



Perioperative Nursing

Thank you for your interest in the Perioperative Nursing Courses at Gulf Coast State College ("GCSC"). It is composed of two classes: NSP-2290 Perioperative Nursing Theory, and NSP2290L Periop Lab/Clinical offered January or May each year. Occasionally, due to the request of local hospitals or the need, additional classes may be offered in August. Check the college schedule for the term of need. The 3-credit theory class is based on the Association of Perioperative Registered Nurses (AORN) Standards and Recommendations. Course NSP-2290, Perioperative Nursing Theory course (3 credits), is offered utilizing the web based platform "CANVAS". It can be used as an introduction to the operating room or as a study guide for the perioperative nurse certification exam.

The second course, NSP-2290L Clinical Internship to Perioperative Nursing (3 credits), can be offered in your local hospital, if they agree to affiliate with GCSC and allow you to work with a local Preceptor. Students may travel to Panama City to complete the 200 volunteer hours of training if you are unable to work with your local facility. Prior to beginning the clinical internship segment of the course, you must have successfully completed the 4th Module (Aseptic Technique) of the NSP-2290 Perioperative Nursing Theory course.

You may register for the NSP-2290 Periop Nursing, a theory class by itself, and it is not mandatory to complete the NSP-2290L, Clinical Internship to Perioperative Nursing. Either one or both of the courses are designed to help prepare you for the operating room environment and to help you pass the recognized perioperative nursing certification exam (CNOR).

You are **NOT** required to complete the application if you take the theory class only. You **MUST** complete the application packet to enter NSP-2290L Periop Nursing Lab/Clinical Internship class and the operating room environment for clinical experiences.

Please read the attached information packet, or visit our website to learn more about our courses and student responsibilities at <http://www.gulfcoast.edu/current-students/academic-divisions/health-sciences/surgical-technology>. Additional information regarding perioperative nursing, certification, and AORN standards can be obtained at www.aorn.org, the official website of perioperative nursing.

If you decide that becoming a perioperative nurse 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 Lmcnaron@gulfcoast.edu, or call Libby McNaron at (850) 873-3551; or e-mail Craig Wise at cwise@gulfcoast.edu, or call him at (850) 913-3311, toll free at 1-800-311-3685 ext. 3311. We look forward to working with you in the future.

Sincerely,

Libby McNaron, RN, CST/CSFA, CNOR, BSN, MSN

Student Checklist

Perioperative Nursing

Apply to the College

- ___ Step 1. New students should apply for General Admission to GCSC. Applications are available online at <https://www.gulfcoast.edu/apply>. Choose the Major Code "NON-Degree Seeking Student".
- **Returning students who have not attended GCSC in the past year must also re-apply for admission.**
- ___ Step 2. New students pay the \$20 college application fee online <https://mygcsc.gulfcoast.edu>, at our Bookstore, or at the GCSC Business Office (in person or by phone). **If this is not paid, you cannot register for courses.**
- **Returning students who have not attended GCSC in the past year must pay a \$10 non-refundable college application fee online <https://mygcsc.gulfcoast.edu>, at the Bookstore, or at the Business Office.**
- ___ Step 3. Transcripts will not be necessary or N/A for “Non-Degree Seeking Student”. If necessary, you can Request OFFICIAL transcripts from High School or GED with scores, and all colleges be sent to the Admissions Office of GCSC showing completion of a registered nursing courses. Forms are available in the Admissions Office, online, or at the end of this application packet.

Register for the Online Theory Course

NSP-2290 Perioperative Nursing Theory

- ___ Step 4. Send Libby McNaron an e-mail Lmcnaron@gulfcoast.edu with your student ID number so she can have you registered for class. If you prefer not to communicate your student ID number, you will need to pick up a course approval card and have them register you in the enrollment office if unable to do so yourself.
- ___ Step 5. Pay for the class online, at our Bookstore, or at the Business Office in person, or by phone at (850) 769-1551, ext. 3534.
- ___ Step 6. Pick up, or order, your textbooks. Berry and Kohn's **Operating Room Technique** (online used, or from the GCSC Bookstore), and the current year AORN Standards; online from www.aorn.org.
- ___ Step 7. For offsite testing, submit a Proctor Approval Form.

Apply for the Clinical Course:

NSP2290L Perioperative Nursing Internship

- ___ Step 8. Submit Perioperative Nursing application forms as required for the NSP2290L Course by mail to GCSC Health Sciences, Attn. Craig Wise, 5230 West Highway 98, Panama City, Florida 32401, by e-mail to cwise@gulfcoast.edu or in person, or by fax at (850) 747-3246. Current GCSC Nursing students planning to only take the NSP-2090 Theory Course do NOT have to complete this step.
- Those planning to take NSP-2290L must **submit the following:**
- ___ a. Completed and signed Perioperative Nursing Courses application
 - ___ b. Signed Duties Acknowledgement Form.
 - ___ c. If *not* currently enrolled as a nursing student at GCSC who has completed your first semester, submit proof of licensure to practice as an RN in the state in which the clinical internship will be taken. Include a copy of the license or verification copy from the website with VOID printed across it.
 - ___ d. Submit a current identification photograph at least 2" x 2" in size (passport photo from P.O. will work).
 - ___ e. Give 2 people you know the Personal Reference form to complete (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.
 - ___ f. Submit a copy of current CPR certification card and maintain certification throughout the entire length of the courses. Acceptable cards are American Heart Association **BLS Provider**, the American Red Cross for **Professional Rescuer**, or American Safety and Health Institute **CPR-Pro**.

_____ **Step 9. NSP-2290 and NSP-2290L can be taken concurrently or the theory one summer and lab/clinical the next summer for student nurses at GCSC. Successfully complete the course, or at least the 4th module component of NSP-2290 Perioperative Nursing with a "C" or better prior to beginning the lab segment.**

_____ **Step 10. Prior to registration for NUR-2290L:**

_____ **Local GCSC residents should contact Libby McNaron to discuss your preferences. (If out-of-GCSC-district, discuss options for clinical and lab components with local facilities.** Then, e-mail Lmcnaron@gulfcoast.edu with contact person, phone number, facility, and the preceptor arrangements.) For offsite students: once Preceptor arrangements have been finalized, Instructor will notify you that you are ready to register and a clinical clearance form will be available in CANVAS for completion of the required documentation.

_____ Satisfactory Criminal Background Check completed on site at GCSC. (Current GCSC nursing students or those employed by the facility at which they wish to complete their clinical assignments may have alternate documentation completed by the nursing program or facility.)

_____ A chain-of-custody 10-panel drug screen, at student's expense, is required by some affiliating clinical agencies for clinical clearance. The results must be faxed to the Division Chair of Health Sciences at (850) 747-3246.

_____ Documentation of Immunizations/Physical as required by the clinical site.

_____ Note: If completing your clinical rotation at your employer's site, you may request from the appropriate authority a waiver of the above documents stating that you have been cleared to complete the clinical rotation and no additional background check, drug screen or health status immunization/physical requirements are necessary based on in-house documentation.

_____ **Register for class and pay the fees online <https://mygcsc.gulfcoast.edu> , at our Bookstore, or at the Business Office either in person or by phone at (850) 769-1551, ext. 3534.**

_____ **Step 11. Successfully complete all Lab assignments and Lab modules in the on-campus Lab scheduled with Libby McNaron.** It usually takes most students 2-5 days at 4-6 hours per day. The potential lab times will be posted on CANVAS during the 2nd week of class or arranged individually based on number of students and enrollment status. You may be able to complete consecutively or over several weeks.

_____ **Step 12. Arrange with GCSC Clinical Assistant Coordinator and Program Coordinator the clinical site rotation and Preceptor.** The clinical component is a minimum 200 hours of Lab and Clinical experience.

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 GCSC 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>
- Information on financial aid is available to students is found at: <http://www.gulfcoast.edu/tuition-aid/financial-aid>
- GCSC's annual security report is found at: <http://www.gulfcoast.edu/campus-life/campus-safety/clery-act.html>
- Family Educational Rights and Privacy Act is found at: <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 **

PERIOPERATIVE NURSING

| | <u>In-State</u> | <u>Out-of-State</u> |
|---|----------------------------|-------------------------------|
| <u>ENROLLMENT FEES:</u> | | |
| GCSC - application fee (new students) | \$ 20.00 | \$ 20.00 |
| Drug Screen | \$ 33.00 | \$ 33.00 |
| Criminal Background Check at GCSC (if needed) | \$ 85.00 | \$ 85.00 |
| | | |
| <u>TEXTBOOK FEES:</u> | | |
| Textbooks (Approximate) (List Provided) | | |
| Required texts | \$ 300.00 | \$ 300.00 |
| | | |
| <u>TUITION FEES:</u> (See current college catalog) | | |
| NSP-2290 (3 credits) | \$ 296.25 (\$98.75 cr.hr.) | \$ 1,079.13 (\$359.71 cr.hr.) |
| NSP-2290L Lab/Clinical (3 credits) | \$ 296.25 | \$ 1,079.13 |
| | | |
| <u>LAB FEES:</u> | | |
| NUR-2290L | \$ 86.00 | \$ 86.00 |
| (includes Student Liability/Accident Ins for Lab) | | |
| <hr style="width: 20%; margin: 0 auto;"/> | | |
| Total Courses Fees (approx.) | \$ 1,116.50 | \$ 2,682.26 |

Textbooks include:

Berry and Kohn's Operating Room Technique
AORN Publication AORN Standards and Recommendations for the current year

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

Alexander's Care of the Surgical Patient
Essential Surgical Skills
CNOR Study Guide and Practice Resource

**** Fees listed above are currently accurate, but subject to change without notice due to price changes from the other requirements, manufacturer, or provider. Last update 6/2017. Updated cost per credit hour and lab fees are located in the catalog for the current year.**

**The courses are usually offered in May with registration in April.
You may start and finish over a 12-16 week period.**

GULF COAST STATE COLLEGE - HEALTH SCIENCES DIVISION

APPLICATION FOR ADMISSION

*Send Color Photograph of Self
(head and shoulders) to be
attached here.*

**5230 West U.S. Highway 98
Panama City, FL 32401-1058
(850) 872-3827 or (850)913-
3311 (850) 747-3246 - fax
1-800-311-3685 -toll free**

Date received by office:

Date student contacted:

PERIOPERATIVE NURSING

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

Name: _____

First

Middle

Last

Maiden Name

Home Address: _____

Street and Number

City

State

Zip

County

Permanent or Mailing Address (If different from above): _____

Social Security No.: _____ GCSC Student ID No. _____

E-Mail: _____ Home Phone: () _____

Business Phone: () _____ Cell Phone: () _____

EDUCATION

OFFICIAL TRANSCRIPTS 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.**

| Name of School | Location of School | From Month/Year | To Month/Year | Did you receive Diploma, Degree or Certificate? | What was your Major / Minor? |
|--------------------------------------|--------------------|-----------------|---------------|---|------------------------------|
| High School or GED: | | | | | |
| Vocational / Other Technical Courses | | | | | |
| College or University: | | | | | |
| College or University: | | | | | |

LICENSES AND CERTIFICATION

| Type | Issued by which State or Agency? | Certification or License Number | Expiration Date |
|------|----------------------------------|---------------------------------|-----------------|
| | | | |
| | | | |
| | | | |

CONTACT INFORMATION

Please provide information about three people who will always know where to locate you:

| Name | Mailing Address | Telephone Number |
|----------|-----------------|------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

HEALTH RELATED WORK EXPERIENCE and/or VOLUNTEER EXPERIENCE

Use additional sheets, if necessary.

1. EMPLOYER: _____

Address _____
Street and Number City State Phone: _____ Extension _____

Supervisor's Name _____ Title _____

Dates employed: From _____ To _____ Nature of your Job Duties: _____
Mo./Yr. Mo./Yr.

Reason for Leaving _____ Full-Time _____ Part-Time _____

2. EMPLOYER: _____

Address _____
Street and Number City State Phone: _____ Extension _____

Supervisor's Name _____ Title _____

Dates employed: From _____ To _____ Nature of your Job Duties: _____
Mo./Yr. Mo./Yr.

Reason for Leaving _____ Full-Time _____ Part-Time _____

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.

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 West U.S. Hwy 98, Panama City, FL 32401; 850-872-3866

Signature of Applicant _____ Date _____

RETURN APPLICATION TO:

Gulf Coast State College
Health Sciences Division - Room 200
5230 West U.S. Highway 98
Panama City, Florida 32401-1058
E-mail: Lmcnaron@gulfcoast.edu

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____
Address: _____
Phone: _____

Perioperative Nursing Courses - 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 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 aid 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 20-25 pounds. Able to push/pull equipment weighing up to approximately 40 pounds for up to 20% of work time.
3. Able to refrain from nourishment or restroom breaks for periods up to 6 hours.
4. Ability to walk or stand up for up to 80% of the work time.
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. (Acceptable cards are American Heart Association *BLS Provider*, American Red Cross *Professional Rescuer*, or American Safety and Health Institute *CPR-Pro*.)

Environment

1. Position involves exposures to blood and body fluids, and all areas of patient care.
2. Also exposed to cool temperatures, hazardous equipment, fumes/odors and noise.

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 problem in meeting the above technical requirements.

I understand that clinical policies regarding physical, TB skin tests, and Immunization Records must be followed.

Signature

Date

Sign and attach this form to the application submitted to the Health Sciences Division.



Perioperative Nursing Courses Verification of Eligibility for Courses

Applicant must submit proof of eligibility for the Perioperative Nursing Courses by either of the following ways.

RN or 2nd semester graduate nurse eligible for NSP-2290, Perioperative Nursing Theory course.

| | Hospital employed at, or clinical assignment facility | Completion of 1st semester Nursing courses or RN | Signature of Nursing Instructor | Completed by college personnel; validation by college personnel (only one is required that meets criteria) |
|-----------------|---|--|---------------------------------|--|
| Nursing Student | | | | |
| RN | | | | |
| ARNP | | | | |

Submit a copy of your RN license, and attach it to this form.

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 _____



APPLICATION INSTRUCTIONS FOR THE COLLEGE

**Enrollment Services Office
Gulf Coast State College
5230 West U.S. Highway 98
Panama City, Florida 32401
(850) 872-3892**

HOW TO APPLY TO THE COLLEGE ONLINE

1. Go to <https://www.gulfcoast.edu/apply>.
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 2017 for Fall semester 2017; January 2018 for Spring semester 2018; May 2018 for Summer semester 2018; and August 2018 for Fall semester 2018). 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 *college* application fee, it usually takes 48 hrs.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.
6. Submit a completed Courses application found in the Courses 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.
 - a. 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 application fee paid. Be sure to take the PERT or CPT exams as indicated in the Courses 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 Courses application packet.
11. For questions about applying for admissions or checking the status of your application, contact the Admissions Office at (850) 872-3892.

Personal Reference Form - Health Sciences Division - Perioperative Nursing

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
RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND

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

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

Signature of Person Completing Reference: _____

Position/Title: _____

Address: _____ Phone No.: _____

Personal Reference Form – Health Sciences Division - Perioperative Nursing

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:

- How long have you known this applicant and in what capacity? _____
How well do you know the applicant? _____ Very Well _____ Fairly Well _____ Slightly
- 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: _____
- Would you allow this individual to provide healthcare for you or your family if you were ill? YES _____ NO _____ If no, please explain why: _____
- To your knowledge, is there anything that might interfere with or limit the success of this applicant in the healthcare field?

- 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 _____
- 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
- Please check or write in the spaces to indicate the traits that best describes the applicant:

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

Signature of Person Completing Reference: _____

Position/Title: _____

Address: _____ Phone No.: _____