



COLUMBUS
CITY SCHOOLS



Pathway to Nursing

Fort Hayes Career Center

Instructors:

Julie Clark, BSN, RN

Carla Toles-Anthony, MSN, RN

#SPIRITOFCCS



Pathway to Nursing

Fort Hayes Career Center

546 Jack Gibbs Blvd

Health Building Room 102

Columbus, Ohio 43215

614-365-6681 ext. 3015

jclark@columbus.k12.oh.us

ctolesanthony7845@columbus.k12.oh.us

August 23, 2018

Parents

Dear Parents:

We welcome your child. We're excited about the opportunity to get to know you and we're looking forward to a happy and productive school year. Our first meeting will be **Thursday May 31st at 7pm.** At Fort Hayes Career Center in the Construction Arts Building. We will meet in the Commons Area. Your child has been given a summer packet. All of the papers in this packet must be completed by the first day of school. I will be contacting you this summer about CPR here at Fort Hayes. Your student will receive Columbus State Community College Credit for this course. This year we will focus on the following curriculum in these areas:

- | | |
|--------------------------------|---------------------------------------|
| 1) Safety (8 items) | 7) Communication (6 items) |
| 2) Infection Control (5 items) | 8) Data Collection (4 items) |
| 3) Personal Care (11 items) | 9) Basic Nursing Skills (11 items) |
| 4) Mental Health (7 items) | 10) Role and Responsibility (8 items) |
| 5) Care Impaired (6 items) | 11) Disease Process (4 items) |
| 6) Resident Rights (5 items) | 12) Older Adult Growth (4 items) |

The items listed above are areas in our text book and the number of questions in parenthesis are directly related to the state exam. This gives you and your child an idea of what will be on the state exam. The best way to contact us is through email.

- See Syllabus coming at the beginning of the year

Please have your child bring the following supplies to school on 08-23-2018

- Headphones
- Paper and pencil
- Navy Blue Scrub bottom and scrub top (A scrub jacket is advised due to temperature of the school) Often students are cold, however hoodies are not permitted.
- Leather or vinyl shoes
- 3 ring binder with dividers
- Also see the supplies list in the syllabus coming soon

My homework policy is if it was not completed in class it is homework.

My grading policy is see the syllabus.

Upcoming school events you should be aware of include:

Please mark these dates on your calendar. I hope you will make it a priority this year to attend as many school-sponsored events as possible.

- Open House
- Parent Teacher conferences
- School events
- NTHS
- Professional Developments

If you have any questions or concerns, please contact me by email or phone. I also welcome appointments to meet in person. You can contact me at 614-365-6681 ext. 3015 or ctolesanthony7845@columbus.k12.oh.us.

Let's work together to make this the best year ever!

Sincerely,

Julie Clark BSN, RN

Carla Toles-Anthony MSN, RN

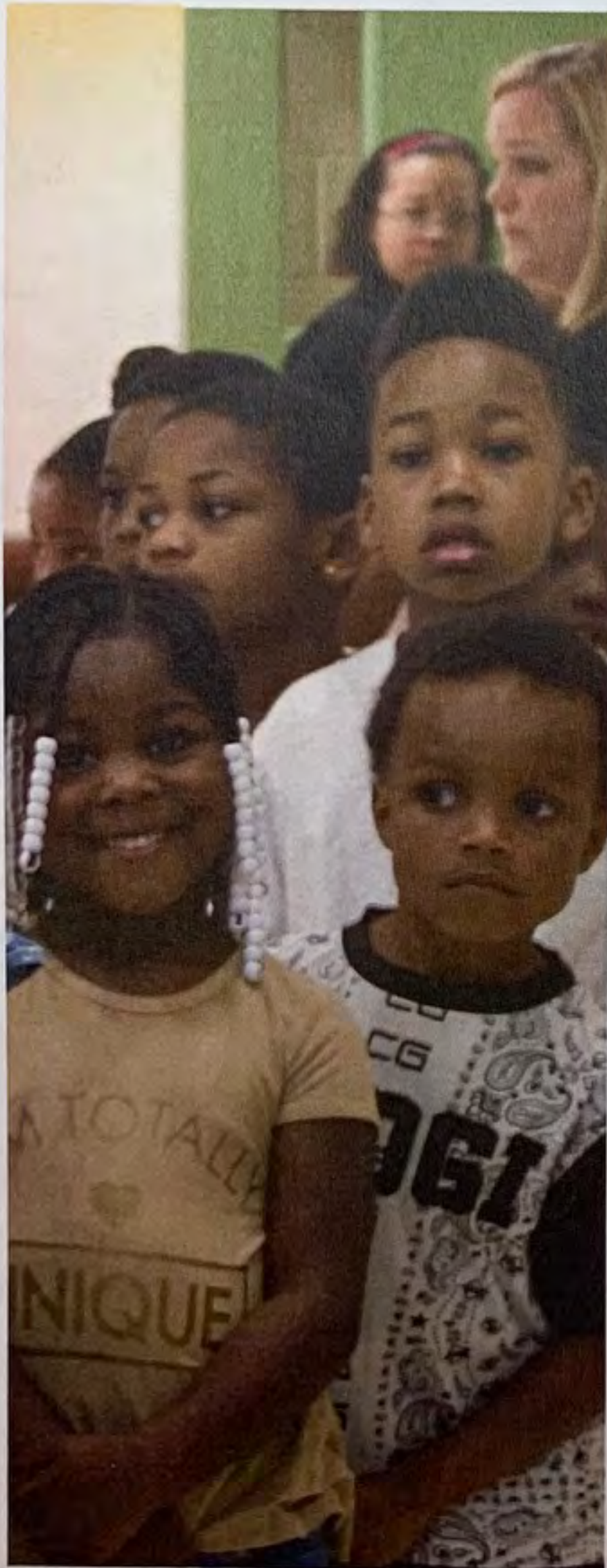
Pathway to Nursing Instructors

TRADITIONAL SCHOOL CALENDAR

2019 – 2020



**COLUMBUS
CITY SCHOOLS**



270 East State Street
Columbus, Ohio 43215
614.365.5000
www.ccsok.us

Aug 19-21

Aug 22

Sep 2

Sep 11

Oct 9

Oct 18

Oct 22

Oct 23

Nov 5

Nov 13

Nov 27

Nov 28-29

Dec 11

Dec 20

Dec 23-Jan 3

Jan 8

Jan 14

Jan 15

Jan 20

Feb 12

Feb 17

Mar 11

Mar 24

Mar 25

Apr 9

Apr 10-17

May 25

May 28

May 29

Professional Development Days

First Day of School for Students

Labor Day

90 Min Early Release (Staff PD)

90 Min Early Release (Staff PD)

Professional Development Day

End of Q1 (42)

Records Day

Professional Development Day

90 Min Early Release (Staff PD)

Parent-Teacher Conference Comp Day

Thanksgiving Vacation

90 Min Early Release (Staff PD)

30 Min Early Release (Holiday)

Winter Break

90 Min Early Release (Staff PD)

End of Q2 (45)

Records Day

Martin Luther King Jr. Day

90 Min Early Release (Staff PD)

Parent-Teacher Conference Comp Day

90 Min Early Release (Staff PD)

End of Q3 (45)

Records Day

30 Min Early Release (Holiday)

Spring Break

Memorial Day

Last Day of School for Students

Records Day (41)

Dates are subject to change.



Columbus City Schools
Human Resources Department Webcheck
Fingerprint Request Form

____ \$46 BCI & FBI New Employees/Parent Consultant/Overnight Volunteers
____ \$22 BCI Only (Daytime Volunteers) ____ \$0 BCI Only Mentor (Fee Waived)
____ \$30 FBI ONLY (5 year Renewal) ____ \$0 HS Vocational Students (Fee Waived)

***** _____ COPY TO ODE (Ohio Department of Education) *****

* Any High School Student under the age of 18 must be accompanied by an adult

* All High School Students must provide School Issued Picture ID

Position/Program: _____ Work/School Location: _____

Last Name _____ First Name _____ M.I. _____

Address _____ City _____

State _____ Zip _____ Sex _____ Race _____

Social Security Number _____ Date of Birth (M/D/Y) _____

Have you been an Ohio Resident for the last 5 years? Y / N _____

Other names used (Aliases) _____ Driver License # _____

Phone (____) _____ - _____ Mobile Phone (____) _____ - _____ Home

Signature _____ Date _____

I hereby certify that I have given agency (4DV181) permission to obtain all criminal information pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation (BCI&I). By placing my Fingerprint Images in the WEBCHECK Scanner, I am authorizing the BCI&I to release criminal history information about me to the person(s)/agencies identified in this request for the period of one year from the date of this transaction. I hereby release BCI&I and any and all individual identified in this request from all liability in connection with the dissemination of such criminal history information.

Hours: Monday –Friday 8:00 AM UNTIL 5:00PM

Debit/Credit Cards Or Money Orders Only (Made payable to Columbus City Schools)

Columbus Education Center, 270 E. State Street, Room 103, Columbus, OH 43215

The Columbus City School District does not discriminate based upon sex, race, color, national origin, religion, age, disability, sexual orientation, gender identity/expression, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable to all district programs and activities.

FOR OFFICE USE ONLY- DO NOT WRITE BELOW THIS LINE

Date Fingerprinted (M/D/Y)	Fingerprinted by:
BCI Result	Date: (M/D/Y)
FBI Result	Date (M/D/Y)

Carla J Toles-Anthony
546 Jack Gibbs Blvd
Health Building H102
Columbus, Ohio 43215
April 2, 2019

Parents and Guardians of Students
Fort Hayes Career Center
Pathway to Nursing
Safety Letter

Dear Parents and Guardians of Students:

We are planning an exciting year for your student. There are many things to do in this school year and you can help by explaining these facts to your student.

Safety is a must –You must follow all safety rules and do not use any equipment unless you have been trained.

- Do not work on equipment or skill unless supervised by this instructor in lab or the classroom.
- **There is absolutely no Food or Drink allowed in the lab.**
- Absolutely no horseplay or laying in the beds unless you are directed to do so during a skill.
- If you are having trouble please wait for your instructor to give direction to you. Please be patient with yourself and others. The skills your student are learning are college level and they will take time to develop.
- If you have a cut or a wound please see your instructor to cover it up.
- Cleanliness is necessary to maintain order. Your child will be in weekly rotation schedule and they will be expected to help maintain order of the lab. For example, if we work on bed making, you child will be expected to fold laundry, clean the mattress with disinfectant, and clean the over bed tables. This is part of becoming a state tested nursing assistant and a nurse.
- We also line the trash cans as this is an expectation of the facilities and the duty of staff in the extended care facility.
- Your student will bring home a summer packet. Please have them complete them by August 22, 2019 It will contain
 - A physical exam Please see the 2 (two step TB are required)
 - Review of the program
 - Syllabus
 - Safety letter
 - 2019-2020 School Calendar
 - FBI/BCI provided to your student from Career Education. Please see form for instructions (students who are 18 may go alone. Students who are under 18 must have a parent to escort them).

- Policies and Procedures
- Students are required to complete 90 hours of class time and 16 hours of clinical which will be held at
- Westminster Thurber
- 717 Neil Avenue
- Columbus, Ohio 43215
- Students will be notified of their eligibility to go to clinical
- They must maintain an 80% or better in both their Capstone course and their Patient Centered Care Course.

Please attend a parent meeting so that you can clarify any points on this letter On Tuesday April 16th in the Commons at 0700pm

Please sign below that you have discussed this letter with your student and have your student sign and date it. Please bring this letter back to me and keep a copy for your records

Sincerely

Carla J Toles-Anthony MSN RN

Julie Clark BSN RN

I have read the safety letter and have reviewed it with my student/child. I understand that students are in a college level course and will be expected to follow **CSCC (Columbus State Community College)** policies and procedure.

Parent Signature_____

Student Signature_____

Date_____

Do you have a sensitivity or allergy to **latex**? No _____ Yes _____

If yes you will need to complete the “Latex Reaction Form” which can be accessed from the college’s web site at <http://cscce.edu/Students/FormsPDF/health/LatexReactionForm.pdf> . Print the form, complete your portion, and then give the form to your physician to complete his or her portion. Your completed Latex Reaction Form must be submitted with the rest of your health record forms.

List all allergies and sensitivities you have including medications, food, & environmental:

List all surgical operations you have had with the date:

List all current health conditions you have:

List any previous significant health problems you have had:

The information you are reporting to Columbus State Community College is used to provide health information required by the college’s clinical affiliates, and to verify your ability to perform essential functions of the clinical tasks safely.

It is the policy of Columbus State Community College not to discriminate against any individual. This assurance of non-discrimination includes applicants for academic admission, and shall be applied regardless of sex, race, color, religion, national origin, ancestry, age, disability, genetic information (GINA), military status, sexual orientation, and gender identity and expression.

I certify that the health information I have given is accurate and complete. I understand that providing false information on this document is a serious offense which will result in disciplinary action. I understand that if my health, physical condition, or physical abilities change during my enrollment in a health-related program at Columbus State Community College I must report these changes to my program coordinator and to the Health Records Office. I understand that physical exam and tuberculin testing results may be released to clinical sites prior to my clinical/practicum experiences. I understand that conditions which may affect my ability to perform essential functions of the clinical tasks or which may affect my ability to function with safety for myself and/or others might be discussed with my department chair or program coordinator.

Student Signature

Date

COLUMBUS STATE COMMUNITY COLLEGE HEALTH RECORD

Physical Examination: Must be performed by Physician, Nurse Practitioner or Physician's Assistant

Name: _____ SS#: _____
 Last First Middle

Allergies: _____

Medications: _____

Height: _____ Weight: _____ Pulse: _____ B/P: _____

EXAMINER: Indicate your findings after examination of each system

EENT: _____

NEURO: _____

CV: _____

RESP: _____

ENDOCRINE: _____

MUSC/SKEL: _____

- ☐ If this student has any reaction to latex, please complete the Examiner's portion of the "Latex Reactions Form" that the student will supply to you.
- ☐ If this student is subject to any health emergency, please provide special emergency instructions below.
- ☐ If there is additional significant information about this student which would relate to his or her safety for patients or for self in a clinical or laboratory situation, please provide information below.

Does student have any functional limitations or restrictions that would prevent him/her from working in a patient care area?	Yes	No
Vision, such as reading gauges or thermometers?		
Hearing, such as in a classroom or when using a stethoscope?		
Speech, such as in a classroom?		
Lifting up to 50 pounds?		
Ambulation/Standing for several hours?		
Ability to handle stress?		
Sensorimotor (fine and gross)?		

Does the student have any limitations or restrictions? If no, please document below "No restrictions/No limitations". If **yes**, please provide specific facts regarding student's requirements. _____

Examiner's Signature: _____

Print Examiner's Name: _____

Address: _____

Phone: _____

Date: _____

COLUMBUS STATE COMMUNITY COLLEGE HEALTH RECORD

Tuberculosis Testing

Name: _____

Tuberculosis Testing

Two-Step Mantoux (intradermal) is required. This involves two Tb Mantoux tests at least 7 days apart and within the last year. Two or three days after each Tb test is given it must be read by the physician, nurse, or physician's assistant. Tb tine tests are not acceptable per state regulations. Two Mantoux tests within the past year can be substituted per state regulations. If the student recently received an MMR or varicella vaccine, the tuberculosis test must be postponed until at least four to six weeks after the MMR.

Tb#1

Date given: _____

Date read: _____

Result: _____ mm

Read by: _____

Tb#2 At least 7 days after the first Tb test:

Date given: _____

Date read: _____

Result: _____ mm

Read by: _____

If this test or a previous test is positive: Submit documentation of positive PPD and a negative chest x-ray report from within the past five years. If your previous chest x-ray or positive PPD has been more than a year ago, please complete an Annual Health Evaluation form found at <http://csc.edu/Students/FormsPDF/health/Annual.pdf>.

Facility Name: _____

Address: _____

Phone: _____

Date: _____

Submit completed health record to: Columbus State Community College, Health Records Office, Union Hall Room 132, 550 East Spring Street, Columbus OH 43215; or fax to 614-287-5386, including current name and Cougar ID on all faxed pages. You may also email your Health Record to healthrecords@csc.edu Emails will only be accepted from your student email account (@student.csc.edu) QUESTIONS?? Call 614-287-2450

**COLUMBUS STATE COMMUNITY COLLEGE
SUPPLEMENTARY IMMUNIZATION RECORD**

NAME _____ SS# _____

PROGRAM _____ COUGAR ID# _____

TO BE COMPLETED BY THE PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT

THE FOLLOWING IMMUNIZATIONS ARE *REQUIRED*:

1. **Hepatitis B:** Dates of Hepatitis B immunization: #1 _____, #2 _____, #3 _____ (Must have immunizations #1 and #2 completed before submitting health record and final immunization completed on schedule.)

OR

Date and results of hepatitis B **surface antibody** _____

NOTE: If the surface antibody is negative, the student must receive the immunization series.

2. **MMR:** Date of first immunization _____ Date of second _____

OR

Date and results of Rubeola IGG titer _____, Mumps IGG titer _____,

Date and results of Rubella IGG titer _____.

NOTE: If titer is negative, the student must receive the immunization series.

DO NOT RECEIVE MMR IMMUNIZATION WHILE YOU ARE COMPLETING THE TWO-STEP TUBERCULOSIS TEST. The measles component invalidates the tuberculosis test, so you would have to repeat the tuberculosis testing which may delay your ability to register into your program.

3. **Chickenpox/Varicella:** Date of first immunization _____ Date of second _____
Both immunizations required before submitting health record.

OR

Date and results of varicella **IGG** titer _____

HISTORY OF DISEASE/ILLNESS IS NOT ACCEPTABLE DOCUMENTATION!

DO NOT RECEIVE THE VARICELLA IMMUNIZATIONS WHILE YOU ARE COMPLETING THE TWO-STEP TUBERCULOSIS TEST.

4. **Tdap:** (Tetanus/Diphtheria/Pertussis) per CDC guidelines _____

5. **Flu Vaccine:** _____ (**CURRENT SEASONAL FLU REQUIRED**)

Signature: _____

Printed Name and Title: _____

Organization: _____

Phone: _____ Date: _____

Carla J Toles-Anthony
546 Jack Gibbs Blvd
Health Building H102
Columbus, Ohio 43215
August 23, 2018

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Carla J Toles-Anthony MSN RN

Julie Clark BSN RN

Parents and Guardians of Students

August 23, 2018

Page 3

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Student Signature_____

Date_____