




## Nursing Program Reminders

- ♥ **Orientations** are mandatory. Please arrange your summer schedule to meet the dates and requirements.
- ♥ **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 31, 2019. An updated TB clearance between these same dates in 2019 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.
- ♥ **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 Monday, June 10, 2019. 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 31, 2019
- ♥ **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 through the second year nursing students on July 31<sup>st</sup> during the *Meet and Greet* Orientation. Please have cash available \$10 per tag. Payment is required when ordered.
- ♥ **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 17<sup>th</sup>, First day in the hospital (Clinical):** All students must be prepared for the first day of clinical: white uniform, uniform patch, official program name tag, lab coat (30-33” Length), stethoscope, and required white shoes.

## 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 \$102.75:** 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 August 1, 2019 to CastleBranch. Student will retain the original. Legible Copies will be submitted to the program office on July 31<sup>st</sup>. 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, 2019.*

#### 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**

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

**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		
<b>Quantiferon Gold</b>	2019 Results Must be AFTER June 1, 2019	<i>Date of Test:</i>	<i>Results:</i>
If the above Quantiferon Gold test is positive you must complete the following:			
<b>Chest X-Ray</b>	2019 Chest X-Ray <i>Must have written verification of positive PPD test</i>	<i>Date of X-Ray:</i>	<i>Results:</i>
<b>Symptom Review</b>	Form must be <u>completed and signed</u> by health care provider and student.	<i>Date Signed:</i>	
<b>2019 or after Titer Report is required RESULTS by June 30<sup>th</sup>. If Negative, Borderline or Non-Immune Results the Student <u>must</u> get *two boosters</b>		<b>Negative/Borderline Titer ONLY *Vaccine #1 – by June 30th</b>	<b>Negative/Borderline ONLY *Vaccine #2 – by August 1<sup>st</sup>.</b>
		Student must submit a Adult Immunization Record with Lot # and expiration dates.	
<b>MUMPS</b>	Date:	Titer Results:	#1 #2
<b>RUBEOLA (Measles)</b>	Date:	Titer Results:	#1 #2
<b>RUBELLA (German Measles)</b>	Date:	Titer Results:	#1 #2
<b>VARICELLA (Chicken Pox)</b>	Date:	Titer Results:	#1 #2
<b>HEPATITIS B TITER</b>	Date:	Titer Results:	#1 #2
Hep B: If negative or borderline titer, 3 doses are required. <i>Only 2 doses will be completed before August 1, 2019</i>		#3	
<b>Tdap</b> - Tetanus, diphtheria, pertussis Required booster within last 10 years		<b>Date:</b>	

<b>HealthCare Provider:</b> <i>Signature required on both pages</i>		<b>Date:</b>	
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# Annual Symptom Review

Only complete this form if you are tuberculin **positive**. 2019 Chest Xray results required.

1<sup>st</sup> year students: Form must be completed and **signed by health care provider**.

2<sup>nd</sup> year students: **Form must be completed and signed only by student**.

**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) *This questionnaire is taken from Kaiser Permanente, Greater Southern Alameda Area Clinical Education Requirements.*

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
DATE:	Signature:				







Due 08/02/2019

## **N95 – CCMA Occupational Health**

### **Chabot College Nursing Program Incoming Class of 2021**

**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 Occupational Health Clinic  
(St. Rose Hospital)  
27200 Calaroga Avenue  
Hayward, CA 94545-4383  
(510) 264-4046**

**Appointment required**

Bring this flyer with you to the CCCMA 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) 723-6896  
 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

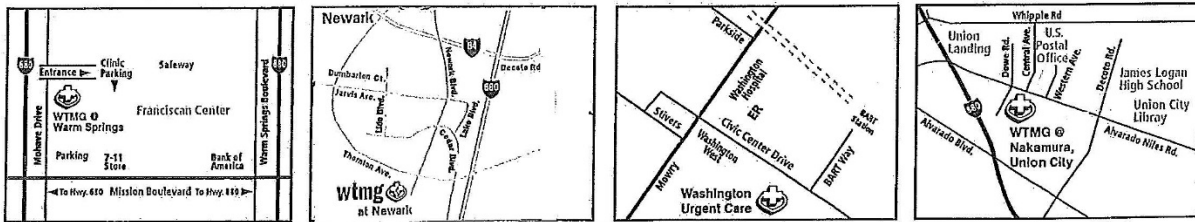
**SUBSTANCE ABUSE**

- 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) 723-6896 Program Office

**Signature** Connie Telles, DNP, RNC-OB, CNE, Nursing Program Director **Date** \_\_\_\_\_

**MUST PRESENT PHOTO IDENTIFICATION AT TIME OF APPOINTMENT**



- WTMF @ Warm Springs**  
 46690 Mohave Drive  
 Fremont, CA 94539  
 (510) 248-1065  
 M-F 8am-6pm
- WTMF @ Newark**  
 6236 Thornton Ave.  
 Newark, CA 94560  
 (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***

**\$580.00**

#### ***Fee Schedule***

Aug 2019	Jan 2020	Aug 2020	Jan 2021
<b>\$145.00</b>	<b>\$145.00</b>	<b>\$145.00</b>	<b>\$145.00</b>

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

# HealthStream Online Clinical Orientation Program

## Chabot College - Student Instructions

Modules to be complete **AFTER July 1<sup>st</sup>** and before **August 1<sup>st</sup>**

The Nursing Program Office will set up your account. Students will be notify of User and Password.

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*HealthStream's* online programs are designed to educate healthcare professionals and health occupations students, and to enhance safety, competency, and outcomes in healthcare organizations through required regulatory training and accredited continuing education. You will need to complete four HealthStream modules\* **on or before August 1, 2019**. Modules are \$3.50 each, you will use a debit/credit card pay for each module separately on *HealthStream's* secure website.

### Required HealthStream modules:

You will be required to take each of the following three modules annually. Allow approximately four hours to complete all the required modules.

- **Rapid Regulatory Compliance: Clinical I:** Compliance; Ethics; Sexual Harassment; Patient Rights; Informed Consent; Advanced Directives; Emergency Medical Treatment and Labor Act (EMTALA); Grievances; Developmental Appropriate Care; Cultural Competence; Restraint/Seclusion; Patient Abuse/Assault/Neglect
- **Rapid Regulatory Compliance: Clinical II:** General/Fire/Electric/Back/Radiation/MRI Safety; Ergonomics; Lift/Transport; Slips/Trips/Falls; Latex Allergy; Hazardous Communication; Workplace Violence; Emergency Prep; Infection Control; Hospital Acquired Infections; Hand Hygiene; Bloodborne; Standard Precautions; Airborne/Contact/Droplet Precautions, Personal Protective Equipment
- **Hazard Communication**
- **HIPAA**

### **AFTER July 1, 2019: First time log in instructions:**


- **The Nursing Program office will create the account for you on HealthStream.** Do not create your own account. You will be notified by email when the registration is complete.
- Access our dedicated HealthStream site at [www.healthstream.com/hlc/canursing](http://www.healthstream.com/hlc/canursing).
- To log in as a student, enter your first initial and last name as one word in lower case. Password is the same as your user name, first initial and last name all one word in lower case.
- Update your profile.
  - Verify your full name
  - Include your email address.
  - **Remember your user ID and password.** Neither your HealthStream Administrators nor HealthStream Customer Support can retrieve forgotten passwords.
- Now that you are logged in on the HealthStream site, you will be on the "My Learning" tab.

### Computer Requirements: Before logging in and taking modules:

- Your computer must have Internet access, preferably high-speed (as opposed to dial-up), and your computer must have printing capability. Access the Internet using Microsoft's Internet Explorer browser.
- HealthStream is optimized for computers running Windows operation systems. *If you have a newer Mac with the Intel chip and Microsoft Windows Application, or an older Mac with Virtual PC, you may be able to access HealthStream.*
- First, check your computer's compatibility with HealthStream by going to [www.healthstream.com/browsercheck](http://www.healthstream.com/browsercheck). If your computer does not meet the recommended standards, rectify the specified incompatibility or use another computer that *is* compatible to complete the required modules. *(If you select a module and get a blank window in the upper left hand side, this likely means that you still have a pop-up blocker on your computer that needs to be disabled.)*

### Enrolling in and purchasing modules:

- Select the "Catalog" tab toward the top of the page. Click "Search" without typing anything in the Search box.
- The four HealthStream modules you will be required to complete annually will be listed in the Search results. See below.
- Enroll in any module:
  - Click on the name of the module you wish to enroll in.
  - On the next page, click "[Enroll in this course.](#)"
  - On the following page, enter the required information to purchase the module and click "Continue." (The "Card Verification Code" is the three digit number shown after your card number on the back of your card.)
- When you have purchased a module, you will be taken back to that module's Course Details page, where you can launch the course by clicking on the underlined (hyperlinked) Learning Activity.

- You do not have to take and complete modules in a sequence or immediately after enrolling in one. You may elect to enroll in and purchase all three modules and launch any of your purchased modules afterwards. Each module will appear under “Elective Learning” on the *My Learning* tab, even if you log out and log back in, until you have completed it. If you exit a module by clicking on “Exit” in the lower right hand corner instead of the red  in the upper right hand corner, the next time you launch the module you can resume the module at the point where you exited.

**Returning log in instructions:**

- Access our dedicated HealthStream site at [www.healthstream.com/hlc/canursing](http://www.healthstream.com/hlc/canursing).
- Enter your user ID and password. **Do not create a new profile.** Click on the Password Reminder link if you have forgotten your password and you created a password reminder when you first logged in to this HealthStream site. If you have forgotten your user ID, please contact your HealthStream Administrator (information below).
- When you are logged in to HealthStream, any module you have enrolled in, but have not yet completed, will be listed on the *My Learning* tab under “Elective Learning,” Click on any module to launch it.

**Deadline August 1, 2019**, modules will be complete, certificates upload or HealthStream transcripts submitted to with initial student packet. This online orientation program will need to be completed once each school year. Failure to complete the required modules with a passing grade of **80%** will preclude participation in clinical experiences. You will need to complete these modules even if you have also taken them at your place of employment. After completing the modules with a passing grade, students will need to upload the certificates individually to CastleBranch/Magnus.

**Module review, transcripts, and certificates:**

Completed modules can be reviewed, and your HealthStream transcript and module completion certificates can be viewed and printed from the *My Transcript* tab.

**Your HealthStream Administrator:** Program Office: (510) 723.6896 nurse@chabotcollege.edu

If you have a question, do not contact HealthStream Support directly, since it is available only to HealthStream Administrators. Instead ask your HealthStream Administrator, Nursing Program office at nurse@chabotcollege.edu Put “HealthStream question” in the subject line. In the body of your message include your registered name, your full student ID, and your problem/question.



# Nursing Release Authorization

The undersigned have enrolled as a student in NURS 55, *Fundamentals of Nursing* course 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
<input checked="" type="checkbox"/> <b>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.</b>		
<input type="checkbox"/> 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



## Chabot College Nursing

### Simulation Center Confidentiality Agreement

During your participation in a simulated clinical experience at Chabot College you will be both an active participant and an observer.

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.

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).

#### VIDEOTAPING

***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.***

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Student Signature

Print Name / Date

**Chabot Nursing Program  
Polo Uniform Shirt Order Form**



<b>Student Name:</b>			
<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 \$55.</p> <p>Please indicate under Women’s or Men’s and your size.</p> <p>The student will purchase one set of shirts; one 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><b>Donation per set is \$55.00</b>  <b>Please make checks payable to:</b>  <div style="text-align: center;"><b><u>Chabot College Nursing Program.</u></b></div> </p> <p>Cash, cashier check or money order. Sorry no credit card or personal checks will be accepted.  This is a donation to the nursing program which has pre-purchased the shirts for students.</p>			



## Basic Math Skills (Practice0

Students should have basic math skills in order to be able to do more advanced medication calculation problems. 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 **90% or higher**. A student may not take the exam more **than three (3) times**. Should a student not pass the exam at 90% 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:  
a. 0.0628  
b. 4.374
7. Round the following decimals to the nearest hundredth:  
a. 0.876  
b. 0.871  
c. 3.166
8. Round the following decimals to the nearest thousandth:  
a. 0.7752  
b. 3.668  
c. 9.237
9. Ratio / proportions:  
a. a.  $3:6 \approx x:8$      $x = \underline{\hspace{2cm}}$   
b. b.  $16:x \approx 24:3$      $x = \underline{\hspace{2cm}}$   
c. 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 <sub>2</sub>
-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





## 2019-2020 Academic Calendar

### Fall 2019

Thursday	August 15	Convocation Day
Friday	August 16	College Division Day
<b>Monday</b>	<b>August 19</b>	<b>Classes Start</b>
Monday	September 2	Labor Day Holiday
Monday	November 11	Veterans' Day Holiday
Wednesday – Friday	November 27-29	Thanksgiving Holiday <sup>1</sup>
Friday	December 13	Last Day of Instruction
Saturday	December 14	Saturday Finals
Monday	December 16	Finals
Tuesday	December 17	Finals
Wednesday	December 18	Finals
Thursday	December 19	Finals
Friday	December 20	Finals

### Spring 2020

Monday	January 13	Classes Start
Monday	January 20	Martin Luther King Holiday
Friday – Monday	February 14 – 17	Presidents' Weekend Holiday <sup>1</sup>
Monday – Friday	March 23 – March 29 <sup>7</sup>	Spring Break
Friday	May 15	Last Day of Instruction
Saturday	May 16	Saturday Finals
Monday	May 18	Finals
Tuesday	May 19	Finals
Wednesday	May 21	Finals
Thursday	May 22	Finals
Friday	May 24	Finals
Friday and Saturday	May 22 and May 23*	Commencement Ceremony
Monday	May 25	Memorial Day Holiday