2026-2027
Nursing Program
Handbook

WITCC Nursing Programs are
approved by the Iowa Board of Nursing

Western Iowa Tech Community College

It is the policy of Western Iowa Tech Community College not to discriminate on the basis of race, creed, color, sex, national origin, religion, age, disability, sexual orientation, socioeconomic status, actual or potential parent, family or marital status, or other characteristic protected by law in its programs, activities, or employment practices as required by state and federal civil rights regulation.

If you have questions or complaints, please contact Dean of Human Resources (employees) 4647 Stone Avenue, Sioux City, IA 51106; 712.317.3304; equity@witcc.edu or Dean of Opportunity and Engagement (students) 4647 Stone Avenue, Sioux City, IA 51106; 712.317.3369; equity@witcc.edu or the Director of the Office for Civil Rights, U.S. Department of Education, Cesar E. Chavez Federal Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-3582, Telephone: 303.844.5695 FAX: 303.844.4303, TDD 800.877.8339 Email: OCR.Denver@ed.gov.

Individuals using assistive technology (such as a screen reader, Braille reader, etc.) who experience difficulty accessing information on this web site, should send an email to the Webmaster at webmaster@witcc.edu. The e-mail should include the nature of the accessibility problem and the individual's e-mail address for a response. If the accessibility problem involves a particular Web page, the message should include the URL (Web address) of the page. We will contact individuals having accessibility problems within three business days to assist them and to provide them with the information being sought.

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Students are encouraged to read the WITCC general catalog for information regarding student rights, services, activities, and special programs which may be available to them. A copy of the catalog is available on our website at www.witcc.edu.

Western Iowa Tech Community College nursing programs are fully approved at the state level by the Iowa Board of Nursing and at the federal level by the National Council of State Boards of Nursing. Graduates are eligible to write licensure exams and to work in all 50 states.

Nursing Programs Acceptance

The APG Committee, along with the Associate Dean of Health Sciences, is responsible for reviewing and selecting qualified students based upon the criteria below. The top applicants will be offered admission

The applicant:

- Is a graduate from a high school within the College's service area, or is a current resident within a 75-mile radius of Sioux City, or a 50-mile radius of Cherokee or Denison.
- ACT or TEAS scores, plus grades achieved on Biology courses
  (For Practical Nursing: BIO-168 and BIO-151; for Associate Degree Nursing: BIO-173 and BIO-186)

***Students may retake general education courses only one time for ranking consideration.**

For Associate Degree Nursing program admission only:

- Is a previous WITCC Practical Nursing graduate.

*WITCC Nursing faculty reserves the right to make changes in these admission criteria.

Admission Criteria and Procedure

PN Program Admission Requirements

PN Admission Criteria:

Criteria 1 for Acceptance:

1. Verification of high school, HSED, or GED official transcripts
2. Documentation of 24 ACT composite
3. 75-hour CNA Certification (must successfully complete theory and clinical portions of course)

OR

Criteria 2 for Acceptance:

1. Verification of high school, HSED, or GED official transcript
2. Documentation of TEAS composite score minimum of 59%.
3. 75-hour CNA Certification (must successfully complete theory and clinical portions of course)

OR

Criteria 3 for Acceptance:

1. Verification of high school, HSED, or GED official transcript
2. Documentation of 22 ACT composite/SAT 1100 or higher
   AND
   BIO 168 (Anatomy and Physiology I) and BIO 151 (Nutrition) courses with a minimum B- in each course within the past 5 years
3. 75-hour CNA Certification (must successfully complete theory and clinical portions of course)

When you have completed one of the three criteria listed above, contact Pamela Ives at pamela.ives@witcc.edu to be considered for admission into the Practical Nursing program for the next available opening.

Revised and accepted 09-26-2025

Practical Nursing Program Curriculum

Pre-requisite: Certified Nursing Assistant certificate or equivalent

Semester I PN

Catalog Number	Course Title	Credit Hours
SDV 108	The College Experience	1
BIO 168	Anatomy & Physiology I (prerequisite: BIO 105 Introduction to Biology or Chem. 122 Introduction to General Chem.)	4
BIO 151	Nutrition (prerequisite: BIO 105 Introduction to Biology or Chem. 122 Introduction to General Chem.)	3
PSY 111	Introduction to Psychology	3
PNN 624	Nursing I	9
	Total First Semester	**20**

Semester II PN

Catalog Number	Course Title	Credit Hours
PNN 625	Nursing II (prerequisites: PNN 624, BIO 151, BIO 168)	9
PSY 121	Developmental Psychology (prerequisite: PSY 111)	3
BIO 173	Anatomy & Physiology II (prerequisite: BIO 168)	4
	Total Second Semester	**16**
	Total	**36**

Course descriptions may be found in the WITCC catalog.
Students may take support courses prior to entering nursing courses.
Students must earn a minimum grade of "C" (2.0) in all Nursing Program curriculum courses to be eligible to graduate.

Requirements to be admitted to the Practical Nursing Program hybrid section are as follows:

1) Proof that all 6 required support courses for the PN Program have been completed with a minimum grade of "C" (2.0) prior to the start date: SDV 108, BIO 168, BIO 151, PSY 111, PSY 121, BIO 173.

The WITCC Practical Nursing Program is accredited by the Accreditation Commission for Education in Nursing (ACEN).
Accreditation Commission for Education in Nursing
3390 Peachtree Road NE, Suite 1400, Atlanta, Georgia 30326, (404) 975-5000
www.acenursing.org

ADN Program Admission Requirements

ADN Admission Criteria:

Criteria 1 for Acceptance

1. Verification of high school, HSED, or GED official transcripts
2. Documentation of 24 ACT composite
3. Six credit hours of anatomy and physiology
4. Verification of **ONE** of the following:
    - An active, unencumbered, mulit-state LPN license, or an active, unencumbered, single-state LPN license in IA, SD, or NE as verified through Nursys®.
    - Successful completion of the WITCC Practical Nursing Program in the previous semester.

OR

Criteria 2 for Acceptance

1. Verification of high school, HSED or GED official transcript
2. Documentation of TEAS composite score minimum of 66%
3. Six credit hours of anatomy and physiology
4. Verification of **ONE** of the following:
    - An active, unencumbered, mulit-state LPN license, or an active, unencumbered, single-state LPN license in IA, SD, or NE as verified through Nursys®.
    - Successful completion of the WITCC Practical Nursing Program in the previous semester.

OR

Criteria 3 for Acceptance

1. Verification of high school, HSED or GED official transcripts
2. Documentation of 22 ACT composite
   AND
   BIO 173 (Anatomy and Physiology II) and BIO 186 (Microbiology) courses with a minimum B - in each course within the last 5 years
5. Six credit hours of anatomy and physiology
6. Verification of **ONE** of the following:
    - An active, unencumbered, mulit-state LPN license, or an active, unencumbered, single-state LPN license in IA, SD, or NE as verified through Nursys®.
    - Successful completion of the WITCC Practical Nursing Program in the previous semester.

When you have completed one of the three criteria listed above, contact Jennifer Conley at jennifer.conley@witcc.edu to be considered for admission into the Associate Degree Nursing program for the next available opening.

Revised and Accepted 2/27/26

Associate Degree Nursing Completion Program Curriculum

Catalog Number	Course Title	Credit Hours
MAT 772*	Applied Math or Math Courses (MAT 102, 121, 141, 157)	3
SOC 110*	Introduction to Sociology	3
ENG 105*	ENG 105 Composition I or SPC 112 Public Speaking	3

***It is recommended to take Math, Introduction to Sociology, and English/Speech courses prior to starting Semester I of the ADN program.**

Semester I ADN

Catalog Number	Course Title	Credit Hours
ADN 621	Nursing III (prerequisite completion of WITCC Practical Nursing Program in the previous semester or valid LPN license* and 6-8 hours of anatomy & physiology)	9
BIO 186	Microbiology (prerequisite: BIO 168, BIO 173)	4
PSY 241	Abnormal Psychology (prerequisite: PSY 111)	3
	Total First Semester	**16**

Semester II ADN

Catalog Number	Course Title	Credit Hours
ADN 622	Nursing IV (prerequisites: ADN 621, BIO 186, PSY 241 **and** valid LPN License*) co-requisites: ADN 235	9
ADN 235	Principles of Pharmacology for Nursing	3
	Total Second Semester	**12**
	Total PN and ADN	**73**

Course descriptions may be found in the WITCC Catalog.
Students may take support courses prior to entering nursing courses.
Students must earn a minimum grade of "C" (2.0) on all Nursing Program curriculum courses to be eligible to graduate.

Requirements to be admitted to the Associate Degree Nursing Completion Program hybrid section are as follows:

1) Proof that all 6 required support courses for the ADN Completion Program have been completed with a minimum grade of "C" (2.0) prior to the start date: MAT 772, SOC 110, ENG 105, BIO 186, PSY 241, ADN 235.
2) Currently practicing in the field or completion of a PN program within the last five years.
3) Valid LPN license. Students must have an active, unencumbered multi-state LPN license, or an active, unencumbered single-state LPN license in IA, SD, or NE as verified by Nursys®.

The WITCC Associate Degree Nursing Program is accredited by the Accreditation Commission for Education in Nursing (ACEN).
Accreditation Commission for Education in Nursing
3390 Peachtree Road NE, Suite 1400, Atlanta, Georgia 30326, (404) 975-5000
www.acenursing.org

Requirements for PN and ADN Nursing Programs

Nursing I and Nursing III

1. CPR Certification – American Heart Association BLS Health Care Provider Course
2. Mandatory Reporter Child Abuse and Dependent Adult Abuse Training
3. WITCC Clinical Health Evaluation
4. Criminal and Abuse Background Checks

CPR, Mandatory Reporter Child Abuse and Dependent Adult Abuse certification, and WITCC Clinical Health Evaluation forms must be uploaded to the online health compliance tracker prior to the start of clinical. (Students are responsible for obtaining their own photocopies.) If these requirements are not completed, students cannot be allowed to participate in clinical.

1. CPR Certification

Students are required to have a current CPR card and must have completed the American Heart Association BLS Health Care Provider course. This course is specifically for health professionals. If the student now holds a card and it is due to expire during the semester, the student should renew it early so that the card is current during the total clinical phase of the nursing course. For information on CPR courses offered at WITCC, contact WITCC Registration at 712-274-6404 or 1-800-352-4649, Ext. 6404.

2. Child and Dependent Adult Abuse — Mandatory Reporter Training

All health personnel are mandatory reporters of child and dependent adult abuse. Students must complete the Iowa Department of Human Services (DHS) mandatory reporting training courses. *Renewal is necessary every three years. Students can access the two-hour child abuse and the two-hour dependent adult abuse courses on the DHS website free of charge using the link below:

https://dhs.iowa.gov/child-welfare/mandatoryreporter

3. WITCC Clinical Health Evaluation

Completed health evaluation forms must be turned in a minimum of three weeks prior to the start of clinical. Upload all documents to the online health compliance tracker.

4. Criminal and Abuse Background Checks

When a student starts the program, the College will initiate the background check process and the student must be cleared by the external agencies prior to attending clinical.

Nursing I Hybrid Online Section

All PN support courses must be completed prior to the start date.

Nursing III Hybrid Online Section

Current LPN licensure is required before being admitted to Nursing III hybrid online section. Students must have an active, unencumbered multi-state LPN license, or an active, unencumbered single-state LPN license in IA, SD, or NE. All ADN support courses must be completed prior to the start date.

Nursing IV

Current LPN licensure is required before being admitted to Nursing IV. Students must have an active, unencumbered multi-state LPN license, or an active, unencumbered single-state LPN license in IA, SD, or NE. All ADN support courses must be completed prior to the start date

IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	• Identify changes in patient/client health status • Handle multiple priorities in stressful situations
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	• Identify cause-effect relationships in clinical situations • Develop plans of care as required
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	• Establish rapport with patients/clients and members of the healthcare team • Demonstrate a high level of patience and respect • Respond to a variety of behaviors (anger, fear, hostility) in a calm manner • Nonjudgmental behavior
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	• Read, understand, write and speak English competently • Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods • Explain treatment procedures • Initiate health teaching • Document patient/client responses • Validate responses/messages with others
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	• Retrieve and document patient information using a variety of methods • Employ communication technologies • to coordinate confidential patient care

Reviewed and Approved April 2018

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	• The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	• Position patients/clients • Reach, manipulate, and operate equipment, instruments and supplies • Electronic documentation/ keyboarding • Lift, carry, push and pull • Perform CPR
Hearing	Auditory ability to monitor and assess, or document health needs	• Hears monitor alarms, emergency signals, ausculatory sounds, cries for help
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	• Observes patient/client responses • Discriminates color changes • Accurately reads measurement on patient client related equipment
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	• Performs palpation • Performs functions of physical examination and/or those related to therapeutic intervention
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	• Move quickly and/or continuously • Tolerate long periods of standing and/or sitting as required
Environmental	Ability to tolerate environmental stressors	• Adapt to rotating shifts • Work with chemicals and detergents • Tolerate exposure to fumes and odors • Work in areas that are close and crowded • Work in areas of potential physical violence • Work with patients with communicable diseases or conditions

Reviewed and Approved April 2018

Academic Advising

Academic advising assists students in realizing the maximum educational benefits available by helping them to better understand themselves and to learn to use the resources available at WITCC to meet their specific educational needs.

An advisor will be assigned following enrollment in your first nursing course, i.e. Nursing I, II, III, and IV. Students will continue to have the same nursing advisor throughout the program.

Role of Student in Advising

Students should contact their advisor regarding all academic issues. It is necessary to make advance appointments with advisors for efficiency in scheduling. Nursing faculty are available to meet potential students taking either support courses or nursing courses prior to registering.

Denison at 712-263-3419 **Cherokee** at 712-225-0238 (for support courses)

Advisor signatures are required on all course schedules, drop/add slips, transfer of program and credit forms, and forms for withdrawal from programs or the College.

The student is ultimately responsible for meeting **all** requirements to be eligible for graduation.

Eligibility for Licensure

WITCC Practical Nursing and Associate Degree Nursing Completion Program graduates are eligible to write the NCLEX-PN and NCLEX-RN. Satisfactory performance on each examination is required to practice as a licensed practical nurse (LPN) or registered nurse (RN). Graduates may also transfer credits from WITCC, in whole or part, to four-year programs for continued education in nursing.

Students may not participate in clinical components of the nursing program if they have been denied licensure by a board; license is currently suspended, surrendered, or revoked in any U.S. jurisdiction or country due to disciplinary action. Clinical components are required to pass nursing courses.

Criminal convictions or a substance abuse history may impact a graduate's ability to obtain licensure to practice as a licensed practical nurse (LPN) or registered nurse (RN).

Injury Incident

A student who incurs an injury during clinical or preceptor should report it to the clinical facility immediately, and then notify their WITCC nursing instructor, as soon as possible.

Weather Guidelines

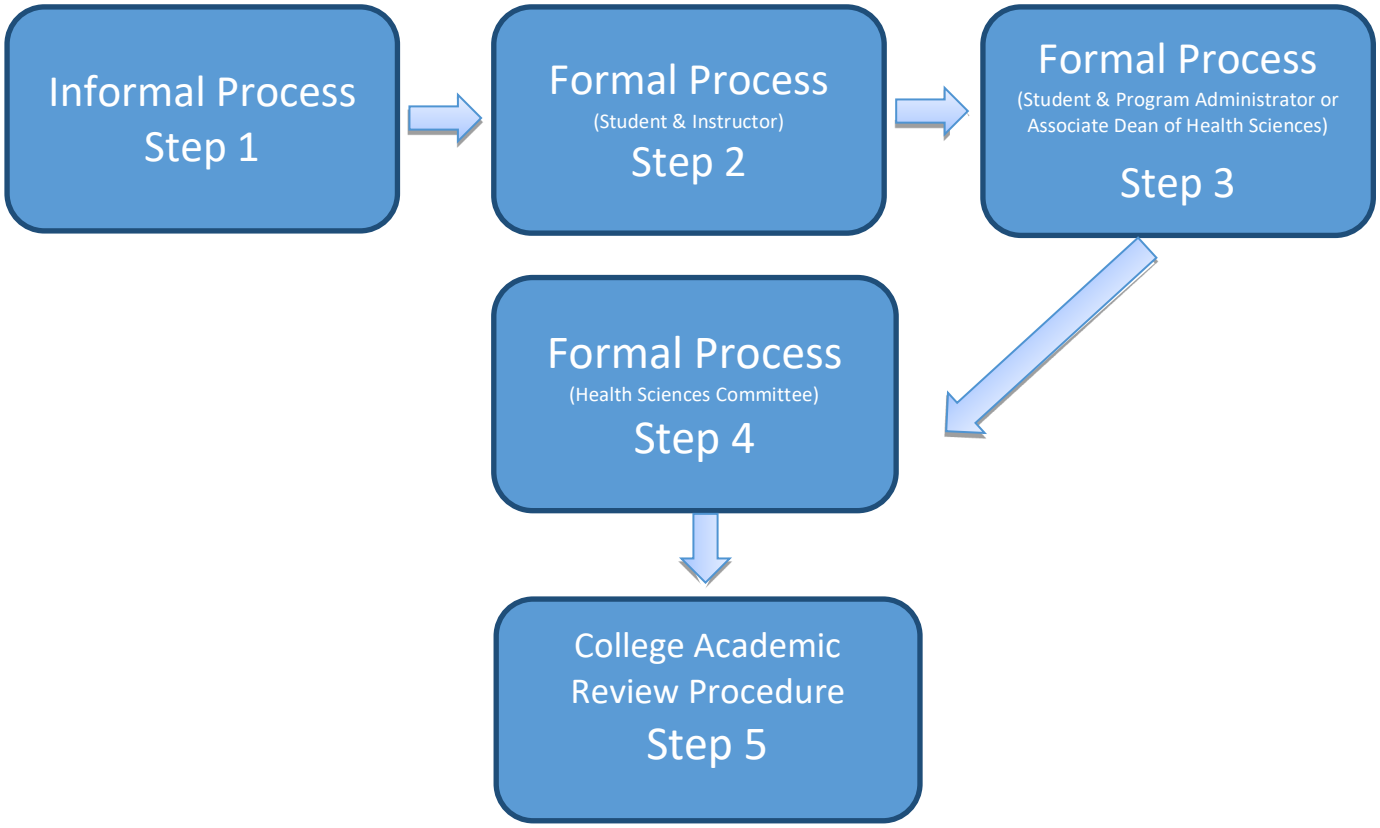
In case of severe weather, consult local broadcasting media. Students may sign up for weather alerts on MyWIT.

Excused Absences

Military duty, jury duty, or court-subpoenaed circumstances are considered excused absences.

Academic Review Procedure
Program/Course Appeal Process
Health Sciences Programs

This process provides students with a mechanism to channel concerns related to departmental/program policies and procedures within the Health Sciences Department. These may include concerns and/or violations of department, program, course, laboratory, and/or clinical policies and procedures.



Step 1: Informal Process:

- Students are encouraged to discuss specific concerns with the course instructor involved within five (5) instructional days of occurrence of the issue. This is in an effort to resolve issue(s) by a prompt and effective means with free and informal communications.
- If at this point, the issue(s) is/are not resolved to the mutual satisfaction of both parties, the student should proceed to the formal process **Step 2**.
- Documentation of the discussion will be generated. (i.e. email, verbal, phone, etc.)

Step 2: Formal Process: (Student, Course Instructor)

- Students may initiate a formal appeal process by submitting the "Student Appeal Process Form" detailing the policy they're appealing, as well as the reason for their appeal request, to the appropriate instructor.
    - Appeal process form must be submitted within five (5) instructional days of the informal process meeting.
- Instructor will initiate a formal conference with a student to discuss and develop a plan of action related to academic performance, behavior, or discipline.
    - Schedule meeting with student within five (5) instructional days of receiving written notification.
    - Documentation will be completed on the "Student Conference Form"
    - Instructor will submit completed "Student Appeal Process Form" to the Associate Dean of Health Sciences or the designated program administrator.
- If the issue is not resolved, the student may initiate **Step 3** of the appeal process.

Step 3: Formal Process: (Student, Department Administrator, or Associate Dean of Health Sciences)

- If issue is not resolved between student and instructor, the student will request an appointment with the Associate Dean of Health Sciences or designated program administrator within five (5) instructional days.
    - The student will submit a "Student Appeal Process Form" detailing the policy they're appealing, as well as the reason for their appeal to the Associate Dean of Health Sciences.
    - Associate Dean of Health Sciences or designated program administrator will provide appeal decision within five (5) instructional days.
    - Associate Dean or designated program administrator will review all documentation.
    - Associate Dean or program administrator will send formal written notice to student within five (5) days from step 2.
- If the issue is not resolved, the student may initiate **Step 4** of the appeal process.

Step 4: Formal Process: (Health Sciences Review Committee)

- If the issue is not resolved, the student may petition to meet with the Health Sciences Review Committee within five (5) instructional days of appeal decision notice from Associate Dean of Health Sciences or designated program administrator.
    - Student will email request to the Associate Dean of Health Sciences to schedule a meeting with the Health Sciences Review Committee within five (5) instructional days of appeal decision notice.
    - Student will submit all documentation related to the issue for the Health Sciences Review team to the Associate Dean of Health Sciences or designated program.
- Health Sciences Review Committee (Associate Dean of Health Sciences and/or Health Administrator; 2 health instructors; 1 student)
    - Committee will convene meeting within five (5) instructional days of request.
    - Committee will review documentation and receive testimony from all parties.
    - Committee will render a decision and/or resolution within five (5) days
    - If the student is not satisfied with the resolution, they may initiate the college "Academic Review Procedure."

Step 5: Formal Process: (College Academic Review Procedure)

- Students may initiate the initiate the college "Academic Review Procedure." For procedural steps, refer to the "College Catalog" and/or "Student Handbook."

Adopted 12/10/2018
Approved Academic Council 11/24/2015
Revised January 2024

WESTERN IOWA TECH COMMUNITY COLLEGE
HEALTH SERVICES PROGRAMS
STUDENT – INSTRUCTOR CONFERENCE RECORD

Student Name _____ **STUDENT ID** _____

Program _____ **Course** _____ **Date** _____

SUMMARY OF CONFERENCE

_____ Academic (GPA) **_____ Laboratory** **_____ Clinical** **_____ Personal**

WITCC Instructor Summary of Conference:

Plan of Action and/or Referrals:

Student/WITCC Instructor Plan of Action and/or Referrals:

Student Comments: (Use back of sheet if needed):

_____ _____

Instructor Signature (if necessary) Date **Signature of Student Date**

Revised January 2024

WESTERN IOWA TECH COMMUNITY COLLEGE
HEALTH SCIENCE PROGRAMS
STUDENT APPEAL PROCESS FORM

Student Name: _____ **Student ID** _____

Program _____ **Course**_____ **Date** _____

Statement of the issue (policy or procedure) must address the following (attach the following)**:**

- State which policy or procedure you are appealing.
- Clearly and concisely state/describe the resolution you are seeking.
- When did you first become aware of the issue?
- Identify any extenuating circumstances related to the issue.
- What steps have you already taken to address the issue?
- Identify resources or supports that may help you improve or correct the issue.

Resolution (check one):

☐ Issue resolved
☐ Issue not resolved; student advised to move to next step – Program Administrator or Associate Dean of Health Sciences.
☐ Issue not resolved; student advised to move to next step – Health Science Review Committee.
☐ Issue not resolved; student advised of the College Academic Review Procedure.

Student Signature _____ **Date**_____
Indicates only that student has prepared the documentation and consulted with the instructor.

***Instructor Signature** _____ **Date** _____

***-Administrator Signature** _____ **Date** _____
Indicates only that student has consulted with Instructor and/or Program Administrator or Associate Dean of Health Sciences and does not indicate, express, or imply approval.

Revised January 2024
Adopted 12/10/2018
Approved Academic Council 11/24/2015

Criminal Background - General Information

Pre-Clinical

WITCC will complete criminal background checks on all health students. Based on the findings, a determination will be made if the student is eligible to participate in clinical activities. See the program handbook for additional information. After the background check has been run and approved, the student must self-report all potential violations of misconduct, abuse, or any pending charges. Failure to self-disclose may result in being removed from the program.

Post-Graduation Exams

Criminal charges/convictions, abuse charges (adult or child), or a substance abuse history may impact a graduate's ability to obtain registration or licensure in the graduate's profession. Each licensing board will make the determination if a criminal background check will be completed before the graduate is eligible to write licensing/registration exams.

Employment in Health Care Professions

Employers have varied hiring policies based on their review of an applicant's criminal background history.

Graduates/students need to be aware that:

* Clearance for clinical while a student
* Graduation from the program
* Successful passage of licensing or registration exams

does not guarantee graduates will be eligible for employment at some agencies. Employment eligibility is determined by the hiring policies at each health care agency.

Accepted Fall 2015
Revised January 2024

WITCC Clinical Health Evaluation

Student Complete:

Name: _____ _____ _____
Last Name (Please Print) First Name Middle Initial

Student ID: _____ Date of Birth: _____

E-mail: _____ Program of Study: _____

Student Signature: _____ Date: _____

Health Care Provider Complete the Following:

Immunizations: Electronic Proof of Student's Vaccination Record is Required, or Equivalent Titres.

*Titre results must prove immunity and include numerical value – not just "positive, negative, or immune".

- **MMR –** Completed series (2 vaccinations) or titre
- **Tdap –** Vaccination within the last 10 years
- **Varicella –** Completed series (2 vaccinations) or titre
- **Hep B –** Completed series (3 vaccinations), titre, or signed Declination to Accept form
- **Influenza –** Seasonal vaccination due October thru April annually
- **Tuberculosis –** Completed initial 2 Step Skin Test, QuantiFERON, or for past positive test – documentation of a Chest X-Ray or treatment received is required.

#1 TB Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given date/time: _____ Signature: _____

Read date/time: _____ PPD result (state reaction in mm): _____ Professional Signature: _____

#2 TB Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given date/time: _____ Signature: _____

Read date/time: _____ PPD result (state reaction in mm): _____ Professional Signature: _____

OR Proof of a negative QuantiFERON test **OR** Chest X-ray (Provide these documents separately)

Core Performance Standards:

Please refer to the attached **Iowa Core Performance Standards for Health Career Programs** and indicate if the above named student may have difficulty meeting any of the standards outlined.

At this time, this individual is capable of meeting the performance standards:

_____ Agree

_____ Disagree. The following limitations are present: _____

_____ Additional evaluation suggested: _____

Questions:

1 - **Have recommendations for limited physical activity been made?** Yes ○ No ○

If "Yes", for how long and why? _____

2 - **Do you recommend this individual for full participation in clinical?** Yes ○ No ○

If "No," please comment: _____

3 - **Date of Last Physical Exam:** _____ (current upon program entry or as needed by program)
mm/dd/yyyy

Health Care Provider Name (please print): _____

Health Care Provider Signature (MD, DO, ARNP, PA): _____ Date: _____

Address: _____ Phone #: _____

IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	• Identify changes in patient/client health status • Handle multiple priorities in stressful situations
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	• Identify cause-effect relationships in clinical situations • Develop plans of care as required
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	• Establish rapport with patients/clients and members of the healthcare team • Demonstrate a high level of patience and respect • Respond to a variety of behaviors (anger, fear, hostility) in a calm manner • Nonjudgmental behavior
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	• Read, understand, write and speak English competently • Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods • Explain treatment procedures • Initiate health teaching • Document patient/client responses • Validate responses/messages with others
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	• Retrieve and document patient information using a variety of methods • Employ communication technologies to coordinate confidential patient care
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	• The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	• Position patients/clients • Reach, manipulate, and operate equipment, instruments and supplies • Electronic documentation/keyboarding • Lift, carry, push and pull • Perform CPR
Hearing	Auditory ability to monitor and assess, or document health needs	• Hears monitor alarms, emergency signals, ausculatory sounds, cries for help
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	• Observes patient/client responses • Discriminates color changes • Accurately reads measurement on patient client related equipment
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	• Performs palpation • Performs functions of physical examination and/or those related to therapeutic intervention
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	• Move quickly and/or continuously • Tolerate long periods of standing and/or sitting as required
Environmental	Ability to tolerate environmental stressors	• Adapt to rotating shifts • Work with chemicals and detergents • Tolerate exposure to fumes and odors • Work in areas that are close and crowded • Work in areas of potential physical violence • Work with patients with communicable diseases or conditions

Reviewed and Approved April 2018

WITCC Clinical Health Evaluation Information

Student completes all personal information and signs on the top of the WITCC Clinical Health Evaluation.

Healthcare provider completes the portion under *"Health Care Provider Completes The Following:"* This part of the WITCC Clinical Health Evaluation is to be completed by a medical doctor, a nurse practitioner or a physician's assistant - ***No other forms will be accepted.***

Measles/Mumps/Rubella (MMR) – You will need to provide one of the following:

- two vaccination dates
- positive titre for measles, positive titre for mumps and a positive titre for rubella

Tetanus/Diphtheria/Pertussis (Tdap) – A Tdap is current for 10 years.

Varicella (Chickenpox) – You will need to provide one of the following:

- two vaccination dates
- positive titre

Hepatitis B (Hep B) – You will need to provide one of the following:

- vaccination dates
- positive titre
- signed decline form, which will be approved or declined by affiliate

Influenza (Flu):

- Required to be uploaded during flu season, October through April (optional for Dental Assisting students)

Tuberculosis - All students must complete baseline TB screening upon entrance to program, prior to the start of clinical.

- **Baseline TB Screening consists of:** Testing using the two-step TB Skin Test (TST) or single IGRA (QuantiFERON or T-Spot test) blood test. *Note: the blood test is required if you may have received BCG (Bacillus Calmette-Guérin) vaccine in the past.*
    - If the first TST is negative, the second is recommended at least one week after the first was read, but cannot exceed 12 months following the first test being read. *Note: Step 1 and Step 2 must both be completed prior to the start of clinical.*
    - For a NEW positive, medical evaluation with a healthcare provider is required. For history of a positive TB test: chest X-Ray dated after the positive test, and proof of treatment (if applicable) should be provided.
- A TB Symptom Eval is **required of all students** annually. This includes students with negative baseline TB screening, as well as those with history of positive test.
- Failure to adhere to TB requirements would prevent you from attending clinical/preceptor, therefore inability to complete program.

*Note: COVID vaccination is not required. However, vaccination status information could be requested by program coordinator for specific clinical sites.

Students: Please upload completed health forms to the electronic health tracking compliance system.

Revised Fall 2025

FORMS FOR REVIEW

Western Iowa Tech Community College

Sioux City, Iowa

Student ID Number

Name

Date of Issue

Information About Hepatitis B Vaccine

NOTE: **This form should be discussed with the physician of your choice, *signed and returned* with all other health forms.**

The Disease

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

The Vaccine

Hepatitis B vaccine is produced from the plasma of chronic HBV carriers. The vaccine consists of purified, inactivated Hepatitis B antigen. It has been extensively tested for safety and efficiency in large scale clinical trials with human subjects. A high percentage of healthy people who receive three doses of vaccine achieve protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine. Full immunization requires 3 doses of vaccine over a six-month period, although some persons may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

Possible Vaccine Side Effects

The incidence of reported side effects is low. A small percentage of persons receiving the vaccine experience tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. Few cases of serious side effects have been reported with the vaccine, including Guillain-Barre Syndrome, although the possibility exists that more serious side effects may be identified with more extensive use.

You may check with your insurance company concerning coverage.

If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.

Consent Form

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have 3 doses of vaccine to confer immunity. However, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I **request** that it be given to me. My decision is voluntary. I understand that all arrangements for receiving the vaccine are my responsibility.

		Date	Lot #	Site	Nurse
_____ Name of Person to Receive Vaccine (Please Print)	(1)	_____	_____	_____	_____
_____ Signature of Person Receiving Vaccine	(2)	_____	_____	_____	_____
_____ Date Signed	(3)	_____	_____	_____	_____

UPLOAD TO Online Health Compliance Tracker Reviewed 01/2023

Western Iowa Tech Community College
Sioux City, Iowa

Student ID Number

Name

Date of Issue

Information About Hepatitis B Vaccine

NOTE: **This form should be discussed with the physician of your choice, *signed and returned* with all other health forms.**

The Disease

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

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You may check with your insurance company concerning coverage.

If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.

Decline to Accept

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand the benefits and risks of the Hepatitis B vaccine and **I do not** wish to receive the vaccine.

Name of Person Declining Vaccine (Please Print)

Signature of Person Declining Vaccine

Date Signed

UPLOAD TO Online Health Compliance Tracker

Reviewed 01/2023

Clinical Participation Requirements

WITCC uses external affiliated agencies for clinical experiences for our students. Affiliated agencies may impose requirements for students in order that they be allowed access to clinical experience.
Additional expenses will be the student's responsibility.

Students may be required to provide the following information to external affiliated agencies:

- Clinical Health Evaluation & Immunizations
- CPR—BLS American Heart Association
- Mandatory Reporter—Adult and Child
- Criminal and Abuse Background Checks
- Drug Test: Students may need to consent for drug testing and release of that information to external affiliating agencies for clinical experience. Western Iowa Tech Community College is uncertain of what drugs may be screened.
- HIPAA and Bloodborne Pathogen (OSHA) trainings completed through Vector

The **student should maintain copies** of the documents listed above. ***Affiliating agencies may require the student to provide a copy* of the documentation.**

Upload documents to heath compliance tracker.

Revised December 2025

NOTICE AND RELEASE - READ CAREFULLY BEFORE SIGNING

I, the undersigned student in a health occupations program at Western Iowa Tech Community College, understand that participation in a clinical experience is part of the health occupations program and that participation in a clinical experience includes working at an affiliating agency. I further understand that affiliating agencies have the right to establish requirements for participation in clinical experience. I understand that I am responsible for providing copies of the documentation requested by the affiliated agency. I understand and agree that if I am rejected for participation in a clinical experience by an affiliating agency or if I refuse to submit to checks or tests that are required by an affiliating agency in order to participate in a clinical experience, I may be unable to complete my program of study and graduate from a health occupations program. I hereby release Western Iowa Tech Community College, its employees, and all affiliating agencies from any liability with regard to my participation in a clinical experience and decisions made concerning my participation in a clinical experience.

Print name: _____ Student ID: _____

Student's Name	Program	Date

Clinical / Simulation Attendance Policy

1. Students are expected to be prepared to start the clinical/simulation day at the scheduled start time. Students arriving late to clinical/simulation will place the student in jeopardy of receiving a score of zero (0) for "Fails to Meet Expectations" in the Competency Book for the area of Professionalism.
2. Students arriving more than 15 minutes late to clinical/simulation or leaving early from clinical/simulation will be considered absent and will be required to make up the experience.
3. If a student is going to be absent, the student must email the clinical and course instructors at least 30 minutes before the scheduled start time. Failure to do so will be interpreted as an inability to be accountable (professionalism) and this competency will be in jeopardy of receiving a score of zero (0) for "Fails to Meet Expectations" in the Competency Book.
4. Students absent on an assigned clinical/simulation day will be required to make-up the experience.
    a. A long clinical day (13-hour shift) is considered two shifts.
    b. A student may attend the first or second shift of a long day. Start and end times for the long days will be outlined in the course clinical scheduled.
    c. Every clinical/simulation absence will place the student in jeopardy of receiving a score of zero (0) for "Fails to Meet Expectations" in the Competency Book for the area of Professionalism.
    d. There will be a limited number of make-up days available. Clinical/simulation absences can put the student at risk for failure of clinical/simulation, and thus failure of the nursing course.
5. If students have a clinical/simulation absence, they are required to initiate communication with the course instructor. It is the student's responsibility to identify potential dates for make-up clinical/simulation shifts and to make sure all clinical/simulation experiences have been completed.
6. If a student is experiencing extenuating medical circumstances associated with clinical/simulation absences, they are encouraged to communicate with the course instructor and/or the Accommodations Coordinator.

Print Name: _____ **Student ID:** _____

Signature: _____ **Date:** _____

Reviewed & Revised Fall 2018
Accepted for Spring 2019
Reviewed Fall 2021
Accepted for Fall 2022
Revised & Accepted 12/2022
Revised & Accepted 12/2023

WITCC Clinical Nursing Dress Code Policy
Students must follow this dress code for clinical, simulation, and preceptor.
Student may be required to follow a site-specific dress code if it is more detailed or restrictive than the WITCC policy.

1. **Uniform**
    - WITCC green scrub top and scrub pants are required.
    - Matching green lab coat is optional.
    - A solid white, WITCC green, or black short- or long-sleeved shirt may be worn under the scrub top.
2. **Footwear**
    - Shoes must be mostly solid in color, nonporous, and clean.
3. **Identification & Equipment**
    - WITCC clinical name badge and facility badge (if required) must be worn.
    - A watch, stethoscope, bandage scissors, and penlight are required.
4. **Grooming**
    - Hair must be clean, secured off the collar, and neatly maintained.
    - Beards, mustaches, and sideburns must be clean, well-groomed, and closely trimmed.
    - Fingernails must be clean, short, and neatly filed.
    - No artificial nails or colored polish.
    - Makeup should be minimal.
5. **Jewelry & Piercings**
    - No necklaces or bracelets.
    - No more than one ring is allowed.
    - Ear or facial piercings are allowed in any number, but only studs—no hoops or dangling jewelry.
    - Gauges must be clear or skin colored.
6. **Tattoos**
    - Tattoos do not need to be covered unless they are inappropriate or offensive.
7. **Professional Conduct**
    - No eating or drinking in client areas.
    - No tobacco use is permitted at any time during the shift, including breaks, and clothing must be free of smoke odor.
    - No offensive body odor or bad breath; do not wear perfume or cologne.
    - Cell phones and electronic devices are restricted to professional use and must follow facility policy.

Revised and accepted 12/18/20
Revised and accepted 02/27/2026

Confidentiality Agreement

Please read and sign the following statement

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), it is the policy of WITCC that confidentiality and privacy of information is of utmost importance for health occupations students. Confidential information is any client, physician, employee, and business information obtained during the course of your clinical experiences associated with WITCC. Please read and sign the following confidentiality statement.

I will treat all confidential information as strictly confidential, and will not reveal or discuss confidential information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am only permitted to access confidential information to the extent necessary for client care and to perform my duties. Information that may be construed as a breach of confidentiality includes but is not limited to:

1) client's name and other identifying information
2) client's diagnosis
3) type of care being provided
4) reason for seeking health care services, treatment, and response to treatment
5) personal problems or actions

I will not access, use or disclose confidential information in electronic, paper, or oral forms for personal reasons, or for any purpose not permitted by agency policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at all agencies to gain access to my own confidential patient information.

In preparing papers, presentations, and other course work I will de-identify protected health information. I will not remove any individually identifiable health information from the facilities in which I am completing my clinical experience. The following are guidelines to be followed in order to be compliant with standards.

- The HIPAA Privacy Rule allows health care providers to use and disclose Protected Health Information (PHI) without a patient's written authorization for purposes related to treatment, payment, and health care operations. It further defines "heath care operations" to include *"to conduct training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers.* "
- **Minimal Information:** The amount of PHI used must be the minimum amount necessary to conduct the training. Allowable information can include race, age, other medical conditions, prior medical conditions, and other background information only if necessary to accomplish the prescribed assignment. **Do not include the patient's name and medical record number. In addition, do not talk about other identifying characteristics, for example the patient's job, job title, where they work, where they live, their community activities, etc.**

HIPAA Program Office; The University of Chicago Medical Center; GUIDANCE (February 18, 2008)

I agree to use all confidential information and the information systems of the facilities I am assigned in accordance with facility policy and procedure. I also understand that I may use my access security codes or passwords only to perform my duties and will not breach the security of the information systems or disclose or misuse security access codes or passwords. I will also make no attempt to misuse or alter the information systems of the facilities in any way.

I understand that I will be held accountable for any and all work performed or changes made to the information systems or databases under my security codes, and that I am responsible for the accuracy of the information I input into the system. I understand that violation of such policies and procedures may subject me to immediate termination of association with any facility, as well as civil sanctions and/or criminal penalties.

Any student who fails to maintain confidentiality and/or directly violates confidentiality may risk expulsion from the program in which they are enrolled.

I have read and understand the WITCC confidentiality policy and agree to abide by the policy as written above.

Student ID: _____

Print name: _____

Student Signature: _____

Date: _____

Reviewed 1/2023

Grading and Graduation Policies of the Nursing Department

Grading (All Campuses)

All students accepted into the Nursing Program may **re-enroll only once** in one nursing course in the Practical Nursing (PN) Program, and may **re-enroll only once** in one nursing course in the Associate Degree Nursing (ADN) Completion Program. If a student fails and/or withdraws twice within the Practical Nursing Program or Associate Degree Nursing Completion Program, he or she will not be permitted to re-enroll. Students have 45 days to appeal in writing the re-enrollment policy after their 2nd fail and/or withdrawal. This appeal must be submitted to the Associate Dean of Health Sciences. Students' 45 days start on the day the student withdraws or fails. Nursing courses included are:

Practical Nursing Program		**Associate Degree Nursing Completion Program**	
PNN 624	Nursing I	ADN 621	Nursing III
PNN 625	Nursing II	ADN 622	Nursing IV

Students may not register, if eligible, to repeat Nursing I, II, III, or IV until having dropped, withdrawn, or failed their current nursing course.

The specific grading scale for all nursing courses is determined by the course instructors. The grading scale and requirements to achieve desired grades will be explained at the beginning of each course.

Graduation

The Nursing Department at WITCC can impose requirements for program acceptance, grading, promotion, and graduation that may be higher than College policies. The requirements for graduation from the Nursing Program supersede the college requirements. WITCC nursing students must meet the graduation requirements as set forth in the WITCC College Catalog and the WITCC Student Handbook. Students in the Nursing Program must achieve a final grade of "C" (2.0) or better in all courses in the Practical Nursing (PN) Program and Associate Degree (ADN) Completion Program to be eligible to apply for graduation.

Print name: _____ Student ID: _____

Student Signature:_____Date: _____

Reviewed 1/2023

Social Media Policy

Western Iowa Tech Community College supports the use of technology inside and outside the classroom. This support comes with the expectation that students in WITCC programs will uphold the legal and ethical standards of their prospective professions and the WITCC Health Science programs when using such technology, including social media. State and Federal laws regarding privacy, such as HIPAA and FERPA, apply to all communication, whether educational or personal.

Students may not post or otherwise publish confidential or protected information. No information identifying a patient, patient situation, or clinical facility may be posted on any social media platform. Social media platforms include, but are not limited to: Facebook, LinkedIn, Snapchat, YouTube, Twitter, Instagram, TikTok, or any other social media platform in the future. Student use of photography and/or recording devices is prohibited in all classroom, laboratory and clinical sites, unless formal permission from the instructor of record is granted in advance.

Students are expected to maintain professional boundaries in their communication with others. Students should not give healthcare advice on social media platforms. Students should not "follow" or become a patient's "friend" on a social media platform.

Any violation of this policy must be promptly reported to the program facility. Disciplinary actions, up to and including student removal, will be taken accordingly. Students may be banned from the clinical facility, and/or subject to immediate expulsion from the Health Science Program. Students may also be subject to civil and/or criminal actions.

Student ID: _____

Print name: _____

Signature: _____

Date: _____

Reviewed 01/2023

Signature Sheet of Understanding

I have reviewed and understand the Nursing Program Admission Information Booklet and agree to abide by these policies. I have also reviewed and understand the WITCC Student Handbook and agree to abide by these policies.

Print name: _____

Signature: _____

Student ID: _____

Date: _____