Registered Nurse First Assistant (RNFA-ATC)

Thank you for your interest in the Registered Nurse First Assistant (RNFA) Advanced Technical Certificate Program at Gulf Coast State College ("GCSC"). The 9-credit CNOR / Periop Theory class and the two RNFA courses are based on the Association of Perioperative Registered Nurses (AORN) Core Curriculum for the RNFA. The NSP2290 Perioperative Theory course and NSP2090 RNFA Theory Course (3 credits) are offered utilizing the web-based platform “CANVAS”. This program will be offered twice a year.

In January, May, and August, we offer the RNFA theory class. We offer the Lab/Clinical class in August and January (Fall and Spring semesters). The Lab week is the 3rd full week in September and the 1st full week in April. According to CRNFA Competency Credentialing Institute (CCI), the course must span over a minimum of a 2-semester period to qualify for the CRNFA exam.

Beginning in August 2016, an Advanced Technical Certificate (ATC) will be awarded. To receive the certificate, you must request your transcripts, declare the RNFA-ATC major and apply for graduation. There are two routes.

1. If you are an experienced perioperative nurse who is CNOR certified or CNOR eligible, and passes the CNOR exam by the time you finish the course (2 years OR experience), you will receive external credit for NSP2290 Perioperative Theory, and then complete the other two courses in the RNFA program for the Advanced Technical Certificate. If you are unsuccessful regarding the CNOR exam, or if it has elapsed, you will have to complete the Perioperative Nursing Theory course successfully.

2. If you are an ARNP with no Operating Room experience as a Circulator, then you must take the NSP2290 Periop Theory Course which is offered in January, May or August. Then complete the other two courses, NSP 2090 and NSP2090L RNFA Theory and Lab/Clinical. Additional lab skills will be completed at the onsite lab week training session.

The NSP2090L RNFA Lab/Clinical course (3 credits) includes a 1-week lab session with hands-on and simulated skills practices. The rest of the course can be completed online; with the lab session offered at the GCSC main campus in Panama City. Clinical experiences can be completed at your own pace which can take a maximum of approximately two semesters. Once you complete all required courses successfully, a grade change will be submitted.

Upon completion of the required courses, you are eligible to utilize the title "Registered Nurse First Assistant” (RNFA) in Florida. In all other states, see your state’s Nursing Board Scope of Practice to
verify the limitations or requirements necessary. After successful completion of the CCI requirements, application process, and certification exam, the student may utilize the credential or title of “Certified Registered Nurse First Assistant (CRNFA)”.

Please read the attached application packet to learn about our program, student responsibilities, and job duties of the RNFA, or visit our website http://www.gulfcoast.edu/current-students/academic-divisions/health-sciences/surgical-technology/. Information regarding certification and RNFA standards can be obtained at www.cc-institute.org/crnfa, or at www.aorn.org, the official website of perioperative nursing.

If you decide that becoming a RNFA is for you, begin the process of applying for admission by following the attached instructions. If you have any further questions, please feel free to e-mail Libby McNaron at Lmcnaron@gulfcoast.edu or call me at (850) 873-3551. You can also contact Health Sciences Advisor, Craig Wise, at (850) 913-3311 or e-mail at cwise@gulfcoast.edu. We look forward to working with you in the future.

Sincerely,

Libby McNaron, RN, CST, CSFA, CNOR, MSN, MSHRM
Program Coordinator

rev. 8/2016
Step 1. New students should apply for General Admission to GCSC. Applications are available online at http://www.gulfcoast.edu/admissions/admissions-application-type.html. Choose the Major Code "RN-ATC".

- Returning students who have not attended GCSC in the last year must also re-apply for admission.

Step 2. New students must pay the $20 non-refundable college application fee online, at the Bookstore, at the GCSC Business Office (in person), or call the Business Office at (850) 769-1551 ext. 3534 to pay with a credit card. If this is not paid, you cannot register for your courses.

- Returning students who have not attended GCSC in the last year must pay a $10 non-refundable college application fee online, at the Bookstore, or at the Business Office.

Step 3. Submit enclosed RNFA application forms by email to cwise@gulfcoast.edu, by mail to GCSC Health Sciences, Attn: Craig Wise, 5230 West U.S. Highway 98, Panama City, Florida 32401, or in person in Room 200 Health Sciences, or by fax to (850) 747-3246.

Step 4. Request OFFICIAL high school transcripts, or GED equivalent with scores, your OFFICIAL College transcripts from all colleges attended and have them mailed to Enrollment Services Office of GCSC. Evidence of high school graduation date must be on file to exit the program successfully. Forms are available in the Enrollment Services Office, online, or at the end of this application packet.

Step 5. Submit the following forms by mail to GCSC Health Sciences, Attn: Libby McNaron, 5230 West U.S. Highway 98, Panama City, Florida 32401, or in person, or by fax at (850) 747-3246, and:

___ 1. Submit proof of licensure, or verification page, to practice as an RN in the state in which the clinical internship will be taken. Submit copy of the license with VOID printed across it.

___ 2. Submit copy of Certificate, Verification of Certification as one of the following.

___ a. CNOR or CNOR eligible (copy of CNOR certificate or attached eligibility form) Certification must be submitted before a successful program certificate of completion can be issued. Must have a minimum of 2 years recent perioperative nursing experience demonstrated in the scrubbing and circulating roles. Those who are not CNOR certified will have an additional abbreviated module to complete to prepare for the CNOR exam. If unable to satisfactorily complete the module, the student may be required to complete NSP2290 to continue in the program.

___ b. Board certified or board eligible as an advanced practice nurse (APN). APNs without competence in intraoperative patient care must undergo an assessment regarding clinical skills and knowledge. If it is determined that perioperative skills and knowledge are insufficient, the APN must successfully register for and complete the NSP2290 Perioperative Nursing online course. In the State of Florida, you may be required to contact your State Board of Nursing for Clarification regarding this specialization if you are not eligible for the CNOR certification. Skills include scrub, gown, closed glove, sterile field maintenance, equipment and sterilization competency, AORN standards as evidenced by a Required core knowledge exam and on site check offs.

___ 3. Submit Verification of Eligibility for the program.

___ 4. Submit a current color identification picture measuring at least 2"x 2".

___ 5. Submit a copy of your Résumé.

___ 6. Submit a copy of your Driver's License.
Step 6. Request that 2 people complete the Personal Reference Forms (included) attesting to the years of experience as an RN and knowledge, judgment, and skills specific to surgical patient care. Mail the forms to GCSC Health Sciences, Attn: Libby McNaron, 5230 West U.S. Highway 98, Panama City, Florida 32401. References can be from pastor, family friends, former teachers or employers.

Step 7. Submit a copy of current CPR card for Healthcare Provider. The only acceptable cards are American Heart Association Healthcare Provider or the American Red Cross for Professional Rescuer. Maintain certification throughout the entire length of the program. Proof of ACLS training is preferred.

Register for Courses

NSP2090 RNFA Theory or NSP2290 Perioperative Nursing as applicable to your situation:

Step 8. Call or e-mail for an initial advising meeting with Libby McNaron to evaluate application. (If APRN who is not CNOR eligible, discuss your responsibilities to take the additional courses, contact your Board of Nursing to make sure there is nothing else you need to do with the nursing board, and the program will evaluate your perioperative skills and knowledge.) Call (850) 773-850 or Lmcnaron@gulfcoast.edu.

Step 9. Begin Financial Aid and seek assistance, as needed. Visit the GCSC website at www.gulfcoast.edu and click on “Financial Aid” under the Tuition and Aid heading. A Financial Aid Information sheet is enclosed in the back of this packet, or at this website: http://www.gulfcoast.edu/tuition-aid/financial-aid/index.html.

Step 10. Register and pay for the class, NSP2090, RNFA Theory. Pay online through My GCSC (Lighthouse) at https://mygcsc.gulfcoast.edu/_layouts/PG/login.aspx?ReturnUrl=%2FSSO%2Fdefault.aspx, or at the Bookstore, or call the Business Office at (850)769-1551 ext. 3534 to pay with a credit card. Fees not paid by due date will result in being dropped from class; then, if this happens, go to Enrollment Services Office to re-register immediately and pay for courses the same day, or arrange financial aid.

Step 11. From the GCSC website, www.gulfcoast.edu, under "Current Students", select the "My GCSC Login" link to log into CANVAS. Follow the directions to access the site. You must complete at least one assignment every week to remain active in the program. If you will be “absent” for a week, you must contact the instructor to discuss your options.

NSP2090L RNFA LAB / CLINICAL CLASS each year:

Step 12. Successfully enroll in the didactic component of NSP2090 RNFA, and maintain a “C” or better. You must complete at least one assignment every week to remain active in the program. If you will be “absent” for a week, you must contact the instructor to discuss your options.

Step 13. Prior to registration for NSP2090L, submit the following forms to enroll in the Clinical Course Lab. Forms are available from the Program Instructor.

Submit evidence of current personal professional liability insurance for RNFA practice.

Clinical Facility Clearance Form (see attached), OR request a Clinical Clearance Packet.

Physical Examination Form

Immunizations Form

Satisfactory criminal background check and drug screen as required by your Clinical site. (If not designated by facility, you will do this during Lab week.)

Step 15. Log-in to "CANVAS" and submit the form to evaluate your level of experience.
**Preparation for Lab Class:**

- Step 16. Complete Modules 1-3 in preparation for the Lab session.

- Step 17. Lab class usually will be scheduled in the 3rd full week (Mon-Sun) in September, or the 1st full week (Mon-Sun) of April.

**Preparation for Clinical Internship:**

- Step 18. Successfully complete all Lab assignments and Lab modules.

- Step 19. Select a surgeon Preceptor that meets the clinical component requirements as outlined in the Student Syllabus. The clinical component is a minimum 190 hours of clinical experience including the hours of Lab completed in September. 120 hours must be intraoperative FA time (incision to dressing), or arrange with GCSC and the facility to begin the process of affiliation as required by the facility. See O.R. Manager facility planning guide.

  - Submit the Surgeon Mentor approval form.
  - Submit the Clinical Planning Guide with proof of clinical privileges from the healthcare facilities to be used, contact name for an affiliation agreement, or copy of your job description outlining your scope of practice as a RNFA in training on-the-job.

**Note:** It is the student's responsibility to ensure that all facility procedures regarding credentialing requirements (clinical privileges), or other policies regarding student internships, are accurately followed including health, etc.

**Gulf Coast State College Disclosures:**

The Higher Education Act (HEA) of 1965 is a federal law which authorizes student aid programs. Reauthorizations of this act prescribe disclosure requirements for institutions wishing to participate in the federal student aid program. As a prospective student or enrolled student of Gulf Coast State College you have a right to the following consumer and safety information. Paper copies of this information will be provided upon request to the financial aid office.

- General disclosures, including GCSC’s report on athletic program participation rates and financial support data, may be found at: [http://www.gulfcoast.edu/tuition-aid/financial-aid/consumer-information.html](http://www.gulfcoast.edu/tuition-aid/financial-aid/consumer-information.html)

- Information on financial assistance available to students may be found at: [http://www.gulfcoast.edu/tuition-aid/financial-aid](http://www.gulfcoast.edu/tuition-aid/financial-aid)

- GCSC's annual security report may be found at: [http://www.gulfcoast.edu/campus-life/campus-safety/clery-act.html](http://www.gulfcoast.edu/campus-life/campus-safety/clery-act.html)

- Information on the Family Educational Rights and Privacy Act may be found at: [http://www.gulfcoast.edu/admissions/ferpa.html](http://www.gulfcoast.edu/admissions/ferpa.html)

Please call (850) 872-3845 or visit the Financial Aid Office in person if you have any questions.
## FEE SCHEDULE **
**REGISTERED NURSE FIRST ASSISTANT** (RNFA)

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<thead>
<tr>
<th></th>
<th>In-State</th>
<th>Out-of-State</th>
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<tbody>
<tr>
<td><strong>ENROLLMENT FEES:</strong></td>
<td></td>
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</tr>
<tr>
<td>GCSC - application fee (new students)</td>
<td>$20.00</td>
<td>$20.00</td>
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<tr>
<td>Drug Screening</td>
<td>$33.00</td>
<td>$33.00</td>
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<tr>
<td>Criminal Background Check at GCSC</td>
<td>$85.00</td>
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<td><strong>TEXTBOOK FEES:</strong></td>
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<tr>
<td>Textbooks - approx. (list provided)</td>
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<tr>
<td>Required texts</td>
<td>$450.00</td>
<td>$450.00</td>
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<tr>
<td>AORN Core Curriculum for the RNFA AORN Standards for the Current Year AORN RNFA textbook (when available)</td>
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<tr>
<td><strong>TUITION FEES:</strong> (See current College Catalog)</td>
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<tr>
<td>NSP 2290 Periop Nursing - APT eligible only (3 crs.)</td>
<td>$296.25 ($98.75 cr hr.)</td>
<td>$1,079.13 ($359.71 cr hr.)</td>
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<tr>
<td>NSP 2090 (3 credits)</td>
<td>$296.25</td>
<td>$1,079.13</td>
</tr>
<tr>
<td>NSP 2090L Lab/Clinical (3 credits)</td>
<td>$296.25</td>
<td>$1,079.13</td>
</tr>
<tr>
<td>Distance Education</td>
<td>$90.00</td>
<td>$90.00</td>
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<tr>
<td><strong>LAB FEES:</strong></td>
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<tr>
<td>NSP 2090L</td>
<td>$265.00</td>
<td>$265.00</td>
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<tr>
<td>(Includes: Student Liability/Accident Ins for Lab)</td>
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<tr>
<td><strong>Total Program Fees (approx.)</strong></td>
<td>$1,831.75</td>
<td>$4,180.39</td>
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**Textbooks include:**

1. RNFA Core Curriculum (AORN) required test
2. Assisting in Surgery by Rothrock (RNFA )Textbook by AORN
3. Standards and Recommended Practices for current year by AORN
4. RN First Assistant Guide to Practice Optional: AORN Publication
5. Surgery Textbook (your preference), e.g., Sabiston or Schwartz, or if you are a specialty such as Neuro Surgery, specific surgical texts for your specialty.

**Other Texts to prepare for examination:** (Core Perioperative Knowledge)

1. Alexander’s Care of the Patient in Surgery
2. Atlas or Anatomy detailed text of Surgical Anatomy and Physiology; e.g., Netter’s Clinical Anatomy
3. Essential Surgical Techniques by RM Kirk
4. For APRN with no surgery background: Berry and Kohn’s Operating Room Technique

** Fees listed above are currently accurate, but subject to change without notice due to price changes from the other requirements, manufacturer, or provider.**
REGISTERED NURSE FIRST ASSISTANT PROGRAM - RNFA

Wish to start Theory Course in January ____; or May _____; or August _____; Clinical Course offered in August only.

Answer all questions; please TYPE or PRINT (submit form as soon as possible).

Name: ____________________________ First Middle Last Maiden Name

Home Address: ____________________________

Street and Number __________ City __________ State __________ Zip __________ County

Social Security Number: ____________________________ Male □ Female □

Mailing Address (If different from above): ____________________________

E-Mail: ____________________________ Home Phone: ( ) __________

Business Phone: ( ) __________ Cell Phone: ( ) __________

EDUCATION

Official Transcript(s) must be received by the Office of Admissions and Records.

All schools and colleges attended must be listed for the application to be complete. Use additional sheets, if necessary.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location of School</th>
<th>From Month/Year</th>
<th>To Month/Year</th>
<th>Did you Receive Diploma? Degree? Certificate?</th>
<th>What was your Major/Minor?</th>
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<tr>
<td>High School or GED:</td>
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<td>Technical Program:</td>
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<td>College or University:</td>
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LICENSES AND CERTIFICATION

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<tr>
<th>Type</th>
<th>Issued by which State or Agency?</th>
<th>License Number</th>
<th>Expiration Date</th>
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**CONTACT INFORMATION FOR EMERGENCIES AND FOLLOW UP**

Please provide information about two people who will always know where to locate you.

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<th>Name</th>
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**WORK EXPERIENCE AND / OR VOLUNTEER EXPERIENCE LAST 3 YEARS**

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<tr>
<th>EMPLOYER</th>
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<th>Telephone No.</th>
<th>Ext.</th>
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<tr>
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<td>No. and Street</td>
<td>City</td>
<td>State</td>
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<tr>
<td>Supervisor’s Name</td>
<td>Title</td>
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<tr>
<td>Dates employed: From Mo./Yr. To Mo./Yr.</td>
<td>Nature of Your Job Duties</td>
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<tr>
<td>Reason for Leaving</td>
<td>Full-Time ____ Part-Time ____</td>
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<tr>
<td>Reason for Leaving</td>
<td>Full-Time ____ Part-Time ____</td>
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**PLEASE READ AND SIGN THE FOLLOWING**

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation, omission or falsification of information is cause for denial of admission from the program. I understand that illegal use, possession, and/or misuse of drugs are reasons for immediate dismissal from any of the programs in the Health Sciences Division. I further understand that background checks and drug screening are routinely required at most clinical facilities prior to the students’ clinical placement.

Signature of Applicant ___________________________ Date __________

NOTE: Gulf Coast State College does not discriminate against any person in its programs, activities, policies or procedures on the basis of race, ethnicity, color, national origin, marital status, religion, age, gender, sex, pregnancy, sexual orientation, gender identity, genetic information, disability, or veteran status. All questions or inquiries regarding compliance with laws relating to non-discrimination and all complaints regarding sexual misconduct or discrimination, may be directed to Mary Nicholson, Executive Director of Human Resources/Title II/504/Title IX Coordinator and Employment Equity Officer, Gulf Coast State College, 5230 W. US Highway 98, Panama City, FL 32401; 850-872-3866.

**RETURN APPLICATION TO:**

Gulf Coast State College  
Health Sciences Division - Room 200  
5230 W. U.S. Highway 98  
Panama City, FL 32401-1058

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name: ___________________________  
Address: ___________________________  
Phone: ___________________________
Please have 2 Personal Recommendation Forms (enclosed) from current or former supervisors regarding clinical competency completed and mailed to Libby McNaron, Coordinator of Surgical Services programs.

**Applicant must submit proof of eligibility by either of the following ways.**

1. **CNOR Eligibility:** Document that you have been employed as a registered nurse with scrub and circulating experience with a minimum of 2 years of experience.
   
   See website [www.cc-institute.org/cnor](http://www.cc-institute.org/cnor) for eligibility requirements.

<table>
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<tr>
<th>Experience Dates and Position</th>
<th>Facility and Unit assigned</th>
<th>Phone number and Supervisor’s name, title</th>
<th>Signature of Supervisor</th>
<th>Completed by college personnel; validation by college personnel (only one is required that meets criteria)</th>
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2. **CNOR:** Attach copy of form.

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<th>Certification Date</th>
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<th>Certification Number</th>
<th>Validated by college personnel</th>
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3. **APN:** Attach copy of certification. (If not CNOR eligible, must review your practice act and contact your Board of Nursing to verify your scope of practice.)

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<th>Certification Date</th>
<th>Expires</th>
<th>Certification Number</th>
<th>Validated by college personnel</th>
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I verify that I meet the requirements for the course as evidence by meeting one of the criteria. I verify that the information provided on this form is accurate and complete to the best of my knowledge.

Applicant Signature__________________________ Date____________________

RETURN THIS COMPLETED FORM WITH THE APPLICATION.
RNFA PROGRAM
Duties Acknowledgement Form

Duties and Responsibilities:
1. Preoperative:
   A. Analyze and describe preoperative patient management including performing a preoperative evaluation/assessment in collaboration with other health care providers to establish a plan of care. Describes methods of communicating the patient’s plan of care with other health care providers.
   B. Describe and demonstrate correctly written preoperative orders according to established protocols for the surgical scenarios given.
2. Intraoperative:
   A. Describe methods of intraoperative surgical assisting including using instruments and medical devices, providing exposure, handling and cutting tissue, providing hemostasis, and suturing.
   B. Analyze wound healing and wound closure correlating the techniques of surgical assisting which will enhance postoperative healing.
   C. Correlate anatomy, physiology, and pathophysiology with the sequencing of the procedure to identify specific RNFA behaviors and operative technique for the identified procedures.
3. Postoperative:
   A. Describe the immediate postoperative period including writing postoperative orders and postoperative procedure notes according to established protocols.
   B. Describe postoperative rounds and identify potential outcomes and complications.
   C. Describe postoperative discharge planning and identifies appropriate community resources that may be utilized for the identified procedures.

Special Qualifications:
In addition to minimum requirements regarding reading, language, and math skills, the student must, unassisted:
1. Demonstrate ability to comprehend and interpret written material. Able to make appropriate judgment decisions.
2. Follow written and oral/verbal instructions in English. Possess short-term and long-term memory sufficient to perform tasks such as, but not limited to, mentally tracking surgical supplies and performing anticipation skills during the operation.
3. Synthesize information from written material and apply the knowledge to various situations.
4. Demonstrate the use of positive coping skills during patient, staff, and faculty interactions.

Psychomotor Qualifications:
1. Vision – normal, corrected. Demonstrate sufficient visual ability enough to load a fine (10-0) suture onto needles and needle holders with/without corrective lenses and while wearing safety glasses. Demonstrate sufficient peripheral vision to anticipate and function while in the sterile surgical environment.
2. Hearing – normal, corrected, or able. Hear and understand muffled communication without visualization of the communicator’s mouth/lips and within 20 feet. Hear activation/warning signals on equipment.
3. Smell – able to detect odors sufficient to maintain environmental safety and patient needs.
4. Touch – normal tactile sensitivity. Manipulate instruments, supplies, and equipment with speed, dexterity, and good eye-hand coordination.

Physical Qualifications:
1. Able to stand, bend, stoop, and/or sit for long periods of time in one location with minimum/no breaks.
2. Able to lift a minimum of 20 pounds.
3. Able to refrain from nourishment or restroom breaks for periods up to 6 hours.
4. Ambulate/move around without assistive devices.
5. Able to assist with and/or lift, move, position, and manipulate the patient who is unconscious with or without assistive devices.
6. Successfully complete a CPR certification course.

Communication Qualifications:
1. The ability to interact and verbally communicate with others. Demonstrate positive interpersonal skills during patient, staff, and faculty interactions.
2. Demonstrate calm and effective responses, especially in emergency situations.
3. Knowledge of basic written, grammar, and spelling skills.
4. Ability to communicate and understand fluent English both verbally and in writing.

I have read the above and feel that it is within my ability to carry out the duties, responsibilities, and qualifications of a RNFA. I do_______ do not_______ (check one) have any problems in meeting the above technical requirements. I understand that clinical policies regarding physical, TB skin Tests, and immunization records must be followed.

Applicant Signature: ____________________________ Date: _________________________

Sign and attach this form to the RNFA application and submit to the Health Sciences Division.
Verification of Employment

**Section I:**
Potential student is to fill out this section, date, sign it, and send it to the place of employment. Please PRINT the following information.

Name: ________________________________
Name at time of employment if different: ________________________________
Social Security Number: ________________________________
Place of employment: ________________________________
Approximate dates of employment: ________________________________
Job position held: ________________________________

I hereby authorize the Human Resources Department or other department of the above listed place of employment to release the information or confirmation of the information listed above. Additionally, I release Gulf Coast State College and the place of employment listed above from all liability whatsoever for issuing the requested information.

__________________________________________  ____________________________
Student Authorizing Signature                      Date

**Section II:**
I certify that the records of ________________________________ (company) reveal the following on the person identified above.

- ______ Above information is correct
- ______ Above information is correct with the following correction: ________________________________
- ______ Unable to verify information due to: ________________________________

Please verify employment of the above named person and return this form via fax to (850) 747-3246, or e-mail information to Lmcnaron@gulfcoast.edu.

Name of person verifying employment ________________________________
Position: ________________________________ Date: __________________________ Telephone #: ________________________________

Thank you,

Libby McNaron, RN, CST, CSFA, CNOR, MSN, MSHRM
Program Coordinator, Surgical Services Programs
Information for you, the Surgeon, about the RNFA program.

Thank you so much for considering participation in the training and education for the individual who has chosen you as a mentor and/or employer. We appreciate your time and your commitment to quality and hope to keep this as streamlined as possible.

The student may submit time and cases completed once they have attended the onsite lab week which focuses on training students in suturing techniques, tying suture, retraction techniques, dissection techniques, hemostasis and tips on tissue handling. They will hear lectures from surgeons regarding what is expected of the surgical first assistant from surgeons including our Medical Director, Dr. George Reiss, General Surgeon.

Enclosed is information regarding what the expectations are for a surgeon who mentors and acts as a preceptor for a surgical first assistant in the program here at Gulf Coast State College.

1. Provide verbal feedback and instruction during the cases.
2. Allow the student to perform in the First Assistant role increasing duties as the student progresses.
3. Sign paperwork
   a. indicating the student assisted you on the case (signature line-initials are fine),
   b. provide written feedback at Midterm, and
   c. then providing a Final Evaluation with your recommendation.
4. If you can allow them to accompany you on rounds and/or call during their time with you, they will find this beneficial to understand the surgeon’s lot in life. This is up to you and the student, it is not required.

Attached is the mentor agreement which indicates the roles on the front page and the job description/duties on the back page that they are allowed to perform. If you have any further questions, please feel free to call me at 850-873-3551, or email Lmcnaron@gulfcoast.edu.

Thank you very much,

[Signature]

Libby McNaron, RN, CST/CSFA, CNOR, BSN, MSN, MSHRM, FAST
Coordinator/Professor

(Letter of Introduction for your Surgeon Mentor)
As of this date: __________________, I (PRINT-Surgeon): ____________________

Credential: (circle one) MD  DO Certified FA  License or Cert # _____________________________

agree to mutual cooperation with the Gulf Coast State College Surgical First Assisting Program.

Approximate Date to Start: ____________________________ Privileges at the Following Locations:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

The RNFA student is instructed to:

1. Be responsible for discussing his/her learning experiences and learning needs with the mentor as a RNFA according to the guidelines provided.

2. Lab fees include liability insurance as required in the course syllabus as a RNFA during the entire course and learning experience for the program; additional liability insurance may be required as deemed necessary by the facility.

3. Apply for and follow affiliation or credentialing guidelines for each facility utilized as deemed necessary by the facility. Contact information/form submitted for facilities above so GCSC Can contact appropriate personnel. N/A for the following: BMC, GCMC, PCSC, NWFSC, SAMC in Dothan, FBWMC and Sacred Heart Emerald Coast. (Note: Facility must be appropriately accredited. Student must submit a list on back of all facilities that they will be going to with the surgeon. Send copies of webpage.)

4. Report to the mentor prior to each learning experience unless other arrangements have been made.

5. Be accountable for his/her own actions while working under the direct supervision of the surgeon while in the health agency.

6. Be accountable to validate the attainment of the objectives.

7. Notify surgeon/designee of absences at least 1 hour prior to arranged meeting time or as instructed by physician and/or office staff.

Responsibilities of the RNFA Surgeon or Certified First Assistant Mentor:

1. Participate in establishing a mutual plan that will enable the student to meet the course objectives as a RNFA student according to facility policies. See the back of this form for a list of skills/objectives.

2. Assist the RNFA student to apply for clinical credentialing privileges or obtain agreements as needed at each health agency that will be utilized, as necessary.

3. Plan with the student to provide learning experiences that are related to the course objectives.

4. Participate in providing feedback through written evaluations including midterm and/or final evaluation forms as appropriate. Provide a Letter of Recommendation when applicable.

5. Assist with documentation of learning experiences within the guidelines of the facility and HIPAA regulations. Ensure cases chosen meet criteria as recognized cases that may use a First Assistant.

Comments/Clarification/Additional Requirements:

_____________________________________________________________________________________

_____________________________________________________________________________________

The following signatures acknowledge this arrangement and the content within:

Mentor/Surgeon: __________________________________________ Date:

Student: __________________________________________ Date:

Faculty: __________________________________________ Date:
<table>
<thead>
<tr>
<th>Facility/Facilities at which I will be working with this physician:</th>
<th>Address</th>
<th>Accrediting Body</th>
<th>Verification of Surgeon Privileges:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Link or contact person to verify Surgeon’s Clinical Privileges. A contact person, or a copy of a letter from the hospital granting privileges, or a letter from hospital will suffice, or a link to the listing of physician privileges is sufficient at the clinical site.</td>
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</tbody>
</table>

**List of skills and core knowledge that are basics of the first assistant “training”:**

1. **Sharing of Knowledge**
   a. Normal anatomy and physiology – relevant surgical anatomy to identify/protect during procedure
   b. Common comorbidities, signs/symptoms and impact on plan of care
   c. Surgical pathophysiology
   d. Patient preoperative assessment within scope of practice
      i. history and physical review,
      ii. relevant lab/tests for diagnosis or other diseases related to the patient’s overall health
      iii. relevant modifications of the plan of care (rationale)
   e. Patient intraoperative procedure, plan of care modifications and rationale
   f. Postoperative care and assessment
      i. Wound care
      ii. Prognosis, including potential complications, signs/symptoms, plan of care

2. Skills performed under the direction of the surgeon include:
   a. Preop – Patient assessment, communication of plan of care surgeon’s preferences, assist with room preparation prn, positioning, skin prep as appropriate to setting/surgeon’s preference.
   b. Draping
   c. Providing visualization including techniques of wound exposure, retraction, counter traction, suctioning
   d. Trocar insertion
   e. Injection of local anesthetics
   f. Using surgical instruments and medical devices
   g. Manipulating and handling of tissue
   h. Cutting tissue
   i. Providing hemostasis techniques
   j. Wound management including: placement and securing wound drains, suturing/closure of body planes
   k. Post-op: Dressing application, patient transfer and transport, transfer of care, monitoring for immediate complications, participation in postoperative rounds, assisting with discharge planning and identifying appropriate community resources as needed within the scope of practice.

**Note:** The RNFA student requires a minimum of 120 intraoperative hours (140 cases). The rest of the 190 hours can be preoperative, postoperative and lab hours completed and documented. For all, the Time Log requires a minimum of 120 hours of RNFA intraoperative time for the semester (from incision to dressing application).
Information for you, the Facility, about the GCSC SFA program.

Thank you so much for considering participation in the training and education for the individual who has chosen a connection with your facility. We appreciate your time and your commitment to quality and hope to keep this as streamlined as possible. The program has been at GCSC since 2008 and works with Registered Nurses to progress and become a certified Registered Nurse First Assistant.

The following form is a planning guide to help us find out what type of association we need to develop and obtain the correct contact information. The student will have a surgeon mentor or employer at your facility as their preceptor who will have full training responsibilities for the RNFA student. The student may only submit cases completed once they have attended the onsite lab week which focuses on training students in suturing techniques, tying suture, retraction techniques, dissection techniques, hemostasis and tips on tissue handling. They will hear lectures from surgeons regarding what is expected of the surgical first assistant from surgeons including our Medical Director, Dr. George Reiss, General Surgeon.

The clinical rotations can begin any time after September 23rd for the Fall Course NSP2090 RNFA Lab/Clinical and may extend at least until May of the following year if necessary to complete all hours and cases. The student will have liability insurance through the school and personal injury insurance while providing direct patient care. The RNFA must submit to us proof of personal liability as an RNFA also.

If we need to complete an affiliation agreement with your institution, then it can take some time since it involves administration at both Gulf Coast State College and your facility.

Attached are the facility clearance and planning guide which indicates what requirements may be necessary for the student to complete their clinical experiences at your facility. If you have any further questions, please feel free to call me at 850-873-3551, or email Lmcnaron@gulfcoast.edu.

Thank you very much,

Libby McNaron, RN, CST/CSFA, CNOR, BSN, MSN, MSHRM, FAST Coordinator/Professor

(Letter of Introduction for your Facility and Managers)
Clinical Preparation Planning Guide

To better determine what help you need with arranging your SFA clinical experiences, please complete the following questionnaire. You will need to ask your O.R. Manager, or Director, if they support your plan and what they require. The following routes are common. If they want an Affiliation Agreement, we will need the contact person at the facility to arrange the Affiliation Agreement. If your manager or officials would like clarification or to contact me for further information, e-mail Lmcnaron@gulfcoast.edu, or phone (850) 873-3551.

Required: 120 Hours of Intraoperative Cases from time incision begins till closure. 60 hours can be completed in lab, preoperative and postoperative duties. Total is 190 Hours. See RNFA Syllabus.

<table>
<thead>
<tr>
<th>Route</th>
<th>Questions and options for you and your Manager/Director of the O.R. or Educational Department Regarding the facility where you plan to do your cases.</th>
<th>Contact person to confirm and Address, email/phone #</th>
<th>Questions that you have?</th>
</tr>
</thead>
<tbody>
<tr>
<td>My O.R. Department is supportive and will allow me to do my cases during my routine day.</td>
<td>1. Is it in my job description, Yes__ No___ or will a letter from the school and my mentor agreement form be sufficient for my file Yes___No____?  2. Does the institution prefer an affiliation agreement with the college? Yes___ No____(If so, do they have a corporate clinical agreement? If so, submit a copy of the agreement with this form. Who signs form? Address?)  3. Since you work there will they still require a new drug screen and background check Yes___ No____, or will they sign the statement stating that you are clear? Yes___ No____ (If yes, send copy of Facility Clearance form.)</td>
<td>If part of job, send copy of job description.</td>
<td></td>
</tr>
<tr>
<td>My O.R. Department will allow me to do cases on my own time.</td>
<td>1. Is it in my job description, Yes__ No___ or will a letter from the school and my mentor agreement form be sufficient for my file Yes___No____?  2. Does the institution prefer an affiliation agreement with the college? Yes___ No____(If so, do they have a corporate clinical agreement? If so, submit a copy of the agreement with this form. Who signs form? Address?)  3. Since you work there will they still require a new drug screen and background check Yes___ No____, or will they sign the statement stating that you are clear? Yes___ No____ (If yes, send copy of Facility Clearance form.)</td>
<td>If part of job, send copy of job description.</td>
<td></td>
</tr>
<tr>
<td>My O.R. Department does not allow SFA Students.</td>
<td>1. Do you have a surgeon mentor(s) who works at other hospitals to support you?  2. Will they sponsor you for privileges at the hospitals that they go to?  4. If not will they and the hospital support an affiliation agreement with GSCS, a 4 yr. Institution? Yes___ No____(If so, do they have a corporate clinical agreement? If so, submit a copy of the agreement with this form. Who signs form? Address?)  3. If they will, do they prefer that the background screen and background check be done locally Yes___ No____ and the results sent to the facility, or do they want the school to do the background check and drug screen Yes___ No____ and will the facility accept a Clinical Clearance statement regarding immunizations, health and the standardized screening Yes___No____?</td>
<td>Contact person for affiliation agreements.</td>
<td></td>
</tr>
<tr>
<td>I do not have any local hospitals or surgeons that will support me completing SFA cases.</td>
<td>1. <strong>Option 1</strong>: Come to Panama City, rent an apartment, try for a local part time job, or use Stanford loans for the length of time to get the cases – minimum of 2-4 months usually.  2. <strong>Option 2</strong>: Come to Dothan, Panama City, Destin or Fort Walton to do the cases after Lab week with check-offs on site Panama City.  3. <strong>Option 3</strong>: Come to one of the facilities 2-3 days a week until you have finished all cases.</td>
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</tbody>
</table>

Contact Person: Libby McNaron, RN, CST/CSFA, CNOR, MSN, FAST; Surgical Services Program Coordinator
Clinical Clearance by Facility

Name of Student/Employee: ________________________________

As a student, I am requesting that I not be required to complete additional background screening, drug testing, immunization documentation or health examination to complete clinical cases at my facility as a student of Gulf Coast State College. I am currently employed at this facility and have met all requirements upon being hired and/or yearly evaluations.

Student Signature___________________________________________________ Date Submitted __________________

Name of Facility: ________________________________________________
Contact Number: ________________________________________________

Note to Facility Representative: As a cost saving measure for your employee, the college will waive additional requirements for additional background screening, drug testing, immunization or health examination requirements for your employee while completing the clinical case requirements at Your Facility if you are satisfied with their status. If you agree, please complete the following signature(s). Thank you for your time and consideration.
(Note: If more than one department is needed to complete the form please indicate above the line what segment you are validating.)

“The above student is cleared by this facility as meeting all health and screening requirements as an employee of this facility and does not require any further background screening, drug screening, and immunization or health examinations to complete clinical cases while enrolled as a student of Gulf Coast State College.”

1. Attest to (Circle): Health requirements (TB, Immunization Status, Flu Vaccine Requirements, Physical examination); Background fingerprinting screening, Drug screening)

   Signature of Facility Representative: ____________________________ Title: __________________________ Date: __________________

   Signature(s) as appropriate: Director Surgical Services, HR Designee, or Health Nurse

2. Attest to (Circle): Health requirements (TB, Immunization Status, Flu Vaccine Requirements, Physical examination); Background fingerprinting screening, Drug screening)

   Signature of Facility Representative: ____________________________ Title: __________________________ Date: __________________

   Signature(s) as appropriate: Director Surgical Services, HR Designee, or Health Nurse

Note: To be accepted, the form must be returned to GCSC by the Facility Representative either by e-mail to Lmcnaron@gulfcoast.edu, or by fax to 850-747-3246.

Forms received from student will not be accepted.

Date Received: _________________ Reviewed by Faculty: ________________________________
464.027 Registered nurse first assistant.

(1) LEGISLATIVE INTENT.-- The purposes of this section are to:
   (a) Encourage the use of registered nurse first assistants who meet the qualifications of this section as "assistants at surgery" by physicians and hospitals to provide quality, cost-effective surgical intervention to health care recipients in the state.
   (b) Provide for reimbursement for the registered nurse first assistant from managed health care agencies, state agencies, workers' compensation carriers, and private insurance companies.

(2) DEFINITIONS.-- As used in this section, the term:
   (a) "Perioperative nursing" means a practice of nursing in which the nurse provides preoperative, intraoperative, and postoperative nursing care to surgical patients.
   (b) "Recognized program" means a program that:
      1. Addresses all content of the Association of Operating Room Nurses, Inc. Core Curriculum for the Registered Nurse First Assistant, and
      2. Includes 1 academic year, defined as 45 hours of didactic instruction and 120 hours of clinical internship or its equivalent of 2 college semesters.
   (c) "Registered nurse first assistant" means a person who meets the qualifications listed in this section.

(3) QUALIFICATIONS.-- A registered nurse first assistant is any person who:
   (a) Is licensed as a registered nurse under this part;
   (b) Is certified in perioperative nursing; and
   (c) Holds a certificate from, and has successfully completed, a recognized program.

(4) INSTITUTIONAL POWERS.--Each health care institution must establish specific procedures for the appointment and reappointment of registered nurse first assistant staff members and for granting, renewing, and revising their clinical privileges. History.--s. 4, ch. 94-96; s. 129, ch. 2000-318.

IF YOU ARE NOT ELIGIBLE AS A CNOR, THE ARNP MUST GET A RULING FROM THEIR STATE BOARD. CALL THE NURSING STATE BOARD FOR FURTHER CLARIFICATION AND INSTRUCTIONS.

464.012 Certification of advanced registered nurse practitioners; fees.--

(1) Any nurse desiring to be certified as an advanced registered nurse practitioner shall apply to the department and submit proof that he or she holds a current license to practice professional nursing and that he or she meets one or more of the following requirements as determined by the board:
   (a) Satisfactory completion of a formal post basic educational program of at least one academic year, the primary purpose of which is to prepare nurses for advanced or specialized practice.
   (b) Certification by an appropriate specialty board. Such certification shall be required for initial state certification and any recertification as a registered nurse anesthetist or nurse midwife. The board may by rule provide for provisional state certification of graduate nurse anesthetists and nurse midwives for a period of time determined to be appropriate for preparing for and passing the national certification examination.
   (c) Graduation from a program leading to a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills. For applicants graduating on or after October 1, 1998, graduation from a master's degree program shall be required for initial certification as a nurse practitioner under paragraph (4)(c). For applicants graduating on or after October 1, 2001, graduation from a master's degree program shall be required for initial certification as a registered nurse anesthetist under paragraph (4)(a).

(2) The board shall provide by rule the appropriate requirements for advanced registered nurse practitioners in the categories of certified registered nurse anesthetist, certified nurse midwife, and nurse practitioner.

(3) An advanced registered nurse practitioner shall perform those functions authorized in this section within the framework of an established protocol that is filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. The board shall review the protocol to ensure compliance with applicable regulatory standards for protocols. The board shall refer to the department licensees submitting protocols that are not compliant with the regulatory standards for protocols. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced registered nurse practitioner may:
   (a) Monitor and alter drug therapies.
   (b) Initiate appropriate therapies for certain conditions.
   (c) Perform additional functions as may be determined by rule in accordance with s. 464.003(3)(d).
   (d) Order diagnostic tests and physical and occupational therapy.
(4) In addition to the general functions specified in subsection (3), an advanced registered nurse practitioner may perform the following acts within his or her specialty:

(a) The certified registered nurse anesthetist may, to the extent authorized by established protocol approved by the medical staff of the facility in which the anesthetic service is performed, perform any or all of the following:

1. Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of the general functions.
2. Based on history, physical assessment, and supplemental laboratory results, determine, with the consent of the responsible physician, the appropriate type of anesthesia within the framework of the protocol.
3. Order under the protocol pre-anesthetic medication.
4. Perform under the protocol procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. These procedures include ordering and administering regional, spinal, and general anesthesia; inhalation agents and techniques; intravenous agents and techniques; and techniques of hypnosis.
5. Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient.
6. Support life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances.
7. Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy.
8. Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care.
9. Participate in management of the patient while in the post-anesthesia recovery area, including ordering the administration of fluids and drugs.
10. Place special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.

(b) The certified nurse midwife may, to the extent authorized by an established protocol which has been approved by the medical staff of the health care facility in which the midwifery services are performed, or approved by the nurse midwife's physician backup when the delivery is performed in a patient's home, perform any or all of the following:

1. Perform superficial minor surgical procedures.
2. Manage the patient during labor and delivery to include amniotomy, episiotomy, and repair.
3. Order, initiate, and perform appropriate anesthetic procedures.
4. Perform postpartum examination.
5. Order appropriate medications.
6. Provide family-planning services and well-woman care.
7. Manage the medical care of the normal obstetrical patient and the initial care of a newborn patient.

(c) The nurse practitioner may perform any or all of the following acts within the framework of established protocol:

1. Manage selected medical problems.
2. Order physical and occupational therapy.
3. Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses.
4. Monitor and manage patients with stable chronic diseases.
5. Establish behavioral problems and diagnosis and make treatment recommendations.

(5) The board shall certify, and the department shall issue a certificate to, any nurse meeting the qualifications in this section. The board shall establish an application fee not to exceed $100 and a biennial renewal fee not to exceed $50. The board is authorized to adopt such other rules as are necessary to implement the provisions of this section. History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; s. 4, ch. 84-268; ss. 8, 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 7, ch. 96-274; s. 1105, ch. 97-103; s. 80, ch. 97-264; s. 8, ch. 2006-251; s. 3, ch. 2007-167.

Note: Statutes are changed via Legislative action. Rules are continually updated. For the most current information, consult the Board of Nursing web site: www.doh.state.fl.us/mqa. For a more current copy of these statutes go to http://www.doh.state.fl.us/mqa/nursing/info_practiceAct.pdf.
APPLICATION INSTRUCTIONS FOR THE COLLEGE
Enrollment Services Office
Gulf Coast State College
5230 West U.S. Highway 98
Panama City, FL 32401
(850) 872-3892

HOW TO APPLY TO THE COLLEGE ONLINE


2. Select the Type of student that you are (First time, returning, transfer) clicking on that bar. (“Transfer” if you have ever had any college courses; “Returning” if you have ever taken any college credit courses at GCSC; “First Time in College” if you have never been to college before.) Read the directions, then click on the Title at the top.

3. Scroll down to bottom of the page and click on “First time user account creation” at bottom of screen unless returning student.

4. Create your login ID; for example, your first initial and last name. Create a pin number and re-enter it. Be sure to select the correct term of entry, or else you will not be able to register without going through the Enrollment Services Office. Always select the current term (example: August 2016 for Fall 2016; January 2017 for Spring 2017; May 2017 for May 2017; Fall 2017 for August 2017). Complete the online college application by clicking on each section until all sections are completed, and select your program of study.

5. Once you have paid the $20 non-refundable college application fee, it usually takes 48 hours to process the online application and enter it into our system. You cannot register for any prerequisite classes until the college application fee is paid.

   ➢ Returning students who have not attended GCSC in 1 year or more must also pay a $10 non-refundable college application fee online.

6. Submit a completed program application found in the program Application Packet.

7. When your college application has been processed you are ready to access the Lighthouse database. You will need to know your student ID-number and your DOB (MM/DD/YY) to initially login into Lighthouse.

   ➢ Your Lighthouse user ID-number is the same as your student ID-number. Your acceptance letter to the college will prominently list your student ID-number.

8. You can access Lighthouse:
   a. to register for classes
   b. to pay registration fees for classes
   c. to check grades
   d. to upgrade your personal information
   e. to confirm your GCSC e-mail address

9. To register for certain classes, testing must be completed and your $20 college application fee paid. Be sure to take the PERT or CPT exams as indicated in the program application.

10. Request copies of your transcripts from all high schools and all colleges attended. If you completed the GED, there is a request form located on the Admissions website or in your program application packet.

11. For questions about applying for admission or checking the status of your application, contact the Enrollment Services Office at (850) 872-3892.
GCSC Health Sciences Division
Personal Reference Form – Registered Nurse First Assistant

COMPLETED BY STUDENT: I, (Print Name)__________________________________________________________ give permission to ___________________________________________ to fill out this personal reference for me. I appreciate their candor and understand that this form is confidential. However, Under Federal law entitled the “Family Educational Rights and Privacy Act of 1974”, students are given the right to inspect their records including recommendation forms. I _____do _____do not (CHOOSE ONE) waive my rights to review the content of this form. I do release the person completing this form from any liability regarding their completion of this form. I have supplied the person completing this form with a stamped addressed envelope to the following address: Gulf Coast State College, Attn: Craig Wise, 5230 West Highway 98, Panama City, Florida 32401.

Applicant's Signature _________________________________ Date _______________________

Completed by person authorized to complete Reference:

1. How long have you known this applicant and in what capacity? __________
   How well do you know the applicant? ________Very Well ________Fairly Well ________Slightly

2. In the healthcare field, healthcare personnel have access to confidential information from charts and files and are required to handle drugs and controlled substances. With this in mind, do you place full confidence in the applicant's integrity?
   YES __________ NO __________ If no, please explain why: ____________________________

3. Would you allow this individual to provide healthcare for you or your family if you were ill? YES _____ NO _____ If no, please explain why: ____________________________

4. To your knowledge, is there anything that might interfere with or limit the success of this applicant in the healthcare field?

5. How do you perceive this person reacting when placed in a stressful situation or working under pressure?
   Circle one: Wise Sensible Irrational Impractical Hysterical Other ________________________

6. Please indicate whether or not you recommend this applicant as being suitable to enter the Healthcare program.
   Circle one: RECOMMEND WITH ENTHUSIASM RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND

7. Please check or write in the spaces to indicate the traits that best describes the applicant:

<table>
<thead>
<tr>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No Basis to Judge Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication skills, clarity</td>
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<tr>
<td>Cooperation, team player, gets along w/ others</td>
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<td>Courtesy</td>
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<td>Dependability or Reliability</td>
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<td>Helpful to others, motivated</td>
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<td>Honesty</td>
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<td>Initiative</td>
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<td>Leadership ability</td>
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<tr>
<td>Maturity, Emotional Stability, Coping, Conflict</td>
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<tr>
<td>Neatness, Appearance (tidy, clean)</td>
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<td>Organized</td>
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<td>Perseverance, Stamina</td>
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<td>Promptness (responsiveness)</td>
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<tr>
<td>Quality of Work, Accuracy</td>
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<td>Quantity of Work</td>
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<td>Responsibility</td>
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<td>Seeks Help when needed</td>
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<td>Sound Decision Making</td>
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Signature of Person Completing Reference: ____________________________________________
Position/Title: __________________________________________________________________
Address: _________________________________________________________________________
Phone No.: ____________________________________________________________________
**GCSC Health Sciences Division**

**Personal Reference Form – Registered Nurse First Assistant**

**COMPLETED BY STUDENT:** I, (Print Name)______________________________________________________ give permission to _________________________________________________ to fill out this personal reference for me. I appreciate their candor and understand that this form is confidential. However, Under Federal law entitled the “Family Educational Rights and Privacy Act of 1974”, students are given the right to inspect their records including recommendation forms. I _____do _____do not (CHOOSE ONE) waive my rights to review the content of this form. I do release the person completing this form from any liability regarding their completion of this form. I have supplied the person completing this form with a stamped addressed envelope to the following address: Gulf Coast State College, Attn: Craig Wise, 5230 West Highway 98, Panama City, Florida 32401.

**Applicant’s Signature** ________________________________  **Date** __________________________________

**Completed by person authorized to complete Reference:**

8. How long have you known this applicant and in what capacity? __________________________________________

How well do you know the applicant? ________ Very Well ________ Fairly Well ________ Slightly

9. In the healthcare field, healthcare personnel have access to confidential information from charts and files and are required to handle drugs and controlled substances. With this in mind, do you place full confidence in the applicant's integrity?

YES __________ NO __________ If no, please explain why:

10. Would you allow this individual to provide healthcare for you or your family if you were ill? YES _____ NO _____ If no, please explain why:

11. To your knowledge, is there anything that might interfere with or limit the success of this applicant in the healthcare field?

12. How do you perceive this person reacting when placed in a stressful situation or working under pressure?

Circle one: Wise Sensible Irrational Impractical Hysterical Other _________________________________________

13. Please indicate whether or not you recommend this applicant as being suitable to enter the Healthcare program.

Circle one: RECOMMEND WITH ENTHUSIASM RECOMMEND RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND

14. Please check or write in the spaces to indicate the traits that best describes the applicant:

<table>
<thead>
<tr>
<th></th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No Basis to Judge Applicant</th>
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</thead>
<tbody>
<tr>
<td>Communication skills, clarity</td>
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<tr>
<td>Cooperation, team player, gets along w/ others</td>
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<td>Courtesy</td>
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<tr>
<td>Dependability or Reliability</td>
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<tr>
<td>Helpful to others, motivated</td>
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<tr>
<td>Honesty</td>
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<td>Initiative</td>
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<td>Leadership ability</td>
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<tr>
<td>Maturity, Emotional Stability, Coping, Conflict</td>
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<tr>
<td>Neatness, Appearance (tidy, clean)</td>
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<tr>
<td>Organized</td>
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<tr>
<td>Perseverance, Stamina</td>
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<td>Promptness (responsiveness)</td>
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<tr>
<td>Quality of Work, Accuracy</td>
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<td>Quantity of Work</td>
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<tr>
<td>Responsibility</td>
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<td>Seeks Help when needed</td>
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<td>Sound Decision Making</td>
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**Signature of Person Completing Reference:**

| Position/Title: | | | | |
| Address: | | | | |
| Phone No: | | | | |