



# Department of Nursing A.A.S.

## Student Packet

Spring 2020



Dear Incoming Nursing Students,

As you begin, I personally want to welcome you to the Bergen Community College Student Nursing Program. Each professional in the Nursing Department, faculty, staff, and administration, are here to assist you in your endeavors. Together we will support and encourage you to attain your goals of becoming a registered nurse.

Our state-of-the-art Health Professions Integrated Teaching Center fosters a collaborative environment using the most current methodologies. Various disciplines interact with each other to simulate live clinical experiences in our Interdisciplinary Center for Simulation. Our experienced nursing faculty provide students with the opportunity to bridge the theory-practice gap by providing real world experiences to prepare you to become leaders of tomorrow.

Bergen Community College Nursing Program has a reputation of excellence. The health care facilities with whom we work, welcome and encourage our students to develop and grow in the learning process and in the profession of nursing. Our Nursing Program is accredited by the Accreditation Commission for Education in Nursing (ACEN), which is an indicator of the success of our program.

The faculty, staff and I wish you a successful year!

Sincerely,

*Darlene Zales-Russamano*

Darlene Zales-Russamano  
Interim Associate Dean/Clinical Coordinator Nursing Program



**NEW STUDENT ORIENTATION FOR SPRING 2020  
SEMESTER**

**ATTENDANCE IS MANDATORY!!!**

**January 7, 8, 9, 2020**

**The schedule is as follows:**

**Day 1: January 7, 2020**

**8:30 a.m. – 3:30 p.m.**

**Room #: HP-302 and HP-304**

**Day 2: January 8, 2020**

**8:30 a.m. – 3:30 p.m.**

**Room #: HP-302 and HP-304**

**Day 3: January 9, 2020**

**8:00 a.m. – 5:30 p.m.**

**Room # HP-302 / HP-304 / HP-325**

**Please make your own arrangements for lunch.**

# **MANDATORY**

## **NURSING DEPARTMENT REQUIREMENTS**

Please read carefully and complete ALL requirements *by the deadline listed*. Students will NOT be permitted in classes, labs, or clinical until all documentation has been received and all requirements have been met.

**Deadline for all Requirements to be turned in: December 20, 2019 (NO EXCEPTIONS)**

### **Nursing Department Requirements: (Instructions for each on following pages)**

- BCC Health Services Department Requirements
  - ✓ Medical Exam Form
  - ✓ Titers for Measles, Mumps, Rubella and Varicella
  - ✓ Recent Tdap
  - ✓ Hepatitis B Acceptance/Declination Form
  - ✓ Tuberculosis (TB) Screening Requirement Form (2-Step)
  - ✓ Urine Drug Screening Form
  - ✓ Copy of Health/Medical Insurance Company
  - ✓ Flu Vaccine (in season-October - April)
  - ✓ Immunization Requirement Form
- Malpractice Insurance (coverage as a Registered Nurse Student)
- CPR certification – American Heart Association - **ONLY**
- CHBC - Criminal History Background Check / Adam Safeguard & Inquiry Systems Inc.
- Student Handbook Sign-off Form

**Do not sign until you have read the Nursing Student Handbook.** The 2020 nursing student handbook will be available prior to orientation and will be located on the nursing web page: <http://bergen.edu/academics/academic-divisions-departments/health-professions-division/nursing/>  
Please make sure that you sign-off on the 2020 handbook.
- Copy of your Student Identification Badge and Student ID Number

Documents (**other than Health Services forms**) may be dropped off and **placed in the mailbox** directly outside HP-212 during normal business hours, or mailed directly to:

Bergen Community College  
Department of Nursing, HP 212  
Darlene Zales-Russamano, Assistant Dean/Clinical Coordinator  
400 Paramus Road  
Paramus, NJ 07652



## **READ CAREFULLY AND COMPLETELY**

### **IMMUNIZATION POLICY**

#### **To all Nursing Spring 2020 Students and Health Professions Staff:**

This information sheet is provided to assist you and your health provider with all the requirements that are now needed for all Nursing students and Health Professions staff. Hopefully, this notice may clear up any questions you or your provider may have.

The attached forms must be completed and returned to the Health Services Office before **Friday, December 20, 2019** for the **Spring 2020** semester. You are welcome to bring in, fax, mail or email your records.

Our clinical affiliate hospitals have imposed effectively immediately, the following requirements that affect all Nursing Students and Health Professions staff.

1. A recent physical form needs to be filled out by your provider. The physical form cannot be older than 6 months.
2. All Nursing students and Health Professions staff are required to have titers drawn for Measles (Rubeola), Mumps, Rubella, Varicella and Hepatitis B surface antibody. Laboratory reports must be attached. If the test/titer is negative, you must be revaccinated.
3. If Hepatitis B Surface Antibody blood titer is negative and you have proof that you did receive the vaccine, you can sign a declination (attached) if you want, but you must submit the three dates in the appropriate area as requested.
4. A recent Tdap vaccine. (Please note that a TD, or Dtap is not in compliance.)
5. Tuberculosis TB screening must be a 2-step for first year students, or a Quantiferon Gold blood test or Spot Blood test. Copy of titer must be attached. (Form is attached for 2-step.)
6. Drug screening (A form is attached with specific requirements and time frame of when it should be completed by.) Not following the specific dates may affect your externship.
7. Copy of Health/Medical Insurance Company/Group card. (If you do not have health insurance, you can purchase a limited policy thru the Bursar's office Room L 127. Please contact the Bursar's office Room L127 for more information)
8. Flu vaccination documentation must be submitted before January 1, 2020 for the Spring 2020 semester.

(Rev. 11/2019)

Bergen Community College  
 400 Paramus Rd. Room HS100  
 Paramus, NJ 07652  
 Phone: 201-447-9257  
 Fax: 201-447-0327

NURSING AND HEALTH PROFESSIONS  
 IMMUNIZATION REQUIREMENT FORM

Email: \_\_\_\_\_

/		/		M/F	
Last Name (Please Print) Security #		First	Middle initial	(circle)	Student ID or Social
Address: Street		City	State	Zip Code	

Contact: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name \_\_\_\_\_

Contact Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Part A: Student: Please answer all questions as completely as possible.

	Y	N	Explain/List/Date
1. Head -injury /fainting/seizure?	_____	_____	_____
2. Eye injury/loss of vision?	_____	_____	_____
3. Broken bone?	_____	_____	_____
4. Hospitalization or surgery?	_____	_____	_____
5. Diabetes, Heart, Lung, Asthma, Cancer	_____	_____	_____
6. Anxiety/emotional/mental illness?	_____	_____	_____
7. Other health problems?	_____	_____	_____
8. Allergies: food/medications/environmental	_____	_____	_____
9. Take any medications regularly?	_____	_____	_____

Part B: Health Care Provider/Physician:

ALL Nursing and Health Profession students are required to have titers drawn for Measles (Rubeola), Mumps, Rubella, Varicella and Hepatitis B surface Antibody. Laboratory reports must be attached. If test/titer is negative or equivocal you must be revaccinated.

Measles (Rubeola) IgG:	_____	_____	<input type="checkbox"/> immune	_____
	date drawn	IgG Titer Value	<input type="checkbox"/> not immune	Revaccination date if titer is negative or equivocal
Mumps IgG:	_____	_____	<input type="checkbox"/> immune	_____
	date drawn	IgG Titer Value	<input type="checkbox"/> not immune	Revaccination date if titer is negative or equivocal
Rubella (German measles IgG)	_____	_____	<input type="checkbox"/> immune	_____
	date drawn	IgG Titer Value	<input type="checkbox"/> not immune	Revaccination date if titer is negative or equivocal
Hepatitis B Surface Antibody titer	_____	_____	<input type="checkbox"/> immune	#1 _____ #2 _____ #3 _____
	date drawn	IgG Titer Value	<input type="checkbox"/> not immune	Revaccination dates if titer is negative or signed declination
Varicella IgG (chicken pox)	_____	_____	<input type="checkbox"/> immune	#1 _____ #2 _____
	date drawn	IgG Titer Value	<input type="checkbox"/> not immune	Revaccination dates if titer is negative or equivocal

Date of Tdap \_\_\_\_\_ (Must be within 10 Years)

Influenza vaccination when in season must have signature of administrator (If pharmacy administrator backup required)

Tuberculosis TB Screening: 2 STEP required for first year students, please see attached form.

Name of Health/Medical Insurance Company/Group \_\_\_\_\_ (copy of card must be attached)

Signature: Health Care Professional/Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Address & STAMP: \_\_\_\_\_

**BERGEN COMMUNITY COLLEGE**  
**HEALTH SERVICES MEDICAL RECORD**  
 OFFICE: 201-447-9257 FAX 201-447-0327

ID# \_\_\_\_\_

E-mail: \_\_\_\_\_

**THIS MEDICAL EXAM MUST BE RETURNED TO HEALTH SERVICES BEFORE STARTING CLASSES.**  
**IF YOU ARE A NURSING AND HEALTH PROFESSIONS STUDENT, THIS MEDICAL EXAM MUST BE DATED, SIGNED AND STAMPED WITHIN 6 MONTHS OF STARTING YOUR PROGRAM IN ORDER TO BE CLEARED FOR CLINICAL.**

**Part C: /page 2 Health Care Provider/Physician complete:**

Patient's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood/Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_ Temp: \_\_\_\_\_

**Review of Systems: Skin**

**Head, Ears, Nose, Throat**

Glands (cervical, axillary, inguinal)	_____	_____	_____
Eyes	=====	=====	=====
Chest	=====	=====	=====
Lungs (chronic bronchitis, asthma)	=====	=====	=====
Heart (murmurs, click, rhythm)	_____	_____	_____
Abdomen (Liver, spleen, masses)	_____	_____	_____
Musculoskeletal	_____	_____	_____
Metabolic/Endocrine	_____	_____	_____
Neurological/Neuropsychiatric	_____	_____	_____

Allergies to Food or medicines: (please list) \_\_\_\_\_

Medical condition(s) requiring ongoing care: \_\_\_\_\_  
 Clinical Impression based on history and physical exam \_\_\_\_\_

**MEDICATIONS:**

Diagnosis:	Medication:

**Recommendations:** For this student:

- \_\_\_\_\_ May participate in physical activities
- \_\_\_\_\_ Needs health problems evaluated prior to participation in physical activities
- \_\_\_\_\_ Limit classroom and physical activities as follows:
- \_\_\_\_\_ No participation due to:

**Comments or Recommendations:** \_\_\_\_\_  
 \_\_\_\_\_

Signature: Health Care Professional/Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Address & STAMP: \_\_\_\_\_

Please be advised that this information will not be shared. However there may be a time when our Professional Staff may need to confer with other campus Professionals or appropriate health care providers in the event of an emergency.

Program: \_\_\_\_\_

Student ID# \_\_\_\_\_  
(Enter BCC ID)

**Incoming Nursing/Health Professions Students-Tuberculosis (TB) Screening Requirement**

Please complete Part A. Part B must be completed by your physician or healthcare provider.  
Please return the completed form to the **Office of Health Services, HS-100**, Pitkin Education Center.

**Part A**

Print Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Part B**

**Tuberculosis (TB) Screening:** In order to be cleared for clinical participation, you are required to submit the date and result of either a PPD skin test OR an interferon gamma release assay (IGRA) blood test such as Quantiferon Gold.

**A 2-step PPD skin test is must be done within 6 months of starting program.**

PPD (Mantoux) #1 \_\_\_\_\_ (date administered) \_\_\_\_\_ (date read 48-72hrs. after injection) Results:

positive \_\_\_\_\_ negative \_\_\_\_\_ (circle one); report positive results in millimeters.

PPD (Mantoux) #2 \_\_\_\_\_ (date administered) \_\_\_\_\_ (date read 48-72hrs. after injection) Results:

positive \_\_\_\_\_ negative \_\_\_\_\_ (circle one); report positive results in millimeters.

**OR**

Quantiferon Gold blood test OR Spot Blood test may be used in place of PPD -Lab report must be attached. Date of test \_\_\_\_\_. Result: positive / negative (**circle one**)

Chest X-ray is required if PPD or Q-Gold result is positive. Chest X-ray must be performed within 6 months of starting program.

Chest X-ray report must be attached.

If result of the Q-Gold blood test is indeterminate, repeat Q-Gold or administer PPD skin test.

Signature of physician or healthcare provider: \_\_\_\_\_ Date: \_\_\_\_\_ Healthcare Address Stamp: \_\_\_\_\_







400 Paramus Road  
Paramus, New Jersey  
07652-1595  
(201) 447-9257  
Fax (201) 447-0327

## Hepatitis B Vaccine Acceptance/Declination Form

Due to your occupational exposure to blood or other potentially infectious material (OPIM) you may be at risk of acquiring hepatitis B virus (HBV) infection. Hepatitis B vaccination is **strongly** recommended unless:

- 1) Documentation of prior vaccination and post-vaccination titer is provided to Health Services
- 2) Medical evaluation identifies that vaccination is contraindicated.

I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring Hepatitis B virus

### **Declination Reason:**

- I decline because I have received the 3-dose Hepatitis B vaccination in the past. List dates: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and send a copy of the vaccination record and post-vaccine titer\*.
- I decline because I have evidence of immunity (send a copy of the antibody titer record\*).
- Other reason for declination; explain: \_\_\_\_\_

\*Send prior vaccination records and/or immunity records

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Students name (print)

\_\_\_\_\_  
ID #

\_\_\_\_\_  
Program of Study



Student ID# \_\_\_\_\_  
(Enter BCC ID)

**Influenza Vaccine Mandatory Reporting**  
**Nursing and Health Professions Students/Staff**

Beginning January 1, 2013, the Centers for Medicare and Medicaid Services (CMS) have mandated that hospitals report summary data on influenza vaccination of healthcare personnel (HCP) for the influenza season. The required HCP includes all students and faculty 18 years of age and greater.

**Please submit this letter with documentation from your Health Care Provider that influenza vaccination was given. Please note to have your vaccine given in accordance to the flu season. (Oct-April)**

Print Student Name: \_\_\_\_\_

Influenza vaccine date administered: \_\_\_\_\_

Vaccine Lot Number: \_\_\_\_\_

Vaccine Manufacturer: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

If pharmacy or clinical site is administering vaccine, please provide name and address of location.

\_\_\_\_\_  
\_\_\_\_\_

Signature of Administrator/Physician Stamp or attached copy with the above requirements:

\_\_\_\_\_

**YEARLY DRUG SCREENING REQUIREMENT**

**ALL NURSING AND HEALTH PROFESSIONS**

**BERGEN COMMUNITY COLLEGE**

**SCHOOL YEAR FALL 2019 – SPRING 2020**

This information sheet and Lab Corp collection authorization form gives directions on how and when you should visit the lab for your yearly screening. **THIS IS THE ONLY NOTICE YOU WILL RECEIVE ABOUT THIS IMPORTANT CLINICAL REQUIREMENT.**

Your attention in this matter is important as it needs to be completed by **December 20, 2019** in order to be cleared for your clinical experience.

If you have any questions, please call the health services office at 201-447-9257.

Thank you,

*Dania Huie-Pasigan*

Dania Huie-Pasigan, RN, BSN

**ATTENTION NURSING STUDENTS FALL 2019**  
**URGENT MESSAGE: PLEASE READ CAREFULLY AND**  
**FOLLOW THE DIRECTIONS**

**OUR CLINICAL AFFILIATE** Hospitals have a new requirement that **MANDATES** a **URINE DRUG SCREENING**.

**LAB CORP IS THE ONLY ACCEPTABLE LAB TO COMPLETE THIS DRUG SCREENING.** You must complete this screening in order to participate in all clinical education for **SPRING 2020 SEMESTER**. The screening will cover clinical education for a 12 month period.

These are the **ONLY AUTHORIZED** sites to have the collections done. **ONLY CREDIT/DEBIT CARDS OR MONEY ORDER WILL BE ACCEPTED. NO CASH or PERSONAL CHECKS WILL BE ACCEPTED. THE FEE IS \$45.** PLEASE SEE LOCATIONS LISTED BELOW:

You can also schedule an appointment on-line at [WWW.LABCORP.COM](http://WWW.LABCORP.COM) The hours are **ONLY** from 11am- 2pm.

1. 170 PROSPECT AVE STE,	Hackensack	201-343-0222
2. 464 VALLEY BROOK AVE,	Lyndhurst	201-672-0138
3. 401 GOFFLE RD,	Ridgewood	201-493-9245
4. 215 OLD HOOK RD,	Westwood	201-666-6800
5. 92 FERRY STREET, SUITE 101,	Newark	973-991-1482
6. 2040 MILLBURN AVE STE 203,	Maplewood	973-761-0751
7. 1 GREENWOOD AVE STE 102,	Montclair	973-783-4470
8. 393 CENTRAL AVENUE,	Newark	862-234-1621
9. 1011 CLIFTON AVE STE 2C,	Clifton	973-365-1186
10. 1139 MAIN AVENUE,	Clifton	973-777-9062
11. 680 BROADWAY, UNIT B3,	Paterson	862-257-1334
12. 307 HAMBURG TPKE, STE 103,	Wayne	973-790-0350
13. 406 ROUTE 23, SUITE 2,	Franklin	973-823-9701
14. 227 NEWTON SPARTA RD, STE 8,	Newton	973-579-0010
15. 522 Central Ave.,	Jersey City	201-659-0278
16. 3196 Kennedy Blvd. 2 <sup>nd</sup> Floor	Union City	201-330-3274
17. 209 Lefante Way	Bayonne	201-436-0129

**YOU MUST BRING:**

1. THE ATTACHED COLLECTION AUTHORIZATION FORM
2. A PHOTO ID CARD
3. A CREDIT/DEBIT CARD OR MONEY ORDER FOR \$45.00. NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED.

**Results are sent directly to the Associate Dean / Clinical Coordinator of Health Professions**

**\*\*This test must be completed between December 20, 2019 – January 6, 2020 ONLY, in order for the results to reach the college before clinical begins. It is important you have your test done during this time frame so it can cover you the entire school year. \*\***



LabCorp WEB COC  
COLLECTION AUTHORIZATION FORM

Donor Name : \_\_\_\_\_

*Attn Donor: Please present this authorization form to the collection site upon arrival. Make sure you have a photo ID, and a credit card to pay for the testing or a money order for the exact amount. NO CASH WILL BE ACCEPTED*

**Attention Collector:**

**\*\*\*\*\*CASH SALES ACCOUNT ONLY\*\*\*\*\***  
**Collect \$45 for urine test (768889-\$30.00; 708008-\$10.00; 708776-\$5.00)**

- \*\*\* Account Name: BERGEN COMMUNITY COLLEGE RM HS100**
- \*\*\* LabCorp Account # : 29925705-NURSING COC ACCOUNT**
- \*\*\* Test(s) to Be Performed (please check off):**

**768889** 12+Oxycodone

**\*\*\* REQUIRED FIELDS**

- **REASON FOR TEST:**     **PRE-EMPLOYMENT**     **RANDOM**
- **REASONABLE SUSPICION/FOR CAUSE**     **POST ACCIDENT**
- **PERIODIC**     **OTHER**

Collection Site Locations (only):

**Collector: If you have any questions, please contact:**

**Client Contact:    Darlene Zales-Russamano 201-301-1594**

**OR**

**OTS Customer Operations:    800 833-3984 option #5**

## MALPRACTICE INSURANCE

Nursing students are required to purchase liability insurance. You can purchase the insurance from any company, but it must cover you as a Registered Nurse Student for at least the amounts of 1 million dollars (\$1,000,000) per individual claim and 3 million dollars (\$6,000,000) per aggregate claim.

Many of our nursing students use NSO (Nurses Service Organization) to purchase their liability insurance. This company's liability coverage for nursing students is now at a level of \$1,000,000 per individual claim and \$6,000,000 per aggregate claim for a Registered Nurse Student.

You can apply online to purchase your insurance from NSO at: [www.nso.com](http://www.nso.com) or you can call toll free at 1-800-247-1500.

**A copy of your Certificate of Insurance must be turned in  
with your other required paperwork by**

**December 20, 2019**

## CPR CERTIFICATION

**ALL NURSING STUDENTS ARE REQUIRED TO MAINTAIN CPR CERTIFICATION FROM THE FOLLOWING ORGANIZATIONS ONLY:**

### **AMERICAN HEART ASSOCIATION**

Level: BLS Healthcare Provider Certification

**\*IMPORTANT:** Be sure you have registered for the **correct level of CPR certification** as indicated above. CPR certification must also be from a **live, in-person course** from either of the organizations listed above. No online CPR certification can be accepted.

Class schedules are available online at the American Heart Association website, [www.americanheart.org](http://www.americanheart.org)

The Bergen Community College School of Continuing Education also offers CPR classes that meet our Nursing Department requirements. You can contact the Bergen Community College School of Continuing Education at [201-447-7488](tel:201-447-7488) to obtain more information.

It takes a few weeks to receive your official CPR card.

**\* Upon receipt of your card, please make a photocopy of the card and submit it with your other required Paperwork to the Nursing Office HP-212 by December 20, 2019.**

\* If you have not received a copy of your card by **December 20, 2019**, we will **temporarily** accept a letter from the CPR course instructor stating that you successfully passed the course (until your card arrives).

***Students who are unable to meet the performance criteria for Certification due to health restrictions must:***

1. Present a physician's statement excluding them from this requirement and
2. Attend the theory component of the CPR course.

Proof of exemption must be sent directly to the Nursing Dept. office, Room HP 212B, from the physician; attendance at the course must be validated.

**Deadline for all Requirements to be turned in: December 20, 2019**



## Adam Safeguard & Inquiry Systems, Inc.

Dear Student,

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) now requires all healthcare students to have their identity verified and a criminal history search conducted prior to being allowed to participate in any cooperative educational program. In order to facilitate these requirements, Bergen Community College has engaged Adam Safeguard to provide necessary service.

The fee is \$45.50 for the base package to include system usage, profile storage, Social Security Trace, National Sex Offender Search, an OIG Sanction Search, and New Jersey Criminal History Search. Your Social Security Trace will dictate what venues are searched. If any address in any additional state is found, we are required to search the county found in that state. The fees for additional locations are as listed and are in addition to the package price above (NJ Sales Tax will be added):

- NY - \$75
- PA - \$20
- All other states by county - \$10 each (plus any county court fees, if any)

### INSTRUCTIONS:

- Go to [www.adamsafeguardstudents.com](http://www.adamsafeguardstudents.com)
- Click on "Order Student Background"
- You will be required to enter **School Code: bccn**

*Be sure to include [newupdate\\_automail@adamsafeguard.com](mailto:newupdate_automail@adamsafeguard.com) in your address book so the completed background report will not go into your spam mail.*

### PLEASE NOTE:

- The charges on your credit card will reflect the name **Adam Safeguard**.
- For those not utilizing a credit card you should complete the form, print it and send it with a bank check or money order to **Adam Safeguard, 1187 Washington Street, Suite #2, Toms River, NJ 08753**.

Please note that because of the timeframe involved in the return of the NJ Statewide Criminal History Searches (10 business days) we ask that you do not contact Adam Safeguard with inquiries regarding completion of searches before the 10-day mark. Unfortunately, we cannot inquire the status of these reports, nor can we expedite them in any way. If you need to contact Adam Safeguard, please call us at (732) 506-6100.

Although we are approved by Bergen Community College, you are Adam Safeguard's client. You are entitled to:

- Our support
- Our best service
- As many copies of your profile as you require at no additional cost
- Indefinite profile storage
- Additional information to be provided on how to correct discrepancies
- **If a discrepancy is located in your criminal history search, Adam will provide you with the necessary information regarding correct procedure on how to correct, admit, deny or dispute the claim(s).**
- If a discrepancy is found in your Social Security Trace, we will provide you with the necessary information on how to identify and correct possible fraudulent activity.

1187 Washington Street – Suite #2  
Toms River, NJ 08753  
(732) 506-6100  
[www.adamsafeguard.com](http://www.adamsafeguard.com)





## *Adam Safeguard & Inquiry Systems, Inc.*

### **Frequently Asked Questions:**

- Will I be charged if I have lived outside of NJ? If so, how much?
  - Yes. The charge is \$10 for each County (plus county court fees if any - excluding NY & PA). The charge for a NY Search will be \$75 and PA will be \$20.
- Will my prior arrest, criminal history, conviction, etc. show up?
  - We do not know what arrests, convictions, etc. will show up until the searches have been run.
- How long does the search take?
  - The search will take about 10 business days to complete if the record is clear. If a hit is recovered, it could take about two, even three weeks, to come back depending on the availability of any additional information that may be required to obtain. Unfortunately, we cannot expedite this process, nor can we contact the State Police for updates on results.
- What crimes/convictions/arrests will keep me out of the program?
  - The education and/or medical facilities will determine which applicants they will accept and deny based on the Background Report. Adam Safeguard does not have any authority to make these decisions.
- Who will have access to/see my report? My credit card number? My SS Number?
  - Adam Safeguard will have access to all three indicated above. The medical facility will have access to the reports, which will contain your SS Number.
- When/How will the school receive my report?
  - The education and/or medical facility will be directly linked to our system and they will be able to log in and view your report as soon as it is completed.
- What do I do if an arrest/conviction shows up on my report and it is not me?
  - Adam will provide you with information on how to dispute/deny/admit/correct any discrepancies in your criminal history. These are one page forms that can be found on our web site under “JCAHO Compliance”.
- What do I do if an address that isn't mine shows up on my Social Security Trace?
  - You may download a form from the web site listed above that will direct you on how to correct any discrepancies found in your Social Security Trace.
- What if I had a PO Box in another state but never lived there?
  - We will still need to run a criminal search in that state, because the general idea is that you still had the opportunity to commit a crime in that area, resident or not.



## Level I Students

Dear Level One Nursing Student:

Welcome to the Nursing Program at Bergen Community College. We have a proud 40+ year history of educating nurses to provide health care to area residents and beyond. The faculty and nursing administration rigorously and regularly reviews student and program outcomes always seeking new ways to improve the teaching/learning process.

As a result of our studies, we are pleased to introduce a program to further aid nursing students to learn the theory and clinical application to nursing practice. This program is affiliated with ATI testing and remediation. You may recognize the name because the entrance examination you took to qualify for the Nursing Program is an ATI product. The program, utilized by numerous nursing programs throughout the country, will include the following products:

- Tutorials and Simulations
- Practice Assessments
- Proctored Assessments
- Active Learning Templates
- Print and eBooks

This program will provide YOU with personalized electronic remediation content; it will help you address your weaknesses. Your performance will be assessed in accordance with the categories tested on the ATI exit examination AND the national licensing examination, (NCLEX-RN) that you will be required to take to become a registered nurse.

We wish you the very best and will share in your success as you achieve your goal of becoming a registered nurse.

Sincerely,

*Darlene Zales-Russamano*

Darlene Zales-Russamano  
Interim Associate Dean of Nursing / Clinical Coordinator

**ENROLLING IN THE  
ATI PROGRAM**

Information about your ATI access  
code will be provided during the  
*New Student Orientation*

## **NURSING STUDENT SCHOLARSHIPS**

There are many scholarships available for students enrolled in the Nursing Program at Bergen Community College.

We encourage all students to take advantage of the financial assistance offered by the scholarships available at BCC. Nursing student scholarships and the application can be viewed on the Bergen Community College web page via the following link:

<https://bergen.edu/community/foundation/scholarships/>

## DEPARTMENT OF NURSING SKILLS KIT

Your nursing skills kit can be purchased through **M&M Medical Sales, Inc.** by completing the form below.

All payments are due **prior to December 20, 2019.** Please pick up your kit on the first day of **ORIENTATION** from Professor Mary Singletary in HP- 207. Notify Professor Mary Singletary **IMMEDIATELY** if any items are missing.

**M&M MEDICAL SALES, INC.  
356 South Maple Avenue  
Glen Rock, New Jersey 07452  
(201) 612-9060**

BERGEN COMMUNITY COLLEGE, DEPARTMENT OF NURSING  
NURSE TRAINING KIT - **\$125.00**

**This order form, along with your payment must be received by M&M Medical Sales, Inc. by** Orders received after this time will not be guaranteed for pick up at the designated time and location.

Provided your order is received by the deadline, your Nurse Training Kit will be available for pick up in the Nurse Skills Lab, HP207. Due to FDA regulations, once you receive your Nurse Training Kit, it cannot be returned. The contents of this Kit have been developed in conjunction with your instructors and are required for your program.

Payment is accepted **by Cash, Certified Check or Money Order only.**  
All orders must be delivered or mailed to:

**M&M Medical Sales, Inc.  
356 Maple Avenue  
Glen Rock, New Jersey 07452**

**BY December 20, 2019**

Please include the following information:

Student's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### **PLEASE RETURN THE ENTIRE ORDER FORM**

The Nurse Training Kit is a custom package, which will be made to order for you. If you do not order before the deadline, M&M Medical Sales cannot guarantee the availability of a Nurse Training Kit for you.

# BERGEN COMMUNITY COLLEGE SCHOOL OF HEALTH PROFESSIONS

## DEPARTMENT OF NURSING

### CONTENT NURSING SKILLS KIT

QTY	ITEM	COMMENTS
1	Sterile Foley Catheterization Tray	
5 pr	SensiCare Powder Free Synthetic Exam Gloves	
2	IV Set, Primary Tubing (Clearlink continu-flo solution set 112 inch	
2	IV Set Secondary Tubing (Clearlink secondary medication set with blue hanger in bag)	
2	250 ml Sodium Chloride (0.9% or Dextrose) injection USP Solution Bags in clear plastic wrap	
2	50 ml Sodium Chloride (0.9% or Dextrose) injection USP Solution Bags in clear plastic wrap	
1	Suction Catheter Kit sterile/disposable size 14 French	
1	Irrigation Tray with piston Syringe or bulb syringe in long white container	
2	Central Line Dressing Change Tray	
2	Towel/Drape Non-Fenestrated (sterile disposable towel)	
25	Sterile Gauze sponges (4 in x 4 in sterile gauze dressings)	

You will find the Items below in the plastic bag:

- Tweezers, inner cannula, and cotton balls are for use during Level-2 rotation.
- Please bring your nursing skills kit to the lab for skills practice and validation.

1	30 or 10 ml vial Sodium Chloride (0.9%), sterile water	
1	Ampule, 10 ml or 2ml glass ampule with liquid content	
1	Practi-Insulin, NPH (cloudy solution)	
1	Practi-Insulin, Regular ( clear solution)	
1	Practi-Powder (vial with yellow powder)	
1	Insulin Syringe (1 ml 100 units) 29g x ½ inch	
2	Tie-On Face Mask	
2	Isolation Gown (yellow)	
1	Disposable Eye Light (pen light to check pupil size)	
1	Shiley Disposable Inner Cannula 6DIC ( curved round cannula with wings) Tracheostomy inner cannula	
5	Cotton balls	
1	Sterile Thumb Forceps (tweezers)	

3/18/2019

**PLEASE CHECK YOUR NURSING SKILLS KIT IMMEDIATELY.**

**DEPARTMENT OF NURSING UNIFORMS**

**BELLE UNIFORMS  
266 Main Street  
Paterson, New Jersey 07505  
(973) 977-9733 Fax (973) 684-5266**

**BERGEN COMMUNITY NURSING PROGRAM**

**ORDER FORM -2020**

Mr. Mrs.  
FULL NAME: Ms. Miss: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ APT# \_\_\_\_\_

PANTSUIT w/emblem	sz _____ ( ) @ \$55.00 ea.	\$ _____
NAME PIN	sz _____ ( ) @ \$ 8.00 ea.	\$ _____
BANDAGE SCISSORS	_____ ( ) @ \$ 5.00 ea.	\$ _____
WARM-UP JACKET w/emblem	sz _____ ( ) @ \$23.00 ea.	\$ _____
MENS TUNIC w/emblem	sz _____ ( ) @ \$27.00 ea.	\$ _____
MENS SLAX	sz _____ ( ) @ \$22.00 ea.	\$ _____
MENS WARMUP JACKET	sz _____ ( ) @ \$26.00 ea.	\$ _____

**\* MINIMUM 2 GARMENTS IN ANY COMBINATION \*  
WARM-UP JACKET OPTIONAL**

**OTHER ITEMS AVAILABLE**

SHOES	style _____ sz _____	( ) @ \$ _____ ea.	\$ _____
STETHOSCOPE KIT	color _____	( ) @ \$35.00 ea.	\$ _____
LITTMAN SCOPE KIT	color _____	( ) @ \$72.00 ea.	\$ _____
WATCHES		( ) @ \$ _____ ea.	\$ _____

<b>CASH * MONEY ORDER * CREDIT CARD</b>	Shipping Charge	\$ <u>13.50</u>
<b>* PAYMENT AT TIME OF FITTING *</b>	TOTAL	\$ _____
	AMOUNT PAID	\$ _____
	BALANCE	\$ _____

**FITTING HOURS: Monday thru Saturday 10:00a.m. to 5:00p.m. NO APPOINTMENT NEEDED**

<b>PANTSUIT:</b> tunic size _____	alter tunic _____
slacks size _____	alter slax _____

# NURSING STUDENT COMPLIANCE INFORMATION CHECKLIST

## Health Services compliance information

- △ Nursing & Health Professions Immunization Requirement Form
- △ Health Services Medical Exam Record
- △ Hepatitis B Vaccine Acceptance/Declination Form
- △ Nursing/Health Professions Students – Tuberculosis (TB) Screening Requirement
- △ LabCorp urine drug screening
- △ Flu Vaccination Form ( in season October - April)
- △ Health/Medical Insurance Company

## Nursing Department compliance information

- △ CHBC – Criminal History Background Check
- △ Malpractice Insurance
- △ CPR Certification – **American Heart Association, ONLY**
- △ Student Handbook Sign-Off Form (Last page of Student Handbook)
- △ Copy of your Student Identification Badge and Student ID Number

## Day of Orientation

- △ Pick-up Nursing Skills Kit from Professor Singletary
- △ Purchase Textbooks or Bundles from Bookstore
- △ ATI registration (Access codes will be addressed at orientation.)

### **IMPORTANT – PLEASE READ BELOW AND COMPLY**

The above compliance information must be completed and **returned by December 20, 2019.**

Health Services information (the first seven items), should be submitted to **Health Services Department, Room HS100.**

Malpractice, CPR Certification, and student Handbook sign-off form should be submitted to the **Nursing Department, Darlene Zales-Russamano, Interim Associate Dean/Clinical Coordinator Room HP-212.**

**There is a drop box outside of the Nursing office by HP-212 to submit your paperwork.**