

NAME: _____

I.D.# _____

2011-12
ADVANCED BEDSIDE CARE PROVIDER
Certificate

This program will provide students with theoretical background and psychomotor skills needed to provide basic bedside care. CNA competencies are enhanced by instruction in communication strategies and human behavior. This will prepare the bedside care provider to improve his/her ability to interact with clients, families and other members of the health care team.

Students must be actively listed in the State of Illinois CNA Registry in order to complete this certificate.

PROGRAM PRE-REQUISITES:

_____ Currently listed on the State of Illinois CNA Registry. *(Students currently listed in the State of Illinois CNA Registry may qualify for proficiency credit for NURS 100. Contact the Dean of Health Professions for information).*

OR

_____ Successful completion of Prairie State College NURS 100 - Nurse Assistant Training (7 credits)
_____ Placement in ENG 099 **OR** completion of required development English and reading courses with C or better:
Courses needed: ___RDG 097 ___RDG 098 ___ENG 097 ___ENG 098

PROGRAM REQUIREMENTS (13 credits)

_____ COMM 101 3 cr Principles of Communication *(Prereq. Placement in ENG 099 or above)*
_____ NURS 100 7 cr Nurse Assistant Training *(Prereq. COMPASS reading score of 60 or higher or ENG 099 with C or better)*
_____ PSYCH 101 3 cr Introduction to Psychology *(Prereq. Placement in ENG 099 or above)*
_____ Attained a minimum grade point average of 2.0 in the courses identified in this certificate program.

Current cumulative GPA: _____

_____ Completed a minimum of one-half of the credit hours required as a student at PSC.

_____ Filed a **Graduation Petition Form** with the Office of Enrollment Services.

Deadline for filing: October 1 for Winter, March 1 for Spring, July 1 for Summer. *(December, May & August candidates may choose to participate in the annual May Commencement Ceremony. Deadline to apply for ceremony is March 1st)*

Credits	Credits	Credits	Credits
Required: 13	Completed: _____	In Progress: _____	Needed: _____

Advised By: _____

Date: _____

SIGNATURE: Counselor or Advisor or Faculty Advisor

This is an UNOFFICIAL evaluation. Official Evaluations must be requested in the Office of Enrollment Services

IMPORTANT PSC GRADUATION POLICIES

1. If the degree or certificate requirements are changed during your continuous attendance, you may elect to satisfy either the new requirements or the ones in force when you enrolled.
2. If you withdraw from Prairie State College for either a fall or spring semester, you must satisfy requirements in force at the time you re-enroll.
3. **Requests for COURSE SUBSTITUTIONS** in the program must be directed to the Program Coordinator. A Course Substitution Form must be signed by the Program Coordinator and submitted to the Office of Enrollment Services at least one semester prior to graduation.
4. Petitions for alteration of other graduation requirements must be submitted on a Student Appeal Form at least one semester prior to graduation.

DIVISION OF HEALTH PROFESSIONS

Program Coord:	Kathleen Malic	Room 2229	(708) 709-3530	kmalic@prairiestate.edu
Dept. Chair:	Kathleen Malic	Room 2229	(708) 709-3530	kmalic@prairiestate.edu
Division Dean:	Marie Hansel	Room 2241	(708) 709-3648	mhansel@prairiestate.edu

CAREER PLANNING/PLACEMENT INFORMATION:

Occupational Outlook Handbook, U.S. Department of Labor: <http://www.bls.gov/oco/home.htm>

Employment opportunities: www.collegecentral.com/prairiestate