



LAKE SUPERIOR

STATE UNIVERSITY

*Please complete this entire packet and return to:
Kristen Kendrick, Escanaba Regional Center Director
2001 N. Lincoln Road, Heirman Center #924, Escanaba, MI 49829*

SCHOOL OF NURSING Nursing Intent and Application Checklist

Name of Student: _____

Student ID Number: _____

- Declaration of Intent Completed
- Application Worksheet complete, showing plans for completion of coursework by admission cohort
- Consent for Fingerprinting/Criminal Background Investigation completed
- Clinical Student Disclosure Statement completed
- Fingerprint Data Form completed
- Recommendation form returned
- A copy of your BSN Program Sheet and Educational plan (this was given to you by Kristen Kendrick during advising)
- Immunization Records submitted
- Unofficial transcript and other support documents attached
- Assured Access to Computer Agreement (AACCA)
- Current copy of your Professional Nursing License

Academic Advisor

Date



LAKE SUPERIOR STATE UNIVERSITY

SCHOOL OF NURSING

DECLARATION OF INTENT FOR ADMISSION TO **(check the program to which you are applying)**

_____ **Escanaba BSN Completion Program** _____ **Iron Mountain BSN Completion Program**

I, _____
First Name Middle Name Last Name Maiden Name (if applicable) or other names used
wish to have my student file(s) evaluated for admission for the _____ semester to the Lake Superior State Nursing Program that I have noted above. By signing my name below, I am aware that the Department of Nursing will begin the screening process that would allow me to participate in LSSU's International Nursing Program.

Student Signature: _____ Date: _____

LSSU/Local Address: _____

Local Telephone Number: _____ E-Mail Address: _____

Permanent Address: _____

Student ID #: _____ Student Social Security #: _____

If you have attended other universities/colleges, please list them below.

Name of College/University

Date(s) of Attendance



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SCHOOL OF NURSING
Admission Application Worksheet
To be completed by BSN applicants only.

Student Name: _____ Student Number: _____ Date: _____

Required Prerequisite Courses; Additional Support Courses;

LSSU Course	Bay Equivalent	Credits	Grade
BIOL 121 – A & P 1 (4)	BI 213	4	
BIOL 122 – A & P 2 (4)	BI 214	4	
CHEM 104 –Life Chem (3)	CH 107	4	
COMM 101 – Speech (3)	CM 103	3	
ENGL 110 – English Comp 1 (3)	EN 101	4	
ENGL 111 – English Comp 2 (3)	EN 102	2	
PSYC 101 – Intro Psych (4)	PY 201	4	
PSYC 155 – Lifespan Develop (3)	PY 220	4	
SOCY 101 – Intro Sociology (3)	SO 151	4	

Additional Support Courses;

LSSU Course	Bay Equivalent	Credits	Grade
BIOL 223 – Clinical Micro (3)	BI 225	2	
HLTH 209 - Pharmacology (3)	NE 116 & 117 & 240 or 250	3-11	
HLTH 232 - Pathiophysiology (3)	BI 276	3	
MATH 207 - Intro Statistics (3)	MA 210	4	
CHEM 105 – Life Chem 2 (4)	This class will be complete through LSSU		
HLTH 208 - Nutrition (3)	Student will complete the NLN Nutrition Exam		

Current Semester Course Work

LSSU Course	Bay Equivalent	Credits	Grade

*Math 102 Proficiency met (check one): MATH 102 or equiv Grade _____ ACT Score > 23 _____
Compass *Algebra A* Score > 67 _____ LSSU MATH 102 Challenge Exam Pass _____

*Although MATH 102 is not a formal pre-requisite, math proficiency at this level is required as a pre or co-requisite for CHEM 104 and students will need to perform math at this level to calculate medication doses and other physiological parameters.



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Recommendation for Admission to the Nursing Programs at LSSU

Student Name: _____ ID: _____ Date: _____

My signature below allows members of the LSSU Nursing Admissions Committee to speak to the writer of this recommendation as a part of my nursing admission process

Student Signature : _____ Date: _____

Directions for Recommendation: As one component of the process for admission to the clinical portion of the nursing programs, we require a recommendation from a non-relative who can speak to student behaviors that are associated with success in the nursing programs.

1. Please rate the candidate on the following behaviors by circling the appropriate answer.

Behavior	Rating			
Attendance	Excellent	Good	Fair	Poor
Preparation	Excellent	Good	Fair	Poor
Follow through	Excellent	Good	Fair	Poor
Oral Communication	Excellent	Good	Fair	Poor
Written Communication	Excellent	Good	Fair	Poor
Social Appropriateness	Excellent	Good	Fair	Poor
Dependability	Excellent	Good	Fair	Poor
Integrity	Excellent	Good	Fair	Poor
Common Sense	Excellent	Good	Fair	Poor

2. What specific strengths have you seen in this candidate that you believe would make him or her a good candidate for the nursing program?

3. Do you have any concerns about this candidate being admitted to the clinical portion of the nursing program? If so, what are they?

Name of Evaluator: _____ Date: _____

Evaluator's Signature: _____

Title: _____ Phone Number: _____



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Student Consent for Fingerprinting and Criminal Background Investigation For Nursing Program

US and Michigan law (see PA 26, 27, & 28 of 2006) prohibits us from placing students who have certain categories of criminal convictions in positions where they provide clinical services (as in nursing) for specific vulnerable populations. Therefore, students with such convictions will be denied admission to the Nursing Programs at Lake Superior State University. Those types of convictions and the time limits for the prohibition are listed in a document prepared by the Michigan Department of Community Health. All students will be provided with a copy of this document before being asked to sign this form.

Admission will also be denied for any past offence that prohibits the student from:

- I. Obtaining a Canadian Work Visa* (a requirement outlined in the Student Handbooks);
- II. Crossing the Canadian/United States border for educational experiences;
- III. Handling and distributing medications and controlled substances as a student nurse;
- IV. Driving self to field experiences required by the clinical rotations in the nursing programs; or
- V. Participating in clinical experiences in a nursing home, county medical facility, or home for the aged.

*Note that some offences, such as driving under the influence of alcohol, are felony offenses in Canada, but not in Michigan. To our knowledge these offences have not prohibited students from participating in Canadian clinicals, but Canadian authorities have required students to pay a special fee (essentially a fine) to obtain their Canadian Work Visa. These fees (if any) are the responsibility of the student.

My signature indicates that: (1) I agree to fingerprinting and criminal background investigation as required by the School of Nursing, and (2) I will immediately report any indictments or convictions for any relevant offenses to the Dean of Nursing.

Printed Student Name: _____

Student Signature: _____ Date: _____

Note: Failure to sign and return this form and failure to comply with this policy will be grounds for dismissal from the Nursing Programs at Lake Superior State University.

To view the most current regulations on criminal history for clinical placement:

1. Access the website: <http://www.miltcpartnership.org/MainSite/W1.aspx>
2. Click on the link: LEGAL GUIDE - REV. 5/2007 updated:5/22/2007

Or, you may request a copy from the School of Nursing at Lake Superior State University.



LAKE SUPERIOR STATE UNIVERSITY

Clinical Student Disclosure Statement To Be Retained by the Educational Institution

Student Name: _____ Date of Birth: _____

Educational Institution Name: Lake Superior State University

Training Program: _____

1. I certify that I have not been convicted of a crime or offense that prohibits me from being granted clinical privileges in a long-term care setting as required by P.A. 27, 28 and 29 of 2006 within the applicable time period prescribed by each time.

Signature of Student Date

2. I certify that I have not been the subject of an order or disposition under the Code of Criminal Procedure dealing with findings of "not guilty by reason of insanity" for any crime.

Signature of Student Date

3. I certify that I have not been the subject of a state or federal agency substantiated findings of patient or residential neglect, abuse or misappropriation of property or any activity that caused my nurse aide certification to be "flagged".

Signature of Student Date

4. I have listed below all offenses for which I have been convicted, including all terms and conditions of sentencing, parole and probation and any substantiated finding of patient or resident neglect, abuse or misappropriation of property.

Signature of Student Date

Conviction/ Offense	Date of Conviction/ Finding	City	State	Sentence	Date of Discharge

5. I certify that I have reviewed the list of prohibited offenses as defined in P.A. 27, 28 and 29, and that the above list of my convictions and/or substantiated findings of patient or resident neglect, abuse or misappropriation of property (if any) is true, correct and complete to the best of my knowledge. I also understand that if the information is not accurate or complete, my clinical privileges will be withdrawn immediately. I understand that the facility or educational program denying my privileges based on information retained through a background check is provided immunity from any action brought by a Student due to decision to remove clinical privileges.

Signature of Student Date



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Fingerprint Data Sheet: Please **PRINT** all information in the boxes below

Date	Full name (first, middle, last) as it appears on your Driver's License
Other previously used names	
Current permanent address (include zip or postal code)	
Telephone number (including area code)	
Sex	
Date of birth	
Ethnicity	
City, County, and State of birth	
Country of Citizenship	
Height in feet and inches	
Weight in pounds	
Eye Color	
Hair Color	



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Assured Access to Computer Agreement

There may be times in the course of your nursing program that coursework will be offered to you in an on-line format. To assure your success with this medium, it is essential for you to have access to the following:

The **Assured Access to Computer Agreement (AACCA)** requires the following:

- Reliable access to a computer with minimum system requirements* and the Internet when taking online courses
- Students who do not own a computer must be prepared to allocate time for working in campus computer labs, libraries, or any public or private use venue.
- The AACCA does not assume students will purchase computers, but it does require reliable access to them for purposes of online assignments and interaction.

Please sign below to affirm that you have read and understand the **Assured Access to Computer Agreement (AACCA)** and that you have assured access to a computer and the Internet.

I have read and understand the AACCA, and I affirm that I have assured access to a computer and the Internet.

Name (Print): _____

Signature: _____

LSSU E-mail address _____

*See back page



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System Requirements:

IF YOU ALREADY HAVE A COMPUTER:

Minimum recommended PC Requirements

- Desktop with 2.0 GHz Pentium 4 processor or Laptop with 1.4 GHz Centrino processor
- Windows XP Professional service pack 2 operating system
- 56bps modem
- Sound card and speakers
- CD-RW, Zip, DVD-RW or USB mass-storage device
- 512MB RAM
- **Enable pop-up windows**

Minimum recommended Macintosh Requirements

- Desktop or Laptop with 800 MHz processor or faster
- Macintosh OS X 10.3 or newer operating system
- 56bps modem
- Sound card and speakers
- CD-RW, Zip, DVD-RW or USB mass-storage device
- 512MB RAM
- **Enable pop-up windows**

IF YOU ARE BUYING A NEW COMPUTER:

Recommended PC Requirements

- Desktop or Laptop with Dual-core processor or better
- Windows XP Professional service pack 2 operating system (Windows Vista Business or Ultimate)
- LCD 1024x768 resolution or higher and 128 MB video RAM or more
- Ethernet (100 Mbps) and/or wireless (802.11 b/g)
- CD-R/W, DVD-R/W or USB mass-storage device
- 1 gigabyte RAM (memory) or more
- 80 gigabyte or larger hard drive
- Sound card and speakers
- Consider purchasing a computer with a webcam

Recommended Macintosh Requirements

- Desktop or Laptop with Dual-core processor or better
- Macintosh OS X 10.3 or newer operating system
- LCD 1024x768 resolution or higher and 128 MB video RAM or more
- Ethernet (100 Mbps) and/or wireless (802.11 b/g)
- CD-R/W, DVD-R/W or USB mass-storage device
- 1 gigabyte RAM (memory) or more
- 80 gigabyte or larger hard drive
- Sound card and speakers
- Consider purchasing a computer with a webcam