

AMARILLO COLLEGE NURSING PROGRAM

STATEMENT OF UNDERSTANDING AND AGREEMENT:

CLINICAL AGENCY AND FBI-LEVEL CRIMINAL BACKGROUND CHECKS

I, _____, have read and fully understand the Associate Degree Nursing Program and Vocational Nursing Program policies and procedures about two required Criminal Background Checks: (1) A Criminal Background Check through an external vendor at the time of program application by clinical agencies and (2) An FBI-Level Criminal Background Check in all newly accepted students as mandated by the Texas Board of Nursing.

CLINICAL AGENCIES CRIMINAL BACKGROUND CHECK (CBC):

My signature below provides consent for the results of my criminal background history to be released to the ADN or VN Program at Amarillo College and to affiliated JCAHO-accredited healthcare organizations or other affiliated clinical agencies for determination of my eligibility to participate in clinical activities. I acknowledge that if my criminal background history would prohibit me from participating in clinical activities at these affiliated healthcare organizations or agencies, I will not be offered full program admission to either the ADN Program or the VN Program. I am fully aware that the cost of the criminal background check is my responsibility.

Further, I acknowledge that a clear or successful criminal background check does not guarantee registered nurse (RN) or licensed vocational nurse (LVN) licensure or employment after program graduation nor does it substitute for the FBI criminal background check that is required by the Texas Board of Nursing for initial licensure.

I acknowledge that in the event that I am convicted of a criminal offense while enrolled in either the ADN Program or the VN Program, I may be required to repeat the criminal background check with the designated external vendor. I am aware that this repeat criminal background check will be made available to affiliated healthcare organizations or agencies for a determination of my eligibility for continued clinical privileges.

I am also fully aware that denial of clinical privileges by any affiliated healthcare organization or agency based on the repeat criminal background check will prohibit my participation in clinical courses and therefore progression in and completion of either nursing program.

FBI-LEVEL CRIMINAL BACKGROUND CHECK (CBC):

My signature below indicates that I fully understand that I must present a blue postcard, declaratory outcomes letter or eligibility order to attend clinical rotations.

I fully understand that I will have to withdraw from any clinical course(s) in which I am enrolled. I also fully understand that I will have to petition to the Admission and Progression Committee to obtain permission to re-enroll in a subsequent semester after I have been cleared by the Texas BON to attend clinical rotations.

I am fully aware that the cost of the criminal background check is my responsibility.

I have received a copy of the ADN Program Policy for Criminal Background Checks, and I have had the opportunity to ask questions.

Signature

Date

Printed Name

STUDENT ACKNOWLEDGEMENT OF UNDERSTANDING

Required TB Skin Testing, CPR Agreement & Flu Vaccine

The Following TB Skin Testing & CPR Certification

TB Skin Test

All students must present documentation of a negative tuberculin skin test (PPD) administered within one year of beginning clinical activities involving direct patient care or present evidence of a negative chest x-ray for tuberculosis (TB) obtained within one year of beginning clinical activities, if the TB skin test is positive. Tuberculosis skin tests must be repeated yearly while students are enrolled in the nursing program.

CPR Certification

All students in the ADN Program must be certified throughout program enrollment in the Cardiopulmonary Resuscitation (CPR) for Healthcare Providers in accordance with standards set by the American Heart Association.

***I understand that all TB skin testing and CPR certification listed above must be completed before beginning any nursing courses with a clinical component.**

Printed Name

_ Signature

Date

Flu Vaccine

All students in the ADN Program will be required to obtain an influenza vaccination each flu season in order to participate in direct patient care in affiliated healthcare agencies.

***I understand that the influenza vaccination listed above must be completed by October 15th each year.**

Printed Name

_ Signature

Date

STUDENT ACKNOWLEDGEMENT OF UNDERSTANDING

Medical Insurance Coverage

As of January 2015, the Affordable Care Act (ACA) requires all United States citizens and legal residents to have medical insurance coverage. Students should have a primary insurance source.

If accidental injury occurs, students are required to file a claim with their personal insurance company.

The Hartford Insurance Policy, currently in place at Amarillo College is an accident policy that provides coverage over and above any other valid and collectible insurance that students have.

“My signature below indicates an understanding that if I am injured during the classroom, clinical or laboratory experience, I should follow the appropriate network procedures for my personal accident policy”.

Please Print Name

Signature

Date

Agreement of Understanding for Applying to the LVN to RN Associate Degree Nursing Program

I, _____, understand that I must submit the following documents/verification with my application. My application will not be accepted without the required information.

- Signed and dated Immunizations and Tests Required by Texas State Department of Health Services/Clinical Facilities Form (see www.actx.edu/nursing)
- Signed and dated “Statement of Understanding and Agreement” “Clinical Agency and FBI-Level Criminal Background Checks” form (Page 23 of your advising packet)
- Signed and dated “Acknowledgement of Understanding” “Required TB, CPR, Flu Vaccine” (Page 24 of your advising packet)
- Signed and dated “Acknowledgment of Understanding” Medical Insurance Coverage” (Page 25 of your advising packet)
- Signed and dated “Agreement of Understanding” “For Applying to the LVN to RN Associate Degree Nursing Program” (Page 26 of your advising packet)
- Signed and dated “Student disclosure statement” (page 27 of your advising packet)
- Signed and dated “ Release and Waiver Liability” (page 28, 29 of your advising packet)
- If applicable, submit verification of meningitis vaccine to Registrar’s Office
- Provide HESI test scores from Amarillo College West Campus Computing Center during application period
- A Valid Driver’s License or Government Issued ID
- If you have not submitted official transcripts from other colleges/universities (not including Amarillo College) to the Registrar’s Office at Amarillo College, please submit an unofficial copy with application and submit official transcripts to Registrar’s Office
- 2 letters from Current Employer working as an LVN (Letter must be on letterhead format) or
- 2 letters from your LVN Instructor from the VN Program graduated

I, _____, also understand that if I am offered admission and fail to accept the offer by the deadline stated in the acceptance letter, I will not be allowed to start the nursing courses.

The application and all required documents must be submitted by required deadline posted on the Amarillo College Nursing Website <https://www.actx.edu/nursing/associate-degree-nursing---about>

No late applications will be accepted and there are NO EXCEPTIONS.

Printed Name Signature

Date

AMARILLO COLLEGE DEPARTMENT OF NURSING
ASSOCIATE DEGREE NURSING

STUDENT DISCLOSURE STATEMENT

The undersigned, a student enrolled in the Amarillo College Associate Degree Nursing Program, hereby represents and acknowledges the following:

- I have read the Criteria for the “General Conduct Requirements” and “Academic Progression and Graduation Requirements” in the Associate Degree Nursing Student Handbook online at <https://www.actx.edu/nursing/associate-degree-nursing---about>
- I clearly understand that I must have a minimum grade of 75 to earn a grade of C to pass any RNSG course.
- I clearly understand that a student in the ADN Program is ineligible to continue in the Program when they have two course failures. A course failure means a grade below 75 or when a student withdraws from a course.
- I also understand that the ADN Program does not round grades.
- Approved criteria and limitations for enrollment in specific courses may prevent me from:
 - o establishing my own enrollment schedule, and
 - o enrolling in specific courses for specific semesters.
- I must accept all nursing client/patient assignments regardless of diagnosis and the assigned clinical hours or I may be expelled from the program.
- I must use Standard Precautions while caring for clients/patients while enrolled in the nursing program.
- I must abide by ADN Program policies at Amarillo College and in the agencies where I may be assigned for clinical experience. All agency affiliation agreements with Amarillo College are available for my review in the Nursing Office.

By execution thereof, the undersigned acknowledges that he/she has read and understands the above and foregoing.

Date

Student’s Signature

Printed Name (Legibly)

**AMARILLO COLLEGE
RELEASE AND WAIVER LIABILITY
STATE OF TEXAS
COUNTY OF POTTER**

AGREEMENT OF RELEASE made this day between **AMARILLO JUNIOR COLLEGE DISTRICT** (“Amarillo College”) and _____ (“Student”).

In consideration of Student being permitted to enroll at Amarillo College in the nursing program and acknowledgement of Student of the following facts:

1. That Student will be required, as part of the normal educational process towards Student’s degree, to be placed in a teaching environment including, but not limited to, local medical practitioners, ambulances, medical laboratories, and other environment (hereinafter called medical affiliates), all of which are affiliated with Amarillo College for these purposes and be transported to and from these medical affiliates and in so doing, Student may be exposed to conditions which could cause bodily injury and/or death and maybe exposed to patients afflicted with fatal or potentially fatal disease processes which may be of a contagious nature; and,

2. That Student will be first provided as part of the normal educational process toward Student’s degree with detailed information about the nature, risks and preventative measures related to communicable diseases of a fatal or potentially fatal nature prior to assignment of Student;

3. That Student could be exposed to high-risk toxic substances in the medical affiliates, but will first be provided with information concerning prevention from becoming ill with same.

Student does hereby:

1. Authorize Amarillo College officials to transport Student to and from and place Student in the respective medical affiliates as they deem necessary for the successful completion of Student’s educational program; and

2. Release, waive and covenant not to sue Amarillo College, its officers, agents, employees and persons or entities acting together with Amarillo College in its educational programs (hereinafter collectively called Releasees) from all liability to Student for any and all loss or damage, and any claims or demands whatsoever on account of injury to the person or property or resulting in death of Student emanating from exposure to said disease processes and toxic substances, or any of these, or while being transported to or from a medical affiliate, whether caused by the negligence of Releasees or otherwise while the Student is on or within any of the medical affiliates or being transported to and from said affiliates; and

3. Indemnify and hold harmless Releasees from all loss, liability, damage or cost that Student may incur due to the presence of Student in or upon any of the medical affiliates or in any way observing for any purpose

or participating in the educational process in said medical affiliates, or while Student is being transported to or from said affiliates; and

4. Hereby assumes full responsibility for any and all risks of bodily injury, death or property damage due to negligence of Releasees or otherwise, due to Student participation in the normal educational process in the medical affiliates described above, or being transported to or from said affiliates.

Student expressly acknowledges and agrees that the activities described above could be dangerous and involve the risk of injury and/or death and/or of contracting fatal or potentially fatal disease processes and exposure to high risk toxic substances.

THE UNDERSIGNED expressly agrees that the foregoing Release, Waiver, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by Laws of the State of Texas and if any portion thereof is held in invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and agrees that no oral representation, statements or inducements apart from the foregoing written Agreement have been made.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.

I UNDERSTAND I ASSUME ALL RISKS INHERENT IN THE EDUCATIONAL PROCESS AND CLINICAL EXPERIENCE CONDUCTED IN THE MEDICAL AFFILIATES OF AMARILLO COLLEGE (INCLUDING BEING TRANSPORTED TO OR FROM SAID AFFILIATES) AS PART OF MY PROGRESSING TOWARD A DEGREE, ALL AS SET OUT ABOVE.

I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS.

DATED this

_____ day of _____ 20_____

Student's Signature

Print Name (Legibly)