NURSING STUDENT HANDBOOK 2019-2020
SUFFOLK COUNTY COMMUNITY COLLEGE SCHOOL OF NURSING

USING THIS HANDBOOK

The Nursing Student Handbook is an official document provided to each nursing student with explicit information on the policies, procedures and guidelines established by nursing faculty. The information provided in this handbook is to be used collaboratively with each nursing course outline. Each student is held responsible for complying with the policies included in this handbook, the policy manual, as well as all Suffolk County Community College policies. The student handbook is updated annually prior to the fall semester, and on an as needed basis. Students will be informed via email when updates have been made.

The last 9 pages of this student handbook include:

- Authorization to Release Information - Background Check
- Confidentiality Agreement
- Student Handbook/Policy Manual Verification Notice
- Course Verification Notice *(to be submitted every semester)*
- University Hospital at Stony Brook (UHSB) Campus Card Application
- Nursing Student Clinical and Laboratory Safety: Assumption of Risk & Release Form

These documents must be signed and returned to be placed in your individual file maintained by the nursing program.

The nursing program is registered by the New York State Education Department and is accredited by the Accreditation Commission for Education in Nursing: http://www.acenursing.org

Accreditation Commission for Education in Nursing
3343 Peachtree Road NE, Suite 850
Atlanta, GA 30326
Phone 404-975-5000
Fax 404-975-5020
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<td>And Release Form <em>(Handbook copy)</em></td>
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NURSING STUDENT POLICY MANUAL

Please refer to the Nursing Student Policy Manual for a full description of all nursing student polices. The Manual is located on the nursing student site on My SCCC and on the School of Nursing Academic Department website.

MISSION STATEMENT

As a School of Nursing within a college of excellence we are committed to providing high educational standards based on healthcare’s shifting paradigms, quality and safety, and utilizing best practices in nursing. Hence, we will empower students and faculty to anticipate the dynamic healthcare needs of the community through leadership, mentoring, community involvement, social and ethical responsibility, as well as cultural awareness. Our goal is to prepare students to function effectively as nurses in today’s complex healthcare environment, and to prepare graduates for academic advancement.

END OF PROGRAM STUDENT LEARNING OUTCOMES

Graduating students will be able to:

Practical Nursing Certificate Program
Provide safe, quality, diverse relationship care that promotes health and is concurrent with evidence and standards of care.
Function in a collaborative role to provide safe care in multiple settings.
Function within the Practical Nurse Scope of Practice in a professional and ethical manner.
Incorporate health promotion and maintenance needs into a plan of care

Associate Degree Program
Deliver patient and family-centered nursing care in a culturally sensitive and holistic manner across the life-span.
Provide safe, effective and competent nursing care that promotes the health of patients and families.
Participate as an effective member of the interprofessional team.
Demonstrate professional and ethical behaviors consistent with the standards of practice and regulatory frameworks of the registered professional nurse.
Develop a plan of care that integrates health promotion and maintenance needs.
Utilize evidence-based information and technology in the clinical decision-making process.
SAFETY AND TECHNICAL STANDARDS NEEDED FOR PROFESSIONAL PRACTICE

All candidates entering the nursing program must meet safety and technical standards with or without reasonable accommodations. These standards include personal and professional attributes essential to the profession in the following areas: cognitive, sensory, motor and physical endurance, communication, emotional/behavioral.

Cognitive
Students must possess the ability to collect, analyze and synthesize data, problem solve, calculate, measure and make clinical judgments to promote client outcomes. Examples of cognitive abilities include but are not limited to:
- Processing information accurately and thoroughly to prioritize care
- Performing math calculations for medication dosages
- Demonstrating application of knowledge in the clinical setting

Sensory
Students need to possess the ability to have functional use of the senses: vision, hearing, touch and smell. Examples of sensory functioning include but are not limited to:
Vision - ability to detect skin changes, drawing up correct quantity of medication into a syringe and collect data from measuring devices.
Hearing - ability to listen to lung and breath sounds using a stethoscope, respond to audible alarms and monitors, and communicate clearly in telephone conversations.
Touch - ability to have tactile sensation to assess skin temperature changes and perform physical assessments.
Smell - ability to detect presence of bodily odors or drainage and detect the presence of smoke.

Motor and Physical Endurance
Students need to possess the ability to perform fine and gross motor movements and also possess the physical strength to provide care. Examples of motor skills and physical endurance include but are not limited to:
- Manipulate equipment requiring dexterity such as preparing medication injections.
- Transfer, turn and position clients
- Rapid response to emergency situations, including the ability to perform CPR
- Perform required duties during clinical rotations such as lifting/moving objects, bending, turning and reaching (above shoulder height)

Communication
Students need to possess the ability to communicate through speaking, reading, understanding and writing in the English language. Examples of communication include but are not limited to:
- Interpret medical records
- Document pertinent observations legibly in English
- Interact effectively with health care team members
- Give clear and concise oral report

Emotional/Behavioral
Students need to possess emotional stability and the ability to function effectively under stress. This includes the ability to be flexible, use sound judgment and adapt to change. Examples of these attributes include but are not limited to:
- Adhere to professional and ethical behavior
- Deal with unexpected incidents
- Ability to think and act rationally during a crisis
- Accept constructive criticism
NURSING PROGRAM POLICY ON ACADEMIC INTEGRITY

Ethics and Academic Integrity
Individuals educated in the nursing profession are expected to develop a strong personal code of ethics that is congruent with their professional organizations.

RN: https://www.nursingworld.org/coe-view-only

LPN: https://nalpn.org/nalpn-practice-standards/

Academic Integrity requires individuals to:
Be truthful; be accountable for one’s actions and the known non-ethical behavior of others (duty to report); not participate in cheating and plagiarism.

CONSEQUENCES OF ACADEMIC DISHONESTY IN THE NURSING PROGRAM

Any student in violation of academic integrity will result in a zero on any exam/assignment. Any student found in violation of academic integrity will be referred to the Associate Dean of Students for a SCCC Code of Conduct violation. In addition, students should refer to the Suffolk County Community College catalog regarding academic integrity and the SCCC library site for documentation on avoiding plagiarism.

GRADING

All course assignments are to be submitted by the agreed upon date/time/method as per faculty. See the School of Nursing Student Policy Manual for information regarding late submission of assignments.

Successful completion of a course consists of receiving an overall course grade of C+. See the School of Nursing Student Policy Manual for further clarification.

NURSING STUDENT RECORDS

A cumulative file is maintained for each student in the nursing program. Files are kept confidential among the nursing faculty and are not disclosed to any persons outside of the School of Nursing (with the exception of the background check report, DOB, SSN and immunization titers to the requesting clinical site). Nursing student records are maintained for two (2) years after graduation or program withdrawal in accordance with the College Record and Retention Disposal Schedule. The following documents are contained within the file:

<table>
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<tr>
<th>Date of File</th>
<th>Document</th>
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1. Professional behavior is expected of all Student Nurses. In addition to the SCCC Student Code of Conduct, the following professional behaviors are expected of SCCC nursing students at all times and in all settings.

2. Students are required to activate and check their SUNY Suffolk e-mail and the School of Nursing web site on a regular basis.

3. Professional communication is expected of nursing students including that on any form of social networking. Any communication which can cause harm or injury to another, or disrupts the teaching-learning process, and may result in charges of misconduct which will be addressed through Office of the Dean of Student Services.

4. Students are not permitted to text or call/answer cell phones during class, clinical, or lab unless explicit permission is granted by a faculty member for emergency purposes.

5. Students must adhere to HIPAA guidelines and not discuss their clinical experience, health care facility information, and client’s names or conditions anywhere at any time outside of clinical conferences. Taking of photos or copying/printing of patient information is prohibited at any time in the clinical setting. This includes all forms of electronic media and social networking.

6. Students must maintain a professional relationship with assigned patients and families. This relationship terminates at the completion of each clinical experience. If the hospital or agency uses titles (Mr., Miss, Mrs., or Ms.), then students are expected to follow suit rather than use first names.

7. Any student who appears in the clinical area suspected to be impaired by alcohol or drugs will be dismissed from the clinical area. This may result in dismissal from the program.

8. SCCC is a smoke free campus.

9. Students are not permitted in the clinical area in the role of nursing student unless under the supervision of a faculty member or unless assigned specifically by a faculty member to a specialty unit or community setting.

10. There is to be no electronic recording or picture taking either in the lab, lecture or clinical setting.

11. Students will not participate in any form of harassment, incivility and bullying.
COMPLAINT PROCEDURE

If a student has a concern in any nursing course, they should follow the proper channels of communication as follows:
1. Instructor (lab, lecture, clinical)
2. Academic Chairperson
3. Associate Dean of School of Nursing

Refer to the College Catalog Student Code of Conduct and Student Judicial Process or the SCCC Student Handbook at https://www.sunysuffolk.edu/forms/Student-Handbook.pdf

GRADE GRIEVANCE

A course grade grievance procedure is available to resolve student grade grievances regarding a grade recorded on the transcript. This procedure shall apply when a student believes that there has been a violation of a specific policy or procedure as stated in the college catalog or course syllabus which adversely affects the student's final grade. Refer to the School of Nursing Student Policy Manual for additional information regarding grade grievances.

PROFESSIONAL ATTIRE

All students in the Nursing Program at Suffolk Community College are expected to behave and dress in an appropriate and professional manner. Wear the complete school uniform in the clinical area unless a particular clinical experience indicates otherwise. The uniform may be worn on campus only when permission is given by nursing faculty. When in uniform, students should be aware that they represent both the school and the profession. Student must change out of uniform before returning to campus. These guidelines are in addition to any additional dress code requirements imposed by clinical agency affiliates.

Requirements:
- SCCC Blue scrub top and white pants/skirt
- White pantyhose or socks.
- Neutral undergarments
- Clean all white closed nursing shoes or plain white sneakers
- SCCC photo ID badge holder with Student Nurse clearly labeled. This will be issued at orientation, if lost it is the student’s responsibility to replace.
- Hair should be neat and styled to be off the collar of the uniform.
- Free from odors that may be offensive to patients such as excessive perfume and tobacco.
- No chewing gum.
- Nails must be kept short and neat. No artificial nails, no nail polish.
- Jewelry: Only wedding bands, watches, and 1 pair of stud earrings are permitted. Although recognizing individual preferences for personal expression, the School of Nursing requires students to comply with the following clinical affiliate policies regarding piercings: Visible body piercing (tongue, eyebrow, nose, etc.) is not allowed except for earlobes unless cultural or religious requirements dictate.
- A watch with a second hand and a stethoscope. Wearable technology is prohibited.
- Recommended equipment: pen light and bandage scissors.
STUDENT HEALTH POLICIES AND REQUIREMENTS

Students are required to comply with the health requirements of the College and the nursing program in order to practice in the clinical area. The student will submit their health records to the Health Service Center where they will receive a signed Health Certificate form which must be presented to the clinical instructor on the first clinical day. Students who do not comply with this policy will not be permitted in the clinical area and will be assigned a failed clinical day for each day that they are in non-compliance (two failed clinical days result in a failed final clinical evaluation).

Records must include:
1. Completion Certificate from the campus nurse stating that the student's health records at the College are complete.
2. History and Physical Examination documented on the SCCC college form completed annually and after a medical leave within time period indicated.
3. Tuberculin skin test (PPD)
4. A Two-Step PPD is required as baseline (Second test is scheduled 1-3 weeks after first PPD).
   a. Negative PPD results must be obtained annually.
   b. Positive PPD results- Follow instructions on health certificate.
5. Proof of Hepatitis B Vaccination or a signed waiver of declination.
6. Results of Measles, Mumps, Rubella (IGG), and Varicella titers indicating immunity.
7. Proof of Tdap immunization within the past ten years.
8. Proof of Influenza vaccination including lot number, signature and address of provider

It is the student's responsibility to make sure the health records are complete and maintained throughout the program.
Following any significant alteration in a student’s health status (including pregnancy), the student is required to submit written health clearance from their health care provider stating they are able to perform full clinical duties before further participation in clinical activities. Clinical agencies have the final determination about allowing students to return to the facility.

NEEDS OF STUDENTS WITH DISABILITIES

Students with disabilities must document the nature of their disabilities and request services from the disability services counselor designated on each campus. Please identify your needs to the faculty in a timely fashion so they can make appropriate arrangements, especially for examinations accommodation.

Michael J. Grant Campus: Counselling Center, Caumsett Hall 20 851-6250
Ammerner and Eastern: Office of Special Services, Ammerman Building 202 451-4045
Eastern Campus: Counselling Center, Peconic Building 212 548-2527
CPR/BLS COMPLETION

All students will be required to complete an American Heart Association BLS (Basic Life Support) for Healthcare Providers BLS course for adult, child, and infant prior to beginning the nursing curriculum. Students are required to present proof of current BLS certification by the first day of clinical. Students may seek certification at any available site that offers AHA BLS (Basic Life Support) for Healthcare Providers 2 year training. Online certifications are NOT acceptable. Some suggested sites are:

CPR Training NY - Smithtown
631-724-3537  http://www.CPRTrainingNY.com

Long Island Rescue Services –
Ronkonkoma 631-737-4313
http://www.lirescue.org

Students who are not able to show proof of completion or whose BLS certification has lapsed during the semester are considered unprepared for clinical and will earn a failed clinical day.

ASSESSMENT TECHNOLOGY INSTITUTE (ATI) PROGRAM/COURSEPOINT PLUS

Students will be provided an Access Code to purchase ATI and CoursePoint Plus.

Purchasing materials from unauthorized sources such as Amazon.com or former students is unacceptable and may result in forfeiture of course points. Detailed information will be provided in the first semester of the program.
BACKGROUND CHECK

As required by clinical facilities contracted by the nursing program, in keeping with a Joint Commission standard, all students accepted into the nursing program must submit to a background check and the results of this check will be placed in your nursing file.

The incurred cost of the background check will be the student’s responsibility. Based on the results of these checks, an affiliated clinical site may not allow your presence at their facility. This would result in your inability to successfully complete the requirements of the program.

Students are also reminded that licensing boards for certain health care occupations and professions may deny, suspend, or revoke a license or may deny the individual the opportunity to sit for an examination if an applicant has a criminal history or is convicted or pleads guilty or nolo contendere to a felony or other serious crime. Students should consult the New York State Department of Education for more details regarding possible Board of Nursing actions related to personal background records. Successful completion of the nursing program at Suffolk County Community College does not guarantee licensure, the opportunity to sit for a licensure examination, certification or employment in the relevant health care occupation.

Therefore, Suffolk County Community College is requiring all nursing students to have background checks upon entering the first semester of nursing classes. Students are required to report alleged violations of federal, state and local laws that occurred since submission of the background check. Based on the alleged violations, an affiliated clinical site may not allow your presence at their facility. Students that fail to report alleged violations will be subject to section 4 of the SCCC code of conduct that may result in interim suspension upon notification that a student is facing criminal investigation. All nursing students must go online to www.mybackgroundcheck.com and register for the background check. Students are required to complete, sign and submit the Authorization to Release Information form along with the results of the 3 components of the background check on the first day.

The Order Code is c0s83 (Zero, not the letter O).

Enter this code on the upper right side of the webpage where it says “Have an Order Code?” and hit enter on your keyboard. This will bring you to the SCCC Student Healthcare Package. The cost will be displayed on this page. Proceed with requesting the report.

The following page (p.12) illustrates what the web page will display after you have entered your Order Code. As a new user, you will need to sign up to request the background check.

If you have any questions while registering please call 1-800-503-2364 for customer service during the business hours of 11:00am to 8:00pm Eastern Standard Time. Email: rapidresponse@pre-employ.com Students are required to print out the results of the 3 components (not the certificate of completion) and submit on the first day. The student’s Social Security Number will be used to process the background check.

1. Sex Offender registry
2. OIG/GSA
3. County Criminal Search
Remember the Order Code is c0s83 (Zero, not the letter O).

As a new user, you will need to sign up to request the background check.
If you have any questions while registering please call 1-800-503-2364 for customer service during the business hours of 11:00am to 8:00pm Eastern Standard Time.

Email: rapidresponse@pre-employ.com

The following page (p.13) illustrates the background check results page to be submitted.
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Investigative Tools Used

SSN Address Locator: This is an industry investigative tool only and should not be viewed as a verified source of information.

Status: Complete  Date/Time: 6/29/2016 1:26 PM

Notes:

Alternate Names

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Date: 6/6/06 02:28 AM  Page: 1 of 1
TESTING GUIDELINES

Before taking an exam, students should be aware of the following testing responsibilities and guidelines:

• The academic integrity statement must be signed for each exam that is taken.

• All student possessions (backpacks, cell-phones, food, drinks, school supplies, and hats, etc.) cannot be at the student’s desk. Wearable technology, including but not limited to electronic ear plugs and smartwatches, are to be placed in backpacks and/or placed on desktop and cannot be accessed. Only a pencil, highlighter, student ID card, or faculty issued simple calculator will be permitted during the exam.

• Proctored assessments will be administered in an online format. If paper and pencil format is necessary students must complete their scantrons within the time allotted for the exam. No extra time will be given for completion of the scantron. The exam scantron is the official record for determining student scores, not test booklet.

• Students who receive less than a 75 on an exam are strongly encouraged to meet with the course lecturer for an individual review of the exam.

• Students at risk of failing should complete the “Learning Assistance Program Worksheet” with the faculty in order to help them determine how they can improve their grade by reviewing study habits, identifying topics they are deficient in, and utilizing all available resources in the course.

• The “rounding rules” for calculations are as follows:
  Parenteral doses less than 1 mL –
    Round final answer to the nearest hundredth decimal place.
  Parenteral doses greater than 1 mL –
    Round final answer to the nearest tenth decimal place.

Conversion from pounds to kilograms or kilograms to pounds is rounded to the nearest tenth decimal place.

• Weight-based advanced intravenous (IV) or medication calculation questions will have the weight provided in kilograms. In NUR 102, NUR 103, NUR 236 and PNU119 the weight may be provided in pounds and ounces and must be converted to kilograms.

• All quizzes or examinations will only provide the generic names of medications.

• Select All That Apply questions will have five (5) or six (6) choices for answers; a minimum of one (1) choice, up to a maximum of all of the choices, may be correct.

• The length of the unit exams will be 1.5 minutes/question.

• Exam grades will be available to students within 10 school-calendar days from the test date.

• Students will not be allowed to take any notes, use tape recorders, or cameras during an exam review and violation of this will be interpreted as cheating.
• Students who arrive up to 15 minutes late to class may sit for the exam. Students who arrive greater than 15 minutes late to class are unable to sit for the exam and will follow the Absence from Exam guidelines. Under extenuating circumstances, the faculty may agree to permit a late-arriving student to take a make-up exam at the next scheduled lecture date. Documentation from the student justifying the extenuating circumstance may be required by the faculty. Students can take a make-up exam only once for any reason; other missed exams will receive a zero.

• A student who is absent from an exam will take a make-up exam within 10 days of the original exam date. Students can miss an exam only once; other missed exams will receive a zero. Documentation from the student justifying an absence from an exam may be required by the faculty.

• If the student is eligible for special accommodations to take an exam, they must share their confidential documented disability form with the professor. In addition, the student needs to make an appointment, one week prior to the exam date, with the Academic Skills Center/Office of Special Services/Testing Center.

• Students who disagree with a keyed answer may complete a Student Test Item Query Form to explain the rationale for their chosen answer. Students must provide 3 scholarly references (within 5 years) in support of the rationales for their answer. Scholarly references can only be from an approved source such as the Joint Commission, Centers for Disease Control, required textbooks, or assigned readings.

• The Student Test Item Query Form and reference forms will be submitted to the faculty within 10 school-calendar days from the date of the exam.

**DOSAGE CALCULATION COMPETENCY FOR THE NURSING PROGRAM**

To ensure consistently correct administration of medications in the clinical area, students must be proficient in basic math skills. Students are expected to enter the nursing program with these skills.

**RN Students:**

A dosage calculation assessment is given in each clinical nursing course. It is the responsibility of each nursing student to develop and advance their dosage calculation skills. This includes purchase of the required dosage calculation textbook and completion of a self-tutorial of all chapters. The School of Nursing offers NUR103, an elective dosage calculation course for the RN students, however will not count towards degree requirements. RN Level I students (NUR102) have two opportunities to pass the DCA. Passing score of 80% is on the first attempt and the subsequent retake requires a 90% to pass.

RN Level II students (NUR125, NUR133, and NUR136) have two opportunities to pass the DCA in each course. A score of 80% on the first attempt is required to pass and the retake requires a 90% to pass.
RN Level III/IV students (NUR 236, NUR 238 and NUR 240,) have two opportunities to pass the DCA in each course. A score of 90% is required to pass.

Retakes must be completed within a week of previous attempt. Each student must successfully pass the dosage calculation competency assessment prior to administering medications in the clinical area.

**PN Students:** Required to pass PNU 119 Dosage Calculation. PN Level I students have two opportunities to pass the DCA in PNU 120. A score of 80% on the first attempt is required to pass and the retake requires an 80% to pass. PN Level II students have two opportunities to pass the DCA in PNU 133. A score of 80% on the first attempt is required to pass and the retake requires a 90% to pass. Retakes must be completed within a week of previous attempt. Each student must successfully pass the dosage calculation competency assessment prior to administering medications in the clinical area.

All nursing students have access to additional math resources which are available at any of the college campuses.

**GUIDELINES FOR CLINICAL COMPONENT**

The clinical component of each nursing course provides nursing students with the opportunity to apply nursing principles in a practice setting. Students will be assigned to a variety of clinical agencies through Suffolk County. Student’s clinical performance is evaluated by the clinical instructor and is based on the student’s ability to make clinical decisions for safe patient care. Such decision making reflects the ability of nursing students to apply nursing principles in a variety of situations. Meeting these criteria constitutes competent performance and a satisfactory clinical passing grade. See policy 19.0 for additional information. On each clinical day, students must meet the minimum clinical objectives of the clinical evaluation tool. Upon receiving 2 failed clinical days the student fails the course. If a student incurs a failed clinical day they will receive a written counseling document from their instructor and are responsible for adhering to the Guidelines for Student Written Reflection on Clinical Incident and/or Unprofessional Behavior as outlined on the following page. Exceptions may occur for a single behavior, action or performance interpreted by the faculty to be egregious and may result in course failure or dismissal from the program.

**CLINICAL ORIENTATION PROCEDURE**

Each student is required EVERY semester to complete the appropriate clinical orientation material as designated on the Nursing Student Site page under the link “clinical agency”. Students must complete the post-test and submit it to their clinical instructor EACH semester.

**CLINICAL SKILLS POLICY**

Students are responsible for all skills taught throughout the program. Students are expected to practice independently in the nursing skills lab to gain skill proficiency. **Students are NEVER to administer medication in the clinical setting without direct supervision of the clinical instructor.**
GUIDELINES FOR STUDENT WRITTEN REFLECTION ON CLINICAL INCIDENT AND/OR UNPROFESSIONAL BEHAVIOR

This is an additional assignment that is given when the faculty identifies student decisions, actions, or behaviors that fail to meet the course objectives or standards of nursing practice. The assignment is made in the spirit of student-centered learning and continued professional development. It provides a framework that assists the student to self-reflect, to consult the nursing literature, and to plan future goals for themselves that are in keeping with professional standards.

The student’s written report should be submitted on the day following the critical incident. The faculty must discuss the critical incident with the student before making this assignment. The completion of the written assignment provides tangible evidence of the student’s perspective regarding the incident. Further discussion with the student or further action may or may not be necessary depending upon the insight demonstrated in the written reflection as well as the student’s subsequent clinical practice.

Instructions to Students

1. Provide a written reflection of the critical incident to your instructor.

2. The report is due on the next class or clinical meeting day following the incident.

3. The report should consist of your answers to three basic questions.
   A. What happened?
      Describe the details of the incident.
      What were your decisions, actions, behaviors?
      What were the actual and the potential consequence? Include any and all details you deem pertinent.

   B. What should have happened?
      Based upon your meeting with your instructor after the incident, and based upon the research you have done since the incident, what should have happened in this circumstance?

   C. What practice(s) will you implement in the future to prevent the recurrence of similar incidents?

4. The report should include a bibliography of at least one pertinent nursing reference
ATTENDANCE POLICY

(Please refer to the College policy on attendance)

Applicable to all nursing courses:

1. Students are expected to attend ALL nursing classes in order to meet all objectives of the course. Pre and post conferences are an integral aspect of the clinical experience and students are required to participate in this experience.

2. Students are expected to be ready to begin all nursing classes at the appointed time and to remain in class until class is ended.

3. A pattern of lateness, leaving class early and/or absence in lecture, laboratory or the clinical setting will negatively affect your grade. Excessive absence or lateness may lead to failure in the course.

4. The notification process for a clinical absence will be at the clinical faculty’s instructions. Students are not to call the unit to leave a message for the clinical instructor. Absence without notification to the instructor may result in a failed clinical day.

5. Refer to the School of Nursing Student Policy Manual for information absence from laboratory performance evaluations.

WRITING POLICY

The current American Psychological Association (APA) format is the source for writing, citations and references. Information on APA can be obtained through the library website. http://www.sunysuffolk.edu/Students/library.asp

The College provides writing support services on all three campuses.

Ammerman Campus:
The Writing Center located in the Islip Arts Building Room 101
Telephone: 451-4150

Eastern Campus:
Montaukett Learning Center
Telephone: 548-2594

Michael J. Grant Campus:
The Center for Academic Excellence located in the Sagtikos Building Room S-100.
Telephone: 851-6795
ADDITIONAL EXPENSES FOR NURSING STUDENTS

Nursing students must incur additional out-of-pocket expenses beyond that of the College tuition and fees necessary for program success. Approximate costs for the additional expenses will be posted on the School of Nursing website.

STUDENT REPRESENTATIVES TO NURSING FACULTY MEETING

General Description

Student representatives attend nursing faculty meetings to facilitate communication and provide a liaison role between students and faculty. Students serving in this capacity are an integral part of the quality assurance and quality standards being set to improve the learning experience of every student enrolled in the nursing program.

Specific Responsibilities

1. Attend all faculty meetings or arrange for an alternate representative to attend.
2. Advise classmates at least one week in advance of upcoming meeting and invite students to advise representative of any topics or issues that they wish to have addressed at meeting.
3. Represent students at meeting by discussing any topic or issue that they have requested.
4. Provide input to discussions at meeting.
5. Provide classmates with feedback after the meeting regarding any topics or issues that they requested to be discussed or regarding any other agenda item from the meeting that is relevant to classmates.

THE NURSING CLUB

Upon acceptance into the nursing program at SCCC, all students automatically become club members. Class officers are elected to represent each level of nursing students in the day and evening programs in the beginning of the program. The purpose of the club is to create unity and camaraderie among nursing students.

Communication is encouraged through the Nursing Student Site page. Everyone is welcome to contribute his or her thoughts and ideas. There are faculty advisors for the nursing club on each campus. The nursing club participates in many college and community activities throughout the school year.
COMPUTER RESOURCES AND STUDENT RESPONSIBILITIES

Access to computers is offered on each campus in the college library and computer centers.

SCCC Email Account:
The School of Nursing considers your SCCC email account the official means of communication while enrolled in the nursing program. Students are expected to check their SCCC email frequently. Instructions on how to set up an SCCC email account can be found on the college web site: http://www3.sunysuffolk.edu

School of Nursing Home Page: https://www.sunysuffolk.edu/explore-academics/majors-and-programs/nursing/index.jsp. This webpage contains important information about the nursing program as well as announcements. Students are expected to be familiar with its contents and to check announcements regularly.

Nursing Student Site page- Once enrolled in the program students will have access to the Nursing Student Site page which includes essential information and documents. This page is accessed via the portal in MySCCC, using the “Go To” drop down box in the upper right corner.

Online Course Materials:
Students have access to course materials on Blackboard via the Suffolk Online Tab. Students are responsible for accessing these materials as directed by their course instructors

LEARNING RESOURCES AVAILABLE TO NURSING STUDENTS

Guidelines for the Use of the Nursing Resource Center
(Nursing and Computer Lab)

The School of Nursing Resource Centers (NRC) or nursing labs are available at SCCC multiple sites (Ammerman, Grant, Sayville and the Culinary Arts Center). The labs are utilized for scheduled classes and independent student practice. In a supportive learning environment, students are encouraged to practice nursing skills and procedures with the assistance, guidance and direction of the lab faculty.

To facilitate the efficient use of the nursing and computer labs all students are expected to adhere to the College rules and regulations found in the College Catalog. The labs are set up to mirror the clinical settings and are equipped with supplies, equipment, mannequins and training models intended for instructional purposes only. Your professional behavior will assist in promoting a safe learning environment in the labs.

Lab Hours: hours vary for each site and are posted in the labs, explained by the lab instructors. You will need to check with the Professional Assistant (PA) at each site for specific reservations to practice or sign in. Labs are closed on college holidays.
• Lab staff is available for assistance during lab hours. You must have your student ID card with you at all times. No electronic devices for recording or photos are permitted during lab practice. Cell phones are to be turned off or on vibrate while in the lab.
• Uniforms are not to be worn in the labs (unless directed by faculty). Students returning to campus from a clinical day or work in a health-related facility are to change from their uniform before using the labs. It is recommended, long hair to be tied back, no loose jewelry, and shoes have a closed toe.
• Perform hand hygiene before and after practice session. Notify faculty of any LATEX allergy.
• No food or drinking in the labs.
• For safety reasons, no children or visitors are permitted in the labs.
• All supplies/equipment are for instructional/educational purposes and are for practice/simulation on the mannequins or training models including the “Practi and Demo Dose drugs”.
• No “REAL Drugs” are to be brought into the Lab for practice. All drugs are for instructional/educational and simulation purposes. They are not to be swallowed, inhaled, absorbed or injected into any person. No simulated medications/drugs are to be removed from the lab.
• Dispose all needles/syringes in SHARPS containers. When re-capping a clean needle use the “one hand” method. Do not remove any needles/syringes from the lab. Report any needle puncture or other injury/accident immediately to the faculty present and report to the student health service nurse for evaluation. All needle sticks are to be wash with soap and water, cover with a band aide
• If supplies/equipment are not visible in the lab, please ask.
• Report any equipment that is not working properly.
• Return reusable supplies/ equipment to designated area. Dispose of all used gloves.
• Do not infuse/instill any liquids/fluids into mannequins without first checking with PA.
• After your practice session, leave the area neatly arranged for the next student.

Faculty Office Hours
Nursing faculty members are available to consult with students about their learning needs and their utilization of learning resources.
In addition, a wide variety of college learning resources are available to nursing students to help them enhance their learning experiences. The following is an abbreviated list of these resources. Additional information about any of the services listed may be obtained by directly contacting these college departments. See the College catalog.

Academic Skills Centers
Tutoring in Writing, English, Reading, Science, Mathematics and English as a Second Language Computers for students use.

Counseling Centers
Comprehensive counseling services are available to assist student success. Counselors provide educational, career, and personal counseling.

Library
Research and resources available for student use.
REGISTRATION

Students are admitted to the nursing program with a specific curriculum code which designates a campus and program (day, evening, advanced placement). Students must remain within their original curriculum code, program, and admitting campus. **Students are not permitted to self-register for nursing courses on a different campus and may not switch between day and evening programs.** Under extenuating circumstances, on a seat available basis, and with the permission of the Academic Chair, it may be possible to transfer from one curriculum to another. It is the student’s responsibility to review their DegreeWorks report each semester and register for all pre and/or co-requisite liberal arts courses. Refer to the college catalog for program requirements. Nursing students may only take one (1) clinical component of a nursing course at a time.

UNSUCCESSFUL ATTEMPTS IN A NURSING COURSE

Students who are unsuccessful in a nursing course must contact their Academic Chairperson to begin the reinstatement process. Students who are applying for reinstatement into a nursing course will be evaluated based on a reinstatement rubric and be required to complete the reinstatement Action Plan. Reinstatement is dependent on clinical space availability and academic eligibility. Students are not guaranteed a seat in nursing courses if there is a disruption in their sequential completion of the program. Students must be approved by the Academic Chairperson to be reinstated into a course and are not permitted to self-register in Banner for nursing courses that they are repeating.

Refer to the Reinstatement Action Plan on the School of Nursing Website.

**Special Note:**
If a student is unsuccessful in NUR102, NUR 125 or PNU116 and PNU119, they must reapply to the nursing program.

VOLUNTARY SEMESTER LEAVE OF ABSENCE (LOA)

Students may request a semester LOA prior to the first day of a nursing course. After the first day of class students must follow the College drop/add or withdrawal procedures. A nursing student who requests a voluntarily semester LOA from the Nursing Program must complete a notification form. Upon review of the student’s academic record, the Associate Dean for the School of Nursing will notify the student of the semester LOA approval. Approvals of semester LOA does not alter the program progression, seat availability or program expiration date. Approved semester LOA permit the student to retain their nursing program code and must apply for reinstatement to register for a nursing course. Reinstatement must occur within one (1) year from the last clinical course or the student’s nursing program code will be removed and the student must reapply to the program as a new student. Seats are not guaranteed for students who have been granted a semester LOA.
VOLUNTARY WITHDRAWAL FROM THE NURSING PROGRAM

A nursing student who wishes to voluntarily withdraw from the Nursing Program must complete a request to be withdrawn form. This action will result in removal of the nursing program code and return the student to a non-matriculated status.

DISMISSAL FROM THE NURSING PROGRAM

Students who incur a total of two (2) unsuccessful attempts in nursing courses will be dismissed from the program. Refer to Policy 16.2

PROGRAM EVALUATION

The faculty and students of the nursing program at Suffolk County Community College are continually evaluating program effectiveness. Online evaluation forms will be completed at the end of each semester.

This information is then used to make curriculum, policy, and/or learning assignment changes based on feedback from you. Our quality assurance activities depend upon your commitment and participation in this process of program evaluation.
TO BE COMPLETED BY STUDENT

Name__________________________________________ Student ID #____________________________

Street Address

_____________________________________________________________________________________

Town/Zip________________________________ Phone # __________________________

I am requesting a LOA from the nursing program for the following semester:

Fall 20____    Spring 20____

I understand I must apply for course reinstatement to be able to register for a nursing course. I understand reinstatement must occur within one (1) year from the last clinical course or my nursing program code will be removed and I must reapply to the program as a new student.

Reason for Semester LOA Request:

_____________________________________________________________________________________

Student Signature ___________________________________________ Date ________________________

Notification of approval of LOA will be sent to the student via email from the Associate Dean of the School of Nursing. If granted the student's program code will be retained during the LOA. Program completion dates will remain inclusive of the semester LOA. Seats in a subsequent course are not guaranteed due to the LOA.
TO BE COMPLETED BY STUDENT

Name_________________________Student ID #_________________________

Street Address:

______________________________________________________________

Town/Zip_________________________Phone #__________________________

I am requesting program code withdrawal from the School of Nursing. I understand after this request has been processed I will be a non-matriculated student.

Reason for Withdrawal:

_________________________ __________________________
Student Signature Date
# SUFFOLK COUNTY COMMUNITY COLLEGE
## NURSING FACULTY AND LABORATORY PERSONNEL

<table>
<thead>
<tr>
<th>FACULTY MEMBER</th>
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<td><strong>Associate Dean</strong></td>
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<td>Shaffer, Cheryl, PhD, RN, PNP, ANP</td>
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<td>Professor of Nursing</td>
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<td>Ortiz, Jennifer, RN, PhD, CNE</td>
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<td>Borrero, Joy, RN, PhD, ANP</td>
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<td>Thornton, Jill, RN, MSN, APRN-BC, ANP</td>
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<td>Green, Constance M., MS, RN, NPP</td>
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<td><a href="mailto:stackj@sunysuffolk.edu">stackj@sunysuffolk.edu</a></td>
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<tr>
<td>Instructor of Nursing</td>
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<tr>
<td>Stevens, Janet, MSN, BSN, RNC-OB, CNL, CCRN, CPLC, CBC, C-EFM, CNE</td>
<td>458-3729</td>
<td>Eastern</td>
<td>CAH214</td>
<td><a href="mailto:stevenj@sunysuffolk.edu">stevenj@sunysuffolk.edu</a></td>
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<td>Arcidiacono, Silin, BSN, RN,JD</td>
<td>548-3731</td>
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<td>CAH215</td>
<td><a href="mailto:arcidis@sunysuffolk.edu">arcidis@sunysuffolk.edu</a></td>
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<tr>
<td>Gerrie, Debra, RN, BS</td>
<td>851-6974</td>
<td>Sayville</td>
<td>E211</td>
<td><a href="mailto:gerried@sunysuffolk.edu">gerried@sunysuffolk.edu</a></td>
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<tr>
<td>Maloney, Victoria, RN, BS</td>
<td>451-4350</td>
<td>Ammerman</td>
<td>R109</td>
<td><a href="mailto:maloney@sunysuffolk.edu">maloney@sunysuffolk.edu</a></td>
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<tr>
<td>Menendez, Anne, BSN, RN, MPS</td>
<td>851-6503</td>
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<td>Specialist II</td>
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<td>Orlando, Susan, MSN, RN</td>
<td>451-4894</td>
<td>Ammerman</td>
<td>R111D</td>
<td><a href="mailto:orlands@sunysuffolk.edu">orlands@sunysuffolk.edu</a></td>
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<td>Sanso, Loraine, RN, MSN</td>
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<td><a href="mailto:sansol@sunysuffolk.edu">sansol@sunysuffolk.edu</a></td>
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</table>
Student Name: ___________________________________

PLEASE PRINT LEGIBLY

Freshman Handbook Forms Packet

Forms Packet

1. Authorization to Release Information
2. Confidentiality Agreement
4. Course Verification Notice [to be submitted every semester]
5. University Hospital at Stony Brook Campus Card Application
6. Nursing Student Clinical and Laboratory Safety
   Assumption of Risk & Release Form

Please read, fill out forms COMPLETELY, and sign/date the 6 attached documents
(Include your student ID# where indicated)

Return to your
NUR102 or NUR125 or PNU116
Course lecturer on the 1st day of class

10/19
Authorization to Release Information

As required by some clinical facilities contracted by the Nursing Program, and in keeping with a Joint Commission standard, all students accepted into the Nursing Program must submit to a background check with respect to four components: SSN, Sex Offender Registry, OIG/GSA and County Criminal Search.

Based on the findings of these background checks, affiliated clinical sites retain the right to deny permission for your participation at their facilities, which would result in your inability to successfully complete the requirements of the Program (as stated in the School of Nursing Handbook).

Date: ______________________________

First Name (Please Print)__________________________

Last Name (Please Print)__________________________

Student ID#__________________________

Campus__________________________

I, _______________________________

(Student’s Signature)
authorize Suffolk County Community College to release information regarding my background check, and if required, my Social Security number, date of birth, immunization titers and my SCCC email address to assigned clinical facilities.

This signed form hereby gives permission to Suffolk County Community College to release any findings contained in my background check.

7/18

STUDENT HANDBOOK COPY
Suffolk County Community College
CONFIDENTIALITY AGREEMENT

IMPORTANT: Please read all sections. If you have any questions, please seek clarification before signing.

1. Confidentiality of Patient Information
   I understand and acknowledge the following:
   a) Services provided to patients are private and confidential;
   b) Patients provide personal information with the expectation that it will be kept confidential and only be used by authorized persons as necessary;
   c) All personally identifiable information provided by patients or regarding medical services provided to patients, in whatever form such information exists, including oral, written, printed, photographic and electronic (collectively the “Confidential Information”) is strictly confidential and is protected by the federal and state laws and regulations that prohibit its unauthorized use or disclosure; and
   d) In my course of employment / affiliation with Suffolk County Community College, I may be given access to certain Confidential Information.

2. Disclosure, Use and Access
   I agree that, except as authorized in connection with my assigned duties, I will not at any time use, access or disclose any Confidential Information to any person (including, but not limited to co-workers, friends and family members). I understand that this obligation remains full force during the entire term of my employment/affiliation and continues in affect after such employment/affiliation terminates.

3. Confidentiality Policy
   I agree that I will comply with confidentiality policies that apply to me as a result of my employment / affiliation.

4. Return of Confidential Information
   Upon termination of my employment/affiliation for any reason, or at any other time upon request, I agree to promptly return to Suffolk County Community College any copies of Confidential Information then in my possession or control (including all printed and electronic copies), unless retention is specifically required by law or regulation.

5. Periodic Certification
   I understand that I will be required to periodically certify that I have complied in all respects with this Agreement, and I agree to so certify upon request.

6. Remedies
   I understand and acknowledge the following:
   a) the restrictions and obligations I have accepted under this Agreement are reasonable and necessary in order to protect the interests of patients and Suffolk County Community College; and
   b) my failure to comply with this Agreement in any respect could cause irreparable harm to patients and Suffolk County Community College.

I therefore understand that Suffolk County Community College may prevent me from violating this Agreement by any legal means available, in addition to disciplinary measures which may result in sanctions in accordance with applicable policies and collective bargaining agreements.

Signature:_____________________________________________   Student ID#:________________________
Printed Name:__________________________________________   Date:____________________________

STUDENT HANDBOOK COPY 3/14
Suffolk County Community College
SCHOOL OF NURSING

VERIFICATION NOTICE

STUDENT HANDBOOK AND POLICY MANUAL

I have reviewed a copy of the Nursing Student Handbook and Policy and Procedure manual. I am aware that I am responsible for reviewing and adhering to each policy and procedure.

I understand that I will be held accountable for annually reviewing updates. Any new updates will be communicated from the School of Nursing via SCCC email.

My signature on this verification form indicates that I have completed my review of the handbook and policy manual as requested and that I understand my responsibilities as outlined in the handbook and policy manual. I understand that if I am not clear about any of the policies and procedures I am to seek answers for my questions from nursing faculty prior to signing the verification form.

___________________________________________
PRINT FULL NAME

___________________________________________
SIGNATURE  _____________

DATE  2/4/16

STUDENT HANDBOOK COPY
School of Nursing

COURSE: NUR______________ SEMESTER____________

Course Verification Notice

I have reviewed the current course outline in which the course requirements, methods of evaluation, and course policies are stated and discussed in detail with the course lecturer. I am aware that I am responsible for reviewing and adhering to each component of the course outline and have the opportunity to clarify any items that may influence my decision to continue with the course. After review of the course requirements, should I remain in the course after the official drop/refund period ends, I understand I may no longer be entitled to a refund from the college for the course (http://www.sunysuffolk.edu/apply-enroll/tuition-and-fees/refund-policy.jsp).

My signature on this verification form, and attendance in class after the official drop/refund period closes, indicates that I have completed my review of the course outline as requested and that I understand my responsibilities as discussed by faculty and outlined in the course outline and accede to the requirements as stated. I understand that if I am not clear about any of the policies and procedures I am to seek answers for my questions from nursing faculty prior to signing the verification form.

__________________________________________
PRINT FULL NAME

__________________________________________
SIGNATURE

STUDENT HANDBOOK COPY

1/18/18
University Hospital at Stony Brook
Campus Card Application

Directions for Stony Brook Campus Card Applications

USE BLACK/BLUE PEN ONLY

1. Fill out all of the following Sections
   a. Name
   b. Home Address
      ➢ No Abbreviations. e.g.; Street, Lane, Drive, Road  NOT St, Ln, Dr, Rd
      ➢ P.O. Box addresses acceptable ONLY if that address is listed on the student’s driver’s license]
   c. SCCC Email Address
   d. Home Phone
   e. Date of Birth
   f. SIGN BOTTOM OF SHEET

Application form on following page  

2/29/16

STUDENT HANDBOOK COPY
# Campus Card Application

## SECTION 1  
(must be completed by all  - please print)

<table>
<thead>
<tr>
<th>Name:</th>
<th>First Name:</th>
<th>MI:</th>
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(disclosure is voluntary - see bottom)

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<tr>
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<th>Title:</th>
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## SECTION 2  
(to be completed by Affiliates only)

<table>
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<th>Home Telephone:</th>
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**Stony Brook Card Regulations:**

- The Stony Brook card is the property of the issuer.
- The replacement fee for lost, stolen or damaged campus cards is $25.00; for lost, stolen or damaged badges the fee is $5.00.
- If your card is lost or stolen, please report it immediately to the Campus Card Office.
- The Stony Brook card shall not be transferred, altered or tampered with in any way.
- Campus departments may not hold the Stony Brook card for any reason with the exception of the University Police if such is required in the performance of their duties.
- Campus Card photographs can be used for identification purposes in other matters of University business.
- Cardholders are advised not to lend cards to anyone.
- Hospital Access badge status is not granted by the Campus Card Office; if there is a question regarding the badge you are to be issued, you will be referred to the appropriate office.
- The retrievable stored values on the card remain the property of the card holder.

By signing the box to the right you agree to the terms and conditions listed above.
School of Nursing

NURSING STUDENT CLINICAL AND LABORATORY SAFETY
ASSUMPTION OF RISK & RELEASE

THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING

Student Name: ______________________________ Date: ______________________

Parent/Legal Guardian Name: ______________________ ____________
(If Participant is under 18 years old)

I HEREBY AGREE AS FOLLOWS:

1. **Risks of Participation.** I understand and accept that participation in the clinical and laboratory requirements of the School of Nursing (the “Program”) offered through Suffolk County Community College (the “College”) involves certain inherent risks. These include, but are not limited to: illnesses, injuries, and death that may occur as a result of participating in or related to the Program; any losses or claims that occur as a result of participating in, or related to the performance of activities, duties or undertakings related to the Program; and/or other matters that may or may not be able to be anticipated. I acknowledge and affirm that I have made my own investigation into, and am willing to accept, these risks.

2. **Student Laboratory Safety Packet/Clinical Orientation.** I acknowledge that I have received and reviewed the **Student Laboratory Safety Packet.** I acknowledge my understanding of the Safety Packet and agree to fully comply with all instructions and information contained therein. In addition, I confirm that I have completed the School of Nursing’s Universal Hospital Clinical Orientation.

3. **Exposure to Pathogens and Chemicals.** I understand and accept that participation in the Program may present the risk of exposure to, and infection by, various pathogens, bacteria and contagions, as well as various chemical agents. The College strongly recommends that all participants in the Program seek advice from a properly licensed medical professional regarding whether their own personal healthcare status may, in any way, preclude or restrict their otherwise full engagement in Program activities. I affirm that I have made my own investigation into, and am willing to accept, the risk of exposure to pathogens, bacteria, contagions and chemicals.

4. **Assumption of Risk & Release of Claims.** Knowing, understanding and accepting all the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of myself, my heir(s), my executor(s), assignee(s) and personal representative(s), to assume all risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the College and the County of Suffolk, their officers, trustees, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program.

I have carefully read this Assumption of Risk and Release before signing it. No representations or inducements, oral or written, apart from the foregoing written statement, have been made. By signing below, I acknowledge that this Release shall become effective upon execution and shall be governed by the laws of the State of New York, which shall be the forum for any legal proceeding filed in connection with this Release or the Program.

X____________________________________ ______________________
Signature of Student Date
(or Parent/Legal Guardian if Student is under 18 years old)