VOCATIONAL NURSING – ACCEPTANCE FORM

I, __________________________________________, wish to accept entrance into the Nursing Education Department. I am aware that by acceptance, I will assume responsibility for:

1. Completing ALL pre-requisite course as listed on the Educational Plan prior to enrollment in the Program;
2. Completing all co-requisite courses prior to OR concurrent with the semester in which they are listed on the Educational Plan;
3. Obtaining my own health and accident insurance (personal responsibility of all students);
4. Paying for my own liability insurance each semester (as part of the charges made with tuition and fees);
5. Reporting immediately to the Nursing Program Director any chronic or acute health conditions, disabilities or change in condition, especially those which may expose myself, my peers, or my patients to risk;
6. Having no limitations of mobility or lifting that would prevent me from performing routine nursing care;
7. Having a high standard in attendance and participation for class / lab / clinical;
8. Caring for individuals who represent a variety of illnesses;
9. Completing the physical examination and submitting to the Nursing Department office prior to deadline;
10. Reading the Handbook for Nursing Students prior to the first day of class (available online at www.delmar.edu/rn) (Complete Appendix M & N and submit to the department office prior to set deadline.);
11. Reviewing and understanding the Admission Policy in the Handbook for Nursing Students;
12. Submitting a copy of CPR card (front & back) as proof of completion of the American Heart Association, Basic Life Support – Health Care Provider OR American Red Cross Professional Rescuer. Certification MUST be in effect for the entire semester, and maintained throughout the Program;
13. Completing the MANDATORY hospital orientation online prior to the first clinical day. Details will follow from your first semester Instructors;
14. Verifying clear background check OR a copy of the letter from Texas Board of Nursing declaring my eligibility to test;
15. Passing drug screen ONE MONTH (30 days) prior to attending first clinical rotation.

Furthermore, I realize this Program requires licensure at its completion and any past or future criminal conviction or adjudication, past or future drug treatment, or past or future mental condition may prohibit licensure and are reportable to the Texas Board of Nursing (BON). Clinical agencies require drug screens as a condition of completing clinical rotations and I must accept such testing as a method of assuring patient safety.

I consent to accept the Program with the conditions as stated above.

________________________________________________________________________  __________________________________________________________________
Signature                                      Date

I authorize the release of my medical or education information to the Nursing Education Department, Del Mar College.

________________________________________________________________________  __________________________________________________________________
Signature                                      Date

PLEASE RETURN TO THE NURSING OFFICE BY SPECIFIED DATE
(Please make a copy of this form for your records.)