

Southern West Virginia Junior Nursing Academy

A collaborative effort supported by: West Virginia University School of Nursing, Bluefield State College School of Nursing, Raleigh General Hospital, and Beckley Appalachian Regional Hospital

Student Application

Rising eighth grade students in West Virginia who are interested in a nursing career will be considered for the Southern West Virginia Junior Nursing Academy. The Academy will be held on June 19 – 21, 2018, at WVU School of Nursing, Beckley WV. Excursions are planned to Bluefield State College School of Nursing at the Erma Byrd Center, Raleigh General Hospital, and Beckley Appalachian Regional Hospital during the event. Transportation for excursions is provided by the Academy. **Only complete applications will be accepted. Applications must be received by April 16, 2018.**

Application Requirements Include:

- *You must have at least a 3.0 current overall grade average*
- *You must be a current middle school student who has just completed 7th grade and will be entering 8th grade August 2018.*
- *You must submit a brief essay (1 page limit) that explains your personal interest in the nursing profession and why attending the Southern West Virginia Junior Nursing Academy is important to you. **Your essay must be submitted with this application.***

I. STUDENT INFORMATION

Please type or print all responses legibly in ink

Last Name First Name Middle Initial Nickname

Birth Date (Month/Day/Year) Home Phone Cell Phone Email Address

Street Address PO Box/Rural Route

City State of West Virginia County Zip Code

Scrub Size (Please circle one):
See Sizing Chart Attached.

XXS	XS	S	M	L	XL	2X	3X	4X	5X
-----	----	---	---	---	----	----	----	----	----

Gender:

Male	Female
------	--------

Medical Problems and/or Medications:

II. SCHOOL INFORMATION

Name of School Currently Attending

Current Grade Completed in School

School Address

City

State of West Virginia

County

Zip Code

Phone (Including Area Code)

Current overall grade average

(Must be at least 80%)

Completed Application Must Be Returned by April 16, 2018.

III. INFORMATION TO BE COMPLETED BY SCHOOL COUNSELOR OR TEACHER

School Counselor/Teacher Name (PRINT)

Title

Phone Number

I certify that the student applicant has a current overall grade average of _____. (Must be at least 3.0 GPA)

School Counselor/Teacher Signature

Date

IV. STUDENT AND PARENT SIGNATURES

I certify that the information contained in this completed application is accurate. I certify that I wrote the essay I am submitting with this application. I understand that falsification of any information on this application may result in my being disqualified from the application process and/or the West Virginia Junior Nursing Academy. If I am selected for the Academy and choose to participate, I agree to abide by all Academy rules and guidelines and participate in all of the scheduled activities.

Student Signature

Date

I have read the application and certify that the information is accurate. I give my permission for my child to apply and participate in the Southern West Virginia Junior Nursing Academy. If my child is accepted and participates, I agree to support him/her throughout the program and will willingly respond as requested to the Southern West Virginia Junior Nursing Academy surveys regarding my child and his/her participation. I hereby agree that all participating entities will not be held responsible for any injury or accident that might occur through participation in the Southern West Virginia Junior Nursing Academy; in addition, any medical expenses incurred as a result of such injury or accident will be my personal responsibility.

Parent/Guardian Signature

Date

I give my permission for photographs to be taken of me/my child to be used in publications, newspapers, television, websites or other visual media as related to the Southern West Virginia Junior Nursing Academy and all collaborating agencies. I understand that the above videotapes/photographs become the property of the West Virginia Center for Nursing and/or the

SPONSORING AGENCIES and the videotapes/photographs may be used for news, education or other purposes related to the advancement of professional nursing in West Virginia.

Student Signature

Date

Parent/Guardian Signature

Date

In case of medical emergency, staff must be able to contact a parent/guardian or other emergency contact authorized to approve medical treatment for the student. Please provide current, accurate information and assure that you and/or a back-up contact are always available while the student is participating in Academy activities.

Parent/Guardian Name (PRINT)

Back-up Contact Name (Print)

Address

Relationship to student

Home Phone

Cell Phone

Work Phone

Home Phone

Cell Phone

Work Phone

Please return application to:

Crystal Sheaves, Phd., RN, APRN, FNP-BC
Assistant Professor, Department Chair
West Virginia University School of Nursing
410 Neville Street
Beckley, WV 25801

For questions and concerns:

304-929-1320 (office)
csheaves@mail.wvu.edu (email)

Completed Application Must Be Returned by April 16, 2018

Junior Nurse Academy

Application Essay

Students should write about why they are interested in the nursing profession and why they think they should be selected for the Junior Nurse Academy for Summer 2018. Essays should be either typed and double spaced, or written in a neat and legible handwriting. Essays should be no longer than 3 pages.

West Virginia Junior Nursing Academy

Student-Name of Facility

CONFIDENTIALITY AGREEMENT

I, (student name)_____ agree that any information or knowledge received by me during my experience at Name of Facility, while participating in the *West Virginia Junior Nursing Academy*, including but not limited to patient data and patient care information, Name of Facility's business affairs, methods of operation, and computer processing systems is "confidential information".

I agree to maintain the confidentiality of and not to talk about or use confidential information during and after my experience at Name of Facility.

I understand that information contained in written or electronic records is the property of Name of Facility and that patients have the right to expect that health records will be kept confidential. I agree to follow all Name of Facility policies and procedures regarding patient privacy. I understand that any violation of those policies could result in immediate dismissal from the *West Virginia Junior Nursing Academy*, as well as federal, civil and/or criminal penalties.

I further agree to the following:

- I am responsible for protecting the confidentiality of patient information.
- I will only access patient information that is necessary for my assignments and I will not disclose information to other students, faculty or employees of Name of Facility unless they need it to do their job.
- I will not discuss patient information in public places (for example, elevators or the cafeteria) or at home with my family.
- I will not talk about patients or give out patient information outside Name of Facility.
- If I have questions or concerns about patient privacy, I will contact the Director of the *West Virginia Junior Nursing Academy*.

I have read and understand all of the above information and agree to follow all of the rules related to confidentiality at Name of Facility.

Student Signature: _____

Print Full Name: _____ **Date** _____

Parent's statement: *"I have read the above agreement and discussed the importance of the above confidentiality agreement with my child."*

Parent's Signature _____ **Date:** _____

West Virginia Junior Nursing Academy
Parent/Guardian
PERMISSION TO MENTOR

Dear Parent/Guardian,

During the Facility Name *West Virginia Junior Nursing Academy*, a Registered Nurse (RN) will be assigned to your child as a “**mentor**”. The mentor will be a knowledgeable RN who will assist in guiding and helping your child understand how to develop a career path toward professional nursing. Mentoring is a process used in schools to encourage improved academic performance. Mentors give direction, encouragement, and suggestions that can enhance education in young students.

Your child will work with his/her mentor throughout the three day Academy. Even after the Academy has ended, your child may choose to continue this mentor relationship. Your child may receive emails or phone calls from the mentor during the Academy and afterwards.

Facility Name requires your understanding and permission for your child to be assigned a mentor. Please read and sign the following consent if you agree to this condition of the *West Virginia Junior Nursing Academy*.

I, _____ (parent/guardian name) understand that during my child’s participation in the West Virginia Junior Nursing Academy, that he/she will be assigned an adult mentor who is a Registered Nurse. I understand that the mentor’s role is to provide career guidance and assist my child in understanding how to develop a career path toward professional nursing. I understand that mentoring is a process for encouraging my child to improve performance and excel in life. A mentor will be giving directions and offering suggestions to my child that may help to enhance their education.

I also understand that this mentor relationship with my child may continue after the Academy has ended.

Permission to Mentor

I understand that my child's mentor may have conversations by phone or email with my child during and after the Academy, in order to continue to help my child reach a nursing career goal.

I agree that Facility Name holds no responsibility or commitment related to any continuation of the mentor relationship with my child after the conclusion of the Academy.

Parent's statement: *"I have read the above agreement and agree to all statements. I have discussed the above mentor agreement with my child."*

Parent/Guardian Signature: _____

Print Full Name: _____ **Date** _____

West Virginia Junior Nursing Academy Health Assessment/Immunization Form

Instructions to Parent/Guardian: *Please have your child's medical provider fill out this form and present it prior to the Academy.*

Child's Name: _____
 DOB: _____ Height: _____ Weight: _____
 BMI: _____ Referral: Yes / No Scoliosis: Screen: ___ Referral: Yes / No
 B/P: _____ Referral: Yes / No ___

HEALTH ASSESSMENT:

Complete each line	Normal	Abnormal	Needs Follow-Up	Not Examined
Lead Level				
Vision / Right				
Vision / Left				
Hearing / Right				
Hearing / Left				
Skin/Scalp				
Nutrition				
Neurological & Muscular				
Spine & Extremities				
Eyes				
Ears				
Nose, Throat, Mouth				
Glands (including Thyroid)				
Chest, Breasts				
Heart, Lungs				
Abdomen				
Genitalia				

Chronic illness that may require medication or special accommodations? _____

If yes please explain: _____

****Medication taken during Academy hours requires a written order.***

I confirm that the above named patient has been determined to be in good health and may participate in the West Virginia Junior Nursing Academy without restrictions. Provider Name: (print) _____

Provider Signature: _____ Date: _____

IMMUNIZATIONS & TB SKIN TEST:

Because we are dedicated to protecting the health and well-being of Academy students, staff and patients at Facility Name, we require that students be current with all required immunizations. Students must also have a negative tuberculin skin test (ppd) within the past year.

An up to date immunization record & negative PPD record MUST be presented prior to the beginning of the Academy.

Parents, if you do not have your child's current shot record see below:

The West Virginia Statewide Immunization Information System (WVSIIS) helps ensure that all West Virginia children, adolescents and adults have current immunizations. State law requires all providers to report all shots they administer to children under age 18 to WVSIIS within two weeks. Those who need a current shot record may simply ask their provider or local health department to print them a copy during their next office visit.

If you continue to have difficulty finding the record, check with the school that your child is attending.

Records required for participation in the Academy:

- **Varicella (chicken pox):
history of disease or varicella vaccine -2doses**
- **Measles/mumps/rubella vaccine (MMR) - 2 doses**
- **Hepatitis B -3 doses**
- **Tetanus –booster dose**
- **Negative PPD (TB skin test)**



MODEL RELEASE SHORTFORM

Photographer/Videographer: University Relations

Institution: West Virginia University Institute of Technology

Department: WVU School of Nursing

Event: Junior Nursing Academy

Location: various locations on/near WVU Beckley Campus

Date: June 19-21, 2018

For valuable consideration, I hereby give the above photographer/videographer permission to use photographs and video/audio recordings of me. I authorize the use and reproduction of these photos and video/audio recordings by you, or any one authorized by you.

This includes any and all photographs or video /audio recordings which you have this day taken of me, for any purpose whatsoever, without further compensation to me. All negatives, positives, prints and video/audio files shall constitute your sole property.

I am over 18 years of age. Yes No

Date of Birth: _____

Name (print) _____

Signature of Model _____

Address _____

Telephone _____

Parent Signature _____

**WEST VIRGINIA UNIVERSITY INSTITUTE OF TECHNOLOGY
STATEMENT OF RISK AND RESPONSIBILITIES, RELEASE,
AND AUTHORIZATION FORM FOR TRAVEL**

Dear Participant,

Thank you for your interest in the event described below. Before participating, you must read, understand, and sign this form. It tells of some, but not all, of the risks you will face by choosing to participate. Additionally, by signing below you are releasing West Virginia University and the Board of Governors of West Virginia University Institute of Technology (WVUIT) and others from all responsibility and liability for any injuries you might suffer or damages you might incur. This document substantially affects your legal rights. Please read it carefully and consult an attorney if you do not fully understand it.

1. Name, Information, and Event

I, _____ (print name), desire to participate in the following event: _____ (Program).

The Program is currently scheduled to begin on June 19, 2018 and end on June 21, 2018.

My cell phone number is _____. I agree to permit the appropriate WVUIT representatives to contact me on my cell phone regarding the Program.

2. Risks and Responsibilities

I understand there are the normal risks and dangers found in any type of travel, including, but not limited to, transportation delays or accidents, accommodation issues, victimization by criminal activity, illness, and general mishaps. Additionally, I understand and acknowledge that WVUIT assumes no responsibility or liability, in whole or in part, for any of the dangers to my own health and personal safety posed by sickness, disease, injuries (including death), weather, strikes, acts of God, war, quarantine, civil unrest, public health risk, criminal activity, violence, terrorism, or other circumstances beyond the control of WVUIT. Thus, I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel to, from, in or around Beckley, WV. |

3. Termination and Other Discipline

I understand that failure to follow and abide by these and any other WVUIT policies and procedures, applicable laws and regulations, or any other behavior deemed unsuitable for purposes of the Program, shall constitute grounds for terminating my participation in the Program, and further disciplinary or other action may be appropriate.

4. Health Insurance, Medical Authorization and Emergency Information

I hereby represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses, including those I sustain or experience in the locality where I will be staying/traveling while on the Program. I agree to report to WVUIT at the time of my execution and delivery of this form any physical or mental condition I have which may require special medical attention or accommodation during the Program.

Additionally, I consent to any medical treatment that I may require during the Program or as a consequence of my participation in it. I accept full responsibility for the costs of any medical care I might receive during the Program or as a consequence of my participation in it.

The following person should be contacted in case of emergency:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

5. General Release, Waiver of Rights, and Agreement Not to Sue

I understand that WVUIT reserves the right to make changes to the Program at any time and for any reason, with or without notice, and WVUIT shall not be liable for any loss or additional expense to me by reason of any such cancellation or change. Further, I understand and acknowledge that WVUIT assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, bus, or vehicle rental reservations, personal vehicle, missed carrier connections, bankruptcies of service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carriers beyond WVUIT's control, with or without notice, or for any additional expense occasioned by any of the foregoing.

To the extent allowable by law, I hereby WAIVE any claim I may have at any time based on my participation in the Program. Specifically, I hereby RELEASE, DISCHARGE, and AGREE NOT TO SUE the State of West Virginia; West Virginia University, including any component of the University, and its Board of Governors, officers, employees, students and agents; medical personnel, whether provided by WVUIT or not; and the heirs, predecessors, successors, and assigns of all of the persons and organizations listed here. I fully release all of these persons and organizations from any liability whatsoever in exchange for my permission to participate in the Program. My waiver of rights includes giving up any claim that I may have, and any claim that any other person may have based on my participation in the Program, including, but not limited to, parents, spouses, children and other relatives; my estate, personal representative or guardian; and insurers. My waiver releases all of the persons and organizations listed here from all liability, claims, demands, causes of actions, losses or damages, whether known or unknown, for bodily or personal injury or death, or damage to or loss of property, or any other injury, damage or loss of any kind, resulting from, arising out of, or in any way related to my participation in the Program, including any claim based on actual or alleged negligence, gross negligence, intentional, or reckless behavior.

6. Minor Children

I understand that no minor child (a person under the age of 18 as of the date of the Program) may participate in the Program without the permission of a parent or guardian. If I am signing this form for a minor child, I understand that all of the releases, authorizations, and statements made in this document apply to me and my child, and I consent to my child's full participation in the Program.

7. Severability

I understand that every provision of this form is severable. If any term or provision hereof is held to be illegal, invalid, or unenforceable for any reason whatsoever, such illegality, invalidity, or unenforceability shall not affect the validity of the remainder of the form.

I understand and hereby acknowledge that my participation in the Program is wholly voluntary. Further, I have read this form in its entirety and I understand it fully. By signing it, I agree to all the terms of this document.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(If under the age of 18)