



650 W. EASTERDAY AVE.
SAULT STE. MARIE, MI 49783

**Application for Admission to the Clinical Portion of the
Bachelor's of Science in Nursing Program**

Directions for Students

1. Students who will have completed all pre nursing courses or will complete prior to the anticipated clinical start date need to complete this application packet.
2. Students will make an appointment with their academic advisor to verify eligibility for clinical placement and to complete application forms.
3. Students will bring to their appointment with their academic advisor:
 - a. Completed *Declaration of Intent*
 - b. An unofficial copy of LSSU transcript, unofficial copies of any other transcripts, and any other relevant academic information (the School of Nursing will NOT request these documents from others)
 - c. Completed *Consent for Fingerprinting*
 - d. Completed *Clinical Student Disclosure Statement*
 - e. Completed *Assured Access to Computer Agreement*
 - f. Current Immunization record
 - g. Completed *Self-Evaluation*
4. Students will review the application with the faculty member. Students will be responsible for providing any needed additional documentation (for example, proof of enrollment in current coursework at other institutions). The student will submit the completed documents to the nursing office, Crawford Hall 236-F.
5. Students will take the (1) ATI TEAS Test as well as the (2) ATI Critical Thinking Test.

*See the *Testing Information* sheet for details.
6. The above process is to be completed no later than March 9, 2010 for fall 2010 semester admission to the BSN program.
7. Due to the competitive nature of the application process, be aware that meeting minimal requirements does not ensure admittance to the program.
8. If there are any documents missing, the application will be considered void.



Testing Information

TEAS and Critical Thinking Tests

Beginning spring semester 2010, the nursing faculty at LSSU decided to follow the lead of many other Schools of Nursing across the state (and across the country) to require all nursing program applicants to complete two on-line tests from ATI (Assessment Technologies Institute); the **TEAS Test** and the **Critical Thinking Test**.

The **TEAS Test** (Testing of Essential Academic Skills) will cost you \$45.00 in payment to our LSSU Testing Center. It is a four-part general test of basic knowledge in Math, English, Reading and Science. You have up to 209 minutes to complete this 170 question test while sitting at a computer at the Testing Center on our campus.

The **Critical Thinking Test** will cost you \$43.00 in payment to our LSSU Testing Center. It is a 40 minute test of 40 questions and is also taken on a computer at the Testing Center on our campus.

Scores from both tests are due to the Department of Nursing no later than March 9, 2010.

Before you are allowed to take these two tests, you will need to:

- (1) Sign up for an appointment at the LSSU Testing Center or email cboger@lssu.edu
- (2) Pay your testing fees (cash or check payable to LSSU)
- (3) Provide LSSU's Testing Services with your LSSU Student ID

Testing Dates, Times and Location:

TEAS:

Tuesday, Jan. 26, 2010: 3:30 pm

Friday, Jan. 29, 2010: 12:30 pm

Sunday, Feb. 7, 2010: 1:30 pm

Sunday, Feb. 21, 2010: 1:30 pm

Critical Thinking:

Tuesday, Jan. 19, 2010: 5 pm, 6 pm

Monday, Jan. 25, 2010: 3:30 pm, 4 pm

Tuesday, Feb. 2, 2010: 3 pm, 4 pm

Monday, Feb. 8, 2010: 3:30 pm, 4 pm

Tuesday, Feb. 9, 2010: 3 pm, 4 pm

Tuesday, Feb. 16, 2010: 5 pm, 6 pm

Monday, Feb. 22, 2010: 4 pm

Tuesday, Feb. 23, 2010: 3 pm, 4 pm

Monday, Mar. 8, 2010: 3:30 pm, 4 pm

All testing will be given in Library 253. Please enter that room by going through the Library and following the Circulation Desk to the left.



LAKE SUPERIOR
STATE UNIVERSITY
SCHOOL OF NURSING

Application Checklist

Name of Student: _____

Student ID Number: _____

- Declaration of Intent Completed
- Course Load Worksheet Completed
- Self-Evaluation Completed
- Consent for Fingerprinting Completed
- Clinical Student Disclosure Statement Completed
- Assured Access to Computer Completed
- Copy of Immunization Records Attached (see attached requirements)
- Unofficial Transcript and Other Support Documents Attached
- Additional Advising Received (International travel, full-time coursework, etc.)
- ATI Scores Sent to LSSU's Testing Services (Attn. Carol Boger) *If testing was completed at another location, it is up to the student to make sure LSSU receives those scores by the due date.

Academic Advisor (signature)

Date

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Date Received: _____ Time Received: _____

Received By (please print): _____

Received By (signature): _____

Student Signature: _____



LAKE SUPERIOR
STATE UNIVERSITY
SCHOOL OF NURSING

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

_____ **Four Year BSN Program**

_____ **BSN Completion Program for RN's – Attach a copy of your RN license**

_____ **RPN to BSN Program – Attach a copy of your RPN license**

I, _____
(print) First Name Middle Name Last Name Maiden Name (if applicable) or other names used

wish to have my student file(s) evaluated for admission to the Lake Superior State University BSN Program that I have noted above. By signing my name below, I attest to the accuracy of the information provided in this application packet and am aware that the School of Nursing will begin the screening process.

Student Signature: _____ Date: _____

LSSU/Local Address: _____

Best Telephone Number to Contact Me: _____ E-Mail Address: _____

Permanent Address: _____

LSSU Student ID #: _____

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

Educational History	Date(s) of Attendance
High School: _____	_____
College(s)/University(ies) _____	_____
_____	_____
_____	_____
_____	_____



Course Load Worksheet

To be completed by BSN applicants only.

Student Name: _____ Student Number: _____ Date: _____

Instructions to student: Bring this form along with a copy of your current unofficial transcripts to your academic advisor, and then work with him or her to complete the information below.

NOTE: **Shaded areas are to be completed by faculty.**

1. Required Pre-Requisite Courses

Course Number & Title	CR	(L)SSU Or (T)ransfer	Grade
BIOL 121 – A & P 1	4		
BIOL 122 – A & P 2	4		
CHEM 104 or 108 – Life Chem 1	3		
COMM 101 – Speech	3		
ENGL 110 – English Comp 1	3		
ENGL 111 – English Comp 2	3		
PSYC 101 – Intro Psych	4		
PSYC 155 – Lifespan Develop	3		
SOCY 101 – Intro Sociology	3		
Calculated GPA: (xx/31=GPA) Only these 9 courses			

2. Additional Support Courses Already Taken

Course Number & Title	CR	(L)SSU Or (T)ransfer	Grade
BIOL 223 – Clinical Micro	3		
CHEM 105 – Life Chem 2	4		
HLTH 208 - Nutrition	3		
HLTH 209 - Pharmacology	3		
HLTH 232 - Pathiophysiology	3		
MATH 207 - Statistics	3		
HLTH 235 – Informatics	2		

3. Current Semester Course Work

Course Number & Title	CR	(L)SSU Or (T)ransfer

4. Alternate Plan for Next Semester

Course Number & Title	CR	(L)SSU Or (T)ransfer

*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 (30/40 or higher) _____



Self-Evaluation for Admission to the Nursing Programs at LSSU

Student Name: _____ ID: _____ Date: _____

1. These personal attributes are critical for all nursing students at LSSU. Please rate yourself on each of the following Characteristics:

Characteristic	Rating			
Punctuality	Excellent	Good	Fair	Poor
My level of preparation for performance	Excellent	Good	Fair	Poor
My level of follow through with commitments	Excellent	Good	Fair	Poor
Oral communication skills	Excellent	Good	Fair	Poor
Written communication skills	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
Quality of work	Excellent	Good	Fair	Poor
Judgment	Excellent	Good	Fair	Poor
Initiative	Excellent	Good	Fair	Poor
Accountability	Excellent	Good	Fair	Poor

2. What specific strengths do you have that make you a good candidate for LSSU's nursing program?

3. In the table below, list the name of all faculty members (preferably LSSU faculty members) you have had in all courses taken and provide their phone number.

Course	Faculty Member	Phone Number

4. By signing the line below, I am allowing the Department of Nursing Application Committee to contact any faculty I have had.

Student Signature: _____ Date: _____



**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 offenses, such as driving under the influence of alcohol, are felony offenses in Canada, but not in Michigan. To our knowledge these offenses 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: _____

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



LAKE SUPERIOR
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SCHOOL OF NURSING

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 online format. To assure your success with this medium, it is essential for you to have appropriate access to the following:

The **Assured Access to Computer Agreement (AACA)** 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 AACA 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 (AACA)** and that you have assured access to a computer and the Internet.

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

Name (Print): _____

Signature: _____

LSSU E-mail address _____

* Contact LSSU’s IT Department for current minimal computer, internet and hardware requirements.