

Madera Community College

## VOCATIONAL NURSING PROGRAM

**Applications are now being accepted for Fall 2022.**

# This information packet contains admission & application policies for ongoing admission to the vocational nursing program.

Applications are available in the Admissions & Records Office at the Madera Community College: 30277 Avenue 12 Madera, Ca 93638

& online at

<https://www.maderacollege.edu/academics/courses/nursing-lvn.html>

# **Student Learning Outcome**

**Upon successful completion of the Vocational Nursing Program, the student will:**

1. Meet the requirements for the National Licensure Exam as a Vocational Nurse.
2. Using the nursing process to guide critical thinking, recognize health deviations and prioritize nursing care.
3. Recognize the influence of cultural and economic differences in the access and delivery of health care services.
4. Understand Erikson’s stages of the life cycle, Maslow’s hierarchy of needs, and implement them into basic nursing care.
5. Demonstrate effective communication with clients, family, peers, health care team members, and community.
6. Identify and access resources in the community to deliver safe nursing care meeting basic human needs of individuals in the community.
7. Understand the responsibilities and limitations (scope of practice) of the vocational nurse role in California.
8. Perform the vocational nurse role in an ethical, safe, responsible, and competent manner.
9. Assume responsibility for continuing professional growth to meet the needs of a changing profession in a changing society.

#  **LVN Course Descriptions**

##

## First Semester

LVN 100 Foundations of Nursing 11 units

This course covers the theory, principles and practice of fundamental nursing skills needed to care for the adult patients. Health and its preservation are stressed. Interpersonal relationships, community resources, prevention and treatment of disease are studied. Clinical experience is integrated with classroom theory and is provided at affiliating hospitals under direct supervision of College Nurse instructors. This is the first semester of nursing theory and clinical of a three-semester sequence.

 LVN 120 Nursing Guidance I 1 unit

This course examines socialization and interpersonal communications related to vocational nursing. Course topics include verbal and non-verbal communication, communication problems in the nurse-patient relationship, the hospital as a working and learning environment, self-actualization relating to the elderly, and death and dying.

LVN 140 Introduction to Pharmacology 3 units

This is an introductory pharmacology course, which includes an introduction into the professional context of drug administration, study of metric, apothecary, and household systems of measurements. Nursing responsibility and patient safety is included. Completion of this course requires accurate interpretation of doctors’ orders, reading medication bottles and calculation of drug dosages and the reason for their application. Common, local, and systemic drugs are studied. Uses, effects, and safe administration of medications are included. Nursing responsibility and client’s safety are emphasized.

##

## Second Semester

LVN 101 Principles & Practice of Nursing I 14 units

This course emphasizes theoretical principles and clinical experience in meeting Maslow’s basic human needs of nutrition, oxygenation, elimination, and affiliation. Application of these basic principles and practices of medical-surgical nursing care in the maternity and pediatric settings. It also involves clinical experiences in meeting basic health needs of individuals of all ages with commonly occurring health problems.

LVN 121 Nursing Guidance II 1 unit

This course examines the nature of stress and its influences on coping and adapting. Related topics examined include crisis and crisis intervention, and psycho physiological and somatopsychic responses to stress and anxiety.

## Third Semester

LVN 102 Principles & Practice of Nursing II 14 units

This course emphasizes theoretical principles of Maslow’s basic human needs of safety, hygiene, rest, activity, comfort, and self-actualization as it relates to common and complex health problems occurring in individuals of all age groups. Pathophysiologic and psychosocial assessment and management of medical-surgical disorders are stressed. General pharmacological and nutritional considerations are included. Clinical experience is integrated.

LVN 122 Nursing Guidance III 1 unit

This course examines the current and evolving patterns of mental health care and the shifts from inpatient custodial care to community-based treatment for the mentally ill. This course also examines the health-illness continuum, psychopathology, neuroses and psychoses, clinical disorders and maladaptation’s of behavior, and psychopharmacological approaches to treatment.

**PROGRAM EXPENSES (estimated)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **First Semester** |  |  | **Second Semester** |  |  | **Third Semester** |  |
| **Enrollment Fees:** |  |  | **Enrollment Fees:** |  |  | **Enrollment Fees:** |  |
| **Registration $46.00 per credit for 15 credits** | **$690.00** |  | **Registration $46.00 per credit for 15 credits** | **$690.00** |  | **Registration $46.00 per credit for 15 credits** | **$690.00** |
| **Associated Students (optional)** | **$10.00** |  | **Associated Students (optional)** | **$10.00** |  | **Associated Students (optional)** | **$10.00** |
| **Health Fee** | **$21.00** |  | **Health Fee** | **$21.00** |  | **Health Fee** | **$21.00** |
| **Parking** | **$30.00** |  | **Parking** | **$30.00** |  | **Parking** | **$30.00** |
| **Additional Fees: (estimates only)** |  |  | **Additional Fees: (estimates only)** |  |  | **Additional Fees: (estimates only)** |  |
| **Physical Exam & related immunizations & titers** | **$125.00** |  | **Transportation to clinical (varies)** | **$50.00** |  | **Transportation (varies)** | **$50.00** |
| **Uniforms & Name Tag** | **$180.00** |  |  |  |  |  |  |
| **Background and urine check, immunization** | **$98** |  |  |  |  |  |  |
| **Transportation to clinical (varies)** | **$50.00** |  |  |  |  | **License fees** |  |
| **Books (estimate)** | **$1300.00** |  |  |  |  | **BVNPT application** | **$150.00** |
| **Watch with second hand** | **$40.00** |  |  |  |  | **NCLEX** | **200.00** |
| **Stethoscope (clinical)** | **$40.00** |  |  |  |  | **License** | **$150.00** |
|  |  |  |  |  |  | **Livescan** | **$70.00** |
| **TOTAL** | **$.2584.00** |  | **TOTAL** | **$801.00** |  | **TOTAL** | **$1371.00** |

**Note:** These expenses are the responsibilities of the student. Some forms of financial aid will cover part of these expenses. Contact the financial aid office for more specific information.

**ADMISSION PROCEDURES FOR VOCATIONAL NURSING PROGRAM**

***In progress classes will not be accepted. All prerequisites must be completed.***

## Completed packets are accepted on an ongoing basis by the nursing counselor and will be numbered. If you have questions about the application, see the LVN counselor. Once the application is accepted, the student will be placed on the waitlist until their number is selected for placement in class. (Military providing valid DD-214 form if eligible, can accept placement in next available cohort.)

## Selections:

## The first 30 qualified applicants from the waitlist will be selected for placement in class, as well as 3 alternates. Alternates will be expected to participate in class until clinical begins. At that time if 30 students are in the class, alternates will be dropped from the program and placed back on the waitlist. Eligible applicants will be notified 2-3 months prior to the start of the program. All letters indicating results are emailed or mailed out at the same time, No results will be given by phone.

**LVN Program Date:**

The Program is offered every Fall. Application deadline is in March.

**Registration:**

Once selected for the program, the student must attend a **mandatory** pre-registration orientation meeting at which time information will be given on the college enrollment process and registration of classes. A list of required supplies and where to obtain a student uniform will be provided

**Minimum requirements for admission to the vocational nursing program:**

STUDENTS MUST MEET THE FOLLOWING REQUIREMENTS *BEFORE* ADMISSION TO THE PROGRAM.

* High school graduation (transcript) or the equivalent as measured by General Education Development (GED) test (transcript), or California State High School Proficiency Examination (transcript) and the completion of the following prerequisites **(Must have date of graduation or date** & **scores of GED on transcript):**
* Have completed within 5 years of admission to the program the following courses or
* their equivalents with a grade of "C" or better:
1. Medical Terminology - OT 10
2. Nutrition - FN 40 or 35
3. Anatomy & Physiology - Bio 20 & 22
* Current CPR card: American Heart Association, Health Care Provider
* Be physically & mentally able to perform the duties of a vocational nurse.
* Minimum Age - 17 Years

## The following documents to be submitted with the application:

1. Transcripts: One set of official transcripts from the last attended high school or a copy of the GED/High School
2. Proficiency test score report. **Must have the date of graduation or date** & **scores of GED on the transcript.**
3. TWO sets of official transcripts from all colleges attended including Madera Community

College. *NO PRINTOUT OF GRADES!*

d) Foreign-born students with transcripts outside the U.S. will need to have transcripts evaluated

 for U.S. equivalency. Contact the LVN counselor for approved list of agencies.

## The following documents to be submitted after acceptance to the program:

**a)** Physical Examination:

Upon acceptance into the program, the student will receive a physical examination form, which must be completed by a physician or nurse practitioner no more than three months prior to the beginning of the class. **You will not be able to continue in the program without it.**

**b)** Immunizations ·

Upon acceptance into the program, the student must submit proof of the following immunizations turned in within 3 weeks after the start of the program.

1. Students must submit the PPD test or x-ray results to the Nursing Department. **every** 6 **months** for TB clearance.
2. Hepatitis A (positive titer or documented doses)
3. Hepatitis B can be prevented with the Hepatitis B vaccine, which is offered by physicians or family medical clinics. The student must submit documentation of immunization to
	1. Hepatitis B (series of three doses) or documentation of titer or. *(Timetable: Injection #1 one month* - *injection #2 -five months­ injection #3).*

The student must show proof of immunity to:

1. Rubella (positive titer or I documented dose)

## Rubeola (positive titer or 2 documented doses)

1. Mumps (positive titer or 1 documented dose)
2. Varicella (positive titer or 2 documented doses)
3. T-dap

**c)** Criminal background checks and urine drug screen:

 The hospital must assure all individuals arriving at the hospital for training will not be

 considered a risk for patients, staff, or visitors. Hospital policy requires that students have

 completed criminal background checks and urine drug screen prior to providing patient care.

 The necessary criminal background checks and urine drug screen is to assure the student is

 not guilty of any felony or misdemeanor related to but not limited to; theft, assault,

harassment, drug related convictions, which would jeopardize the safety and security of the hospitals staff, patients or visitors. The investigation might include names and dates of criminal history records; social security number trace, residency history, sex offender registry, and SA/OIG sanction report. Criminal background checks and urine drug screen will be done upon admission to the program for eligibility to continue in the program. The cost is expected to be $98.00 and the student will be provided the process to obtain the criminal background checks and urine drug screen upon admission to the program.

**State Center Community College District**

**Madera Community College**

**Vocational Nursing Program**

*Admission Packet*

Check-Off Sheet

.

Read all information contained in the Information Packet carefully before submitting application • Contact the vocational nursing office if you have a change of address and/or telephone number.

Failure to do so may delay any information we have to relay to you regarding the status of your application.

# APPLICATION FORM

HIGH SCHOOL **TRANSCRIPT,** GED **TRANSCRIPT,** OR EQUIVALENT

**2 COPIES** SEALED OFFICIAL TRANSCRIPTS FROM ALL **COLLEGES OR SCHOOLS ATTENDED** Including Fresno City. Madera Community College, Clovis College. Reedley College **(For transfer credit only)**

**COURSE EQUIVALENCYFORM** (Classes **not** taken at SCCCD)

American Heart Association, Health Care Provider CPR Card (copy)

PREREQUISITES COMPLETED within the last 5 years:

ANATOMY & PHYSIOLOGY BIO 20 &22

NUTRITION FN 35 OR 40

MEDICAL TERMINOLOGY OT 10

 ADVISORY CLASSES

ENGLISH IA

Only COMPLETE application packets with all prerequisites COMPLETED (with official transcript) will be processed.

 30277 Avenue 12 Madera, CA 93638

 **State Center Community College District**

FOR OFFICE USE ONLY

Complete Application received on:

Date

Student#

 **Madera Community College**

** Vocational Nursing Program**



|  |
| --- |
| *Please Print* |
| Last Name |  |  | First Name |  | M.I |  | I. |  | Former (Maiden, other) |  |  |  |
| Street | City | State |  | Zip |
| Date of Birth mm/dd/yy | Last four Soc. Sec Number | Student ID |  | I |  | Telephone | High School/GED/Degree date |
| Gender Male [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] | Female [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] | Email: | Is English the language you speak most often ENGLISH IAYes No[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] | What is your ethnic background |  | Citizenship |
| Contact person: Name:Phone: | For foreign-born students' high school equivalency, please see a counselor in Student Services. |

**Contact the vocational nursin1 office if you have a change of email, address and/or telephone number. Failure to do so may delay any information we have to relay to you regarding the status of your application.**

Have you ever attended another School of Nursing? Yes NO

 If you answered YES, please list School: \_\_\_\_\_\_\_\_\_



COMPLETION OF PREREQUISITE COURSES

|  |  |  |  |
| --- | --- | --- | --- |
| **SCCCD Prerequisites** | **Equivalent Prerequisites,** if **taken**at **another College (identify)** | **Year**(Courses must be taken within five years of admission to program) | **Grade** |
| Bio 20 & 22 - Anatomy & Physiology |  |  |  |
| OT 10 - Medical Terminology |  |  |  |
| FN 40 or 35 - Nutrition |  |  |  |
| ***ADVISORIES*** |  |  |  |
| English IA |  |  |  |
|  |  |  |  |

Date----------------------------

Date----------------------------

Student Signature -----------------------------

Counselor Signature----------------------------------

**State Center Community College District**

**Madera Community College**

**Vocational Nursing Program**

**Course Equivalency Form**

Name\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Date\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Other Campus: Location:

SCCCD-Madera Community College Course Name and Number

Units

Course Name and Number Year Taken Lecture

Other Campus: Location

SCCCD-Madera Community College Course Name and Number

Units

Course Name and Number Year Taken Lecture

Other Campus: Location

SCCCD-Madera Community College Course Name and Number

Units

Course Name and Number Year Taken Lecture

Other Campus: --

**Location**

SCCCD-Madera Community College Course Name and Number

Units

**Course Name and Number**

Year Taken

Lecture

ONLY ONE SIGNATURE REQUIRED, COUNSELOR OR COORDINATOR

OR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Signature Date LVN Coordinator Date

Attention Counselor: All courses taken at an Adult School please send to the LVN coordinator for equivalency.