



Nursing Program Reminders

- 📌 **Orientations** are mandatory. Please arrange your summer schedule to meet the dates and requirements. Orientation will be held June 14th, 2023
- 📌 **MANDATORY – Tuberculosis Quantiferon Gold Blood Test:** To remain current throughout the first year of the RN program the annual Tuberculosis (TB) screening requirement must be completed between June 1 and July 27, 2023. An updated TB clearance between these same dates in 2023 will be required for the second academic year of the RN program.
- 📌 **Titer Reports (Quantitative Lab Report)** must be completed on or before **June 30th**. This lab report verifies immunity to Mumps, Measles and Rubella (MMR), Varicella, and Hepatitis B. If you are not immune or borderline to this series of tests, you must get two (2) boosters to be allowed in the hospital. MMR, Varicella, Hepatitis B Boosters are given 30 days apart. Deadline for both boosters to be completed in July 27, 2023.
- 📌 **Although the federal mandate for COVID 19 has been lifted, Students are still required to have proof of COVID 19 vaccine as well as one booster. There is no exceptions.**
- 📌 **American Heart Association Healthcare Provider Basic Life Support (BLS/CPR)** card must be good through end of each semester. A course (\$85) will be offered at Chabot, you can select on Tuesday, June 13, 2023. If your card expires in (Fall) Sept/Oct/Nov or (Spring) Feb/Mar/April it must be renewed prior to the beginning of the semester.
- 📌 **FIT (N95 Mask) Test** must be completed by **July 27, 2023**
- 📌 **Name Tags** must be worn at orientation and the first three weeks in class. A paper name tag/badge will be provided at orientation. Your **hospital** name tag will be ordered on **June 14thth** during the Orientation. Please have cash available, it is \$20 per name tag.
M u s t b e p a i d i n f u l l t o p l a c e t h e o r d e r .
- 📌 **Equipment** – All students **must be prepared** for the first day of class with required equipment: white lab coat, watch with second hand, stethoscope, name tag, and books.
- 📌 **September, First day in the hospital (Clinical):** All students must be prepared for the first day of clinical: white top black bottoms uniform, uniform patch, official program name tag, lab coat (30-33” Length), stethoscope, and required white shoes.

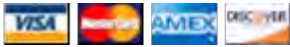


Online payment due at time of acceptance

Background Instructions

Ordering student background screening reports and immunization tracking from CastleBranch couldn't be easier! You must go to drug testing site within 48 hours after initial payment has been made

Ordering Instructions:

1. Go to: <https://www.castlebranch.com/>
2. Select: *Students*
3. Enter Package Code: **CJ59**
4. Review the Disclosure Statement.
5. Enter your full name and Social Security number, sign the statement.
6. Complete the online application section in its entirety.
7. **Payment \$111.75:** Have credit card (Visa/Mastercard/American Express/Discover) information ready in order to process payment.

8. A completed copy of your background check report will be emailed to you within 7-10 working days.
9. Wait: Drug Screen paperwork will be emailed to you with directions to nearest Quest Lab. You must go to testing site within 48 hours after receipt of email. **Candidates may be disqualified from the program if deadline is not met.** Appointments may be required at some testing locations.
10. **Immunization Tracker** – All students must upload all medical records by July 27, 2023 to CastleBranch. Student will retain the original. Legible Copies will be submitted to the program office on July 31st. Do not take pictures of your paperwork for uploading. Please scan to legible PDF format. See checklist for documentation listing.



Please sign same day payment is made to
CastleBranch. Upload to your account.
Submit original to the program office with your
profile form.

Nature and Scope

NATURE AND SCOPE OF INVESTIGATIVE CONSUMER REPORT "California Use Only"

CHABOT COLLEGE BACKGROUND PACKAGE

- Social security Number Trace
- Combined OIG/GSA Excluded Parties/Debarment Search
- Felony/Misdemeanor Criminal Conviction Record Search
 - *Infractions, Misdemeanor or Felonies convictions: It is required to meet with the program director if you have any convictions for infractions, misdemeanors or felonies which may impact your ability to obtain a registered nurse license or work in our clinical site. You are required to call and make an appointment with the program director (510) 723.6896 or (510) 723.6874 by August 1, 2023.*

CHABOT COLLEGE DRUG SCREENING

- 10 Panel Drug Screening
 - Drug testing will be performed using a 10 panel, urine-based test performed at SAMHSA certified laboratories. An adulteration test will be performed as well. All drug tests will be sent to a medical review officer (MRO). Every individual that has a non-negative laboratory result will have an opportunity to speak with an MRO before a report is made to the Chabot Nursing Program.

STUDENT ACKNOWLEDGEMENT

Check each box below as read.

- I have read and understand the following California Notice of Rights and agree to have a background and drug screen completed for the Chabot Nursing Program.
- I understand if I test positive for any 'non-prescriptive' drug I will be disqualified from the program.**
- I verify I do not have any infractions, misdemeanors or felonies. I do not need to meet with the program director.

Student Signature Required:

Student Signature

Date

PRINT Name

Student ID#



California Notice of Rights for Investigative Consumer Reports

1786.22.

(a) An investigative consumer reporting agency shall supply files and information required under Section **1786.10** during normal business hours and on reasonable notice.

(b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:

- (1) In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
- (2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
- (3) A summary of all information contained in files on a consumer and required to be provided by Section **1786.10** shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.

(c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.

(d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section **1786.10**.

(e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section **1786.22**.

(f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

Report of Medical Examination

Name:				Date Completed:		
Address:			Sex		Date of Birth (MMDDYYYY):	
City:		Zip:			Cell Phone:	
ZoneMail:	@zonemail.clpccd.edu			Home Phone:		

HealthCare Provider Signature Required on page 1 and 2

You **MUST** attach hard copy documentation for **ALL** immunization records included the lab results of Titer Report. If PPD positive: Chest X-Ray results with 'Symptom Review' form is also required.

Test	Description			
Quantiferon Gold	2023 Results Must be AFTER June 1, 2023	Date of Test:	Results:	
If the above Quantiferon Gold test is positive you must complete the following:				
Chest X-Ray	2023 Chest X-Ray <i>Must have written verification of positive PPD test</i>	Date of X-Ray:	Results:	
Symptom Review	Form must be <u>completed and signed</u> by health care provider and student.	Date Signed:		
2023 or after Titer Report is required RESULTS by June 30th. If Negative, Borderline or Non-Immune Results the Student <u>must get</u> *two boosters			Negative/Borderline Titer ONLY *Vaccine #1 – by June 30th	Negative/Borderline ONLY *Vaccine #2 – by July 27th
			Student must submit a Adult Immunization Record with Lot # and expiration dates.	
MUMPS	Date:	Titer Results:	#1	#2
RUBEOLA (Measles)	Date:	Titer Results:	#1	#2
RUBELLA (German Measles)	Date:	Titer Results:	#1	#2
VARICELLA (Chicken Pox)	Date:	Titer Results:	#1	#2
HEPATITIS B TITER	Date:	Titer Results:	#1	#2
Hep B: If negative or borderline titer, 3 doses are required. Only 2 doses will be completed before July 27, 2023			#3	
Tdap - Tetanus, diphtheria, pertussis Required booster within last 10 years			Date:	

HealthCare Provider: Signature required on both pages		Date:	
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Student Name: _____

TO BE COMPLETED BY EXAMINING HEALTHCARE PROVIDED AND SIGNED

VS: BP _____ HR _____ RR _____ Temp _____ Height _____ Weight _____

1. Program Requirements include ability to lift without assistance 50 lbs. Students will be required to perform bedside nursing care which involves lifting, moving and transferring patients and equipment without restriction.

Yes, student has no limitations No, student is unable to lift without assistance.

2. Current complaints or disabilities pertinent to the student’s education and clinical practice in a health-related program:

3. Significant medical history: major illness, accidents, deformities, surgeries, back problems, etc. _____

4. Routine medications: _____

5. Examination comments and findings: _____

The above named student has no communicable or disabling disease at this time. He/she is able to perform ALL of the physical activities required for the program in which the individual is enrolling.

Health Care Provider Signature (Front and Back of form)/ Date () Phone Number

Health Care Provider Address City ST Zip

Student: ***I give my permission to release my immunization records to each affiliating clinical facility. I understand that I will not be allowed to go into the clinical areas until all components of this form are fully met and completed. Required documentation for immunization is attached.***

Student Signature: _____ Date: _____

**August 5th: Please return this form with your immunization packet to:
Chabot College Nursing Program Office Room 2273 or 25555 Hesperian Blvd Rm 2273, Hayward, CA 94545**

Annual Symptom Review

Only complete this form if you are tuberculin **positive**. 2023 Chest Xray results required.
 1st year students: Form must be completed and **signed by health care provider**.

Your TB Medical Surveillance must be completed UNLESS ADVISED OTHERWISE.			
Failure to complete this screening may result in your being placed on administrative leave without pay until compliance is achieved. In order to meet healthcare organization accreditation and regulatory compliance requirements, all Employees, including M.D.'s, Contracted employees, Students and Volunteers must participate in periodic TB medical screening. Your participation is mandatory and a condition of continued service. (California Division HR Policy 5.02) <i>This questionnaire is taken from Kaiser Permanente, Greater Southern Alameda Area Clinical Education Requirements.</i>			
Name:			Date:
Other Names:			
Student ID	W#	Date of Birth (MMDDYYYY):	
Address:			
City:			Zip:
Home Phone	Cell Phone:		
Subject: TUBERCULOSIS MEDICAL SURVEILANCE			
1.	Have you ever had Tuberculosis	YES	NO
	If yes When		
	If yes were you medicated?		
2	Have you ever been on therapy to prevent TB?	YES	NO
	If yes, for how long?		
	What was the year of therapy?		
3.	Have you ever been informed of an abnormal chest x-ray	YES	NO
4.	Have you ever received BCG Vaccine? (A vaccine give in foreign counties to prevent TB. It leaves a scar on your arm similar to a smallpox scar.)	YES	NO
	If yes, what year?		
	If so, when were you last skin tested?		
5.	Have you ever had a positive TB skin Test	YES	NO
	If yes, when?		
	If so, where?		
	In the past 12 month have you:		
	1. Had a chronic (recurrent) cough?	YES	NO
	2. Had an unexplained recurrent fevers?	YES	NO
	3. Had recurrent night sweats?	YES	NO
	4. Coughed up or spit blood?	YES	NO
	5. Had any unexplained weight loss?	YES	NO
	6. Experienced unexplained chronic fatigue?	YES	NO
	7. Been advised you are immunosuppressed for any reason?	YES	NO
	Physician Signature:	Date:	



Chabot College Nursing Program

HealthCare Provider Basic Life Support One Day Only



Date: **Tuesday, June 13, 2023**

Where: **Chabot College, Room 3102, Building 3100**

Time: **8:30 – 3:30 PM**

Cost: **Non-Refundable \$85**

Please register on or before **June 2nd**.

Instructor: Paul Tappan ptappan2@hotmail.com For questions about the course.

Payment: Non-refundable payment due in advance includes e-card and book. Money Order, Cashier Check payable to Paul Tappan. Class Minimum will be 10 students. Payment is non-refundable except if course is cancelled due to low enrollment.

You may take the American Health Association HealthCare Provider BSL course with a vendor of your choice. We only accept AHA Healthcare Provider certification. This class is offered as a courtesy to the incoming health science students or alternates. Wear comfortable clothes. Please bring a lunch as the cafeteria will not be open. Lunch will only be ½ hour.

Registration:

1. On or before **June 2nd, 2023**, return this form with class payment. Complete Registration through link <https://www.surveymonkey.com/r/FT5KHV8>
 - a. We accept only cashier check, money order or Venmo payable to Paul Tappan
 - b. When paying with Venmo, please include in the comments “ Incoming Nursing Student”
 - c. <https://venmo.com/u/Paul-Tappan>
2. Return to Chabot College Nursing Program. Office Rm 2273, Bldg. 2200, 25555 Hesperian Blvd, Hayward, CA 94545. Include your full name, contact phone number and email address.

<h2>AHA BLS Class Registration</h2>		
Yes I would like to register for this class:	Student is <input type="checkbox"/> Nursing <input type="checkbox"/> Dental <input type="checkbox"/> Other	
Application Status <input type="checkbox"/> Selected <input type="checkbox"/> Alternate <input type="checkbox"/> Other		
Student Name:		
	First Name	Last Name
Contact Phone:		
Email Address		
Payment Enclosed:	<input type="checkbox"/> Cashier Check	<input type="checkbox"/> Money Order
We accept only cashier check or money order payable to Paul Tappan		



Due 08/02/2023

N95 – CCMA Occupational Health

Chabot College Nursing Program
Incoming Class of 2023

Many hospitals are concerned about the spread of H1N1 and other illnesses. To comply with hospital requirements, the Chabot College Nursing Program students will be 'Fit Tested' prior to the beginning of their clinical rotations annually.

You can test at either CCMA Occupational Health Clinic (St. Rose Hospital) or Well for Work Occupational Health Clinic (Washington Hospital).

Test: N95 Mask Fit Test

Cost: \$35 to be paid by student at time of service.

They accept only credit card or cash payments.

Location:

**CCCMA Hayward Occupational Health Clinic
(In front of St. Rose Hospital)**

27200 Calaroga Avenue

Hayward, CA 94545-4383

(510) 264-4046

Walk in hours are Monday- Friday from 9am-3pm

Bring this flyer with you to the CCCMA Hayward Occupational Health Clinic for the correct service and cost.

Treatment Authorization

Today's Date _____ Date of Birth _____ Social Security No. _____
 Patient Name _____ Home Phone No. _____
 Company Name Chabot College Nursing Program Company Phone No. (510) 723-8896
 Occupation Student Nurse Student to pay at time of service

Work-Related Injury/Illness

Instructions to employer: Complete the below section if you are requesting an employee be treated for a work-related injury or illness.

Date of Injury Not Applicable Treat as First Aid Yes No
 Nature of Injury/Illness _____
 Insurance Carrier Student to pay at time of service Phone No. _____
 Address _____ Policy No. _____ Effective Date: _____

Examinations, Screenings and/or Tests

Instructions to employer: Complete this section if you are requesting any of the below services.

REASON FOR TESTING

- Pre-Employment
- Random
- Post-Accident/Injury
- Follow-Up
- Return to Work
- Suspicion/Cause

TYPE OF EXAM

- Pre-Employment Physical
- Annual Physical
- Fitness for Duty/Return to Work
- DMV/DOT Physical
 - New Cert.
 - Re-Cert.
 - Respiratory Mask Fit Test N95 3M 1860
 - Pulmonary function test
- Includes OSHA Questionnaire and Clearance Form
- Other _____

SUBSTANCE ABUSE

- Alcohol**
- Breath Alcohol Test
 - Saliva Alcohol
- Drug Screen**
- NIDA (DOT)
 - Non-NIDA (Non-DOT) 5 Panel
 - Non-NIDA (Non-DOT) 10 Panel
 - Rapid (Non-DOT) 5 Panel

Authorized By (Printed Name) Chabot College Nursing Program Phone No. (510) 723-8896 Program Office
 Signature Tami Washington Program Director Date _____

MUST PRESENT PHOTO IDENTIFICATION AT TIME OF APPOINTMENT



- WTMF @ Warm Springs**
 46690 Mobave Drive
 Fremont, CA 94539
 (510) 248-1065
 M-F 8am-6pm
- WTMF @ Newark**
 6236 Thornton Ave.
 Newark, CA 94500
 (510) 248-1860
 M-F 8am-6pm
- Washington Urgent Care**
 2500 Mowry Ave., Suite 212
 Fremont, CA 94538
 (510) 608-6174
 8am-8pm Every Day
- WTMF @ Nakamura, Union City**
 33077 Alvarado-Niles Road
 Union City, CA 94587
 (510) 248-1500
 M-F 8am-6pm

For Treatment After Clinic Hours, See Washington Hospital Emergency Room



Kaplan

Integrated Testing and NCLEX RN Preparation at Chabot College

Kaplan Nursing and Chabot College have partnered to provide you with excellent tools to help you succeed in Nursing School as well as on your Licensure Exam. An orientation for your class will be scheduled at the beginning of fall Semester.

Kaplan Nursing, the leader in NCLEX-RN Review programs, bring you and your school the most comprehensive, result-oriented program for a nursing student’s success-from admission to licensure. This innovative, easy to use program combines a proven integrated testing program with the nation’s leading NCLEX-RN review course. It will save you time, focus your studies and provide you with confidence on content and test day!

Everything you need to help you succeed:

Integrated Testing with Remediation

- ✓ Secure end of course test, standard or customized
- ✓ Exit tests that predict NCLEX-RN Success
- ✓ Focused Review practice tests
- ✓ Robust remediation resources
- ✓ Kaplan Basic eBook
- ✓ Online case studies
- ✓ Clinical Skills Modules

NCLEX-RN Review Course

- ✓ NCLEX RN Diagnostic
- ✓ NCLEX RN instruction (Live)
- ✓ Kaplan Online Question Trainer
- ✓ Kaplan Online Question Bank
- ✓ Kaplan Online Study Center
- ✓ Kaplan NCLEX Course eBook
- ✓ Online Content Review videos
- ✓ Kaplan Readiness Test

Tuition

\$600.00 paid in total. Instalments of \$150 paid beginning of each semester while in the program.

Fee Schedule

Aug 2023	Jan 2024	Aug 2024	Jan 2025
\$150.00	\$150.00	\$150.00	\$150.00

Your zone email address will be provided to Kaplan by the nursing program office. You will receive an email that will outline the above fee schedule and due dates for making payments. Typically, you will have 30 days to pay the invoice amount.

We look forward to working with you and helping you achieve your best with your nursing career.

- Kaplan Institutional Nursing



Nursing Release Authorization

The undersigned have enrolled as a student in the Nursing Program at Chabot College Nursing Program, Hayward, CA. The undersigned understands that it is highly recommended that each participant in this class perform injections and skin punctures on classmates. The undersigned can thus expect to perform invasive procedures on other classmates and to have these classmates perform these invasive procedures on the undersigned. Prior to performing these procedures, each class member will have received information on injection therapy and skin punctures, including the potential dangers inherent in such procedures. The undersigned understands that all reasonable care and precautions will be taken by the instructor, other participants in the course, and the undersigned in practicing and demonstrating the above stated procedures. Accordingly, the undersigned does hereby:

1. Consent to the application of injections and skin punctures to the undersigned by other participants in this course;
2. Agree to release from all liability **Chabot College** and each of its employees for any and all acts performed in good faith and without malice in connection with the performance of injection and finger puncture techniques to the undersigned; and
3. Agree to release from all liability all other participants in the *Fundamentals of Nursing* course for any and all acts performed in good faith and without malice in connection with the performance of injection and finger puncture techniques to the undersigned.
4. Pictures may be taken throughout the program. I agree to allow my picture to be used for program promotional purposes; brochures, posted to web page or bulletin boards.

The undersigned has read the foregoing provisions, understands them, and agrees that they shall become terms and conditions under which the undersigned will be provided the opportunity to participate in the injection and skin puncture component of the *Fundamentals of Nursing* course, and to perform injections and skin punctures.

Student Signature	Student Name (PRINT)	Date
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Declination

If for any reason you do not wish to participate in this aspect of the program please contact the program director for an appointment to discuss.

I will contact the nursing program director to discuss this selection prior to the first day of class. I respectfully decline to participate in application of injections and/or skin punctures. I understand that this will not affect my progress in the Nursing Program.

Student Signature	Student Name (PRINT)	Date
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Chabot College Nursing

Simulation Center Confidentiality Agreement

The objective of the simulation program is to educate pre-licensed health care practitioners to better assess and improve their performance in evolving health care crisis situations. The simulation scenarios are designed to challenge a healthcare professional's response and judgment in a high stress environment. During your participation in a simulated clinical experience at Chabot College you will be both an active participant and an observer.

By signing this agreement, you agree to maintain strict confidentiality regarding all performances, whether seen in real time or on video. Failure to maintain confidentiality may result in unwarranted and unfair defamation of character of the participants.

A simulation day(s) are assigned during your clinical rotations. This is a clinical day, active participation is required. Preparation for each simulation day is also required all work completed by self. You will be evaluated on your performance. Program accreditation requires a specific number of clinical work hours. Simulation is part of the required clinical hours. The scenario(s) will be posted to the course on *Canvas*.

You will be discussing the scenarios during debriefing, but we believe that "All that takes place in the simulation environment – stays in the simulation environment!"

I agree to maintain strict confidentiality about the details of the scenarios, participants, and performance of any participant(s).

Session Recording

I understand that the Chabot College Simulation Center will record my performance in the simulation scenario for teaching purposes only. Recordings may be saved for instructional purposes and shared with other students / instructors or used for promotion materials for the nursing program.

Student Signature

Print Name / Date



Chabot Nursing Program
Polo Uniform Shirt Order Form

Order deadline is August 5, 2023

Student Name:	
<p>Each student will be required to wear this uniform while in the Mental Health Clinical rotation, preclinical assignment and if they are assigned to clinics outside of the hospitals unless otherwise directed by your clinical faculty. Each student will receive one black shirt and one gold with the Chabot Nursing Logo on the left side. Polo style shirt 100% Polyester with 3 buttons (Men) and 5 buttons on (Women).</p> <p>The set(2) is \$75.</p> <p>Please indicate under Women's or Men's and your size.</p> <p>The student will purchase one set of shirts; one gray or gold*, one black. <i>An additional set may be purchased later in the semester.</i></p>	
<input type="checkbox"/> Women 5 Button (fit runs small)	<input type="checkbox"/> Men 3 Button
<input type="checkbox"/> Small	<input type="checkbox"/> Small
<input type="checkbox"/> Medium	<input type="checkbox"/> Medium
<input type="checkbox"/> Large	<input type="checkbox"/> Large
<input type="checkbox"/> Extra Large	<input type="checkbox"/> Extra Large
	<input type="checkbox"/> XX-Large (Men's ONLY)
<p>Donation per set is \$75.00</p> <p>Please make cashier check or money order payable to: <u>Chabot College Nursing Program.</u></p> <p>Cash, cashier check or money order. Sorry, no credit card or personal checks will be accepted.</p> <p>This is a donation to the nursing program which has pre-purchased the shirts for students. We were unable to purchase additional *gold colored shirts and are replacing this color with gray. Gold will be issued until current supplies are diminished.</p>	

Basic Math Skills (Practice)

Students should have basic math skills in order to be able to do more advanced medication calculation problems. Recommended to attend summer math refresher workshop. By the end of the third week of class, a **Math for Medication Calculation Test** will be given. All Nursing Program students must pass this test with a grade of **85% or higher**. A student may not take the exam more **than three (3) times**. Should a student not pass the exam at 85% by the third attempt, s/he will be unable to progress in the Nursing Program.

Following are examples of basic math problems. Should you have difficulty with this type of calculation, you are referred to remedial resources at the end of this document. You will need to be comfortable with basic math skills in order to do medication calculations.

Samples of basic math problems include:

1. Conversions: Convert the following:
 - a. 125 micrograms = _____ milligrams
 - b. 0.75 liters = _____ mL
 - c. 2.5 grams = _____ milligrams
 - d. 1500 milligrams = _____ grams
 - e. 132 pounds = _____ kilograms
 - f. 0.375 mg. = _____ micrograms
 - g. 3 ounces = _____ milliliters
 - h. 2 tablespoons = _____ teaspoons
 - i. 2 cups = _____ milliliters

2. Percentages: Calculate the following:
 - a. 40% of 180 = _____
 - b. 25% of 260 = _____
 - c. What percent of 27 is 9? _____
 - d. 40 is what percent of 160? _____

3. Calculate the following:
 - a. $5 \div 1.25 =$ _____
 - b. $5 \div 0.25 =$ _____
 - c. $200,000 \div 150 =$ _____
 - d. $75 \div 60 =$ _____
 - e. $1.25 \div 0.5 =$ _____
 - f. $25,000 \div 50 =$ _____
 - g. $625 \div 2.5 =$ _____
 - h. $95.25 \div 2.75 =$ _____
 - i. $2.5 \div 2 =$ _____

4. Calculate the following:
 - a. $2.25 \times 5 =$ _____
 - b. $3.375 \times 2 =$ _____
 - c. $22.54 \times 3 =$ _____

5. Circle the number with the largest value
 - a. 0.04, 0.45, 0.08
 - b. 1.202, 1.22, 1,222

6. Round the following decimals to the nearest tenth:
- 0.0628
 - 4.374
7. Round the following decimals to the nearest hundredth:
- 0.876
 - 0.871
 - 3.166
8. Round the following decimals to the nearest thousandth:
- 0.7752
 - 3.668
 - 9.237
9. Ratio / proportions:
- a. $3:6 \approx x:8$ $x = \underline{\hspace{2cm}}$
 - b. $16:x \approx 24:3$ $x = \underline{\hspace{2cm}}$
 - c. $x:25 \approx 125:5$ $x = \underline{\hspace{2cm}}$

Referral: If you have had difficulty calculating the above problems, you must remediate these basic math skills prior to entering the program. Suggestions for this remediation include:

1. Enroll in a basic math course at a community college or on line.
2. Purchase a Mathematics for Medications book and use it throughout the program.
3. Contact the Math Tutoring Center on campus for additional assistance.
4. Kaplan Basic Math module is available with your account.
5. <https://www.khanacademy.org/>

Medical Terminology Suffixes

Suffixes	Meaning
-al	Pertaining to
-asthenia	weakness
--capnia	Pertaining to CO ₂
-centesis	Aspirate fluid
-ectomy	Excision or surgical removal
-emia	Blood condition
-genesis	Origin, cause
-itis	inflammation
-megaly	enlargement
--ologist	One who studies, specialist
--ology	Study of
--oma	Tumor, swelling
--opsy	To view
--orrhaphy	Suture, repair
--orrhoea	Flow, excessive discharge
-ostomy	Creation of an artificial opening
--otomy	Cut into or incision
--paresis	Weakness
-pathy	disease
--penia	Reduction in number
-pepsia	digestion
-phobia	fear
-poesis	formation
-plasty	Surgical repair of
--pnea	breathing
-ptosis	Droop, sag
-sclerosis	hardening
--stenosis	narrowing
-thorax	chest

Medical Prefixes

Prefix	Meaning
A-/an	without
Andro-	male
Angi/o	artery
Ante-	before
Arthr/o	joint
Aut/o	self
Brady-	slow
Carcin/o	cancer
Cardi/o	heart
Cholangi/o	Bile duct
Col/on	colon
Cyano/o	blue
Dermato/o	Skin
Dys-	Difficult, painful
Erythr/o	red
Gastr/o	stomach
Gingiv/o	gums
Gloss/o	tongue
Gynec/o	woman
Hem/o	blood
Hemat/o	blood
Hemi-	half
Hepat/o	liver
Hyst/o	tissue
Hydr/o	water
Hyper-	Above, excessive
Hypo-	below, deficient
Hyster/o	Uterus
Inter-	between
Intra-	within
Lact/o	milk
Lacrim/o	Tear, tearduct
Lapar/o	abdomen
Leuko	white
Litho-	stone, calculus
Lingul/o	tongue
Lipo/o	fat
Mamm/o	breast
Mast/o	breast
Melan/o	black
My/o	muscle
Myel/o	marrow
Myring/o	eardrum
Nas/o	nose

Prefix	Meaning
Necr/o	death
Nephr/o	kidney
Neur/o	nerve
Nulli-	none
Ocul/o	eye
Olig/o	Scant, few
Oophor/o	ovary
Othalm/o	eye
Or/o	mouth
Orchid/o	testicle
Orth/o	bone
Ot/o	ear
Pan-	All, total
Path/o	disease
Peri-	surrounding
Phleb/o	vein
Phot/o	light
Pneumo/	Lung
Poly-	many
Post-	after
Pre-	before
Proct/o	rectum
Psych/o	mind
Pulm/o	lung
Rhin/o	nose
Sub-	Under
Supra-	above
Tachy-	Fast, rapid
Thorac/o	Thorax
Thromb/o	clot



2023-2024 Academic Calendar

Fall 2023

Tuesday	August 14	Convocation Day
Wednesday	August 15	College Division Day
Wednesday	August 16	Classes Start
Monday	September 4	Labor Day Holiday
Friday	November 10	Veterans' Day Holiday (observed)
Wednesday – Friday	November 22-24	Thanksgiving Holiday
Tuesday	December 12	Last Day of Instruction
Wednesday	December 13	Finals
Thursday	December 14	Finals
Friday	December 15	Finals
Saturday	December 16	Saturday Finals
Monday	December 18	Finals
Tuesday	December 19	Finals
Tuesday	January 2, 2024 11 PM via internet	Grades Due

Spring 2024

Monday	January 15	Martin Luther King Holiday
Tuesday	January 16	Classes Start
Friday – Monday	February 16 – 19	Presidents' Weekend Holiday
Monday – Saturday	April 1 - April 6	Spring Break
Friday	May 17	Last Day of Instruction
Saturday	May 18	Saturday Finals
Monday	May 20	Finals
Tuesday	May 21	Finals
Wednesday	May 22	Finals
Thursday	May 23	Finals
Friday	May 24	Finals
Friday and Saturday	May 24 and May 25*	Commencement Ceremony
Monday	May 27	Memorial Day Holiday
Thursday	June 2 by 11 PM via internet	Grades Due

- Commencement is schedule on the same weekday at a particular college two Academic years in a row then switch to the other day for two Academic Years in a row (Board Policy Article 8C.3)

Summer 2023 Window Period:

Tuesday, May 30 to Friday, August 4, 2023

Tuesday, July 4, 2023 Independence Day

Grades Due: Monday, August 7 2023 by 11 P via Internet.