



Dear RN:

Note when printing out this document go to the last page and click on the links to obtain child abuse clearance, liability insurance and request for driver information forms.

You must call the Continuing Education Department to request PA Request for Criminal Record Check.



Dear Registered Nurse:

Thank you for your interest in the **Re-entry into Nursing Program** at Luzerne County Community College. We are pleased to provide you with the information you requested.

In order to register for this program, you need to complete all the attached paperwork in this packet, and then call (570) 740-0495 with your credit card or in person with full payment. Class size is limited. Registrations will be taken on a first come, first served basis.

In addition to any other academic and non-academic requirements mandated by College policy, students must also receive satisfactory clearance on the following background checks in order to be accepted into LCCC's Re-entry into Nursing Program: Pennsylvania (PA) criminal background check; PA Child Abuse background check; 10-panel drug screening; FBI fingerprint-based background screening; Office of Inspector General background screening for suspension or disbarment from Federal Programs; and Department of Motor Vehicle driver license screening for any prior or current history of DUI (Driving Under the Influence).

Notification of satisfactory clearance of all screenings must be completed prior to acceptance into the LCCC Re-entry into Nursing Program. A satisfactory clearance means no criminal history. If any of the above-noted background checks indicate any criminal history, the student will be prohibited from entrance into the LCCC Re-entry into Nursing Program.

The book will be available one to two weeks prior to the beginning of the class at the LCCC Bookstore in the Campus Center. The bookstore (570-740-0434) can mail the course book to you for a fee.

If you have any questions, please feel free to contact the Continuing Education Office at (570) 740-0495 or 740-0496.

Thank you for your interest.

Sincerely,

Amy S. Kline
Career Occupational Program Coordinator
LCCC Continuing Education Department

RE-ENTRY CHECKLIST

Information on forms attached to be completed

1. ____ *Registration Form* - to be completed by student and returned to Continuing Education with \$1095.00 check, money order, or credit/debit card payment.
2. ____ *Emergency Contact Information* – to be completed, signed, dated by student and returned to Continuing Education.
3. ____ *Family Medical History* – to be completed by student and returned to Continuing Education.
4. ____ *Physician Physical Form* – to be completed, signed, dated by physician and returned to Continuing Education.
5. ____ *Medical Health Form Immunization Record* – to be completed, signed dated by physician and returned to Continuing Education.
6. ____ *10 Panel Drug Screen (Urine)* – Contact Program Coordinator for details. Cost is \$49.50.
7. ____ *PA Child Abuse History Clearance* – to be completed and mailed to the address on the top of the form with a \$10.00 money order made payable to Department of Public Welfare.
8. ____ *PA Request for Criminal Record Check* – to be completed and returned to Continuing Education with \$10.00 cash, check, or money order made payable to LCCC Department 63,000.
9. ____ *FBI Finger-Print Based Criminal Record Check* – Directions included in packet. Cost is \$38.50.
10. ____ *Request for Driver Information (DL-503)* – to be completed and mailed to the address on the top of the form with a \$5.00 check or money order made payable to PennDOT. If you have a credit card or debit card you can process the request on-line at www.dmv.state.pa.us.
11. ____ *Student Code of Conduct/ Rules and Regulations* - to be read, signed, dated by student and returned to Continuing Education.
12. ____ *Cancellation and Refund Policy* - to be read, signed, dated by student and returned to Continuing Education.
13. ____ *Health Insurance Form* – – to be completed by student and returned to Continuing Education.
14. ____ *Professional Liability Insurance Program for Individual Students* – to be completed and mailed with a \$29.00 check or money to address on back of application. If you have a credit card or debit card you can process the application on-line at www.hpso.com.
15. ____ *Proof of High School completion* (copy of diploma or GED)
16. ____ *Proof of Age* (copy of driver's license or birth certificate)
17. ____ *Proof of Healthcare Provider CPR*
18. ____ *Copy of RN License*
19. ____ *Book* available at College Bookstore

**ALL INFORMATION MUST BE RETURNED TO:
CONTINUING EDUCATION DEPARTMENT
EDUCATIONAL CONFERENCE CENTER, BLDG 10
LUZERNE COUNTY COMMUNITY COLLEGE
1333 S PROSPECT ST
NANTICOKE PA 18634**

Make checks payable to Luzerne County Community College Dept. 63000



Continuing Education Department

Name: _____ Social Security # _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Eve. Phone: _____

E-Mail: _____ Date of Birth _____

I am paying by: Check No. _____ Visa _____ MC _____ Discover _____ Other _____

Cardholder's Name: _____

Card Number: _____ Exp. Date: _____

3-Digit ID Code (found on signature strip on back of card) _____

Signature: _____

The information for the following questions is required for state and federal statistical purposes only.
 Responses will not be used to determine admission.

Ethnicity: (Select one) Gender: _____ Male _____ Female

Hispanic or Latino

Not Hispanic or Latino

Race (Select one or more)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Are you a citizen of the United States? Yes ___ No ___ (If no, then please complete next four items)

1. Country of citizenship: _____
2. Permanent Resident Card #: _____
3. Foreign Student (F1 Student Visa #): _____
4. Other Visa (Please list type and #): _____

Course Name	Location	Day (s)	Begin Date	End Date	Time	Tuition

Emergency Contact Information
Luzerne County Community College
1333 South Prospect Street
Nanticoke, PA. 18634-3899
To be completed by student prior to physician examination

Last	First	Middle	(Maiden)
Address		City	State Zip
Home Phone		Alternate Number	
Social Security Number		Date of Birth	Sex M/F
Employers Name		Employers Address	
Emergency Contact Name		Relationship	
Emergency Contact Address		Phone Number	

I give permission to the Luzerne County Community College Continuing Education Department to release any or /all information concerning my application and health status to those clinical sites which require such information. I fully understand the nature of this consent and that this authorization shall remain effective from the date of my signature to one year hence: however, I may revoke this authorization at any time by written, dated communication to Luzerne County Community College.

If I, or the next of kin/family member cannot be reached at the time of an emergency, Luzerne County Community College may send me to the hospital or physician most readily accessible and /or administer necessary emergency care. Luzerne County Community College may have access to information regarding my health or medical status.

I hereby release Luzerne County Community College from all legal responsibility and liability for acting upon this authorization, and I intend to be legally bound hereby.

I agree to notify the Luzerne County Community College Continuing Education Department of any change in my health status within two weeks.

STUDENT SIGNATURE _____ DATE _____

Family Medical History - Luzerne County Community College

Name

	Age	State of Health	Occupation	Age at death	Cause of Death
Father					
Mother					
Brothers					
Sisters					

Have any of your relatives ever had any of the following:

	Yes	No	Relationship
Tuberculosis			
Diabetes			
Kidney disease			
Heart disease			
Arthritis			
Stomach disease			
Asthma			
Epilepsy/Seizures			

Have you had any of the following?

	Yes	No		Yes	No
Measles			Sinusitis		
German Measles			Vision Problems		
Mumps			Ear, Nose, or Throat		
Chicken pox			Gum/Tooth Disease		
Malaria			Insomnia		
Anxiety/Depression			Chest Pain		
Headaches			Chronic Cough/Frequent Colds		
Epilepsy			Heart Palpitations		
Head Injury with Unconsciousness			High/Low Blood Pressure		
Asthma/Hay Fever			Rheumatic Fever		
Tuberculosis			Heart Murmur		
Shortness of Breath			Disease or injury to joints		
Back Problems			Recurrent Diarrhea		
Hepatitis/Jaundice			Intestinal/Stomach Problems		
Gallbladder Disease			Hernia/Rupture		
Recent weight loss/gain			Dizziness/Fainting		
Paralysis/Weakness			Frequent Urination		
Tumor, Cancer, Cyst			Blood disorders		

Physician Physical Form - Luzerne County Community College

Last Name (please print)	First	
Blood Pressure: Pulse/Resp:	Height	Weight
Allergies:	Hearing:	
Current Medications:	Musculoskeletal:	
Ears, Nose, Throat:	Metabolic/Endocrine:	
Eyes :	Neurological:	
Cardiovascular:	Psychiatric:	
Genitourinary:	Skin:	
Is there any physical defect which would limit the student's participation in classroom/clinical?	Is there loss or seriously impaired function of any paired organs?	
Is there any mental, emotional or physical condition of a privileged nature for which the student should remain under periodic observation?	Does the student have any medical problems with which the college should be concerned?	
Recommendations for physical activity <input type="checkbox"/> limited <input type="checkbox"/> unlimited	Do you have any recommendations regarding the care of this student?	
Is the student now under any treatment for any emotional conditions	If yes to any of the above questions please explain	

PHYSICIAN SIGNATURE _____ DATE _____

Medical Health Form Immunization Record - Luzerne County Community College

Name: _____ Date _____

<p><u>Tetanus</u> (Booster given every ten years)</p>	<p>Date of last immunization:</p>
<p>10 Panel drug screening Please attach copy of results to this form</p>	
<p><u>Measles/Mumps/Rubella</u> Varicella Immunization</p> <p>If dates are unknown, you must have a blood titer drawn showing proof of immunity and a copy of the results must be attached to this form</p>	<p>Date: Date:</p> <p>Or Titer results:</p>
<p><u>Hepatitis B Vaccine</u> *Student must provide documentation of the first two injections before clinical experience commences</p>	<p>Dates of immunization: #1. _____ #2. _____ #3. _____</p>

Tuberculosis Testing

Tuberculin (TB) Skin Test : PPD via Mantoux Technique	
<p><i>Step One</i></p> <p>Date: _____</p> <p><input type="checkbox"/> Left Arm <input type="checkbox"/> Right Arm</p> <p>Administered by: _____</p> <p>Read in 48-72 hours after injection</p> <p>Date Read: _____</p> <p>Read By: _____</p> <p>Reading Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p>Description of Reaction: _____</p>	<p><i>Step Two</i></p> <p>Date: _____</p> <p><input type="checkbox"/> Left Arm <input type="checkbox"/> Right Arm</p> <p>Administered by: _____</p> <p>Read in 48-72 hours after injection</p> <p>Date Read: _____</p> <p>Read By: _____</p> <p>Reading Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p>Description of Reaction: _____</p>

*After the first application of the two step has been administered, give the second portion 1-3 weeks later. If the patient has had a two step prior, and has proper documentation with consistent yearly PPD documentation, then only a year PPD testing is required.

Please be advised this is a mandatory requirement for all Health Science Students participating in clinical experience to have a Two Step Mantoux Testing.

Mandatory for All Health Science Students FBI Finger-Print Based Criminal Record Check

Please follow the instructions below to acquire your FBI Finger- Print
Based Criminal Record Check

1. To begin please register online go to: www.pa.cogentid.com
2. Click on the Department of Education and follow the step by step instructions. Payment methods can be done with a credit card or you must hand carry a money order the day of your appointment.
3. After the registration is completed, print out the required page. You also have the option to have the results mailed directly to you which is an additional fee.
4. Call the LIU18 located at 368 Tioga Ave, Kingston, PA 570-287-9681 and set up an appointment for the finger printing process. Be sure to take along the required printed page and your money order if you chose that method of payment.
5. Once you have completed the finger printing process they will issue you a form with instructions to follow to retrieve your results in 24 – 48 hours. Please be sure you have the ability to print out your results unless you chose to have your results mailed directly to you.
6. Please be sure to make a copy of the results and include them with the all of the other forms necessary to start the program.

Any questions please feel free to contact the Continuing Education Department at 570-740-0495 or via email coned@luzerne.edu.



Continuing Education Department Career Training Student Student Code of Conduct/ Rules and Regulations

You are expected to arrive on time, apply full efforts in learning training materials and conduct yourself in a responsible manner at all times. Any irresponsible, rude, or inappropriate behavior will be cause for dismissal from the school. The following are considered inappropriate behavior:

1. Attendance: You **MUST** attend the entire program. You are expected to attend and arrive to each class on time. You must call the instructor prior to the start time of the class, if you will not be in attendance that day. If you are absent from class more than 3 days, you may be terminated from the program. A doctor's note will be needed for every absent day. Eligibility to make up days missed will be at the discretion of the Program Coordinator and/or Associate Dean of Continuing Education.
2. If you have notified the instructor of your absence prior to the start time of the class and you need to make up the time to cover the total hours of the program, you may be charged a fee to cover the added expenses incurred by an instructor and/or use of equipment (i.e. Nurse Aide). Eligibility to make up days missed will be at the discretion of the Program Coordinator with approval from the Associate Dean of Continuing Education.
3. All requests for refunds **MUST** be submitted in writing, by mail, fax, or in person. The date of receipt in the Continuing Education office is the date in which we will calculate the refund. Non-attendance does not constitute a withdrawal. Check the website for details of the current policy but know that if you do not notify the Continuing Education Office in writing prior to the second day of class.
4. Smoking in the school building.
5. Academic dishonesty, including but not limited to, cheating on test, plagiarism, and collusion.
6. Disruption of the orderly process of the school or interference with school teaching, activities, and functions.
7. Willful acts of misconduct that may cause damage to the school property, including equipment or that may affect the safety of state, students, or the general public.
8. Unlawful manufacture, distribution, dispensing, possession, or use of controlled substances.
9. Drinking or possession of alcoholic beverages on school grounds.
10. Unauthorized entry to or use of school property, including the failure to leave school buildings or grounds after being requested to do so by an authorized employee of the school.
11. Molestation, assault and battery, threats with bodily harm or conduct that threatens or endangers the health or safety of any person lawfully on or in the vicinity of school property or at school sponsored or supervised events.
12. Theft, concealment, defacement or damage of school property or the property of school staff or other students.
13. Illegal gambling, disorderly conduct, or lewd, indecent, or obscene conduct or expression.
14. Failure to comply with the reasonable directions of authorized school officials acting in performance of their duties, including refusing to provide identification upon request.
15. Illegal or unauthorized possession of firearms, fireworks, explosives, dangerous chemicals, or arms classified as weapons.
16. Activities that interfere with the rights of others members of the school community or with normal functions of the school.
17. Acts of harassment, written, verbal or physical that stigmatize or victimize an individual on the basis of, but not limited to, the following: Race, Ethnicity, religion, sex, sexual orientation, creed, national origin, ancestry, age, mental status, or disability.

It is the responsibility of the student to check the LCCC website at www.luzerne.edu/coned or ask the coordinator for a copy of the all policies and procedures for attending LCCC Continuing Education programs.

I have read and I understand the LCCC Student Code of Conduct and agree to abide by it.

Class Start Date: _____ TRAINING PROGRAM: _____

Student PRINT NAME: _____

Student Signature: _____ DATE: _____



Cancellation and Refund Policy


Luzerne County Community College reserves the rights to cancel, combine, or divide any programs described in this brochure. The College also reserves the right to make any revision in the curriculum, instructor, tuition and fees, location, or any other phase of activity necessary without further notice and without incurring obligations. Alterations of the schedule may be necessary due to holidays, weather conditions, school functions, or other conflicts.

Due to the structure and content of our occupational and professional continuing education courses, some programs may have deadline dates and different refund policies than those listed here. Please consult the Continuing Education Department if you have a question.

Should you have any questions as to the status of the program for which you have registered, you may contact us at 570/740-0495 or 496, or 1-800-377-5222 ext. 495 or 496.


Withdrawals need to be submitted in writing. The date of receipt in the Continuing Education office is the date in which we will calculate the refund. Non-attendance does not constitute a withdrawal.


Refund Schedule:

 ALL COURSES: 100% refund when the college cancels a course.

 *Career Training Courses

- 100% refund if you withdrawal from a course one week or more before the first class session.
- Fifty dollars fee (\$50) will be deducted from your tuition for withdrawal within one week of the first class session and prior to the second class session to cover registration and administrative fees.
- No refund if you withdrawal from a course after the start of the second class session.
- *EXCEPTIONS:
 - Nurse Aide – no refund after the start of the first day of class. Program requires students to attend the entire 120 hours of trainings.

 On-line courses - No refund is given within 48 working hours prior to the beginning of the class and/or after receiving access to the course.

 All other programs, courses and trainings offered through the department (excluding on-line courses): No refund is given for any courses after the start of the first class session. Cancellation **MUST** be made at least 48 working hours prior to the start of the first class.

If you paid by credit card your refund will be credited to your account within one week of the cancelled course or written withdrawal. If you paid by check or money order your refund will arrive in 4-6 weeks. Refund is made to payor of record.

Note: The word “course” refers to all tuition/fee programs offered through the department.

I have read and I understand the LCCC policy and agree to abide by it.

Student’s Name (please print) _____

Student’s Signature _____ Date _____

STUDENT HEALTH INSURANCE

I acknowledge that as a part of the clinical program education experience, I am required to complete clinical rotations at a hospital or other healthcare facility. I acknowledge that my attendance at such hospital or other healthcare facility a participation in a rotation is subject to the rules and regulations of such facility. Hospitals and other healthcare facilities are requiring, with increasing frequency, that interns and students maintain adequate health insurance as a condition of participation. By signing below, I acknowledge that I am responsible for making arrangements and ensuring that I am covered by an adequate health insurance policy.

_____ **I currently have health insurance coverage provided by:**

Insurance company name:

Insurance policy number:

By initialing this paragraph, I understand that it is my responsibility to maintain adequate health insurance throughout the clinical nursing program education experience. In the event my insurance company or insurance policy number changes during my clinical program education experience, I will promptly notify Luzerne County Community College.

Initials

_____ **I currently do not have any health insurance coverage.**

By initialing this paragraph, I understand that it is my responsibility to obtain adequate health insurance before commencing the clinical program education experience. Once I have obtained adequate health insurance coverage, I will promptly notify Luzerne County Community College and provide my insurance company's name and my policy number.

Initials

By initialing this paragraph, I understand that in the event I require medical care, I shall be fully responsible for any and all costs incurred with respect to such medical care and agree to indemnify, defend, and hold harmless Luzerne County Community College and its trustees, officers, agents, and employees from and against any and all demands, claims, losses and liabilities, including costs and reasonable attorney's fees, sought in connection with the provision of such medical care.

Initials

Signature

Date

Printed Name

You must sign and return to the Continuing Education Department.

Insurance statement/ask/2010

LUZERNE COUNTY COMMUNITY COLLEGE

**PLEASE *CLICK THROUGH FOR INFORMATION AND APPLICATIONS FOR
LIABILITY INSURANCE AND
CHILD ABUSE CLEARANCE FORMS**

***Child Abuse Clearance Form:**

FORM: <http://www.dpw.state.pa.us/Resources/Documents/Pdf/FillInForms/DPWchildabuse.pdf>

*** Request for Driver Information:**

FORM: http://www.dmv.state.pa.us/pdotforms/dl_forms/dl-503.pdf

***Marsh Liability Insurance:**

INFO: <http://www.personalplans.com/alliedhealth/lite/benefits/plan.do?planID=3102#planforms>

Form: http://www.personal-plans.com/alliedhealthdocs/marmoree_pl-student.pdf

When you receive your conformation of the above please provide us with a copy.

***If you cannot click through, copy and paste the links into your web browser**

ALL INFORMATION MUST BE RETURNED TO:

**CONTINUING EDUCATION DEPARTMENT
EDUCATIONAL CONFERENCE CENTER, BLDG. 10
LUZERNE COUNTY COMMUNITY COLLEGE
1333 S PROSPECT ST
NANTICOKE PA 18634**

Make checks payable to Luzerne County Community College Dept. 63000