THOMPSON RIVERS UNIVERSITY

Delivery method: Online, self-paced
Course duration: Approx 30 weeks

HLTH 1981: Medical Terminology

This course uses a systematic approach to teach medical terminology to those who plan to be involved in or are already engaged in the medical, dental, nursing, veterinary, allied health fields. It also gives the student a basic understanding of body systems, anatomical structures, medical processes and procedures, and diseases.

Please note that credit for this course does not count toward the requirements of the Bachelor of Health Science degree.

Learning outcomes

- Describe the basics of building, defining and pronouncing medical terms.
- Define the terms "levels of organization," "anatomical position," and "planes of the body," and understand directional terms and abbreviations associated with the whole body.
- Identify the components of the major body systems and describe their functions.
- Identify the major organs, structures and accessory components of the special sensory systems and describe their functions.
- Describe common pathologic conditions and laboratory tests associated with the major body systems.
- Recognize and define terms related to the major body systems.
- Identify common medical laboratory abbreviations and acronyms.
- Identify common System International (SI) and metric measurements used in the medical laboratory.

HLTH 1141: Introduction to Electrocardiography

This course is designed specifically for health care practitioners interested in gaining the knowledge required to perform 12-lead electrocardiograms (ECGs). Information on the anatomy and physiology of the heart, lead theory, ECG equipment, troubleshooting, and dealing with a variety of patient situations are also reviewed. Emphasis is placed on the 12-lead ECG, recognition of arrhythmias that require immediate response, and the properties that comprise an accurate ECG tracing.

L**earning outcomes**
After successfully completing this course students will be able to:

- Describe the cardiovascular circulation system.
- Explain the functions and controls of electrocardiography machines and equipment.
- Identify the correct procedures in performing ECG tests.
- Recognize arrhythmias that require immediate response.
- Describe the process of evaluating ECG tracings and determining the presence of dysrhythmias.

Career Programs
Academic Dual Credit
School District No. 22 (Vernon)
Student Application Package Checklist

Date:_____

Name:_____ Grade: _____ High School: _____

Program Name: _____ Program Dates: _____

Program Name: _____ Program Dates: _____

Students have completed these items in this package:

- ☐ Student Information/Parent Consent
- ☐ Consent to Participate During Covid
- ☐ SD22 Release of Information Personal
- ☐ Paragraph
- ☐ Teacher Recommendation
- ☐ Post-Secondary Letter of Sponsorship
- ☐ Post-Secondary Institution Application Form
- ☐ Post-Secondary Information Release
- ☐ Student Education Plan (planning version)
- ☐ Refusal of Unsafe Work
- ☐ Student Addition – Document that verifies that the Academic Dual Credit course(s) are required to meet the below post-secondary credential

Planned Occupation/Career: _____

Planned post-secondary credential: _____

Planned post-secondary institution for above credential: _____

Office Additions – OFFICE USE ONLY

- ☐ High School Attendance Record
- ☐ High School Discipline Record
- ☐ Official High School Transcript
- ☐ IEP (if applicable)
- ☐ Recommendation by Case Manager if on an IEP
- ☐ Signed Full Transition Plan

In order to successfully complete a Academic Dual Credit Program, the student must:

- ❖ Fulfill the Dogwood graduation requirements
- ❖ Pass the post-secondary program course(s)

Career Programs

School District No. 22 (Vernon)

Student Information – Parent Consent

Please **PRINT** your responses neatly

Date of application: _____

Name of Program: _____ Program Dates: _____ Institute/Campus: TRU

STUDENT Information

Legal First Name: _____ Middle Name: _____ Legal Last Name: _____

Current High School: PEN: _____ Current Grade: _____

Birthdate: Year _____ Month _____ Day _____ Indigenous: ○ Yes ○ No

Mailing Address: _____ Postal Code: _____

E-Mail Address: _____ Cell Number: _____

ON AN IEP: YES ○ NO ○ *If Yes,* Case Manager's Name _____

* *additional supporting information is required from the Case Manager, see below*

PARENT/GUARDIAN Information

Parent/Guardian One:

Last Name: _____ First: _____

E-Mail Address: _____ Phone Number: _____

Parent/Guardian Two (if applicable):

Last Name: _____ First: _____

E-Mail Address: _____ Phone Number: _____

☐ We certify the information given in this application is true and complete to the best of our knowledge and understand that, if selected for a Career Program; falsified statements may be reason for removal. I authorize investigation of all statements contained herein and the references listed in this application.

☐ I allow the Career Program to use any program related picture of myself/the student named above for the purpose of promotion and communications for the Program.

☐ Students and parents must also be aware that good attendance and work habits are expected and failure to demonstrate them may result in the student's disqualification. It is important for students to seek support early if they are not having success in the program and the career coordinators can help navigate this if help is needed. If your child voluntarily withdraws, is forced to withdraw, or does not successfully complete the Program, the ancillary fees and other costs for student materials will not be refunded once the withdrawal refund deadline has passed (usually a couple of weeks into the program – see post-secondary web page for more details).

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*** If on an IEP**

Case Manager please provide a written reference for the coded student that includes the curricular and environmental adaptions, as outlined in the current IEP.

A copy of the IEP is attached to the application ☐ Special Ed. Designation _____

Career Programs

School District No. 22 (Vernon)

Consent for Release of Confidential Information

First Name: _____ Middle Name: _____ Last Name: _____

High School: _____ PEN: _____ Grade: _____ Date of Birth: _____

I hereby grant permission to Vernon School District No. 22 (Vernon) Career Programs personnel to:

☐ Release academic attendance and discipline information and/or records to appropriate post-secondary schools and School District No. 22 staff.

☐ Discuss pertinent information with representative from appropriate post-secondary schools and School District No. 22 staff on a strictly confidential basis.

I understand the Vernon School District 22 Career Programs department will only use this information for application purposes.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Career Programs

School District No. 22 (Vernon)

Personal Paragraph

Provide a brief written statement of interest outlining your reasons for wanting to participate in the course at the Post-Secondary school.

How would this course support your planned occupation/career?

What do you hope to learn during this program?

Career Programs

School District No. 22 (Vernon)

Teacher Recommendation

Thank you for completing the Teacher Statement of Recommendation regarding the student named below. The information on this reference will be used to determine readiness for Career Programs. A quality response to the general comments section is also important.

Student Name: _____ School:_____

Teacher Name: _____ Teacher Email: _____

Course: _____

Teacher Signature: _____ Date Signed: _____

	POOR		TO		EXCELLENT
Attendance and Punctuality	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Comments: _____

Work Ethic	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Comments: _____

Attitude	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Comments: _____

Initiative/Motivation	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Comments: _____

Interpersonal Skills	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Comments: _____

General Comments: _____

_____

_____

Letter of Sponsorship to TRU-OL

THOMPSON RIVERS UNIVERSITY
OPEN LEARNING

TRU-OL Student Services
805 TRU Way,
Kamloops, BC V2C 0C8
truopen.ca
Email: **student@tru.ca**
Fax: 250-852-6405

TRU will not invoice your sponsor directly. Sponsored students are responsible for the outstanding balance on their student account at all times. Students must communicate details of charges to their sponsor and arrange for payment of fees. Students may obtain account information through myTRU.

SPONSOR

AGENCY/GROUP	School District 22 Vernon
MAILING ADDRESS (include suite number if applicable)	1401 15 Street
CITY / TOWN / VILLAGE	Vernon
PROVINCE / STATE	BC
POSTAL CODE / ZIP CODE	V1T 8S8
PRIMARY TELEPHONE NUMBER	250-545-1348 ext 423
EMAIL ADDRESS (print clearly)	careerprograms@sd22.bc.ca
FAX NUMBER	
ATTENTION/CONTACT	Corinne McWhinney

The AGENCY/GROUP named above confirms sponsorship of this STUDENT:

TRU-OL STUDENT NUMBER

"T" FOLLOWED BY EIGHT DIGITS	T
DATE OF BIRTH (mm/dd/year)	
SURNAME (legal)	
FIRST NAME (legal)	FULL MIDDLE NAME(S) (legal)
MAILING ADDRESS (include suite number if applicable)	
PROVINCE / STATE	
POSTAL CODE / ZIP CODE	
CITY / TOWN / VILLAGE	
HOME TELEPHONE	
EMAIL ADDRESS (print clearly)	
BUSINESS TELEPHONE	

PROGRAM (if sponsoring entire program)

COURSES

COURSE NUMBER	COURSE NAME	COURSE NUMBER	COURSE NAME
COURSE NUMBER	COURSE NAME	COURSE NUMBER	COURSE NAME

DATES (For this period of time)

	to	
MMM-DD-YY (E.G. SEP-01-17)		*MMM-DD-YY (E.G. SEP-01-17)*

COSTS The sponsor agrees the costs they are responsible for include: (Check list please)

Program Application Fee $ SD22 Official Transcript $ SD22

Tuition (including administration, technology and miscellaneous fees) $ SD22

Textbooks $ SD22 Total Sponsored $ Approx: $794.32 (HLTH 1981) / $909.64 (HLTH 1141)

AUTHORIZED SPONSOR SIGNATURE	TITLE/POSITION
	Principal Career Programs

SPONSORED STUDENT – WAIVER FORM

I, _____, do hereby authorize TRU to release any information regarding attendance, progress and grades, upon request, to the above named sponsor.

STUDENT'S SIGNATURE	DATE

TRU CANNOT RELEASE ANY INFORMATION UNLESS THE STUDENT HAS SIGNED THIS WAIVER.

2023–2024 | TRU START **COURSE**

APPLICATION FORM

THOMPSON RIVERS UNIVERSITY

805 TRU Way
Kamloops, BC, Canada
V2C 0C8
tru.ca

PERSONAL INFORMATION **(print clearly)**

First or given name(s) (legal): _____ Middle name(s) (optional): _____

Last or family name (legal): _____ Preferred name(s): _____

Former last or family name (optional) _____
Include any name prior to a legal name change

Birthdate (yyyy/mm/dd): _____ /_____ /_____

Please indicate your gender:

☐ Woman ☐ Non-Binary
☐ Man ☐ Prefer not to answer

Would you say you are:

☐ Cisgender ☐ Transgender ☐ Prefer not to answer

DESCRIPTIONS

Woman: People whose current gender is woman. This includes cisgender and transgender people who are women.
Man: People whose current gender is man. This includes cisgender and transgender people who are men.
Non-Binary: People whose current gender is not exclusively a woman or man. This includes people who do not have one gender, have no gender, are gender fluid, or are Two-Spirit.

Cisgender: People whose sex assigned at birth is the same as their gender.
Transgender: People whose sex assigned at birth is different from their gender.

Primary language spoken at home: _____ Country of citizenship: _____

If citizenship is Non-Canadian, please indicate Visa Status:

☐ Permanent Resident ☐ Refugee (status granted) ☐ Student Authorization/Student Visa

CONTACT INFORMATION

Mailing Address (Admission correspondence may be sent to your mailing address):

Street address: _____ City: _____

Province: _____ Postal Code: _____ Country: _____ Email: _____

Phone: Primary: _____ Other: _____

Emergency contact (full name): _____ Emergency contact email: _____

Emergency contact primary phone: _____ Other: _____

Parent/Guardian name (in full): _____

Parent/Guardian signature: _____

School District Trades/Career Coordinator name (in full): Corinne McWhinney

School District Trades/Career Coordinator signature: _____

ADDITIONAL INFORMATION

Have you ever been a TRU student? You will have been assigned a T-ID: ☐ Yes TRU ID | | | | | | | | | | ☐ No

Indigenous Self-Identification

☐ Please check this box if you wish to be identified as an Indigenous person

If you have chosen to identify yourself as an Indigenous person, for statistical purposes, we invite you to select the option(s) that best describes your Indigenous identity.

☐ First Nation *(including Status, non-Status, Treaty and non-Treaty)* ☐ Métis ☐ Inuit

ACADEMIC HISTORY - HIGH SCHOOL

Provincial Education Number (PEN) | | | | | | | | | |

If you are a BC resident, please provide your Personal Education Number (PEN).

School Name	Province, Country	Date Attended Start (yyyy/mm/dd)	Date Completed or expected Graduation Date (yyyy/mm/dd)	Grade completed to date

PROGRAM SELECTION

Indicate the program of study to which you would like to apply (see attached for a list of program options).

- ☐ Applied Sustainable Ranching
- ☐ Early Childhood Education
- ☐ Health Care Assistant
- ☐ Police and Justice
- ☐ Power Engineering
- ☐ Trades Sampler
- ☐ Youth Training in Trades Foundation
- ■ Unclassified (Course only)

Have you received a Program Information package?

☐ Yes ■ No

Would you like to receive a Program Information package?

☐ Yes ■ No

Select a campus

■ Kamloops ☐ Williams Lake

Which semester do you wish to begin your studies?

☐ Fall 2023 ☐ Winter 2024 ☐ Summer 2024

CONSENT FOR DISCLOSURE AND DECLARATION OF APPLICANT

Declaration:

By signing this Application, I understand and agree that: (i) this is an application for a TRU program only and is subject to the limitation of available resources; (ii) any misrepresentation of information in this application may result in the cancellation of my admission or registration and such misrepresentation may be shared with other post-secondary institutions; (iii) my personal information will be reported as required by provincial or federal authority; (iv) my admission information may be shared with my current high school as needed and applicable; and (v) if I am admitted to a program, I am subject to the policies and rules of TRU. I certify that all statements on this application are true and complete and I authorize TRU to verify them.

_____ _____

Date (yyyy/mm/dd) *Signature of Applicant*

Privacy Notice: Thompson Rivers University (TRU) collects, uses, discloses and retains personal information in compliance with the BC *Freedom of Information and Protection of Privacy Act* (FIPPA). Your personal information is being collected and will be used for the purposes of administration, registration and other decisions on students' academic status, and for the purposes consistent with the administration of the University and its programs and services, including the programs of student societies/student unions, alumni association and the Thompson Rivers University Foundation. The collection of this information is permitted under section 26(c) of the FIPPA.

Consent to Release Personal Information Form (Third Party)

THOMPSON RIVERS UNIVERSITY

Enrolment Services
805 TRU Way
Kamloops, BC, Canada V2C 0C8
tru.ca

Campus students: records@tru.ca
Open Learning students: student@tru.ca

STUDENT PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal)

FIRST NAME (legal) FULL MIDDLE NAME(S) (legal)

TRU STUDENT NUMBER

DATE OF BIRTH (yyyy/mm/dd)

3rd PARTY PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal), FIRST NAME or AGENCY
(parent name)

PHONE

ADDRESS

EMAIL (optional)

PART I - STUDENT INFORMATION

I authorize (print name of person/agency here) School District 22 - Vernon
access to the following information:

- ☐ Academic status
- ☐ Convocation information
- ☐ Enrolment status information
- ☐ Grades
- ☑ Registration information (including current registration status)
- ☐ Special needs documentation/Disability accommodations
- ☐ Other (specify) _____

PART II - FINANCIAL INFORMATION

I authorize (print name of person/agency here) School District 22 - Vernon
access to the following information:

- ☑ Student account balance
- ☑ Student awards
- ☑ Student loan information
- ☑ Tuition and fees assessment
- ☐ Other (specify) _____

PART III - STUDENT TRANSACTIONS

I authorize (print name of person/agency here) School District 22 - Vernon
to carry out the following transactions on my behalf:

- ☑ Add/drop courses
- ☑ Pay fees
- ☑ Order transcripts, confirmation of enrolment letters, signed scholarship/RESP forms
- ☐ Other (specify) _____

PART IV - DURATION

This waiver will be valid for the following period:

From: Date (yyyy/mm/dd)_____

To: Date (yyyy/mm/dd) _____

IMPORTANT!

Access to online fee payment and registration services is controlled through each student's T-ID and password. It is the responsibility of each student to control access to their password. Under no circumstances will a student's password be released to a third party, even in cases where this consent has been signed.

PART V - SIGNATURE

Student records are confidential and are not changeable without the written consent of the student, unless otherwise required by law. Your signature indicates that you are requesting your records be revised and that information contained herein is accurate to the best of your knowledge. TRU considers a falsified consent form as fraud.

STUDENT SIGNATURE

DATE (yyyy/mm/dd)

OFFICE USE ONLY

DATE (yyyy/mm/dd)

RECEIVED BY

DATE ENTERED (yyyy/mm/dd)

Privacy Notification

Thompson Rivers University (TRU) collects, uses, discloses and retains personal information in compliance with the BC Freedom of Information and Protection of Privacy Act (the FIPPA). Your personal information is being collected on this form under Section 26(c) of the FIPPA for the purpose(s) of obtaining your consent to release your personal information to the identified third party(ies) as required under Section 33.1(b).

Questions about this privacy notice can be directed to the Privacy Officer at **privacy@tru.ca,** or by calling 250-828-5012, or by post to:

TRU Privacy Office, 805 TRU Way. Kamloops, BC V2C OC8.

This form will be kept on file in compliance with TRU's Records Retention Policy.

Student Education Plan

First Name: Last Name: Grade: School:

Within the 80 Credits you MUST have: ALL required Courses Listed below, 5 Grade 12 courses, 1 Fine Art, Tech OR Applied Skill
52 credits are required course credits and 28 are elective credits.

GRADE 10	
REQUIRED COURSES	**CREDITS**
1. **English Language Arts 10**	4
2. **Social Studies 10**	4
3. **A Math 10**	4
4. **Science 10**	4
5. **Physical Education 10**	4
6. **Career Life Education 10**	4
7. **Fine Arts, Tech, Applied Skill** 10, 11 or 12	4
8.	4
9.	4
10.	4
TOTAL CREDITS FOR GRADE 10:	

GRADE 11	
REQUIRED COURSES	**CREDITS**
1. **A Language Arts 11**	4
2. **A Social Studies 11 or 12**	4
3. **A Math 11**	4
4. **A Science 11 or 12**	4
5.	4
6.	4
7.	4
8.	4
9.	4
10.	4
TOTAL CREDITS FOR GRADE 11:	

GRADE 12	
REQUIRED COURSES	**CREDITS**
1. **A Language Arts 12**	4
2. **CLC & Capstone**	4
ELECTIVE CREDITS *Must have at least two additional elective grade 12 courses other than English 12 and CLC to graduate. This could include **elective** grade 12 courses that you took in grade 11*	
3. **Grade 12:**	4
4. **Grade 12:**	4
5.	4
6.	4
7.	4
8.	4
9.	4
TOTAL CREDITS FOR GRADE 12:	

TOTAL GRAD CREDITS	

FOR INITIAL PLANNING PURPOSES ONLY - You Career Coordinator will complete an official transition plan that will have signatures on it to add to your file.

Career Programs

School District No. 22 (Vernon)

Refusal of Unsafe Work

If you would like any further information regarding safety aspects of work sites, please contact your local WorkSafeBC office to speak with your area Safety Officer or call 604-276-3100 (toll free 1-888-621-7233.)

3.12 Procedure for refusal

(1) A person must not carry out or cause to be carried out any work process or person operate or cause to be operated any tool, appliance or equipment if that has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.

(2) A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer. immediately report the circumstances of the unsafe condition to his or her supervisor or employer.

(3) A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and (a) ensure that any unsafe condition is remedied without delay, or (b) if in his or her opinion the report is not valid, must so inform the person who made the report.

(4) If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of

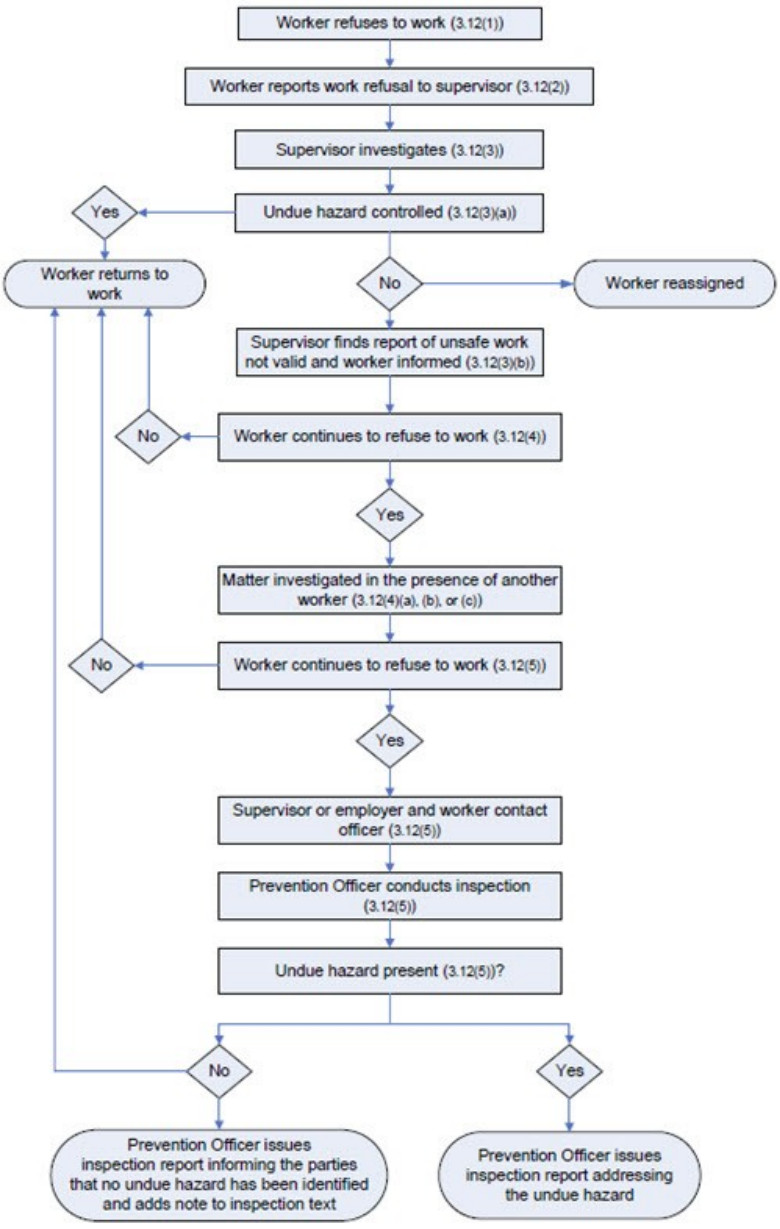
(a) a worker member of the joint committee,

(b) a worker who is selected by a trade union representing the worker, or

(c) if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.

(5) If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry outthe work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.

Flowchart for Regulation Guideline 3.12



I have reviewed the Refusal of Unsafe Work with my Career Coordinator

Student Name: _____ Student Signature: _____ Date: _____

Career Coordinator Signature: _____ Date: _____