



MARTIN COMMUNITY COLLEGE
CONTINUING EDUCATION
1161 Kehukee Park Road
Williamston, NC 27892

HEALTHCARE PROGRAM APPLICATION PROCESS

Step 1: Review the Healthcare Program Requirements (Pages 2 & 3), and Estimated Costs (Pages 4 & 5). Decide which program you would like to enroll in & complete the Healthcare Program Application (Page 6).

Attach copies of applicable documents to your application for the program you want to enroll in. Refer to Healthcare Program Requirements to make sure you have attached the correct documentation (High School Diploma, GED, HS Equivalency, etc.).

Step 2: Complete Healthcare Program Immunization Form (Page 7). Immunization Form must be completed by your Healthcare Provider or Health Department. Immunization records printed from Health Department or School Records will be accepted in lieu of the Immunization Form). Immunization Forms must be turned by second week of class

Step 3: Attend Mandatory Orientation Session. You must attend/complete an orientation session before you submit your registration fees for your chosen program.

Step 4: Complete any additional pre-requisite requirements as described in the Orientation Session. For information regarding Key Train Assessments and Career Readiness Certification preparation contact Herman Rankins at: 252-792-1521 or hr89418@martincc.edu.

Step 5: Pay your Healthcare Program Registration Fees to Mrs. Bond (Building 2, Office 27), at least three days before the first day of the class. Bring or Mail your Healthcare Program Application & Forms to :

SUE GURLEY
Healthcare Occupations Coordinator
sg00382@martincc.edu
252-789-0261
Building 2, Room 29

TO AVOID DOCUMENTS GETTING LOST OR MISPLACED - PLEASE SUBMIT ALL PAPERWORK AT THE SAME TIME WHENEVER POSSIBLE! KEEP A COPY OF ALL PAPERWORK TURNED IN.

Keep pages 1-5 for future reference regarding questions about requirements and expenses.



HEALTHCARE PROGRAMS REQUIREMENTS

Below are the Healthcare Program Requirements: ALL APPLICABLE FORMS MUST BE TURNED IN WITH HEALTHCARE APPLICATION

NOTE: Name on ID and social security card must match.

NURSE AIDE I	NURSE AIDE II	PHLEBOTOMY	PHARMACY TECHNICIAN
Healthcare Application	Healthcare Application	Healthcare Application	Healthcare Application
Immunization Records/Form	Immunization Records/Form	Immunization Records/Form	Immunization Records/Form
Copy of Government Issue ID and Social Security Card	Copy of Government Issue ID and Social Security Card	Copy of Government Issue ID and Social Security Card	Copy of Government Issue ID and Social Security Card
Attend Healthcare Orientation	Attend Healthcare Orientation	Attend Healthcare Orientation	Attend Healthcare Orientation
AHA BLS Heartcode CPR online. CPR Skills Lab included NA1 course work	BLS Healthcare Provider CPR (Must be Current)	BLS Healthcare Provider CPR (Must be Current)	BLS Healthcare Provider CPR (Must be Current)
Career Pathways in Healthcare Class	HS Diploma/HS Equivalency (formerly GED), or Transcripts	HS Diploma/HS Equivalent (formerly GED), or Transcripts	HS Diploma/HS Equivalent (formerly GED), or Transcripts
Key Train Assessment (Level 4)	Current Unencumbered Registry Listing for NAI	Career Pathways in Healthcare Class	Career Pathways in Healthcare Class
Sliver Level (or higher) CRC		Key Train Assessment (Level 4) or CRC	CRC with minimum Level 4 Mathematics Score (this course is math intensive) *

NOTE: Most Clinical Sites Require a background check and/or drug screen. Students are also responsible for registering and paying for CPR classes.

MEDICATION AIDE (Long Term Care)	ACTIVITY DIRECTOR		
Healthcare Application	Healthcare Application		
HS Diploma/HS Equivalent (formerly GED), or Transcripts	HS Diploma/HS Equivalent, (formerly GED), or Transcripts		
Current Nurse Aide I registry	Negative TB Test within course clinical period		
Copy of Government Issue ID and Social Security Card			

HEALTHCARE PROGRAMS REQUIREMENTS (CONT.)

ALL APPLICABLE FORMS MUST BE TURNED IN WITH HEALTHCARE APPLICATION

Name on ID and social security card must match.

NURSE AIDE I REFRESHER	NURSE AIDE II COMPETENCY ASSESSMENT		
Healthcare Application	Healthcare Application		
Government Issue ID copy	Government Issue ID copy		
Social Security Card copy	Social Security Card copy		
<p>An expired North Carolina Nurse Aide I listing within the last 2 years with no substantiated findings <u>or</u> a successful completion of a North Carolina Nurse Aide I Program from an accredited institution within the last 2 years</p> <p>•A current Nurse Aide I listing from another state with no substantiated findings</p>	<p>Per North Carolina Board of Nursing Rules: The NAII is eligible for competency assessment if:</p> <ol style="list-style-type: none"> 1. The NAII must have been eligible for renewal of NAII Listing prior to the listing expiration. <ul style="list-style-type: none"> • The NAII must have worked at least eight hours for compensation during the past 24 months performing nursing care activities under the supervision of a Registered Nurse. • The NAII must have no substantiated findings of abuse, neglect, or misappropriation of funds on the DHSR Nurse Aide Registry. 2. The NAII has had a continuous period of 24 months during which nursing care activities were not performed for monetary compensation, but <u>patient care activities were performed for compensation.</u> 3. <u>The NA II Certification has not been expired for more than 24 months</u> <p><i>Note: If the NAII does not meet all of the above criteria, an entire NAII course must be successfully repeated.</i></p>		

Revised February 2023

ALL PRICES ARE SUBJECT TO CHANGE
 IMMUNIZATIONS CAN BE DONE BY YOUR HEALTHCARE PROVIDER or LOCAL HEALTH DEPARTMENT
 IF REQUIRED BY CLINICAL SITE, BACKGROUND CHECK/DRUG SCREEN ARE DONE VIA CASTLE BRANCH

NURSE AIDE I	
Registration Fee	\$180
BLS Heartcode CPR \$32.50 online. CPR Card \$5 after skills Lab completed	\$38
Nurse Aide I Performance Checklist	\$38
Protective Disposal Kit	\$22
Stethoscope/Blood Pressure Cuff	\$61
MCC Student ID (First card free - replacement \$5)	\$0
Background Check/Drug Screen/Compliance Tracker (if required)	\$110
NA I State Exam (Credentia)	\$140
Uniform -Authentic Cherokee - Navy (NAVW) (Price varies by vendor)	\$65
Shoes - White - No Open Back-(Price varies by vendor)	\$45
Watch W/Second Hand (Price varies by vendor)	\$15
Pocket Size Notebook, Black Pen, Highlighter, 3-ring Binder, Paper	\$10
Required Immunizations (Price varies by provider)	TBD
ESTIMATED TOTAL	\$724

NURSE AIDE II	
Registration Fee	\$180
North Carolina Nurse Aide II (Book)	\$105
CPR Class (\$70) + CPR Card (\$8) <i>if not current with certification</i>	\$78
Pocket Nurse Medical Supply Pack	\$53
MCC Student ID (First card free - replacement \$5)	\$0
Skills Checklist Competency Evaluation	\$8
North Carolina NAI Listing Fee	\$24
Background Check/Drug Screen/Compliance Tracker (if required)	\$110
Uniform -Authentic Cherokee Teal Blue (TLBW) (Price varies by vendor)	\$65
Shoes - White - No Open Back-(Price varies by vendor)	\$45
Watch W/Second Hand (Price varies by vendor)	\$15
Pocket Size Notebook, Black Pen, Highlighter, 3-ring Binder, Paper	\$10
Required Immunization (Price Varies by provider)	TBD
ESTIMATED TOTAL	\$693

PHLEBOTOMY	
Registration Fee	\$180
Phlebotomy Essentials text and workbook) price increase pending	\$193
CPR Class (\$70) + CPR Card (\$8) <i>if not current with certification</i>	\$78
MCC Student ID (First card free - replacement \$5)	\$0
Background Check/Drug Screen/Compliance Tracker & Rotation Manager	\$150
ASPT National Certification Test (Price contingent upon registration date)	\$130
Uniform Authentic Cherokee Red (REDW) (Price varies by vendor)	\$65
Shoes - White - No Open Back-(Price varies by vendor)	\$45
Watch W/Second Hand (Price varies by vendor)	\$15
Notebook, Paper, Black Pen, Highlighters	\$10
Required Immunizations (Price varies by provider)	TBD
ESTIMATED TOTAL	\$866

PHARMACY TECHNICIAN	
Registration Fee	\$180
Pharmacy Technician w/Workbook	\$162
MCC Student ID (First card free - replacement \$5)	\$0
Notebook, Paper, Black Pen, Pencil with eraser, Highlighters	\$9
Pharmacy Technician Certification Exam (CPT)	\$135
Uniform -Authentic Cherokee GRAPE (GRPW) (for Graduation only)	\$35
Shoes - White - No Open Back. (for Graduation only)	\$40
Required Immunization (Price varies by provider)	TBD
ESTIMATED TOTAL	\$561

ALL PRICES ARE SUBJECT TO CHANGE

IMMUNIZATIONS CAN BE DONE BY YOUR HEALTHCARE PROVIDER or LOCAL HEALTH DEPARTMENT
IF REQUIRED BY CLINICAL SITE, BACKGROUND CHECK/DRUG SCREEN ARE DONE VIA CASTLE BRANCH

NURSE AIDE I REFRESHER	
Registration Fee	\$125
NAI Refresher Performance Checklist	\$37
NA I State Exam (Credentialia)	\$140
Uniform -Authentic Cherokee - Navy (NAVW) (for Graduation only)	\$45
Shoes - White - No Open Back (for Graduation only)	\$40
ESTIMATED TOTAL	\$387

ACTIVITY DIRECTOR	
Registration Fee	\$180
Book	\$50
TB test	\$20
Black Lab Coat	\$25
MCC Student ID (First card free - replacement \$5)	\$0
NOTE: Credentialing Membership and Certification Exam cost not included with course costs	\$275

NURSE AIDE II COMPETENCY ASSESSMENT	
Registration Fee	\$70
Skills Checklist Competency Evaluation	\$8
North Carolina NAI II Listing Fee	\$24
Uniform -Authentic Cherokee Teal Blue (TLBW) (for Graduation only)	\$50
Shoes - White - No Open Back (for Graduation only)	\$40
ESTIMATED TOTAL	\$192

MEDICATION AIDE FOR LONG TERM CARE	
Registration Fee	\$70
Book: Medication Administration	\$34
NC Medication Aide Examination (Credentialia) *	\$59
Uniform-Authentic Cherokee Dark Khaki(DAKW)(for Graduation only)	\$30
Shoes- White- No Open Back (for Graduation only)	\$40
MCC ID	\$2
ESTIMATED TOTAL	\$235



MARTIN COMMUNITY COLLEGE
CONTINUING EDUCATION

HEALTHCARE PROGRAM APPLICATION
(SUBMIT ALL PAPERWORK AT THE SAME TIME)

(Please type or print in black ink)

Applicant Name: _____

Social Security #: _____ Birth Date: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

CHECK PROGRAM YOU ARE APPLYING FOR:

<input type="checkbox"/> Nurse Aide I Day	<input type="checkbox"/> Nurse Aide II Day	<input type="checkbox"/> Phlebotomy Day	<input type="checkbox"/> Nurse Aide I Refresher
<input type="checkbox"/> Nurse Aide I (Nights)	<input type="checkbox"/> Nurse Aide II (Nights)	<input type="checkbox"/> Phlebotomy (Nights)	
<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> Nurse Aide II Competency Assessment	<input type="checkbox"/> Activity Director	
	<input type="checkbox"/> Medication Aide for Long Term Care		

Which campus do you need to attend the classes on: Williamston Windsor Either

EDUCATION:

Do you have a high school diploma or High School Equivalency (formerly known as GED)? Yes No

Have you attended college before? Yes No

If yes, what program did you attend? _____

If yes, what college did you attend? _____

Did you receive a certificate or diploma for your college course of study? Yes No

Do you have a Career Readiness Certificate (CRC)? Yes No

If yes, is your CRC: Bronze Silver Gold Platinum

DOCUMENT POLICY: Copies of education and identification documents are filed in MCC's archives and are not returned to the student. Staff **WILL NOT** pull copies from prior classes. Please do not give us your original or your only copy. **Student Initials:** _____

CANCELLATIONS: A course may be canceled if fewer than 10 students enroll. **Student Initials:** _____

REFUNDS: A 100% refund shall be made if the student withdraws prior to the first class meeting. A 75% refund shall be made if the student withdraws from class prior to the official 10% point of the class. Request for refunds must be made by completing a **Continuing Education course withdrawal form** prior to the 10% point of the class. Forms are available in the Continuing Education Office. No refunds are granted for Self-Supporting courses once the class has started. For classes canceled by the College, a full refund shall be made. You do not have to request a refund in these cases. No refunds shall be made after the 10% point of the class. **Student Initials** _____

Signature: _____ Date: _____

revised February 2023

HEALTHCARE PROGRAMS IMMUNIZATION FORM
 (A COPY OF IMMUNIZATION RECORDS WILL BE ACCEPTED IN LIEU OF THIS FORM)
IMMUNIZATION RECORDS/FORM MUST BE TURNED IN WITH HEALTHCARE APPLICATION
 (Please type or print in black ink)

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ____ / ____ / ____

SECTION A REQUIRED IMMUNIZATIONS:

Tetanus (TD OR Tdap) (Within Ten Years If Over 18)	Date: _____
Td Booster within ten years if over 18	Date: _____
MMR Vaccines (Measles, Mumps, Rubella) 2 Doses OR Titer Test/Result	Date # 1 _____ Date #2 _____ Titer Test/Result: _____
Tuberculin Skin Test (PPD) (2-Step Testing required by Vidant sites if no PPD in last year. Must have documentation of previous test) Or Negative Chest X-Ray within last year Or Completed Negative TB Screening Form stamped or signed by healthcare provider within last year	Date #1: _____ Date #2: _____ Chest X-Ray: _____
Varicella (Chicken Pox) -(Series Of Two Doses) Or Immunity By Positive Blood Titer	Vaccine Date #1: _____ Vaccine Date #2: _____ OR Titer Test/Result: _____

SECTION B RECOMMENDED IMMUNIZATIONS:

(The following immunizations are recommended for all students and may be required by clinical site)

Hepatitis B (Required for Phlebotomy students)	Date #1: _____ Date #2: _____ Date # 3: _____
Influenza Vaccine (Flu Shot)	Date: _____
COVID Vaccines	Date#1 _____ Date #2 _____ Booster Date (Optional) _____

Clinician Signature or Clinic Stamp: _____ Telephone #: _____

Office Address: _____ Date: _____