

**APPLICATION FOR
HEALTH SCIENCE EDUCATION
UPPER LEVEL HONOR CLASS
NURSING FUNDAMENTALS**

DUE FEBRUARY 8, 2019

AT 3:00 PM

NO EXCEPTIONS

Name _____

(Last) (First) (Middle)

Home Phone: _____ Date of Birth: _____ Current Age: _____

Parents/Guardians Names: _____

Work Phone Numbers:

Describe any health problems that you might have that we need to be aware of for your safety and the safety of patients in the clinical setting:

Current GPA:

Grade made in Health Science I: _____ Health Science II: _____

Final grade must be a 75 or higher to be considered.

May not have had OSS or ISS for any reason to be considered.

In a typed essay that is 1-2 pages in length answer the following questions. **Be sure to include your name at the top of the page(s) and attach the essay to the application.**

- ☐ Why do you want to enroll in this Health Science course?
- ☐ What are your plans after graduation from high school?
- ☐ What are your career goals?
- ☐ Please list any special recognition or awards that you have earned or special skills that you possess
- ☐ If attending a 4-year college, do they require you to have your CNA?

Future healthcare professionals should not use drugs, alcohol, or tobacco. Please be aware that all school policies regarding the use of drugs, alcohol, and/or tobacco will be strictly enforced during the clinical experiences including the period of time traveling to and from clinical sites. Are you willing to comply with this requirement?

Circle One: Yes NO

Haywood County Schools does not discriminate against any student regardless of age, sex, race, religion, national origin, handicapping conditions, pregnancy, parental or marital status.

Teacher Recommendations: As part of your application into an upper-level Health Science course, you must obtain a recommendation from **three** of your high school teachers who do not teach Health Science. (One from a science teacher, one from either an English or CTE teacher, and/ or one other teacher of your choice). Neatly print your name on each of the three attached teacher recommendation forms and indicate the course for which you are requesting approval.

Do not ask for the form back- the recommending teacher will return the form back to Mrs. Case in guidance or to Mrs. Kuykendall. Please list below the names of the three teachers who you will ask to complete a recommendation form:

- 1.) _____
- 2.) _____
- 3.) _____

I understand that I will be required to do the following to participate in and maintain a Health Science Upper Level Course:

- ☐ Student must have a sincere interest in the Health Career Cluster.
- ☐ Student must purchase uniform, clinical shoes, watch with second hand, name tag, etc. for the class.
- ☐ Student must maintain a grade higher than 75 in the Health Science Courses.
- ☐ Student must provide a copy of the immunization record **at the beginning of the class**. In addition, student must show proof of having had, or be willing to get the Hepatitis B series immunizations and Varicella/Chicken pox. Student will have to have a TB skin test that will be given in class by the school nurse.
- ☐ Student must be able to provide own transportation to the clinical sites during the Nursing Fundamentals class. The student must also have adequate accident insurance or purchase the 24-hour coverage from the school.
- ☐ Student must maintain a clean criminal and school discipline record.
- ☐ Student must complete and return the application by February 8, 2019 **(NO EXCEPTIONS)**.
- ☐ Students must behave in a professional manner, measuring up to the standards of the Health Science Teacher and the Clinical Sites at all times.
- ☐ **Student must respect patient rights and confidentiality at all times.**

Signature of the Student Applicant: _____ Date _____

**RETURN YOUR COMPLETED APPLICATION TO GUIDANCE
NO LATER THAN FEBRUARY 8, 2019
NO EXCEPTIONS**

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PARENT/GUARDIAN INFORMATION

To be completed by the applicant's parent/guardian. Please Print.

I grant permission for my son/daughter, _____, to participate in instructional activities located in healthcare facilities such as hospitals, physicians' office, dental offices, veterinarian offices, health departments, nursing homes, pharmacies, etc...

_____yes _____no

Additionally, I understand that my son/daughter and I will be required to do the following to be admitted into the course and allowed to participate in the required upper level

Health Science Courses:

- ☐ Student must have a sincere interest in the Health Career Cluster.
- ☐ Student must purchase uniform, clinical shoes, watch with second hand, name tag, etc. for the class.
- ☐ Student must maintain a grade of 75 or higher in the Health Science Courses.
- ☐ Student must provide a copy of the immunization record. In addition, student must show proof of having had, or be willing to get the Hepatitis B series immunizations and Varicella/Chicken pox at start of class. Student will have to have a TB skin test that will be given in class by the school nurse.
- ☐ Student must be able to provide own transportation to the clinical sites during the Nursing Fundamentals class. The student must also have adequate accident insurance or purchase the 24-hour coverage from the school.
- ☐ Student must maintain a clean criminal and school discipline record.
- ☐ Student must complete and return application by February 8, 2019. Teacher recommendations are due this day too. **(NO EXCEPTIONS)**
- ☐ Students must behave in a professional manner, measuring up to the standards of the Health Science Teacher and the Clinical Sites at all times.
- ☐ *Student must respect patient rights and confidentiality at all times.*

I understand that if my son/daughter is accepted into one of the upper-level Health Science classes but does not abide by the requirements as stated in the application there will be three consequences:

- 1.) My child will be removed permanently from the clinical setting and assigned another setting for the remainder of the semester or school year.
- 2.) My child will receive a failing grade and no credit for the course.
- 3.) My child may not graduate on time due to the loss of course credit (depending on their graduation status and chosen career cluster)

Signature of Parent/Guardian _____ Date _____

Parents/Guardians Name (print) _____

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Health Sciences Student Application- Teacher Recommendation

Student Name: _____

Program for which student is requesting approval: ***Nursing Fundamentals***

Recommending teacher: Thank you for taking the time to complete this recommendation form. Your recommendation and comments are valuable to the Health Science selection committee. The responses you provide will **not** be seen by the student and will be kept in strict confidence.

The Health Sciences courses are designed to help students prepare to become qualified healthcare professionals. Additional expectations and responsibilities will be required of students who enroll in this course, including participation in job shadowing and mentoring experiences in a clinical healthcare setting.

On a scale of 1-5, with 1 being the weakest score and 5 the strongest, please rate this student on the following characteristics: (Circle one number per item)

	Weak		Average		Strong
Responsible for homework, projects, assignments	1	2	3	4	5
Mature in comparison w/ classmates and others their age	1	2	3	4	5
Respectful of teachers and classmates	1	2	3	4	5
Positive Attitude	1	2	3	4	5
Able and willing to follow instructions	1	2	3	4	5
On task a high percentage of class time	1	2	3	4	5
Comes to class on time and is well-prepared	1	2	3	4	5
Actively participates and contributes to class	1	2	3	4	5
Well-behaved and not a discipline problem	1	2	3	4	5
Exhibits good problem-solving skills	1	2	3	4	5
Honest, Trustworthy	1	2	3	4	5
Open to constructive criticism	1	2	3	4	5

Does this student have your recommendation for the Health Science program? (Check one)

- ☐ My highest recommendation (I could see them taking care of me or my family member)
☐ My recommendation
☐ My recommendation with reservation (related comment should be written on the back of this form)
☐ I am undecided
☐ Applicant DOES NOT have my recommendation (I cannot see them taking care of me or my family)

Teacher Signature: _____ Date _____

Teacher Name (print) _____

Subject Area(s) _____

(Feel free to add any additional comments to the back of this page)

Please do not return this form to the student making the request

Return this recommendation to GUIDANCE by FEBRUARY 8, 2019

To ensure confidentiality feel free to place this form in a sealed envelope.

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Health Sciences Student Application- Teacher Recommendation

Student Name: _____

Program for which student is requesting approval: ***Nursing Fundamentals***

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Teacher Signature: _____ Date _____

Teacher Name (print) _____

Subject Area(s) _____

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Subject Area(s) _____

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