Dear Prospective Student:

Thank you for your interest in the Registered Nurse First Assistant (RNFA) Program at Gulf Coast State College. This program will be offered for a Cohort, which is a group of 10-12 students. Those on the waiting list should be prepared to register once contacted. Upon completion of the two courses, you are eligible to utilize the title "Registered Nurse First Assistant" (RNFA) in Florida. In all other states, see your state's Nursing Board Scope of Practice to verify the limitations or requirements necessary.

After successful completion of the Competency and Credentialing Institute (CCI) requirements, application process, and certification exam, the student may utilize the credential or title of “Certified Registered Nurse First Assistant (CRNFA)”.

The 6-credit two-semester program is composed of two courses based on the Association of Perioperative Registered Nurses (AORN) Core Curriculum for the RNFA. The NSP2090 RNFA Theory Course (3 credits) is offered utilizing the web-based platform "Angel". Once you successfully complete the introductory modules, you may begin the second course. The Cohort will determine the dates of the Lab session. Normal timeframe is the 3rd full week of September.

The NSP2090L RNFA Lab/Clinical course (3 credits) includes a one-week lab session that includes hands-on and simulated skills practices. Prior to beginning the clinical internship segment of the course, you must have successfully completed the NSP2090 RNFA Theory Course. The program can be completed online, with one 40-hour lab session in the third full week of September, and then clinical experiences at your own pace which can take a minimum of approximately two semesters (6 months to 1 year).

Please read the attached application packet to learn about our program, student responsibilities, and job classification of RNFA, or visit our website www.gulfcoast.edu/health_sciences/surgtech.

Information regarding certification and RNFA standards can be obtained at www.cc-institute.org/crnfa, or at www.aorn.org, the official website of perioperative nursing.

If you decide that becoming a RNFA is for you, begin the process of applying for admission by following the attached instructions. If you have any further questions, please feel free to e-mail Libby McNaron at lmcnaron@gulfcoast.edu or call me at (850) 873-3551, toll free1-800-311-3685 ext. 3551. You can also contact Health Sciences Advisor, S. Craig Wise, at (850) 913-3311, toll free at 1-800-311-3685 ext. 3311, or e-mail at swise@gulfcoast.edu. We look forward to working with you in the future.

Sincerely,

Libby McNaron, RN, CST, CSFA, CNOR, BSN, MS
Program Coordinator

rev 1/13
Place your Name on the Cohort Waiting List

___Step 1. Submit RNFA application by mail to GCSC Health Sciences, Attn: Libby McNaron, 5230 West Hwy 98, Panama City, Florida 32401, or in person in Room 200 Health Sciences, or by fax at (850) 747-3246.

Once Cohort Group is established, you will be notified to continue this process:

___Step 2. New students should apply for General Admission to Gulf Coast State College, and choose "NON-DEGREE SEEKING STUDENT". Applications are available at the Enrollment Services Office or online at www.gulfcoast.edu. To apply online, click "Apply Online/Check Status" under the "Future Students" heading, and follow instructions online.

The Major Code is SURA for this program. Students already enrolled at GCSC can change their Major Code at http://www.gulfcoast.edu/admissions/forms/PROGRAM%20CHANGE%20FORM.pdf; complete the Program Change Form and either fax or mail it with a photo I.D., or return the form, in person, to the Enrollment Services Office.

___Step 3. New students must pay the $20 college application fee online, at the Bookstore, at the GCSC Business Office (in person or over the phone for Distance Education). If this is not paid, you cannot get registered for courses. (Failure to pay the application fee at the time of submission can result in your ineligibility for program consideration.)

___Step 4. Submit the following forms by mail to GCSC Health Sciences, Attn: Libby McNaron, 5230 West Highway 98, Panama City, Florida 32401, or in person, or by fax at (850) 747-3246, and:

___1. Submit proof of licensure to practice as an RN in the state in which the clinical internship will be taken. Submit a copy of the license with VOID printed across it.

___2. Submit copy of Certificate, Verification of Certification as one of the following:

_____ a. CNOR or CNOR eligible (copy of CNOR certificate or attached eligibility form) Certification must be submitted before a successful program certificate of completion can be issued. Must have a minimum of 2 years recent perioperative nursing experience demonstrated in the scrubbing and circulating roles. Those who are not CNOR certified will have an additional abbreviated module to complete to prepare for the CNOR exam. If unable to satisfactorily complete the module, the student may be required to complete NUR2293 to continue in the program.

_____ b. Board certified or board eligible as an advanced practice nurse (APN). APNs without competence in intraoperative patient care must undergo an assessment regarding clinical skills and knowledge. If it is determined that perioperative skills and knowledge are deficient, the APN must successfully complete the register for and complete the NUR2293 Perioperative Nursing online course. In the State of Florida, you may be required to complete the NUR2293 course to continue in the program. You may be required to contact your State Board of Nursing for Clarification regarding this specialization if you are not eligible for the CNOR certification.

___3. Submit Verification of Eligibility for the program.

___4. Submit a current color identification picture measuring at least 2”x 2”.

___5. Submit a copy of your Résumé.

___6. Submit a copy of your Driver’s License.

___Step 5. Request OFFICIAL transcripts showing attainment of high school diploma or equivalent (GED) be sent to Admissions Office of Gulf Coast State College if you do not have an accredited degree which will transfer credits to GCSC. Transcript form is at the end of this packet.

___Step 6. Request OFFICIAL transcripts from all schools and colleges attended to be sent to the Admissions Office of Gulf Coast State College. Transcript form is found at the end of this packet. Grade point average (GPA) of 2.0 or greater (on a 4.0 system) is required for all school, college and/or university coursework attempted. A GPA less than 2.0 may be acceptable, but the student will be admitted on probation. Higher grade point averages will be given greater consideration in selection process.

___Step 7. Request that 2 people complete the Personal Reference forms (included) attesting to the years of experience as an RN and knowledge, judgment, and skills specific to surgical patient care. Mail the forms to GCSC Health Sciences, Attn: Libby McNaron, 5230 West Highway 98, Panama City, Florida 32401. References can be from pastor, family friends, former teachers or employers.
____ Step 8. Submit a copy of current CPR card. The only acceptable cards are American Heart Association Healthcare Provider or the American Red Cross for Professional Rescuer. Maintain certification throughout the entire length of the program.

Register for Courses

**NUR2790 RNFA THEORY CLASS:**

____ Step 9. Schedule initial advising meeting with Libby McNaron to evaluate transcripts and application. (If APN who is not CNOR eligible, discuss your responsibilities to take the additional courses, contact your board of nursing, and evaluate perioperative skills and knowledge.)

____ Step 10. Submit the following forms to enroll in the Clinical Course Lab. These are needed for field trips to clinical sites. Forms are available from the Program Instructor.

- Validation Form (enclosed) for Hepatitis-B shots, or signed Declination Statement
- Validation Form (enclosed) for PPD or TB skin test; or TB declination form with current chest x-ray results
- Satisfactory fingerprint/criminal background check as required by your Clinical site. There may be a possible drug screen according to individual clinical requirements.

____ Step 11. Begin Financial Aid and seek assistance, as needed. Visit the GCSC website at [www.gulfcoast.edu](http://www.gulfcoast.edu) and click on "Financial Assistance" under the "Future Students" heading.

____ Step 12. Register and pay for the class, NSP2090, RNFA Theory. You can pay through OASIS/Lighthouse at [http://www.gulfcoast.edu.tuition_fees/default.htm](http://www.gulfcoast.edu.tuition_fees/default.htm), or at the GCSC Bookstore, or call the Business Office at (850) 769-1551 ext. 3534 to pay with a credit card.

____ Step 13. From the GCSC website, [www.gulfcoast.edu](http://www.gulfcoast.edu), under "Current Students" select the "Angel Login" link. Follow the directions to access the site.

**NSP2290L PERIOP NURSING INTERNSHIP LAB / CLINICAL CLASS:**

____ Step 14. Successfully enroll in the didactic component of NSP2090 RNFA, and maintain a “C” or better.

____ Step 15. Prior to registration for NSP2090L:

- Submit evidence of current personal professional liability insurance for RNFA practice.
- Submit completed validation form for TB skin test, Heptavax form, or Declination waiver with current chest x-ray results.

____ Step 16. Log-in to "Angel" and submit the form to schedule your Lab component.

**Preparation for Lab Class:**

____ Step 17. Complete Modules 1-4 in preparation for the Lab session.

____ Step 18. Lab class usually will be scheduled in the 3rd full week in September. However, the Cohort may determine an alternate week if this week has passed (usually the 3rd full week of March).

**Preparation for Clinical Internship:**

____ Step 19. Successfully complete all Lab assignments and Lab modules.

____ Step 20. Select a surgeon Preceptor that meets the clinical component requirements as outlined in the student Clinical Handbook. The clinical component is a minimum 150 hours of clinical experience including the 40 hours of Lab in September.

- Submit the Surgeon Mentor approval form.
- Submit proof of clinical privileges from the healthcare facilities to be used.

Note: It is the student’s responsibility to ensure that all facility procedures regarding credentialing requirements (clinical privileges) or other policies regarding student internships are accurately followed.
## FEE SCHEDULE **
### REGISTERED NURSE FIRST ASSISTANT (RNFA)

<table>
<thead>
<tr>
<th></th>
<th>In-State</th>
<th>Out-of-State</th>
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</thead>
<tbody>
<tr>
<td><strong>ENROLLMENT FEES:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GCSC - application fee (new students)</td>
<td>$20.00</td>
<td>$20.00</td>
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<tr>
<td>Criminal Background Check at GCSC</td>
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<td><strong>TEXTBOOK FEES:</strong></td>
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<tr>
<td>Textbooks - approx. (list provided)</td>
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<tr>
<td>Required texts</td>
<td>$450.00</td>
<td>$450.00</td>
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<tr>
<td>AORN Core Curriculum for the RNFA</td>
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<td>AORN Standards for the Current Year</td>
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<tr>
<td>AORN RNFA textbook (when available)</td>
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<tr>
<td><strong>TUITION FEES:</strong></td>
<td></td>
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<tr>
<td>NSP2290 Periop Nursing - APN eligible only (3 credits)</td>
<td>$296.25 ($98.75)</td>
<td>$1,079.13 ($359.71)</td>
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<tr>
<td>NSP2090 (3 credits)</td>
<td>$296.25</td>
<td>$1,079.13</td>
</tr>
<tr>
<td>NSP2090L LAB/Clinical (3 credits)</td>
<td>$296.25</td>
<td>$1,079.13</td>
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<tr>
<td>Distance Education</td>
<td>90.00</td>
<td>90.00</td>
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<tr>
<td><strong>LAB FEES:</strong></td>
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<td></td>
</tr>
<tr>
<td>NUR2790L</td>
<td>$265.00</td>
<td>$265.00</td>
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<tr>
<td>(Includes: Student Liability/Accident Ins for Lab)</td>
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<tr>
<td><strong>Total Program Fees (approx.)</strong></td>
<td>$1,793.75</td>
<td>$4,142.39</td>
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</table>

**Textbooks include:**
- RNFA Textbook by AORN
- Standards and Recommended Practices for 2012 or 2011 by AORN
- Optional: AORN Publication RN First Assistant Guide to Practice
- Surgery Textbook (your preference)

**Other Texts to prepare for examination:** (Core Perioperative Knowledge)
- Alexander’s Care of the Surgical Patient
- Berry and Kohn’s Operating Room Technique
- Essential Surgical Skills

**Fees listed above are currently accurate, but subject to change without notice due to price changes from the other requirements, manufacturer, or provider.**
GULF COAST STATE COLLEGE - HEALTH SCIENCES DIVISION

APPLICATION FOR ADMISSION

5230 West U.S. Highway 98
Panama City, FL 32401-1058
(850) 872-3827 or (850)913-3311
(850) 747-3246 - fax
1-800-311-3685 - toll free

REGISTERED NURSE FIRST ASSISTANT PROGRAM - RNFA

Answer all questions; please TYPE or PRINT (please submit form as soon as possible).

Name: __________________________________________________________________________________

First Middle Last Maiden Name

Home Address: ____________________________________________________________

Street and Number City State Zip County

Social Security Number: ____________________________________________ Male □ Female □

Mailing Address (If different from above): _______________________________________

E-Mail: __________________________________ Home Phone: ( ) ________________________

Business Phone: ( ) _______________________ Cell Phone: ( ) ______________________

EDUCATION

Official Transcript(s) must be received by the Office of Admissions and Records.

All schools and colleges attended must be listed for the application to be complete. Use additional sheets, if necessary.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location of School</th>
<th>From Month/Year</th>
<th>To Month/Year</th>
<th>Did you Receive Diploma? Degree? Certificate?</th>
<th>What was your Major/Minor?</th>
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<tbody>
<tr>
<td>High School or GED:</td>
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<td>Technical Program:</td>
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<td>College or University:</td>
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<td>College or University:</td>
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</table>

LICENSES AND CERTIFICATION

<table>
<thead>
<tr>
<th>Type</th>
<th>Issued by which State or Agency?</th>
<th>License Number</th>
<th>Expiration Date</th>
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<tbody>
<tr>
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</table>
CONTACT INFORMATION FOR EMERGENCIES AND FOLLOW UP

Please provide information about two people who will always know where to locate you.

1. ________________________________
   Name
   Mailing Address
   Telephone Number

2. ________________________________

WORK EXPERIENCE AND / OR VOLUNTEER EXPERIENCE LAST 3 YEARS

EMPLOYER:______________________________________________________________________________________
Address _________________________________________________
Telephone No. _________________ Ext._______
No. and Street City State

Supervisor’s Name ________________________________________
Title __________________________________

Dates employed: From __________ To ____________ Nature of Your Job Duties ______________________________
Mo./Yr. Mo./Yr.

Reason for Leaving _____________________________________________________ Full-Time____ Part-Time____

EMPLOYER:___________________
Address _________________________________________________
Telephone No. _________________ Ext._______
No. and Street. City State

Supervisor’s Name ______________________________________
__
Title __________________________________

Dates employed: From __________ To ____________ Nature of Your Job Duties ______________________________
Mo./Yr. Mo./Yr.

Reason for Leaving _____________________________________________________ Full-Time____ Part-Time____

PLEASE READ AND SIGN THE FOLLOWING

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission from the College. I understand that illegal use, possession, and/or misuse of drugs are reasons for immediate dismissal from any of the programs in the Health Sciences Division. I understand that criminal background checks may be a requirement at the clinical facility used. I also understand that it is my responsibility to arrange a clinical surgeon preceptor and ensure that all policies and procedures are followed at the healthcare institutions regarding credentialing process or other requirements as a first assistant clinical intern. The school does not guarantee employment at any facility. We offer this information contained in this statement and the application packet so that you can make an informed decision concerning making application to our program.

Signature of Applicant: ________________________________ Date: ________________________________

RETURN APPLICATION TO:
Gulf Coast State College
Health Sciences Division, Rm. 200
5230 W. U.S. Highway 98
Panama City, FL 32401-1058

IN CASE OF EMERGENCY NOTIFY:
Name ________________________________
Address ________________________________
Street and No. ________________________________
City State Zip
Phone (______) ________________________________
Registered Nurse First Assistant (RNFA) Program
Verification of Eligibility for Program

Please have 2 Personal Recommendation Forms (enclosed) from current or former supervisors regarding clinical competency completed and mailed to Libby McNaron, Coordinator of Surgical Services programs.

Applicant must submit proof of eligibility by either of the following ways:

1. **CNOR Eligibility:** Document that you have been employed as a registered nurse with scrub and circulating experience with a minimum of 2 years of experience.

   See website [www.cc-institute.org/cnor](http://www.cc-institute.org/cnor) for eligibility requirements.

<table>
<thead>
<tr>
<th>Experience Dates and Position</th>
<th>Facility and Unit assigned</th>
<th>Phone Number and Supervisor’s name, title</th>
<th>Signature of Supervisor</th>
<th>Completed by college personnel; validation by college personnel (only one is required that meets criteria)</th>
</tr>
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<tbody>
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</table>

2. **CNOR:** Attach copy of form.

<table>
<thead>
<tr>
<th>Certification Date</th>
<th>Expires</th>
<th>Certification Number</th>
<th>Validated by college personnel</th>
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</table>

3. **APN:** Attach copy of certification. (If not CNOR eligible, must review your practice act and contact your Board of Nursing to verify your scope of practice.)

<table>
<thead>
<tr>
<th>Certification Date</th>
<th>Expires</th>
<th>Certification Number</th>
<th>Validated by college personnel</th>
</tr>
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</table>

I verify that I meet the requirements for the course as evidence by meeting one of the criteria. I verify that the information provided on this form is accurate and complete to the best of my knowledge.

Applicant Signature______________________ Date____________________

RETURN THIS COMPLETED FORM WITH THE APPLICATION
Validation for Clinical Requirements

1. **TB SKIN TEST:**
   - PPD (TB skin test) _________________________ __________________________
   - Date Results

   **OR**

   I have had a positive Mantoux Test (PPD) in the past, and have received appropriate treatment, and had a negative chest x-ray. **Submit current chest x-ray results.** (Chest x-ray for students in the Gulf Coast State College is good for 1 year.)

   Date of negative Chest x-ray: __________________________

2. **HEPATITIS-B VACCINE or Declination Statement:**

   Declination Statement:

   I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis-B virus (HBV) infection. I have been encouraged to be vaccinated with Hepatitis-B vaccine and decline the vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis.

   ____________________________________________ __________________________________________
   Student Signature Date

   **OR**

   Documentation of Vaccination: The vaccine is provided to Columbia Gulf Coast Hospital and Bay Medical Center employees, military dependents, and may be provided for students participating in the RNFA program. Others may obtain the vaccine through a private physician or the Bay County Health Department.

   Pre-titer: ______________________ Post-titer: ______________________
   Date Results Date Results

   First vaccine: ______________________ (First dose required before first clinical date or signed declination.)
   Date

   Second vaccine: ______________________
   Date

   Third vaccine: ______________________
   Date

   **Verified by one of the following:** Employee Health Nurse, Health Dept. Nurse, or Attending Physician.

   ____________________________________________ __________________________________________
   Signature Date

RETURN THIS COMPLETED FORM WITH THE APPLICATION
Verification of Employment

Section I:
Potential student is to fill out this section, date, and sign it and send it to the place of employment. Please PRINT the Following Information.

Name: ________________________________
Name at time of employment if different: ________________________________
Social Security Number: ________________________________
Place of employment: ________________________________
Approximate Dates of Employment: ________________________________
Job Position Held: ________________________________

I hereby authorize the Human Resources Department or other department of the above listed place of employment to release the information or confirmation of the information listed above. Additionally, I release Gulf Coast State College and the place of employment listed above from all liability whatsoever for issuing the requested information.

_________________________ __________________________
Student Authorizing Signature Date

Section II:
I certify that the records of ________________________________ (company) reveal the following on the person identified above.

________ Above information is correct
________ Above information is correct with the following correction:
________ Unable to verify information due to:

Please verify employment of the above named person and return this form via fax to (850) 747-3246, or e-mail information to lmcnaron@gulfcoast.edu.

_________________________
Name of person verifying employment

Position: ________________________________ Date: ____________________ Telephone #: ____________________

Thank you,

Libby McNaron, RN, CST, CSFA, CNOR, BSN, MS
Program Coordinator, Surgical Services
RNFA PROGRAM

Duties Acknowledgement Form

Duties and Responsibilities:

1. Preoperative:
   A. Analyze and describe preoperative patient management including performing a preoperative evaluation/assessment in collaboration with other health care providers to establish a plan of care. Describes methods of communicating the patient’s plan of care with other health care providers.
   B. Describe and demonstrate correctly written preoperative orders according to established protocols for the surgical scenarios given.

2. Intraoperative:
   A. Describe methods of intraoperative surgical assisting including using instruments and medical devices, providing exposure, handling and cutting tissue, providing hemostasis, and suturing.
   B. Analyze wound healing and wound closure correlating the techniques of surgical assisting which will enhance postoperative healing.
   C. Correlate anatomy, physiology, and pathophysiology with the sequencing of the procedure to identify specific RNFA behaviors and operative technique for the identified procedures.

3. Postoperative:
   A. Describe the immediate postoperative period including writing postoperative orders and postoperative procedure notes according to established protocols.
   B. Describe postoperative rounds and identify potential outcomes and complications.
   C. Describe postoperative discharge planning and identifies appropriate community resources that may be utilized for the identified procedures.

Special Qualifications:
In addition to minimum requirements regarding reading, language, and math skills, the student must, unassisted:

1. Demonstrate ability to comprehend and interpret written material. Able to make appropriate judgment decisions.
2. Follow written and oral/verbal instructions in English. Possess short-term and long-term memory sufficient to perform tasks such as, but not limited to, mentally tracking surgical supplies and performing anticipation skills during the operation.
3. Synthesize information from written material and apply the knowledge to various situations.
4. Demonstrate the use of positive coping skills during patient, staff, and faculty interactions.

Psychomotor Qualifications:
1. Vision – normal, corrected. Demonstrate sufficient visual ability enough to load a fine (10-0) suture onto needles and needle holders with/without corrective lenses and while wearing safety glasses. Demonstrate sufficient peripheral vision to anticipate and function while in the sterile surgical environment.
2. Hearing – normal, corrected, or aid able. Hear and understand muffled communication without visualization of the communicator’s mouth/lips and within 20 feet. Hear activation/warning signals on equipment.
3. Smell – able to detect odors sufficient to maintain environmental safety and patient needs.
4. Touch – normal tactile sensitivity. Manipulate instruments, supplies, and equipment with speed, dexterity, and good eye-hand coordination.

Physical Qualifications:
1. Able to stand, bend, stoop, and/or sit for long periods of time in one location with minimum/no breaks.
2. Able to lift a minimum of 20 pounds.
3. Able to refrain from nourishment or restroom breaks for periods up to 6 hours.
4. Ambulate/move around without assistive devices.
5. Able to assist with and/or lift, move, position, and manipulate the patient who is unconscious with or without assistive devices.
6. Successfully complete a CPR certification course.

Communication Qualifications:
1. The ability to interact and verbally communicate with others. Demonstrate positive interpersonal skills during patient, staff, and faculty interactions.
2. Demonstrate calm and effective responses, especially in emergency situations.
3. Knowledge of basic written, grammar, and spelling skills.
4. Ability to communicate and understand fluent English both verbally and in writing.

I have read the above and feel that it is within my ability to carry out the duties, responsibilities, and qualifications of a RNFA. I do_______ do not ________ have any problem in meeting the above technical requirements. I understand that clinical policies regarding physical, TB skin tests, and Immunization records must be followed.

____________________________________  __________________________
SIGNATURE  DATE

Sign and attach this form to the RNFA application and submit to the Health Sciences Division.
Florida State Nurse Practice Act – What can you legally do?

464.027 Registered nurse first assistant.

(1) LEGISLATIVE INTENT.-- The purposes of this section are to:
   (a) Encourage the use of registered nurse first assistants who meet the qualifications of this section as "assistants at surgery" by physicians and hospitals to provide quality, cost-effective surgical intervention to health care recipients in the state.
   (b) Provide for reimbursement for the registered nurse first assistant from managed health care agencies, state agencies, workers' compensation carriers, and private insurance companies.

(2) DEFINITIONS.-- As used in this section, the term:
   (a) "Perioperative nursing" means a practice of nursing in which the nurse provides preoperative, intraoperative, and postoperative nursing care to surgical patients.
   (b) "Recognized program" means a program that:
      1. Addresses all content of the Association of Operating Room Nurses, Inc. Core Curriculum for the Registered Nurse First Assistant, and
      2. Includes 1 academic year, defined as 45 hours of didactic instruction and 120 hours of clinical internship or its equivalent of 2 college semesters.
   (c) "Registered nurse first assistant" means a person who meets the qualifications listed in this section.

(3) QUALIFICATIONS.-- A registered nurse first assistant is any person who:
   (a) Is licensed as a registered nurse under this part;
   (b) Is certified in perioperative nursing; and
   (c) Holds a certificate from, and has successfully completed, a recognized program.

(4) INSTITUTIONAL POWERS.-- Each health care institution must establish specific procedures for the appointment and reappointment of registered nurse first assistant staff members and for granting, renewing, and revising their clinical privileges. History.--s. 4, ch. 94-96; s. 129, ch. 2000-318.

IF YOU ARE NOT ELIGIBLE AS A CNOR, THE ARNP MUST GET A RULING FROM THEIR STATE BOARD. CALL THE NURSING STATE BOARD FOR FURTHER CLARIFICATION AND INSTRUCTIONS.

464.012 Certification of advanced registered nurse practitioners; fees.--

(1) Any nurse desiring to be certified as an advanced registered nurse practitioner shall apply to the department and submit proof that he or she holds a current license to practice professional nursing and that he or she meets one or more of the following requirements as determined by the board:
   (a) Satisfactory completion of a formal postbasic educational program of at least one academic year, the primary purpose of which is to prepare nurses for advanced or specialized practice.
   (b) Certification by an appropriate specialty board. Such certification shall be required for initial state certification and any recertification as a registered nurse anesthetist or nurse midwife. The board may by rule provide for provisional state certification of graduate nurse anesthetists and nurse midwives for a period of time determined to be appropriate for preparing for and passing the national certification examination.
   (c) Graduation from a program leading to a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills. For applicants graduating on or after October 1, 1998, graduation from a master's degree program shall be required for initial certification as a registered nurse anesthetist under paragraph (4)(a). For applicants graduating on or after October 1, 2001, graduation from a master's degree program shall be required for initial certification as a registered nurse anesthetist under paragraph (4)(a).

(2) The board shall provide by rule the appropriate requirements for advanced registered nurse practitioners in the categories of certified registered nurse anesthetist, certified nurse midwife, and nurse practitioner.

(3) An advanced registered nurse practitioner shall perform those functions authorized in this section within the framework of an established protocol that is filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. The board shall review the protocol to ensure compliance with applicable regulatory standards for protocols. The board shall refer to the department licensees submitting protocols that are not compliant with the regulatory standards for protocols. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced registered nurse practitioner may:
   (a) Monitor and alter drug therapies.
   (b) Initiate appropriate therapies for certain conditions.
   (c) Perform additional functions as may be determined by rule in accordance with s. 464.003(3)(d).
   (d) Order diagnostic tests and physical and occupational therapy.
In addition to the general functions specified in subsection (3), an advanced registered nurse practitioner may perform the following acts within his or her specialty:

(a) The certified registered nurse anesthetist may, to the extent authorized by established protocol approved by the medical staff of the facility in which the anesthetic service is performed, perform any or all of the following:

1. Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of the general functions.
2. Based on history, physical assessment, and supplemental laboratory results, determine, with the consent of the responsible physician, the appropriate type of anesthesia within the framework of the protocol.
3. Order under the protocol pre-anesthetic medication.
4. Perform under the protocol procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. These procedures include ordering and administering regional, spinal, and general anesthesia; inhalation agents and techniques; intravenous agents and techniques; and techniques of hypnosis.
5. Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient.
6. Support life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances.
7. Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy.
8. Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care.
9. Participate in management of the patient while in the post-anesthesia recovery area, including ordering the administration of fluids and drugs.
10. Place special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.

(b) The certified nurse midwife may, to the extent authorized by an established protocol which has been approved by the medical staff of the health care facility in which the midwifery services are performed, or approved by the nurse midwife's physician backup when the delivery is performed in a patient's home, perform any or all of the following:

1. Perform superficial minor surgical procedures.
2. Manage the patient during labor and delivery to include amniotomy, episiotomy, and repair.
3. Order, initiate, and perform appropriate anesthetic procedures.
4. Perform postpartum examination.
5. Order appropriate medications.
6. Provide family-planning services and well-woman care.
7. Manage the medical care of the normal obstetrical patient and the initial care of a newborn patient.

(c) The nurse practitioner may perform any or all of the following acts within the framework of established protocol:

1. Manage selected medical problems.
2. Order physical and occupational therapy.
3. Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses.
4. Monitor and manage patients with stable chronic diseases.
5. Establish behavioral problems and diagnosis and make treatment recommendations.

(5) The board shall certify, and the department shall issue a certificate to, any nurse meeting the qualifications in this section. The board shall establish an application fee not to exceed $100 and a biennial renewal fee not to exceed $50. The board is authorized to adopt such other rules as are necessary to implement the provisions of this section. History.--ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; s. 4, ch. 84-268; ss. 8, 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 7, ch. 96-274; s. 1105, ch. 97-103; s. 80, ch. 97-264; s. 8, ch. 2006-251; s. 3, ch. 2007-167.

Note: Statutes are changed via Legislative action. Rules are continually updated. For the most current information, consult the Board of Nursing web site: www.doh.state.fl.us/mqa. For a more current copy of these statutes go to http://www.doh.state.fl.us/mqa/nursing/info_practiceAct.pdf.
APPLICATION INSTRUCTIONS FOR THE COLLEGE
Enrollment Services Office
Gulf Coast State College
5230 W. Highway 98
Panama City, Florida  32401
(850) 872-3892

HOW TO APPLY TO THE COLLEGE ONLINE

1. Go to www.gulfcoast.edu/admissions/online_application.htm . Scroll down to bottom of page.
2. Select the “First time user account creation.”
3. Create your login ID; for example, your first initial and last name. Create a pin number and reenter it.
4. Select the Application Type link for your admissions application. (“Transfer” if you have ever had any college courses; “Returning” if you have ever taken any college credit courses at GCSC; “First Time in College” if you have never been to college before.)

   Be sure to select the correct term of entry, or else you will not be able to register without going through the Admissions Office. Always select the current term (example: Fall 2013, for August 2013). Complete the online college admissions application by clicking on each section until all sections are completed, and select SURA as your program of study.

5. Once you have paid the $20 college application fee, it usually takes 48 hours to process the online application and enter it into our system. You cannot register for any prerequisite classes until the college application fee is paid.

6. Submit a completed program application found in the program Application Packet.

7. When your College application has been processed you are ready to access the Lighthouse database. You will need to know your student ID-number and your DOB (MM/DD/YY) to initially login into Lighthouse.

   a. Your Lighthouse user ID-number is the same as your student ID-number. Your acceptance letter to the College will prominently list your student ID-number.

8. You can access Lighthouse:
   a. to register for classes
   b. to pay registration fees for classes
   c. to check grades
   d. to upgrade your personal information
   e. to confirm your GCSC e-mail address

9. To register for certain classes, testing must be completed and your $20 college application fee paid. Be sure to take the PERT or CPT exams as indicated in the Program application.

10. Request copies of your transcripts from all high schools and all colleges attended. If you completed the GED, there is a request form located on the Admissions website or in your Program application packet.

11. For questions about applying for admissions or checking the status of your application, contact the Admissions Office at (850) 872-3892.

HOW TO APPLY TO THE COLLEGE VIA HARD COPY

1. Print the copy of the College application at: http://www.gulfcoast.edu/admissions/forms/admissions%20application.pdf
2. Follow directions on the College application.
3. Mail the completed application to the Admissions Office with the $20 college application fee, as instructed on the form.
4. You must pay the $20 college application fee before you can get registered for any courses. You can go online and pay via OASIS/Lighthouse after the application is entered, pay at the GCSC Bookstore, or pay at the Enrollment Services Office.
TRANSCRIPT REQUEST FORM
FOR HIGH SCHOOL, VOCATIONAL SCHOOL, COLLEGE, OR UNIVERSITY TRANSCRIPTS
THAT NEED TO BE SENT TO
GULF COAST State COLLEGE

Please complete and take or mail this form to the school(s) you have attended. Transcripts are required from each school that you have attended (high school and colleges) for admission to Gulf Coast State College.

TO: ____________________________________________________________
   Name of School Attended

I am applying for admissions to Gulf Coast State College. In order to complete my admission process, I need an official transcript for which I agree to pay if there is any charge, sent to the address below.

I attended from ____________________________________________ to ____________________________________________

Last Name: ___________________________ First: ___________________________ Middle: ___________________________

Maiden Name: ___________________________ Date of Birth: ___________________________ Social Security # : _______ - _______ - _______

I attended under the name of: ____________________________________________

PLEASE SEND TO: GULF COAST STATE COLLEGE
ENROLLMENT SERVICES OFFICE
5230 WEST HIGHWAY 98
PANAMA CITY, FLORIDA 32401-1058

Student Signature: ___________________________________________ Today's Date: ___________________________

Telephone Number ( ) __________________ - __________________

Address: ___________________________________________________________________________ Apt.# __________

City: ______________________________________________________________________________ State: _______________ Zip Code: __________


COMPLETED BY STUDENT: I, _______________________________ give permission to _______________________________to fill out this personal reference for me. I appreciate their candor and understand that this form is confidential. However, Under Federal law entitled the “Family Educational Rights and Privacy Act of 1974”, students are given the right to inspect their records including recommendation forms. I _____do _____do not waive my rights to review the content of this form. I do release them from any liability regarding their completion of this form. I have supplied the person completing this form with a stamped addressed envelope to the following address: Gulf Coast State College, RNFA - Libby McNaron, 5230 West Highway 98, Panama City, Florida 32401.

Applicant's Signature _________________________________ Date ________________________________

Completed by person authorized to complete Reference:

1. How long have you known this applicant and in what capacity? ___________________________________________ How well do you know the applicant? ____Very Well ____Fairly Well ____Slightly

2. In the healthcare field, healthcare personnel have access to confidential information from charts and files and are required to handle drugs and controlled substances. With this in mind, do you place full confidence in the applicant's integrity? YES __________ NO __________ If no, please explain why: __________________________________________________________

3. Would you allow this individual to provide healthcare for you or your family if you were ill? YES_______NO_________ If no, please explain why: __________________________________________________________

4. To your knowledge, is there anything that might interfere with or limit the success of this applicant in the healthcare field? __________________________________________________________

5. How do you perceive this person reacting when placed in a stressful situation or working under pressure? Circle one: Wise  Sensible  Irrational  Impractical  Hysterical  Other______________________________

6. Please indicate whether or not you recommend this applicant as being suitable to enter the Healthcare program. Circle one: RECOMMEND WITH ENTHUSIASM RECOMMEND RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND

Please check or write in the spaces to indicate the traits that best describes the applicant:

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<th>Communication skills, clarity</th>
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Position/Title: ________________________________
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