BACHELOR DEGREE

APPLICATIONS DUE 10/09/13 BY 12:00 P.M. – SUITE 205

McNEESE STATE UNIVERSITY: COLLEGE OF NURSING
APPLICATION TO CLINICAL NURSING COURSES - BACHELOR DEGREE
Box 90415, Lake Charles, LA 70609-0415 337/475-5821, FAX 475-5925

DIRECTIONS & RESPONSIBILITIES:

1. It is your responsibility to read and understand the **Admission, Application, Transfer, Retention/Progression, and Dismissal Policies** listed in the appropriate catalog according to when you declared Nursing as your major. Your clinical application GPA is determined by the curriculum in place in the appropriate catalog. If you have questions regarding your curriculum, please seek advisement during posted advisement hours.

2. **You must:**
   a. Pick up 2 **fingerprint cards** and the **Louisiana State Board of Nursing (LSBN) green forms** in Suite 205. The fee for submitting the completed fingerprint cards and LSBN packet is **$62.50** (Money Order or Cashier Check only) made payable to LSBN. You must return your fingerprint cards and completed LSBN forms along with your application in Suite 205.

   b. Pay the **A2 Test fee of $33.00** at the cashier's office. (A2 Scores from other universities/colleges will not be accepted)

   c. Pay the **Nursing Application fee of $30.00** at the cashier's office. The A2 and application fees may be paid together. The cashier's office accepts checks or cash. **These fees are non-refundable. Attach a copy of your receipt to your application showing that these fees have been paid.**

   d. Meet the **application deadline** posted at the top of the page**. NO applications will be accepted after the date, and incomplete applications will not be processed.**

   e. Attach a **copy of your CPR card** that must be either American Heart Association – Healthcare Provider; or Red Cross – Professional Rescuer. No online CPR course cards will be accepted. If you are enrolled in a CPR course but have not completed it upon application deadline, you must submit documentation of course enrollment. Upon completion of the course, you must submit a copy of your CPR card. If you have not received your official card by the time applications are due, but you have completed the course, you must submit documentation of course completion. Upon receipt of your CPR card, you must submit a copy to add to your application received. It is the student's responsibility to verify that they attended the correct class. The student will be responsible for contacting the issuing agency and requesting documentation that the course attended is the equivalent of either Healthcare Provider or Professional Rescuer.

   f. Attach a **copy of PPD skin test**. An official copy of the result is required. This includes the provider's name, date of the test and results. If you have tested positive in the past, you must submit documentation of treatment, chest X-ray or other items which confirm a noninfectious state. International students who receive BCG are still required to have a PPD skin test. Students who have a positive PPD will be required to provide proof of follow-up treatment, as well as complete a TB status form (located in Suite 205). The TB status form must be attached to your application.

   g. Attach a **copy of Immunization records**. Refer to immunization section of application for more information.

   h. Attach a **copy of Hepatitis B status**. Refer to Hepatitis B section of application for more information.

   i. Provide **copies of all transcripts** from **other** colleges/universities if applicable. If you are a transfer student currently enrolled in courses that are required for admission, you must ensure that all copies of grades from other universities are received by the College of Nursing by **December 16, 2013, by 12:00 p.m.** You may provide the College of Nursing with an unofficial copy of your grades for application purposes; however, the Registrar's Office will require that an updated official transcript be submitted to their office.

   j. Keep a **copy of all documents and health forms** turned into our office. You will need to start a personal portfolio of this information to refer to each semester. (This includes copies of your **PPD, CPR, and Immunization Records**)

   k. Understand that **clearance from LSBN** to enroll or progress in clinical nursing courses **does not guarantee admission** to clinical. Accepted students will receive a separate acceptance packet from the College of Nursing.

DIRECTIONS & RESPONSIBILITIES (cont.):

l. **Register for at least one course** during regular registration for Spring 2014 to avoid paying a $50.00 late registration fee. Nursing courses will not be opened for scheduling until final acceptance decisions have been made.

m. Agree to abide by the admission requirements of the Nursing program. Once you have submitted your application packet, you understand it is your responsibility to inform the College of Nursing of any change in your status, address, telephone number, intentions to enter the program, or any other information that would affect your entrance in to the Nursing Program.

n. Understand that we will host a **mandatory Orientation to Clinical Day** sometime during the week of **January 13-17, 2014**. A more definitive date will be selected toward the end of the Fall 2013 semester. The selected date and time will be referenced in clinical acceptance packets mailed to accepted students once decisions have been made.

o. Notify the College of Nursing as to your intent to accept your clinical seat. Included in clinical acceptance packets will be a hand carry letter requiring accepted students to sign, date, and return the letter indicating their acceptance. All accepted students must return the hand carry letter by the designated deadline. Students that leave the state or the United States at the close of this semester, and are unable to return the hand carry letter, must notify the College of Nursing via email or phone of their desire to accept or decline their seat by the designated deadline. Failure to return the hand carry letter, or failure to notify the College of Nursing of your willingness to accept or decline your clinical seat by the designated deadline will result in your forfeiture of your clinical seat.

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Application for Clinical Nursing Courses- BSN

SS #: _____**Banner ID #** _____

Student Name: _____
Last **First** **Middle/Maiden**

Permanent Mailing Address:

_____
Street (P.O. Box, Apt. Number) **City** **State** **Zip**

Phone: (_____)_____ (_____)_____ (_____) _____
Home **Work** **Cell**

E-Mail Address _____ **Gender: M / F** **DOB** _____ **Age** _____

Person to be notified in case of emergency:

Name: _____ **Relationship to you:**_____

Emergency Contact's Address:
Street (P.O. Box, Apt. Number) **City** **State** **Zip**

Emergency Contact's Telephone Number(s):_____

Ethnicity (required for Federal Reports by 1964 Civil Rights Act):

___White ____ Black ___Amer. Indian/Alaskan ___Asian/Pacific Islander ___Hispanic

____ Other (please specify):

Are you transferring more than 12 nursing pre-requisite hours from another University/College?

_____ Yes _____ No

_____**First-time Applicant** _____ **Resubmission of Application**

Please list below all courses and name of institution or university where you are enrolled in this semester:

Fall 2013 courses:

_____ _____ _____ _____

_____ _____ _____ _____

Please list any other degrees held, year obtained, and name of college/university:

NAME OF DEGREE	YEAR OBTAINED	NAME OF COLLEGE/UNIVERSITY

Important Information:

1) Students who are tentatively accepted by the College of Nursing for admission will be required to submit to mandatory drug testing upon admission and random drug screens throughout the duration of clinical nursing courses. Details of this process will be explained at Nursing Orientation.

2) The College of Nursing reserves the right to limit the number of students admitted to the Clinical Nursing Courses based upon faculty and laboratory resources.

3) I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student, staff or faculty member and the McNeese State University College of Nursing.

4) **By signing and dating this form below, I am indicating that I understand all of the policies, criteria, and requirements referenced on the first two pages of this application. I also certify that all the information provided is complete and accurate.**

Signature of Applicant: **Date:**

McNeese State University

College of Nursing

Part A. Confidential Health History Form

MSU CON must be informed of any recent medical or special needs or changes in health that occur before the start of the clinical program. Failure to provide complete and accurate information may be grounds for dismissal. **Complete the following information BEFORE your medical appointment.** Failure to provide complete and accurate information will be grounds for denial to clinical courses. Your healthcare provider must review this information and provide their signature.

Print:

Last name_____ First _____ Maiden_____

Person to notify in case of emergency: _____
NAME

_____
ADDRESS: STREET CITY STATE, ZIP CODE PHONE (INCLUDE AREA CODE)

GENERAL HEALTH:

List any recent or continuing health problems: _____

List any physical or learning disabilities: _____

Are you currently under the care of a doctor or other health care professional, including mental health treatment? Yes ____ No _____

Doctor's Name: _____ Phone/Fax: _____

Address: _____

For what condition(s): _____

SURGERIES: List type and year _____

_____

ALLERGIES: List any drug or food allergies and briefly describe reaction:_____

DO YOU HAVE A LATEX ALLERGY OR SENSITIVITY? Yes _____ No _____
If yes, it is the student's responsibility to notify each assigned clinical instructor of this condition, and to provide proof of medical management prior to the start of each clinical setting. Please refer to the Latex Allergy Policy located in Hardtner Hall, Suite 205.

MEDICAL HISTORY: Students with known and ongoing medical conditions must prepare for and manage their condition(s) during their clinical sequence. Complete below:

	Y	N	Date		Y	N	Date		Y	N	Date
Headaches				Ulcer/Colitis				Back/Joint Problems			
Epilepsy/Seizures				Hepatitis/Gall Bladder				High Blood Pressure			
Asthma/Lung Disease				Bladder/Kidney Problems				Thyroid Problems			
Heart Disease				Cancer/Tumors				Recurrent or Chronic Infectious Diseases			
Anemia/Bleeding Disorder				Diabetes				HIV or Hepatitis C			
Hearing Loss				Vision Loss				Other (List) _____			

MENTAL HEALTH HISTORY: Have you ever suffered from, been treated for, or hospitalized for the following?

	Y	N	Please provide an explanation below for any box you have checked
Any mental health condition, such as depression/anxiety			
Substance Abuse (alcohol or drugs)			
Eating disorder (anorexia/bulimia)			
Are you taking/have ever taken medication for above problems?			

1) IMMUNIZATION RECORD: Indicate most recent dates and attach a copy of your immunization record(s).

	Date		Date		Date
Polio Immunization		**Measles**		**Mumps**	
Tetnus Booster or Tetanus/Diptheria Booster(within last 10 years)		**Rubella(A Rubella Titer showing immunity is acceptable in lieu of injections.)**		**MMR (2 injection dates regardless of age)**	

Applicants must attach a copy of their immunization record or documentation of injections.

1) In the event of a lost immunization record, applicant's must provide proof of at least a current Td and 2 MMR's.

2) In the event of contraindications to the required immunizations, the applicant must provide physician's documentation.

6) HBV - Applicants must provide documentation of the series of 3 completed injections if applicable. This immunization is not required for entrance into clinical nursing courses, but is highly recommended.
If the applicant has not completed the series or elects not to receive the Hepatitis series, they must sign the following waiver. This includes applicants that are in the process of receiving the series.

2) HEPATITIS B

Applicants who have completed the series of 3 injections must provide documentation. This immunization is not required for entrance into clinical nursing courses, but is highly recommended. If the applicant has not completed the series or elects not to receive the Hepatitis series, they must sign the following waiver. This includes applicants that are in the process of receiving the series.

I have elected NOT to receive the HBV series at this time. I understand that I may be at risk for acquiring Hepatitis B virus (HBV infection) by refusing this vaccine. I accept the responsibility of this risk by refusing the HBV vaccine.

Student Signature: _____ Date: _____

3) PPD SKIN TEST

	Test Date	Date Read	Results (mm)	Physician/Examiner's Signature
PPD (Initial test)				
PPD (Follow-up)				
Chest X-ray results (if positive PPD)				
Prophylactic Therapy (INH)	**Date Completed**	**Provider**		

4) FLU VACCINNE: If the flu vaccine is available, we highly recommend you receive it. Proof of vaccination will be required during the flu season at all clinical agencies utilized by our students.

5) MEDICATIONS:

Are you currently taking any medications? Yes _____ No _____ Please list below any medications you are currently taking (prescription and/or over the counter). _____

I certify that all responses made on this form are complete, true and accurate. I understand that if there are any changes in my health status, I will complete a change of health status form immediately. I understand that if I withhold information on this form I may be withdrawn or removed from clinical courses.

Student Signature _____ Date _____

Healthcare Provider

I have reviewed this student's health history and unconditionally release this student to perform the duty required by MSU College of Nursing to complete the degree requirements.

Healthcare Provider Signature _____ Date _____

Part B. To Be Completed by the Examiner

Physical Exam			
Height	Weight	Temp	Pulse	BP
Hearing:	Normal	Abnormal	Corrected
Vision:	Normal	Abnormal	Corrected
General Appearance:			
	Normal	**Abnormal**	**Comments**
Head, face, scalp			
Eyes			
Ears			
Nose, sinuses			
Oral cavity			
Neck, nodes, thyroid			
Breasts			
Respiratory			
Cardiovascular			
Abdomen & inguinal area			
Musculoskeletal			
Neurologic			
Reflexes			

The College of Nursing will make reasonable accommodations for known physical and/or mental disabilities. However, it must be noted that nursing is a physically and mentally demanding profession. The following Core Performance Standards recommended by the Southern Council on Collegiate Education for Nursing Task Force (1993) will be used by the Office of Services for Students with Disabilities, student, and nursing faculty to determine whether or not they can fulfill the requirements of the program and/or whether reasonable accommodations can be made.

Core Performance Standards

Standards and Requirements	Has the ability	Does not have the ability
Critical Thinking: Demonstrates critical thinking ability for effective clinical reasoning and clinical judgment consistent with level of educational preparation • Ability to identify cause/effect relationships • Ability to use scientific method in the development of patient care plans • Ability to recognize and respond instantly, judiciously and prudently to emergency situations • Able to evaluate the effectiveness of nursing interventions		
Professional Relationships: Interpersonal skills sufficient for professional interactions with a diverse population of individuals, families, and groups • Establishment of rapport with patients/clients and colleagues • Capacity to engage in successful conflict resolution • Peer accountability		
Communication: Communication adeptness sufficient for verbal and written professional interactions • Ability to communicate in English, both verbally and in written format, nursing actions, interpretation of client responses, initiate health teaching, and interact with clients, staff, and faculty. • Ability to speak clearly in order to communicate with staff, physicians and patients • Ability to be understood on the telephone or other communication devices (call light)		
Mobility: Physical abilities sufficient for movement from room to room and in small spaces • Sufficient to bend, stoop, bend down on the floor • Combination of strength, dexterity, mobility, and coordination to assist patients • Sufficient strength to lift, move, and transfer most patients • Able to restrain and carry children • Ability to move around rapidly		

Standards and Requirements Continued **Mobility** • Able to move in small confined areas • Able to provide CPR • Ability to stand or walk for 6-8 hours • Able to carry and move equipment	**Has the ability**	**Does not have the ability**
Motor Skills: Gross and fine motor abilities sufficient for providing safe, effective nursing care • Ability to calibrate and use all equipment • Ability to provide therapeutic positioning • Able to manipulate syringes and IV's • Ability to perform sterile procedures		
Hearing: Auditory ability sufficient for monitoring and assessing health needs • Ability to hear monitoring device alarm and other emergency signals • Ability to discern auscultatory sounds such as heart, lung or bowel. • Ability to hear cries for help		
Visual: Visual ability sufficient for observation and assessment necessary in patient care • Ability to observe patient's condition and responses to treatments • Able to see patient responses such as grimacing, movement, changes in skin color and other critical assessment data • Able to read fine print of labels		
Tactile Sense: Tactile ability sufficient for physical assessment • Ability to palpate, both superficially and deeply, in physical examinations and various therapeutic interventions • Able to note changes in skin temperature		
Olfactory Sense of smell sufficient to detect odors • Ability to detect odors emanating from a client or client's body fluids • Ability to detect the odor of smoke or any other unusual odor in the hospital setting		
Emotional Ability to perform under stress • Able to perform nursing care in real patient situations and/or simulation while being observed by faculty and other health care professionals • Capacity to manage stress caused by academic study		
Cognitive Cognitive ability sufficient to listen, speak, read, write, reason, and perform essential mathematic functions Able to process and understand materials and information presented either verbally or in a written format		
Care for adults and children with infections and diseases		

- **If he/she is able to perform all of these activities and do you unconditionally release your client to perform the Core Performance Standards required by MSU College of Nursing to complete the degree requirements?**

  Yes _____ No _____

- **Does this student have a declarable disabilty?**

  Yes _____ No _____ Diagnosis _____

Examiner's Signature _____Date _____

EXAMINER'S NAME (Printed) **PHONE (INCLUDE AREA CODE)**

ADDRESS: STREET **CITY** **STATE, ZIP CODE**

SEC 8/13

Following is a list of some of the people/places and their contact numbers that provide CPR Training, Physicals, and/or PPD Tests. This list is **not an all inclusive** list of providers. Please contact the individual/agency to verify that these services are still offered.

CPR

1) Liz Baker – Home # 480-6804 Cell # 526-3529
2) Craig Thibodeaux (337) 781 - 7590
3) Miriam Bellon, RN 474-3057
4) Chris Bearb 526-1631
5) Roy Taylor 439-9667
6) Kari Cook, RN 582-1293 Cell 274-4304
7) Paul Wasson (Bell City) 598-3239p
8) Tori Dixon – (337) 739-0438 or tlynnrt@yahoo.com
9) Monica Harger (337) 583-7044
10) Emily Gay 301 E. South Street Welsh, LA 70591 (337) 734-4395 (Home) (337) 532-2966 (Cell)
11) Women & Childrens Contact Person: Tracy Mayeaux Phone: 475-4716
12) W. O. Moss Regional Contact Person: Marsha Hart Phone: 475-8375
13) West Calcasieu Cameron Contact Person: Monette Dionne or Sylvia Godeaux Phone: 527-4274
14) St. Patrick's Contact Person: Theresa Ashford Phone: 491-7104
15) Safety Training Center Contact Person: Alissha Goodfriend Phone: 583-7044
16) American Red Cross (Professional Rescuer Certification) Phone: 478-5122
17) American Heart Association (Health Care Provider) Phone: 439-4050
18) Jerrie Miller (337) 912-1322
19) Kay Hebert (337)526-5554
20) Janene Dixson (337) 513-1333
21) Chrystal Robideaux (337) 499-6737
22) Jayde Butler Cell (337) 302-2205 Work (337) 882-5386
23) Albert Garrick (337) 526-3774
24) Emily Thomas (337) 274-7280
25) Len Edwards (Leesville) Home (318) 565-3776 Cell (337) 353-2090
26) Charlotte Lantier (337) 582-6055
27) John Vincent (337) 515-3433
28) Kecia Clark (337) 824-3320
29) Tamie Staton (337)475-9826
30) Haley Leger (337) 842-5642
31) Chris Schlingmann (337) 515-5307
32) Dez Sims (337) 274-1669
33) Danielle Mann (337) 274-4429 or dartlearning@gmail.com

PPD's

- **Immunization Clinic**: Free PPD's will be available on **October 1st, 2013**, in the Immunization Clinic located on the first floor of Hardtner Hall/Calcasieu Community Clinic from 3:15 – 4:30 p.m.
- Please use the Sale Street entrance (on the North side of Hardtner Hall) to the Immunization Clinic. **You must** email Kimberly Conway-Pennick at kconwaypennick@mcneese.edu **by 09/24/13 at 4:00 p.m.** to notify her that you intend to receive your PPD. This will allow her to prepare the skin test material, and ensure that enough doses are available. The only students that will receive their PPD on 10/01/13 will be those that emailed Mrs. Pennick by the 09/24/13 at 4:00 p.m. deadline.
- **You must** have your PPD results read by Mrs. Conway-Pennick **on 10/4/13 between 8:00 a.m. – 10:45 a.m. in Room 318, or by Mrs. Ginger Basone on 10/4/13 between 11:00 a.m. – 12:00 p.m. in Room 310.**

Physicals

1) **College of Nursing Student Physicals** -Dr. Twila Sterling-Guillory, will offer physicals for students applying for nursing clinical courses for a fee of $25.00. This money will go to the College of Nursing to be used to replace supplies used in the clinic. If you are interested in this service, you will need to do the following:
   1. Pay the $25.00 fee at the cashier's office in Smith Hall **PRIOR** to the date you would like to get the exam.
   2. Bring the receipt from the cashier to the Calcasieu Community Clinic in Hardtner Hall on the day of the exam. You will also need the forms for the physical found in your application packet. The exams will be offered **only** during the dates/times below. There is no need to call for an appointment as the exams will be done in the order the student arrives. Please use the Calcasieu Community Clinic entrance facing Sale Road.
   3. The clinic doors will be unlocked by 9:00AM on the scheduled dates. There is no need to call. In case of illness or unforeseen absence by Dr. Sterling-Guillory, a notice will be placed on the clinic door.

   Dates/Times for Physical Exams: Wednesday, September 11, 2013 9:00 a.m. – 12:00 p.m.
   Wednesday, September 25, 2013 9:00 a.m. – 12:00 p.m.
   Wednesday, October 2, 2013 9:00 a.m. – 12:00 p.m.

A2 TEST INSTRUCTIONS

PAYING FOR AND SCHEDULING THE EXAM

1) DO NOT WAIT UNTIL THE LAST MINUTE TO SIGN UP FOR YOUR A2 SESSION. THERE ARE LIMITED SEATS FOR EACH TESTING SESSION, AND ONCE THE SESSION IS FULL, WE CAN NOT ADD MORE SEATS. YOU DO NOT HAVE TO WAIT TO SIGN UP FOR YOUR A2 UNTIL YOU HAVE TURNED IN YOUR APPLICATION. AS SOON AS YOU PAY YOUR A2 TEST FEE, MAKE PLANS TO SIGN UP FOR YOUR SESSION.

2) PAY $33.00 FOR THE A2 TEST IN THE CASHIER'S OFFICE BEFORE YOU SIGN UP FOR THE A2 TEST.

3) BRING YOUR PAID RECEIPT TO HARDTNER HALL, SUITE 205, TO SIGN UP FOR THE EXAM.

4) IF YOU REQUIRE EXTENDED TIME FOR TESTING PURPOSES, YOU MUST PROVIDE DOCUMENTATION FROM THE SERVICES FOR STUDENTS WITH DISABILITIES OFFICE UPON SIGNING UP FOR YOUR TESTING SESSION.

5) PICK UP *THE STEPS TO CREATING A STUDENT EVOLVE ACCOUNT* SHEET IN SUITE 205 WHEN YOU SIGN UP FOR THE EXAM.

6) CREATE YOUR USERNAME AND PASSWORD PRIOR TO YOUR EXAM DATE AND BRING THIS INFORMATION WITH YOU TO YOUR TESTING SESSION.

WE ARE OFFERING THE FOLLOWING TESTING TIMES AND DATES:

WEDNESDAY	09/25/13	2:30 – 6:30 p.m.
THURSDAY	09/26/13	11:30 a.m. – 3:30 p.m
MONDAY	09/30/13	2:30 – 6:30 p.m.
TUESDAY	10/08/13	2:30 – 6:30 p.m.
THURSDAY	10/17/13	2:30 – 6:30 p.m.

TAKING THE TEST:

1) ARRIVE ON TIME FOR TESTING START TIME IN THE LRC (HARDTNER HALL, ROOM101). NO ONE WILL BE ALLOWED TO ENTER THE TESTING ROOM ONCE THE TEST PROCTOR BEGINS ADMINISTERING THE INSTRUCTIONS.

2) PRESENT A PICTURE ID TO THE TEST PROCTOR.

3) BRING AT LEAST TWO (2) PENCILS.

4) YOU MAY BRING EARPLUGS TO HELP REDUCE THE NOISE DISTRACTIONS.

5) CALCULATORS ARE NOT ALLOWED. YOU WILL BE ALLOWED TO USE THE PULL UP CALCULATOR ON THE COMPUTER.

6) THE MSU BOOKSTORE DOES SELL AN A2 STUDY GUIDE CALLED THE *HESI ADMISSION ASSESSMENT EXAM REVIEW*. YOU WILL BE TESTED ON THE FOLLOWING 5 SUBJECT AREAS: READING COMPREHENSION, GRAMMAR, VOCABULARY, ANATOMY & PHYSIOLOGY & MATH

7) YOU WILL TAKE THE LEARNING STYLE INVENTORY PORTION OF THE EXAM AS WELL. YOUR RESULTS ON THIS SECTION WILL NOT AFFECT YOUR COMPOSITE SCORE.

HESI POLICIES (effective Summer 2011)

1) A passing score is 80% Composite score and 80% Reading Comprehension score on the same exam session.
2) A student is eligible to sit for the HESI A2 exam a maximum of 4 times during their academic career as a MSU College of Nursing student. Students switching between the ASN and BSN curriculum are not granted 4 additional HESI A2 exam testing sessions.
3) A passing HESI A2 exam score is valid for a period of one calendar year. The HESI A2 exam must be repeated after this time has expired by any student applying for clinical coursework.