

VGCC Nurse Aide II Application

Student Name: _____

VGCC Student ID: _____

Student Date of Birth: _____

By signing below, I verify that I have been successfully checked off by an instructor in the lab and/or clinical setting on all NA II skills as listed on the VGCC Nursing Programs Skills Checklist including:

- Oxygen Therapy
- Break-up and Removal of Fecal Impaction
- Sterile Dressing Change (Wound over 48 hours old)
- Wound Irrigation
- IV Fluid Assistive Activities
- Nutrition Activities
- Suctioning
- Tracheostomy Care
- Elimination Procedures
- Urinary Catheters

I have reviewed and understand the role of the Nurse Aide II as part of the health care team.

I also verify that I have read the VGCC Nurse Aide II PowerPoint and have viewed the links in the PowerPoint. I understand that falsification of this form will result in dismissal from the nursing program and loss of my Nurse Aide II certification.

Once the Department Chair of Nursing submits my information for listing on the Registry, I acknowledge that I have 30 business days to complete the application and pay the listing fee. Failure to complete the process by the deadline will result in loss of listing on the NA II Registry.

Student Signature

Date