

**BEVILL STATE COMMUNITY COLLEGE  
HEALTH SCIENCE DIVISION**

**STUDENT ACKNOWLEDGMENT FORM**

**Please initial each line to indicate your agreement/understanding:**

\_\_\_\_\_ I acknowledge that I have received a copy of the Program Policies, & will receive Course Cover Sheets & Clinical Evaluation Forms of the Department of Nursing and that they have been explained to me.

\_\_\_\_\_ I understand that my attendance is required at all classes, assigned labs, and all assigned clinical experiences; and that my excused/unexcused absence(s) may result in my failing the specific course(s), according to the Bevill State Student Handbook on absences and the Nursing Program Policy Handbook.

\_\_\_\_\_ I understand that academic dishonesty is grounds for immediate dismissal from the Department of Nursing program.

\_\_\_\_\_ I understand that the classroom is a learning environment and that any disruptive behavior on my part will not be allowed.

\_\_\_\_\_ I understand that **NO** telecommunication devices (cellphones, beepers, etc.) will be allowed in the clinical area. In case of emergency, the Nursing office may be notified & message delivered to me.

\_\_\_\_\_ I understand that instructors and staff may limit student use of electronic devices such as cell phones, pagers, cameras, laptop computers, iPads, and iPods were such devices might interfere with the normal activity of the College. Students may use electronic devices to record class lectures with the permission of the instructor.

\_\_\_\_\_ I understand that nursing students have an obligation to follow appropriate guidelines of social media etiquette at all times (refer to BSCC Social Media Policy & Principles of Social Networking statement). I may not discuss patient information with anyone except clinical personnel, nursing program faculty and other students in the learning environment. I will be respectful with fellow students, faculty and the public and NEVER post patient information on any social media site.

\_\_\_\_\_ I understand that I am required to maintain professional student and faculty boundaries which require that I use College email, CANVAS and/or College phone numbers to contact nursing faculty. I understand that faculty will respond to my email and/or phone calls during College business hours.

- \_\_\_\_\_ I give consent for my grades to be posted on my CANVAS course management system.
- \_\_\_\_\_ I understand that I am to use Standard Precautions with all clients with whom I make direct contact. If I am exposed to blood or body fluids of a patient, I will immediately notify my clinical instructor and follow agency protocol as well as the nursing program's "Critical Incident" protocol.
- \_\_\_\_\_ I understand that I am responsible for any injury-related expense that I may incur while in the clinical area.
- \_\_\_\_\_ I understand that if I am diagnosed with HIV/HBV or any other communicable disease, I am required to report this to the Nursing Director or Nursing Campus specific Division Chair at BSCC.
- \_\_\_\_\_ I understand I must have health insurance coverage each semester in order to attend the clinical component of each course.
- \_\_\_\_\_ I understand that I must come to the simulation lab prepared to participate in assigned simulation. The assigned simulation is mandatory and is evaluated on the appropriate Clinical Evaluation Tool. If I am unprepared to give safe, competent care in the simulation lab, the instructor will require me to leave the clinical area and I will receive "0's" for clinical performance areas.
- \_\_\_\_\_ I understand that I am required to submit a completed health form annually & this form must be submitted prior to start of clinicals or I will not be allowed to attend clinical which will result in failure of that enrolled course.
- \_\_\_\_\_ I agree that I have been given a copy of the Health Science *Student Drug & Alcohol Screen Policy* and that I have read and fully understand the consequences of violating this policy.
- \_\_\_\_\_ I understand that unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, or alcohol, is prohibited on the campus of Bevill State Community College, or while I am in my school nursing uniform and that such behavior will result in a required drug screen & dismissal from the Department of Nursing. A grade of "F" will be given for all nursing courses being taken at that time.
- \_\_\_\_\_ I understand that Bevill State Community College's nursing program has a **ZERO TOLERANCE** for controlled substance use or alcohol use while on campus or during any clinical facility assignments.
- \_\_\_\_\_ I understand that a drug screening will be done annually and there will be random drug screens performed at any time, at my expense each time.

\_\_\_\_\_ I understand that I may be subject (at my expense) to a drug screen at any time during my enrollment in the Department of Nursing and that clinical agencies may require that I be drug tested, at my expense, if I am suspected of drug use, or possession, while in the agency.

\_\_\_\_\_ I understand that positive drug confirmation from any drug screening done by me will result in my immediate dismissal, with a grade of “F”, by the Division Chair from the Nursing program in which I am enrolled. Also, my dismissal for positive drug screening will make me ineligible for re-admission to the Nursing program or admission to any Health Science program offered at BSCC.

\_\_\_\_\_ I understand that if I fail to provide an Adulterant Free certified negative drug result, either on initial pre-clinical screening or on random or incident related screening, I will be unable to continue in the Health Science Program and be ineligible for readmission to the Nursing Program or any other Health Science Program at BSCC.

\_\_\_\_\_ I understand that violation of Health Science policies pertaining to a positive background/affadavit check will result in my immediate dismissal. Also, my dismissal for a positive background/affadavit check will make me ineligible for re-admission to the Nursing program or admission to any Health Science program offered at BSCC.

\_\_\_\_\_ I understand that copies of my personal background information may be requested by a clinical affiliate and I am obligated to comply with this request.

\_\_\_\_\_ I understand that an **unexcused** absence from a test may result in my failing a specific course. Notification of absence **must** be received by instructor prior to scheduled test. (See each course cover sheet for test policy).

\_\_\_\_\_ I understand that a missed **excused** test will be given to student upon first day back to school and will be a short-answer/discussion test. (See each course cover sheet for test policy)

\_\_\_\_\_ I understand that I will be given an opportunity to review each unit test, as announced & conducted by instructor, and if I choose to not review the test at that time, then I will not be given the same opportunity do so after the next unit test is administered.

\_\_\_\_\_ I understand that if I arrive late/tardy on any Unit Exam day or Final Exam day, I may not be allowed to take the exam. If I furnish a valid excuse, the faculty will then decide if I will be allowed to take the exam.

\_\_\_\_\_ I understand that if I am required to complete all assignments made by the course coordinator. These include but are not limited to PREP-U tests, ATI proctored exams and remediation, CANVAS online discussions, EVOLVE assignments/tests, etc.

\_\_\_\_\_ I understand that I am expected to score level 2 on any ATI proctored exam. If I score less than level 2, a 3 hour focused review will be required PRIOR to scheduling the ATI proctored exam retake.

\_\_\_\_\_ I understand a unit grade will be entered for the first attempt on the required ATI proctored exam using the following scale: a score of level 3 a grade of 95 will be recorded; level 2 a grade of 85 will be recorded; level 1 a grade of 75 will be recorded and below level 1 a grade of 65 will be recorded. This test grade will be averaged in with the other unit exams for this course. Each administration of this test must be on the College campus as prescribed by the course coordinator. This process must be completed successfully by the time grades are submitted at the end of the semester the test is scheduled.

\_\_\_\_\_ I understand that in NUR 203 (ADN) or NUR 107 (PN) I will take the RN/PN ATI Comprehensive Predictor exam and that I am expected to pass and score a 95% predictability or higher. Students will complete any prescribed remediation prior to any Comprehensive Predictor retake(s). After completing the prescribed remediation, student must then take the 2<sup>nd</sup> *proctored test* and pass at the prescribed passing level. If unsuccessful after a 3<sup>rd</sup> attempt the student will register for CAPSTONE ATI (during the next semester) and will be responsible for additional financial fees (\$240.00). The ATI Capstone Content Review course is a unique content review program to prepare for graduation readiness. This learning environment offers flexibility and accessibility to the ATI Capstone nurse educator who will provide weekly individualized remediation based on identified weaknesses as evidence by weekly ATI Capstone Content Review assessments. Students will take the assessments at BSCC in a nursing monitored environment each week. Upon successful completion of CAPSTONE ATI, the NUR 203/NUR 107 course grade will be changed from *Incomplete "I"*.

\_\_\_\_\_ I understand that as a nursing student I may be denied readmission to the course I failed/withdrew/interrupted if I do not have a BSCC GPA of 2.0 or if clinical space is unavailable/limited. (Current BSCC Catalog & Nursing Policy Handbook). I understand that Basic Study Skills (BSS101) nursing remediation course must be taken and passed to ensure my eligibility for reinstatement.

\_\_\_\_\_ I understand I may **NOT** represent myself as a nursing student or engage in client care as a nursing student, except as part of an assigned, planned learning activity in a clinical practice setting integral to the curriculum of the Bevill State Community College Nursing Program. By representing myself as a nursing student outside structured clinical assignments, I understand that I am jeopardizing my continuation in this nursing program. Should such activities be discovered, I fully understand that I will be immediately withdrawn from the nursing program.

\_\_\_\_\_ I agree that I have been given a copy of **LICENSURE INFORMATION** for the ABON (Alabama Board of Nursing), and I understand that completion of this academic program in no way assures me of my eligibility to write the NCLEX exam or to obtain ABON licensure.

\_\_\_\_\_ I agree that I have been provided a copy of the *Essential Functions* for the Nursing Program students.

\_\_\_\_\_ I understand that I am expected to function within the scope of practice as defined by the current ABON Nurse Practice Act.

\_\_\_\_\_ I understand that I must maintain all clients' confidentiality. If I fail to maintain confidentiality, I will be immediately dismissed from the Nursing Program with no Health Science program readmission (HIPAA policy included in the Nursing Policy handout/packet @ initial Nursing Program Orientation).

\_\_\_\_\_ I understand that any infraction of the nursing policy (ie: positive drug-screen or background/affidavit check, breach of confidentiality, clinical unsatisfactory, etc.) will result in my immediate dismissal from the nursing program with a grade of "F" and with no readmission to **any** Health Science program offered at BSCC.

I have read and fully understand the above initialed items and the Program Policies of the Beville State Community College's Department of Nursing. My signature indicates my intent to adhere to said items and Program Policies.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature Date Semester

Address \_\_\_\_\_

Student ID Number \_\_\_\_\_ Phone Number (Home) \_\_\_\_\_

Phone Number (Cell) \_\_\_\_\_

Person to Notify in Case of Emergency,

\_\_\_\_\_  
Name Phone Number (Relationship)

