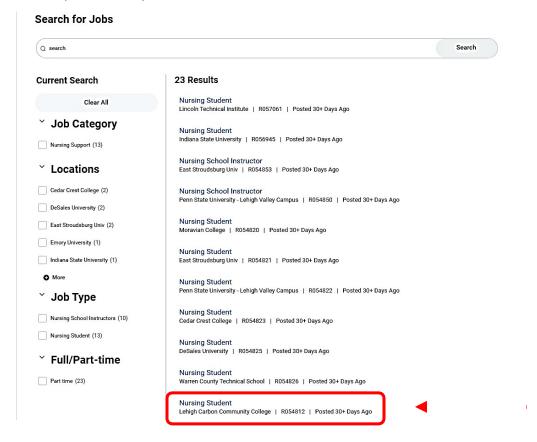
APPENDIX I

St. Luke's Nursing Student/Instructor Onboarding: Directions for Workday

- Access for students and instructors can be found at: https://www.slhn.org/careers
- Click the yellow button labeled: 'Clinical Affiliations-Instructors & Students' (Screen shot pictured below)



Review the selection of available Nursing Instructor and Student positions. Please note: The school name (Lehigh Carbon Community College) is attached to the position. This is **very** important. Selecting the correct position and school is crucial to link them to the correct program. (Screen shot pictured below)



- The student/instructor **must** complete all of the necessary information requested, similar to a job application.
- A resume is not required for students. A resume **is** required for instructors as well as their current RN license(s); PA & NJ is applicable.
- School emails MUST be used as an applicant's email contact information; do not create an account using a personal email it will not be accepted.
- For those instructors that hold instructor positions at more than one school, please apply under the primary school; more information to follow.
- Upon completion, the applicant will receive a screen with a GREEN CHECK MARK that says CONGRATULATIONS.

This **ONLY** means that the application process is complete, **NOT** the entire SLHN's onboarding process.

Each applicant will receive further instructions via email from a "@slhn.org" email address in the days following. It is **imperative** to check for these emails in the inbox and spam folders, as they contain relevant information and login credentials for SLHN and Epic.

- Students and instructors will also be required to take a 1 hour online My E-Learning (MEL) course for orientation to hospital policies and procedures. This will also be done online for convenience. Instructions on how to complete the MEL as well as Epic "View Only" will come via email, approximately 24 hours after the login email. The MEL course **MUST** be completed within 21 days of receiving the email.
- Applicants that complete Workday onboarding will be assigned "View Only" Epic training. This is a 1 hour required online course. This is to be completed remotely at any computer; we ask that applicants do not use the computers on patient care units as those computers are designated for clinical use.

For students that need Epic documentation access, the process remains as is -

Contact the St. Luke's Student Services Liaison via email for course dates and provide me a list of student names to be enrolled.

- From the time that they are assigned these courses, they have 7 days to complete them. If they are not completed in the designated timeframe, applicants will no longer have network access and will have to come on site to a scheduled class to ensure that they complete these requirements.
- Reminder: If you have a student that is a St. Luke's employee and already has Epic access, they are still required to take the Epic Clin Doc student course. Their employee access is separate from their student access.

Due to the turnaround time of the onboarding process, SLHN requires completion of all onboarding 30 days prior to coming on site for clinicals.

APPENDIX J





COMMITMENT TO PRIVACY & CONFIDENTIALITY

I understand that by virtue of my role as an employee, contractor, observer, intern, volunteer or other authorized individual (collectively "status") with St. Luke's University Health Network, its subsidiaries and/or affiliates (collectively "St. Luke's"), I am considered a member of St. Luke's "workforce", and am required to comply with the policies, procedures, and rules of St. Luke's, including those regarding privacy and confidentiality, as described below.

All members of the workforce are legally and ethically responsible for maintaining the confidentiality of patient protected health information ("PHI"), whether it be verbal, written, or electronic, as required by Federal law, the Health Insurance Portability and Accountability Act, and applicable state law. PHI regarding a patient of St. Luke's includes any information acquired in the course of a professional/patient relationship. This includes the fact that an individual is a patient and information contained in the patient's medical or billing record. I understand that I may not discuss such information whether inside or outside of St. Luke's, and whether to another member of St. Luke's workforce or any other party, unless it directly applies to my status at St. Luke's, and I am required to do so. In such an event, I will disclose only the minimum amount of information necessary for a patient's care or to perform my specifically assigned duties. All PHI retrieved from electronic devices must be relevant to my specific responsibilities at St. Luke's and held in strictest confidence. No PHI may be accessed for any reason other than my specifically assigned duties.

I also understand that I may be provided or may have access to information, records or other material which may contain personal, private, or confidential information of individuals or of St. Luke's, the disclosure of which is prohibited by applicable law and/or St. Luke's policies. This information may include, but is not limited to, information and communications regarding the plans, patients, services, markets, developments, strategies, or practices of St. Luke's, and other information that is confidential or proprietary to St. Luke's that St. Luke's wishes to remain private and proprietary (collectively "Confidential Information").

As a condition of my status, I promise and agree that:

- I will take all necessary steps to maintain the privacy and confidentiality of the Confidential Information and PHI both during and after the termination of my status with St. Luke's.
- I will disclose the Confidential Information only to the extent necessary in connection with my status and assignments at St. Luke's and in accordance with St. Luke's policies, as may be amended from time to time, and will only disclose the PHI as specifically described above; I will not otherwise use or disclose the Confidential Information or PHI.
- I will not erase or modify a data record or data entry from any record, report or file, or remove any record, report or file from the site where it is maintained.
- I will not share or reveal the Confidential Information to any individual(s) who does not need to know.
- In addition to the above expectations, I will adhere to any additional or more specific requirement(s) relating to privacy and confidentiality that may be imposed by any applicable law, contract, or policy.

I acknowledge that my willful or unauthorized disclosure of the Confidential Information or PHI either during or after my status terminates with St. Luke's may result in corrective action, up to and including the termination of my status with St. Luke's and may also subject me to any and all applicable criminal or civil penalties.

| Signature: | Date: |
|---------------|-------|
| Printed Name: | |
| KACACANID* | |

16451NP

Rev. 01/20

APPENDIX K

PATIENT LABEL AREA

STAR WELLNESS

COMMITMENT TO PRIVACY & CONFIDENTIALITY

I understand that by virtue of my role as an employee, contractor, observer, intern, volunteer or other authorized individual (collectively "status") with Star Wellness Center, Inc. and its clinics (collectively "Star Wellness"), I am considered a member of Star Wellness's "workforce", and am required to comply with the policies, procedures, and rules of Star Wellness, including those regarding privacy and confidentiality, as described below.

All members of the workforce are legally and ethically responsible for maintaining the confidentiality of patient protected health information ("PHI"), whether it be verbal, written, or electronic, as required by Federal law, the Health Insurance Portability and Accountability Act, and applicable state law. PHI regarding a patient of Star Wellness includes any information acquired in the course of a professional/patient relationship. This includes the fact that an individual is a patient and information contained in the patient's medical or billing record. I understand that I may not discuss such information whether inside or outside of Star Wellness, and whether to another member of Star Wellness workforce or any other party, unless it directly applies to my status at Star Wellness, and I am required to do so. In such an event, I will disclose only the minimum amount of information necessary for a patient's care or to perform my specifically assigned duties. All PHI retrieved from electronic devices must be relevant to my specific responsibilities at Star Wellness and held in strictest confidence. No PHI may be accessed for any reason other than my specifically assigned duties.

I also understand that I may be provided or may have access to information, records or other material which may contain personal, private, or confidential information of individuals or of Star Wellness, the disclosure of which is prohibited by applicable law and/or Star Wellness's policies. This information may include, but is not limited to, information and communications regarding the plans, patients, services, markets, developments, strategies, or practices of Star Wellness, and other information that is confidential or proprietary to Star Wellness that Star Wellness wishes to remain private and proprietary (collectively "Confidential Information").

As a condition of my status, I promise and agree that:

- I will take all necessary steps to maintain the privacy and confidentiality of the Confidential Information and PHI both during and after the termination of my status with Star Wellness.
- I will disclose the Confidential Information only to the extent necessary in connection with my status and assignments at Star Wellness and in accordance with Star Wellness policies, as may be amended from time to time, and will only disclose the PHI as specifically described above; I will not otherwise use or disclose the Confidential Information or PHI.
- I will not erase or modify a data record or data entry from any record, report or file, or remove any record, report or file from the site where it is maintained.
- I will not share or reveal the Confidential Information to any individual(s) who does not need to know.
- In addition to the above expectations, I will adhere to any additional or more specific requirement(s) relating to privacy and confidentiality that may be imposed by any applicable law, contract, or policy.

I acknowledge that my willful or unauthorized disclosure of the Confidential Information or PHI either during or after my status terminates with Star Wellness may result in corrective action, up to and including the termination of my status with Star Wellness and may also subject me to any and all applicable criminal or civil penalties.

| Signature: | Date: |
|---------------|-------|
| Printed Name: | |
| *10010* | |

Form No. 18042



Affiliating Institution: Lehigh Carbon Community College

APPENDIX L

Records Verification for Student Interns From Affiliating Institutions (Nursing Students & Instructors)

The purpose of this form is to verify that the Affiliating Institution has on file current records for student interns who will be participating in a student internship/clinical rotation at St. Luke's University Health Network (St. Luke's).

| Effective Dates: | | (start of program-graduation date) | | |
|---|-----------------------------|---|--|--|
| St. Luke's Hosting Department: 1 | NURSING | | | |
| St. Luke's Hosting Supervisor: <u>K</u> | Kristi Green, Clinical Stud | lent Services Liaison | | |
| | | | | |
| As required by the affiliation agreement between Lehigh Carbon Community College (SCHOOL NAME) and St. Luke's University Health Network (St. Luke's), I am hereby attesting to the fact that the following student or Nursing Instructor has documentation current and on file as listed in the affiliation agreement: | | | | |
| Legal first, middle, & last name | | Site student/instructor is assigned to (if department has | | |
| | | multiple sites) | | |
| | | SLUHN Nursing | | |
| By signing this Records Verification Form, I understand and attest that proof of completion of requirements is on file at the school for the student intern listed above. These include: immunizations (including the most current annual seasonal flu vaccine), negative Urine Drug Screen, FBI fingerprint-based criminal record check, Child Abuse History Clearance, PA State Police criminal history check and completion of all required educational or other reading materials. Schools therefore will assume responsibility/liability for reviewing and maintaining all background checks. If a record exists, the Scho o1is required to forward those documents for review and approval by St. Luke's prior to acceptance of the student's internship. Failure to comply with the requirements of the affiliation agreement will jeopardize current and/or future student participation in any educational placements at St. Luke's University Health Network facilities. Dean/Chair of Affiliating Institution: **Warn Clark, MSN, RN** Karen Clark, MSN, RN** | | | | |
| Date: | (signature |) (please print name) | | |

APPENDIX M



Name

CORONAVIRUS (COVID-19) EXPOSURE NON-EMPLOYED PERSONNEL QUESTIONNAIRE

In light of the ongoing COVID-19 pandemic, as a precaution, all non-employed personnel will need to complete ALL of the following questionnaire no sooner than 3 days prior to providing services on-site at any location of St. Luke's University Health Network. **PENNSYLVANIA BOTH** Please circle the location of your assignment: **NEW JERSEY** I currently reside in: PENNSYLVANIA NEW JERSEY OTHER (Please list) Are you currently experiencing symptoms of a fever with a temperature greater or equal to 100°, sore throat, cough, or shortness of breath/difficulty breathing? | YES* | NO *If yes, then please call your PCP immediately for further direction. If you are completing this form on site. Please find the safest and most direct route to the nearest exit and avoid close contact with others until you can get further advice from your PCP. Yes (list date of final dose) Are you fully Vaccinated from Covid-19? | NO Please list the states/countries you have traveled to outside of PA or NJ within the last 10 days? LIST LOCATION(S) AND DATES: DO YOU HAVE A NEGATIVE COVID-19 TEST? AWAITING RESULTS* *LIST THE DATE IT WAS ADMINISTERED Note: If your assignment is in Pennsylvania please review and comply with the current travel restrictions as listed here: https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx If your assignment is in New Jersey, please review and comply with the current travel restrictions as listed here: https://covid19.nj.gov/faqs/njinformation/travel-and-transportation/are-there-travel-restrictions-to-or-from-new-jersey#direct-link Have you been in contact with someone who is a suspected or confirmed case of COVID-19 in the last 10 days? IF YES, LIST LOCATION(S) AND DATE(S): DID YOU WEAR PROPER PPE? YES Have you worked in a facility with a reported case of COVID-19 in the last 10 days? IF YES, LIST LOCATION(S) AND DATE(S): ____ DID YOU WEAR PROPER PPE? YES NO Have you been notified that you were exposed to a positive COVID-19 patient and/or are part of an ongoing exposure? IF YES, LIST DATE(S) * IF YES HAVE YOU BEEN TESTED FOR COVID? YES* NO AWAITING RESULTS* * LIST THE DATE IT WAS ADMINISTERED ___ Note: If you answer Yes to any of the questions above, you may not be permitted entry into our facilities. In addition, if any affirmative answers to the above questions change at the time of your start date, you will need to contact Human Resources at 267-831-3209 prior to being authorized to start.

Please refer to the CDC website for the most recent updates: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

I certify that the above information is accurate to the best of my knowledge. I also understand and agree that if I am authorized to be on premises, I must follow St. Luke's universal masking policy and monitor my temperature daily.

Date

Signature

APPENDIX N



| Course: | |
|-------------|--|
| Semester: | |
| Instructor: | |

FACULTY EVALUATION FORM

See instruction sheet to download and complete form.

One goal of the college is academic excellence. We are interested in the quality of instruction and in SS d.

| exa inst | is it can be improved. Please give us your opinion about the instruction in this class. Provious mples where appropriate. Your comments will help the instructor to evaluate and improve class ruction. Your comments will not be shared with the instructor until final grades are recorde nk you. |
|-------------|---|
| 1. | What do you like most about this class? Explain. |
| 2. | What do you like least about this class? What could be done to improve this class? |
| 3. | What instructional methods (materials, presentation, activities, etc.) helped you learn the course material? |
| 4. | How did the instructor encourage or motivate you to learn the course material? |
| 5. | Was your instructor accessible, available, and approachable? Explain. |

APPENDIX O LCCC – SCHOOL OF HEALTH CARE SCIENCES STUDENT ALERT NOTICE

| Student Name: | _Course: | Semester: | |
|---|---|--|--------------------------|
| L#: | Date Issued: | | |
| CONCERN: Excessive Clinical Absences Excessive Classroom Absences Violation of Safety Rules Violation of Academic Honesty | ☐ Suspected Substance Abuse ☐ Tardiness ☐ Substandard Performance ☐ Other (specify) | Unprofessional Conduct Violation of HIPAA Practiced Outside of Scop Failure to Comply with Sci | |
| ACTION TAKEN: Verbal Warning Written Warning | Course Failure (Class, Clinica Dismissal (effective/_/ Other (specify) | | |
| EXPLANATION OF CONCER | RN: | | |
| | | | |
| CORRECTIVE ACTION REC Appointment with Educational Supp Submit paperwork by deadline Must come to clinical/lab/FW prepa Submit original work with appropria reference citations Must administer medications safely/s Consistent class attendance STUDENT REMARKS: | ort Services | vith college advisor to discuss option | etice |
| I have read the above information, have had stated above. This has been issued to alert n a part of my student record. I also understar | ne that I am not making satisfactory prog | ress in this course. I understand that the | nis warning will be made |
| to and including dismissal. | | | |
| Student Signature | Date Fac | ulty Signature | Date |
| | cational Support Services (if applica n of Health Care Sciences | ble) Director of Nurs | ing |

APPENDIX P



LEHIGH CARBON COMMUNITY COLLEGE

Informed Consent – Nursing Program

| | L# |
|--|--|
| Student Name (printed) | |
| As part of the skills lab activities, students will be techniques will be demonstrated by the instructo safety measures. Possible risks to participants it discomfort at the site, bleeding, bruising and tran | r, emphasizing infection control and ncludes, but is not limited to: |
| Benefits to participants: skill acquisition and persperipheral venous cannulation will be performed guidance of the nursing instructor. | . |
| <u>Consent</u> | |
| I have read this form and understand the above. questions and to have my concerns addressed. in this activity will not have a negative impact on points in calculating my grade. | I understand that refusal to participate |
| My signature indicates that I am willing to fully passo without duress or coercion. | articipate in this skills lab activity and do |
| | |
| | |
| Student's Signature | Date |
| I, superv Nursing Faculty Member's Signature phlebotomy and peripheral venous cannulation o | |
| | |

APPENDIX Q

Clinical Experience Site Evaluation Form

| Sit | e: Semester(s): | | | | _ |
|-----|---|------------|--------------------|------------|--------------------|
| Co | urse: Person evaluating: | ☐ Studen | it 🗆 F | aculty | |
| | ease rate and comment on the following areas. Please offer any summents about what was helpful. Please be as specific as you can. | | | ge as well | as |
| | | Inadequate | Fairly Adequate | Adequate | More than Adequate |
| 1. | Physical layout: | | | | |
| | A. Adequate space | 1 | 2 | 3 | 4 |
| | B. Availability and condition of equipment | 1 | 2 | 3 | 4 |
| 2. | Orientation to facility: | | | | |
| | A. Staff supportive of student role | 1 | 2 | 3 | 4 |
| | B. Protocols / practice guidelines available | 1 | 2 | 3 | 4 |
| | C. Student's function and responsibility clear | 1 | 2 | 3 | 4 |
| | D. Consultation mechanisms available | 1 | 2 | 3 | 4 |
| | E. Adequacy of time allowed to see clients | 1 | 2 | 3 | 4 |
| 3. | Clinical preceptor / faculty and student communication: | | | | |
| | A. Availability to student | 1 | 2 | 3 | 4 |
| | B. Adequate supervision / communication | 1 | 2 | 3 | 4 |
| | C. Provision of timely evaluation and feedback | 1 | 2 | 3 | 4 |
| | D. Students allowed to select clients according to needs | 1 | 2 | 3 | 4 |
| 4. | Clinical experience: | | | | |
| | A. Availability of numbers of clients | 1 | 2 | 3 | 4 |
| | B. Diversity of types of clients | 1 | 2 | 3 | 4 |
| | C. Continuity of care / able to follow-up clients, lab work | 1 | 2 | 3 | 4 |
| | D. Opportunities to refer to / interact with other | | | | |
| | agencies / resources | 1 | 2 | 3 | 4 |
| | E. Instructional materials available to clients | 1 | 2 | 3 | 4 |
| 5. | Would you recommend this site to another student? ☐ Ye | s 🔲 No | | | |

Comments:

APPENDIX R



Final Semester ATI Expectations and Grading Policy

Purpose: To manage and track graduating students' capstone progress, guide the ATI Champion in providing feedback to full-time faculty regarding semester grading, and provide guidance to the nursing students on the expectations of ATI in the final semester of their nursing education.

Definitions:

- Capstone: A systematic review of the mastery content of ATI. Fundamentals, Pharmacology, Adult Medical-Surgical, Maternal-Newborn, Nursing Care of Children, Mental Health, and Leadership. Occurs in the final semester of the nursing program
- *Capstone 'A' and 'B' Assessments:* The capstone assessments are given 'A' before the sta11 of the capstone review and the 'B' assessment given after the review. (Occurs at the end of the final semester of the nursing program)
- **Comprehensive Predictor:** A comprehensive assessment to evaluate individuals Preparedness for NCLEX. The assessment gives a percent probability to pass NCLEX. (Occurs at the end of the final semester of the nursing program)
- *Content Mastery Assessments:* Each of the mastery titles have an associated assessment (Occurs throughout the nursing programs)

Live Review: A 3-day Customized review conducted by the ATI Live Coach.

In the final semester of the nursing programs, students actively participate in the learning modules of ATI that include but are not limited to: The Capstone Review, which includes a pre Capstone 'A' assessment and a post Capstone 'B' Assessment, Content Mastery Exams for each class, a Three- Day Live Review, a Comprehensive Predictor Assessment, and Virtual ATI postgrad review.

Capstone Review: Requirement of the final semester of the nursing program.

The Capstone Review begins with an introduction to the ATI coach, an orientation overview provided by the ATI Champion, and scheduled date and time for the Capstone 'A' Assessment.

- o ADN Program: a seven-week review
- o NURC Program: a six-week review

There will be weekly pre-tests, content reviews, and assessments associated with the weekly topics, and students will receive assigned remediation assignments based on their assessment results.

- o Grading is completed by the ATI Coach based on accuracy and completeness.
- o The ATI coach will assign assessment dates and remediation submission deadlines. Expectations not completed by the set deadlines will result in 'O' points.
- o After the completion of the Capstone Review, a Capstone 'B' Assessment is conducted within a one-week time frame.
- o Students must plan accordingly for testing dates and times.
- o The grade for Capstone will be the number of points the student earned, divided by the maximum number of points available from the Capstone assignments.

 Student Earned 225 points / Maximum Number of Capstone Points = 230

 225/230 = 0.978 x 100 = 97.8%

Live Review: T 3-day Customized review based on the Capstone 'B' assessment results is conducted. The live review assists the students in applying test-taking strategies and reviewing areas identified as 'needs improvement' by the ATI Live Coach.

- o Students are required to attend all three days inclusively.
- o Absences will result in a '0' grade.

Comprehensive Predictor: The comprehensive predictor assessment will be given within two weeks of the completion of the Live Review.

o This assessment will be incorporated into the assigned clinical hours for the semester.

Content Mastery Assessments: These assessments are given during their designated courses as assigned.

- o Students must plan accordingly for testing dates and times.
- o Designated Courses

ADN 160: Fundamentals

ADN 205: Maternal-Newborn

ADN 215: Nursing Care of Children

ADN 225: Mental Health

ADN 235: Adult-Medical Surgical

ADN 245: Leadership

NURC 106: Fundamentals

NURC 116:

NURC 126: Adult Medical-Surgical PN, Leadership

- Calculation of ATI Mastery Assessment Grades
 - o **Ticket for Admission:** Practice assessment and remediation is required for admission into the mastery assessment
 - < Level I: Maximum Grade is 70%
 - Post proctored assessment remediation of 10 topics is required to obtain the maximum score of 70%
 - Level I: Maximum Grade is 78%
 - Post proctored assessment remediation of 7 topics is required to obtain the maximum score of 78%
 - Level II: Maximum Grade is 94%
 - Post proctored assessment remediation of 3 topics is required to obtain the maximum score of 94%
 - Level III: Maximum Grade is 100%

Mastery Assessment counts as the AT/grade: 10% ill all semesters except the final semester of the nursing programs.

Calculation of the ATI Grade in the FINAL Semester of the Nursing Programs: *Two classes together.*

- o Final Semester: 205/215
 - o 205: Maternal Newborn Mastery Grade+ Capstone%= divided by 2 = % ATI grade (10% of the overall grade)
 - o 215: Nursing Care of Children Mastery Grade+ Comprehensive Predictor (Probability to Pass%) = divided by 2 = % ATI grade (10% of the overall grade)
- o Final Semester: 225/235
 - o 225: Mental Health Mastery Grade+ Comprehensive Predictor (Probability to Pass%) = divided by 2 = % ATI grade (10% of the overall grade)
 - o 235: Medical-Surgical Mastery Grade+ Capstone%= divided by 2 = % ATI grade (10% of the overall grade)

Calculation of the ATI Grade in the FINAL Semester of the Nursing Programs: *One class only*.

- o The mastery assessments, comprehensive predictor, and capstone grades will all be added together and divided by the number of assessments (To calculate an average).

 = % ATI grade (10% of the overall grade)
 - PN 126 = Leadership Mastery % + Adult Medical-Surgical PN Mastery % + Capstone%+ and Comprehensive (Probability to Pass%)= divided by 4 = % ATI Grade (10% of the overall grade)

ADN 245: Leadership Mastery % = % ATI Grade (10% of the overall grade) (The Capstone nor Comprehensive Predictor are calculated in the ADN 245 grade.)

PERM6L-rr (AC) 9/21/20

APPENDIX S

LEHIGH CARBON COMMUNITY COLLEGE

NURSING PROGRAMS

PROCEDURE FOLLOWING EXPOSURE INCIDENT

- 1. Thoroughly cleanse site of injury or contamination with soap and water following the policy of the agency where incident occurred.
- 2. The clinical instructor is to complete an "Injury/Accident Report" with Security and report the incident to the LCCC Director of Nursing and the infection control person at agency. The incident should also be reported to the student's primary healthcare provider.
- 3. Follow procedure of agency where incident occurred or the following (whichever is more thorough):
 - a. If the patient's hepatitis B or HIV status is unknown, it is recommended that the student should reduce the potential risk of spreading any virus by practicing safe sex, and abstain from giving blood, getting pregnant, or breast feeding until testing is complete and the incubation period has passed.
 - b. The student must be evaluated immediately by a physician to determine if this was a significant exposure. Per OSHA definition, if incident is not certified as a "significant exposure," no further steps should be taken.
 - c. It is recommended that the student get a baseline HIV test as soon as possible, repeat in six weeks, twelve weeks, and six months. This is recommended regardless of the patient's HIV status, or if the patient refuses to be tested, or if it is impossible to trace the needle or other exposure to a particular patient.
 - d. The student should report to his/her primary care provider and the Director of Nursing any febrile illness within twelve weeks following the needle-stick injury or other significant exposure to potentially infectious blood/body fluids.

PREVENT EXPOSURE INCIDENTS

DO NOT RECAP NEEDLES

Always follow UNIVERSAL PRECAUTIONS for your protection!

Policy on Regulated Medical Waste and Exposure Control Plan will be followed in the skills and simulation labs.

APPENDIX T

LEHIGH CARBON COMMUNITY COLLEGE

NURSING PRACTICE STANDARDS FOR LICENSED PRACTICAL/VOCATIONAL NURSE

NATIONAL FEDERATION OF LICENSED PRACTICAL NURSES

(www.nflpn.org)

Legal/Ethical Standards

The Licensed Practical/Vocational Nurse:

- 1. Shall hold a current license to practice nursing as an LP/VN in accordance with the law of the state wherein employed.
- 2. Shall know the scope of nursing practice authorized by the Nursing Practice Act in the state wherein employed.
- 3. Shall have a personal commitment to fulfill the legal responsibilities inherent in good nursing practice.
- 4. Shall take responsible actions in situations wherein there is unprofessional conduct by a peer or other health care provider.
- 5. Shall recognize and have a commitment to meet the ethical and moral obligations of the practice of nursing.
- 6. Shall not accept or perform professional responsibilities which the individual knows she/he is not competent to perform.

http://www.nflpn.org/

PERM17N-h

APPENDIX U



| FOR OFFICE USE ONLY |
|---------------------|
| Date: |
| Initials of Staff: |
| |

STUDENT CHANGE OF INFORMATION FORM USE BLACK INK ONLY

| ID# <u>L</u> | | | Date of Birth | | |
|---|---|---|----------------------------------|-----------------------------|------------------------|
| | | Change | of Name | | |
| NEW I | NAME | | | FORMER NAME | |
| * | | | * | | |
| Last Name First | Mid | ldle/Maiden | Last Name | First | Middle/Maiden |
| Preferred First Name (optional) | | | | | |
| *Proof of Name Change Required (Driver's Li | cense, Marriage Certific | cate, or Court Order) | | | |
| | Cho | inge of Phone | Number or Emai | I | |
| Home Phone Number | | | | | |
| Cell Phone Number | | | New Email | | |
| | | | | | |
| | | Change o | of Address | | |
| NEW AD | DRESS | | | FORMER ADDRESS | |
| | | | | | |
| Stre | eet | | | Street | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| Oity | State | Ζιρ | l Oity | State | ΖΙΡ |
| If change of address only, please su a new Statement of Residency Form | bmit form(s) to the for the student er | Business Office b prolled in credit co | y Fax 610-799-1566, ma urses. | ail, or in person. Change o | f address will require |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Signature | | | Print Name | | Date |

The College will not discriminate against any employee, applicant for employment, student, or applicant for admission on the basis of gender, gender identity, gender expression, sex, race, ethnicity, color, national origin, religion, age, disability, veteran or military status, genetic information, family or marital status, sexual orientation, or any other protected class under applicable local, state, or federal law, including protections for those opposing discrimination or participating in any grievance process on campus or within the Equal Employment Opportunity Commission or other human rights agencies. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training, Inquiries about this policy and procedure may be made internally to the Director of Human Resources/Title IX/Equity Coordinator, Office of Human Resources, 4525 Education Park Drive, Schnecksville, PA 18078, 610-799-1107. PERM33-c (8/1/18)

APPENDIX V



Registration/Student Records 4525 Education Park Drive Schnecksville, PA 18078

Phone: 610-799-1171 /Fax: 610-799-1173 registrar@mymail.lccc.edu

REQUEST FOR MAJOR CHANGE

IMPORTANT: Please submit completed and signed form to the office of Registration/Student Records.

| ID# <u>L</u> | OR Social Se | ecurity # |
|---|-------------------------------|---|
| Last Name | First Name | Middle |
| *Type your full name in the Signature box the completed form. | c. By typing your name in the | Signature box, you certify that you are signing |
| CHANGE OF MAJOR | | |
| Effective Term/Year: Fall | _ Winter | Spring Summer |
| Current Major | | (see reverse for codes) |
| Home Phone No | Cell Phon | e No |
| *Student's Signature | | Date |
| ACCEPTANCE TO RESTRICTE | D MAJOR | |
| Effective Term/Year: Fall | Spring | Summer |
| New Major (see reverse for codes) | | |
| AAS Certificate | | |
| Comments | | |
| | | |
| *Coordinator's Signature | | Date |
| Home Phone No | Cell Phone | e No |
| *Student's Signature | | Date |
| | | |
| For Office Use Only Date Processed | | Processed by |

Degree, Certificate, and Specialized Credit Diploma Programs at LCCC

Associate in Applied Science Degree (AAS)

| colleges and universities for the junior and senior | years. |
|--|--|
| Associate in Arts Degree (AA) | _Code |
| Business Administration | .BUAA |
| Communication | |
| Computer Game and Simulation Development-Digital Arts. | |
| Criminal Justice Administration | CJAA |
| Education | |
| Fine Arts/Studio Arts | ARTA |
| General Studies | GSAA |
| Graphic Design | |
| Liberal Arts | |
| Music/Sound Production | DAPA |
| Social Work | SOWA |
| Special Education | |
| TV/Film | DVPA |
| | |
| Associate in Science Degree (AS) | _Code |
| | |
| Associate in Science Degree (AS) Biology Chemistry | BIOS |
| Biology | BIOS CHMS |
| BiologyChemistry | BIOS CHMS CFSS |
| Biology | BIOS CHMS CFSS CGPS |
| Biology Chemistry Computer Forensics and Digital Security Computer Game and Simulation Development-Programming. Computer Information Systems | BIOS CHMS CFSS CGPS CSIS |
| Biology Chemistry Computer Forensics and Digital Security Computer Game and Simulation Development-Programming. | BIOS CHMS CFSS CGPS CSIS |
| Biology Chemistry Computer Forensics and Digital Security Computer Game and Simulation Development-Programming Computer Information Systems | BIOS CHMS CFSS CGPS CSIS CISS |
| Biology Chemistry Computer Forensics and Digital Security Computer Game and Simulation Development-Programming. Computer Information Systems Computer Science Engineering | BIOS CHMS CFSS CGPS CISS CISS EGRS |
| Biology Chemistry Computer Forensics and Digital Security Computer Game and Simulation Development-Programming. Computer Information Systems Computer Science Engineering Environmental Science | BIOSCHMSCFSSCGPSCSISCISSEGRSENVS |
| Biology Chemistry Computer Forensics and Digital Security Computer Game and Simulation Development-Programming. Computer Information Systems Computer Science Engineering Environmental Science Exercise Science | BIOSCHMSCFSSCGPSCSISCISSEGRSEGRSENVS |
| Biology Chemistry Computer Forensics and Digital Security Computer Game and Simulation Development-Programming. Computer Information Systems Computer Science Engineering Environmental Science Exercise Science Health Science | BIOSCHMSCFSSCGPSCISSEGRSENVSEXSSHSCS |
| Biology Chemistry Computer Forensics and Digital Security Computer Game and Simulation Development-Programming. Computer Information Systems Computer Science Engineering Environmental Science Exercise Science Health Science Mathematics Physics | BIOSCHMSCFSSCGPSCSISCISSEGRSENVSEXSSHSCSMATS |
| Biology | BIOSCHMSCFSSCGPSCSISCISSEGRSENVSEXSSHSCSMATSPHYSPSYS |
| Biology Chemistry Computer Forensics and Digital Security Computer Game and Simulation Development-Programming. Computer Information Systems Computer Science Engineering Environmental Science Exercise Science Health Science Mathematics Physics Psychology | BIOSCHMSCFSSCGPSCSISCISSEGRSENVSEXSSHSCSMATSPHYSPSYS |

AA and AS majors are designed to transfer to senior

| Accounting | |
|--|-----|
| Applied Technical Studies-Technical Related | ATS |
| Aviation Science | |
| Business Management | BMG |
| Chemical Technology | |
| Computer-Generated Animation and Digital Arts | |
| Computer Specialist-Network Technology | |
| Computer Specialist-Programming Concentration | |
| Computer Specialist-Web Design and Development | |
| Construction Management | |
| Construction Technology | |
| Criminal Justice Administration | CJA |
| Culinary Arts | |
| Drafting and Design | DRI |
| Early Childhood Education | |
| Early Childhood Education/Early Intervention | EC |
| Electrical Engineering Technology | EE7 |
| Electrical Technology | EL7 |
| Electronics Technology | ELE |
| Geospatial Technology• | |
| Health Care Office Coordinator | HCC |
| Health Information Technology | HI |
| Heating, Air Conditioning and Refrigeration Technology | HAC |
| Hotel Resort Management | HRI |
| Human Resource Management | HMN |
| Human Services | HUS |
| Industrial Automation | INF |
| Kitchen and Bath Design | KBI |
| Mechanical Engineering Technology | MEC |
| Mechanical Technology | ME7 |
| Nanofabrication Technology | NM7 |
| Nursing 0** | ADN |
| Paralegal Studies | PLC |
| Paraprofessional/Special Education | PAF |
| Physical Therapist Assistant 0** | |
| Professional Pilot*** | |
| Veterinary Technician 0** | |
| Visual Media | VSM |

| Certificate., | _Code |
|---|--------|
| | |
| Accounting | ACCC |
| Administrative Assistant | .ADMC |
| Business Management | .BMGC |
| Construction Technology | CONC |
| Corrections | |
| Cross Institutional Studies Certificate | XISC |
| Culinary Arts | |
| Early Childhood Education/Early Intervention | ECIC |
| Electrical Technology | ELTC |
| Electronics | ELEC |
| Geographic Information System • | GISC |
| Heating, Air Conditioning, and Refrigeration Technology | HACC |
| Human Resource Management | .HMNC |
| Industrial Automation | INRC |
| Law Enforcement | . LAWC |
| Medical Assistant | . MEDC |
| Medical Billing Specialist | MBSC |
| Paralegal Studies | PLGC |
| Practical Nursing 0** | NURC |
| Tool and Die/Machinist Apprenticeship | TOLC |
| Specialized Credit Diploma. | Code |
| Cisco CCNA | . CNAD |
| Early Childhood Director. | |
| Early Childhood | |
| Early Childhood/Early Intervention | |
| Entrepreneurship and Small Business | |
| I. C. + T. 111 CD A D | |

^{*} Undecided students will be admitted to General Studies until a major is declared.

^{**} Selected academic majors in the health care field will be listed as Health Care Science.

^{***} Students will be listed in Aviation Science until accepted into the Professional Pilot program.

[•] Program was offered in the past five years, but is not currently enrolling new students.

⁰ Selective Majors

APPENDIX W



LEHIGH CARBON COMMUNITY COLLEGE 4525 Education Park Drive ● Schnecksville, PA 18078-2502 Phone: 610-799-1171 ● Fax: 610-799-1173

Add / Drop / Total Withdrawal Form

| Office of Registration/Stu | udent Reco | rds Use | Only: |
|--|------------|---------|----------|
| Is this a Total Withdrawal? (If yes, update student state | | □No | |
| Date Processed in Banner | | | Initials |

| SEC | TION 1: Stu | udent and | l Semester | Information | | | | | | |
|---|-----------------------|------------------|----------------------|---|------------------------------|---|-----------------|----------|---|--|
| Use this form ONLY when making changes to your class schedule. Year: □ Fall □ Winter □ Spring □ Summer | | | | | Prio | Important Information about Financial Aid and Veterans Benefits Prior to dropping or withdrawing from courses, consult with the Office of Financial Aid or Military and Veterans Affairs to determine the impact on your financial aid award and future eligibility. | | | | |
| print | Last Nam | e | | First Name | | | | | Student ID No. OR | Social Security No. |
| SEC [*] | TION 2: Sch | nedule/Cla | ıss Change | | | | | | | |
| | | | *AU – No cr | edits or grade earned. | To register a AU in the a | as an audit | , write box. | | | |
| | CRN# | | Subject | Course # | Section# | AU* | Cr. | | REASON FOR DROP OR WITHD | PRAWALS: |
| ADD | | | | | | | | | □ Administrative Withdraw (AW) □ Change of Major (CM) □ Childcare Issues (CI) □ Course Load (CL) □ COVID-19 Related (i.e., anything as a result of the pandemic) (CV) □ Difficulty with Courses (DI) □ Family Problems (FP) □ Financial Reasons (FR) □ Housing (HO) | □ Job Related (JR) □ Medical Pending (MP) □ Medical Reasons (MR) □ Method of Instruction (MN) □ Military Deployment (MI) □ Moving (MV) □ Not College Ready (NC) □ Not Interested (NI) □ Personal Reasons (PR) □ Textbook Issues (TX) |
| l d | | | | | | | | | ☐ Incarcerated (IN) ☐ Instructor Issue (IS) | ☐ Transferring Schools (TR) ☐ Transportation Problems (TP) |
| DROP | | | | | | | | | ify by signing below that the information is | complete and accurate and I understand |
| , , | gning this form: | | | | | otal Credit Hours | | <u> </u> | ollege refund/withdrawal policies. | |
| • la | authorize LCCC to u | ise my financial | aid funds to pay tui | igh Carbon Commui ion, fees and any othe in full or make paym | er LCCC charges; | by the du | o dato: | | ent Signature | Date |
| • 1 | will notify the Colle | ge and formally | drop courses in t | ne event that I decide added/dropped/wit | e to discontinue my | - | | | or Signature | Date |
| - 11 | and rail respections | , | 55 of the course | a a a o a, a, o p p o a, wit | | | | Dean | Signature (for special cases only) | Date |

Return the completed form to the Office of Registration/Student Records at LCCC Main campus or any LCCC site location. The form will be processed on the day all required information is received or postmarked by the U.S. Postal Service. If any required information or authorization is missing, the form may be returned unprocessed.

SECTION 1 – Student and Term Information

Use this form when making changes to your class schedule. This includes withdrawal from all classes, which constitutes an official Total Withdrawal from the semester indicated in Section 1. Complete one form for each semester of registration; Summer I and Summer II may be combined on one form. Semester refund dates are available at www.lccc.edu, Current Students; Registration/Student Records; Withdrawal Policy and Procedures.

SECTION 2 – Schedule/Class Change

By signing and dating this form, the student (you) understands that they are agreeing to "abide by the policies and procedures set forth by LCCC. If the student decides to discontinue enrollment in any of the classes added to their schedule, they must provide a signed written request immediately, to notify the Office of Registration/Student Records. The student takes full responsibility for the outcome of the classes added to their schedule."

Adding a Class

• Tuition is due at the time of registration when adding classes after the tuition due date.

Drop or Withdrawal from a Class

• From any or all credit classes:

Weeks 1 to 10Automatic "W" grade assigned

Week 11 to end of semester.......No student-initiated withdrawals for individual classes. "W," "F," or "I" grades to be assigned by the instructor. Total

withdrawals from all classes are not accepted.

Official Total Withdrawal requires a written request with signature from the student by fax 610-799-1173, mail, or in person. The effective date of the withdrawal is the date when the request is received in the Office of Registration/Student Records. Students may be reported for nonattendance by the instructor. Students not attending who do not officially withdraw may receive a final grade of "F".

Total Withdrawals with Financial Aid?

• Both the Office of Financial Aid and the Office of Registration/Student Records must be notified in writing of the student's intent to withdraw.

If a student receives any type of financial aid (grants, scholarships, and loans) and officially withdraws from classes before the ninth week of class (60% of the semester), the student's financial aid will be prorated according to the U.S. Department of Education's Federal Refund Policy. A student who falls under this policy will have the appropriate percentage of his or her financial aid returned to the appropriate fund and is responsible to pay any balance remaining on the account as a result of this calculation. If a student does not attend class and does not officially withdraw, all charges will be billed to the student and financial aid will be cancelled.

Office of Registration/Student Records—610 799-1171 ● Office of Financial Aid—610-799-1133

Return the completed Add/Drop/Total Withdrawal Form to the Office of Registration/Student Records at the LCCC Main campus or any LCCC site location. The form will be processed on the day all required information is received by Office of Registration/Student Records or postmarked by the U.S. Postal Service. If any required information or authorization is missing, the form may be returned unprocessed.

APPENDIX X



APPLICATION FOR GRADUATION

Office of Registration/Student Records

Please complete and sign application and return to: SSC 122, Main Campus, Schnecksville; or any site location or mail to: Office of Registration/Student Records, 4525 Education Park Drive, Schnecksville, PA 18078 or fax to: 610-799-1173 or email to: registrar@mymail.lccc.edu

Instructions: (Please read carefully)

- 1. Students uncertain as to whether they are ready to apply for graduation should make an appointment with an academic advisor by calling 610-799-1137.
- 2. To graduate, all degree requirements must either be satisfied or will be satisfied upon successful completion of your currently registered course substitutions, or approved course credits transferred to LCCC.
- 3. If you require special assistance at Commencement, contact the Office of Student Life at 610-799-1146 or email geden@lccc.edu.

| I have reviewed my Degree Evaluation a I understand that by applying to graduat | | | | lication. | |
|--|---|---|--------------------------|-------------|--|
| | Student ID #: L | | | | |
| | Name as it should Appear on Diploma | | | | |
| Street Address | | | | | |
| City | | | | | |
| Phone Number | Personal Ema | ail (other than LCC | CC email) | | |
| Type your full name in the Signature box. By completed application. | typing your name in | the Signature box, | you certify that you are | signing the | |
| Student's Signature | | | Date | | |
| Anticipated Month of Graduation (check | • | mber | ☐ August 2/1) (Due 2/1) | Year: | |
| Will you be attending Commencement in | n May? 🔲 Y | ∕es □ No | | | |
| Applicants for AUGUST (All requirements must be DECEMBER) grade Watch your LCCC email for graduation | pe complete succe duates may partici | ssfully before a dip pate in next year's | oloma will be awarde | | |
| Degree, Certificate, or Specialized Dip | oloma Sought | | | | |
| ☐ Associate in Arts ☐ Associate in Applied Science ☐ Associate in Science | in | | | | |
| ☐ Certificate ☐ Specialized Credit Diploma | ☐ Certificate Please use a 3- or 4-letter major code (see back) | | | | |
| | OFFICE USE | ONLY | | | |
| PRELIMINARY: Applicant is eligible to gradu If no, | rate: Yes | <u>—</u> | Catalog Year | r: | |
| FINAL: Applicant is eligible to graduate: | ☐ Yes | □No | | | |
| Preliminary Review Date: | | oloma Ordered Da | ate: | | |

Degree, Certificate, and Specialized Credit Diploma Programs at LCCC

 $\boldsymbol{A}\boldsymbol{A}$ and $\boldsymbol{A}\boldsymbol{S}$ majors are designed to transfer to senior

colleges and universities for the junior and senior years.

| Associate in Arts Degree (AA)Code |
|---|
| Business AdministrationBUAA |
| Communication |
| Computer Game and Simulation Development-Digital Arts. CGSA |
| Criminal Justice Administration |
| Education EDDA |
| Fine Arts/Studio ArtsARTA |
| General Studies |
| Graphic DesignGRDA |
| Liberal ArtsLIBA |
| Music/Sound Production |
| Social WorkSOWA |
| Special Education |
| TV/Film |
| Associate in Science Degree (AS)Code |
| BiologyBIOS |
| Chemistry |
| Computer Forensics and Digital Security |
| Computer Game and Simulation Development-Programming CGPS |
| Computer Information Systems |
| Computer Science |
| Engineering EGRS |
| Environmental Science |
| Exercise Science |
| Health ScienceHSCS |
| Mathematics MATS |
| Physics |
| PsychologyPSYS |
| Sport ManagementSPMS |
| *UndecidedCode |
| Undecided |

Associate in Applied Science Degree (AAS)

Code

| Accounting | |
|--|------|
| Applied Technical Studies-Technical Related | A |
| Aviation Science | |
| Business Management | |
| Chemical Technology | |
| Computer-Generated Animation and Digital Arts | |
| Computer Specialist-Network Technology | CS |
| Computer Specialist-Programming Concentration | CS |
| Computer Specialist-Web Design and Development | |
| Construction Management | |
| Construction Technology | |
| Criminal Justice Administration | |
| Culinary Arts | |
| Drafting and Design | |
| Early Childhood Education | |
| Early Childhood Education/Early Intervention | E0 |
| Electrical Engineering Technology | EE |
| Electrical Technology | EL |
| Electronics Technology | EL |
| Geospatial Technology• | G |
| Health Care Office Coordinator | HC |
| Health Information Technology | |
| Heating, Air Conditioning and Refrigeration Technology | |
| Hotel Resort Management | HR |
| Human Resource Management | HM |
| Human Services | HU |
| Industrial Automation | IN |
| Kitchen and Bath Design | KB |
| Mechanical Engineering Technology | ME |
| Mechanical Technology | |
| Nanofabrication Technology | NM |
| Nursing 0** | AD |
| Paralegal Studies | PL |
| Paraprofessional/Special Education | |
| Physical Therapist Assistant 0** | |
| Professional Pilot*** | |
| Veterinary Technician 0** | VE |
| CC 1 X 4 . 1' . | 1701 |

| Certificate., | Code |
|--|--------|
| | |
| Accounting | ACCC |
| Administrative Assistant | ADMC |
| Business Management | BMGC |
| Construction Technology | CONC |
| Corrections | CRRC |
| Cross Institutional Studies Certificate | XISC |
| Culinary Arts | CULC |
| Early Childhood Education/Early Intervention | ECIC |
| Electrical Technology | ELTC |
| Electronics | |
| Geographic Information System • | GISC |
| Heating, Air Conditioning, and Refrigeration Technolog | y HACC |
| Human Resource Management | |
| Industrial Automation | INRC |
| Law Enforcement | LAWC |
| Medical Assistant | MEDC |
| Medical Billing Specialist | MBSC |
| Paralegal Studies | PLGC |
| Practical Nursing 0** | NURC |
| Tool and Die/Machinist Apprenticeship | |
| Specialized Credit Diploma. | Code |
| Cisco CCNA | |
| Early Childhood Director. | |
| Early Childhood | |
| Early Childhood/Early Intervention | |

^{*} Undecided students will be admitted to General Studies until a major is declared.

^{**} Selected academic majors in the health care field will be listed as Health Care Science.

^{***} Students will be listed in Aviation Science until accepted into the Professional Pilot program.

[·] Program was offered in the past five years, but is not currently enrolling new students.

⁰ Selective Majors

APPENDIX Y

| Requirement Name | Requirement Description |
|--|--|
| Measles | One of the following is required: Proof of current booster within the past 5 years OR a current positive antibody titer (lab report required) for Measles (Rubeola) within the past 5 years. If titer is negative or equivocal, a new alert will be created for you to receive 1 booster shot. |
| Measles Booster | Your titer was negative or equivocal, submit documentation of one booster shot. |
| Mumps | One of the following is required: • Proof of current booster within the past 5 years OR • a current positive antibody titer (lab report required) for Mumps within the past 5 years. If any titer is negative or equivocal, a new alert will be created for you to receive 1 booster shot. |
| Rubella | One of the following is required: • Proof of current booster within the past 5 years OR • a current positive antibody titer (lab report required) for Rubella within the past 5 years. If any titer is negative or equivocal, a new alert will be created for you to receive 1 booster shot. |
| Mumps Booster | Your titer was negative or equivocal, submit documentation of one booster. |
| Rubella Booster | Your titer was negative or equivocal, submit documentation of one booster. |
| Varicella (Chicken Pox) | One of the following is required: • Proof of booster from the past 10 years OR • a positive antibody titer (lab report required) from any time If negative or inconclusive, then the student should be revaccinated |
| Varicella (Chicken Pox) Revaccination | Your titer was negative or equivocal, submit one revaccination. |
| Hepatitis B | One of the following is required: • Series of 3 vaccinations AND a positive antibody titer (lab report required) |

| | Positive antibody titer (lab report required) If series is in process submit your first 2 vaccinations to this requirement and additional alerts will be created for you to complete the series and titer. Only positive titers are acceptable. |
|--|--|
| Hepatitis B Second Action | One of the following is required: • Series of 3 vaccinations AND a positive antibody titer (lab report required) OR • Positive antibody titer (lab report required) If series is in process submit your 3rd vaccination to this requirement and an additional alert will be created for you to complete your titer. Only positive titers are acceptable. |
| Hepatitis B Third Action | One of the following is required: • Series of 3 vaccinations AND a positive antibody titer (lab report required) OR • Positive antibody titer (lab report required) If series is in process submit your positive antibody titer (lab report required) to this requirement. Only positive titers are acceptable. |
| CPR Certification | One of the following is required: • American Heart Association Health Care Provider course OR • American Red Cross Professional Rescuer course OR • American Red Cross BLS for Healthcare Provider course OR • American Red Cross Adult and Pediatric First Aid/CPR/AED Card must be signed by holder to be valid. Certificates or letters from provider are acceptable temporarily until card arrives with a renewal date of 60 days. Otherwise, renewal date will be set based on expiration date on card. |
| Professional Liability/Malpractice Insurance | Submit a copy of your current student liability/malpractice insurance coverage. The renewal date will be set based on expiration date provided on card. |

| Influenza (flu) | Submit documentation of a flu vaccine administered during the current flu season (September 1st - November 30th). Vaccine must be given September 1st - November 30th. Documentation must include: • student name • date of vaccine • manufacturer name • lot # The renewal date will be set for 1 year from date administered. |
|---|--|
| Physical Examination | Please download, print and complete the physical exam form and upload to the requirement. It must be completed and signed by a licensed healthcare provider. Summary Statements that are marked "No" by your Physician will be rejected. Must complete and submit ALL pages of the Physical Examination that is available to download from this requirement. |
| Tuberculosis (TB) | One of the following is required: 2 step TB Skin test (1-3 weeks apart) OR QuantiFERON Gold Blood test (lab report or physician verification of results required). OR If positive results, provide a clear Chest X-Ray (lab report OR physician verification of results required). Renewal date will be set for 1 year for TB skin tests and positive results. The renewal for QuantiFERON Gold Blood tests will be set for 5 years. Upon renewal, one of the following is required: 1 step TB Skin test OR QuantiFERON Gold Blood test (lab report or physician verification of results required) OR |
| Personal Health Insurance Verification | BOTH of the following is required: a copy of the front AND back of your health insurance card AND the completed Verification form. Verification form is available to download from this requirement. |

| | Submit documentation of a Tetanus Booster within the past 10 years. |
|---------|--|
| Tetanus | The renewal date will be set for 10 years from the administered date of the booster. |