



LAKE SUPERIOR STATE UNIVERSITY

DEPARTMENT OF NURSING

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

Application for Admission to the Clinical Portion of the 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
 - c. Completed *Consent for Fingerprinting*
 - d. Completed *Clinical Student Disclosure Statement*
 - e. Current Immunization record
 - f. 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 be required to take the (1) ATI TEAS Test as well as the (2) ATI Critical Thinking Test.

*See the yellow *Testing Information Sheet* for details.
6. The above process is to be completed no later than the second Tuesday in November for spring semester admission to the BSN program or the second Tuesday in March for fall semester admission to the BSN program or summer admission to the PN Program.



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 completed
- Clinical Student Disclosure Statement completed
- Immunization Records submitted
- Unofficial transcript and other support documents attached
- ATI Scores sent to LSSU's Testing Services (Attn. Carol Boger)

Academic Advisor

Date



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**
 LPN Certificate Program **Associate Health Care (Includes LPN Certificate)**
 RPN to BSN 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 _____ Semester 20____ to the Lake Superior State
 Nursing Program that I have noted above. By signing my name below, I am aware that the School 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 #: _____

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

<u>Educational History</u>	<u>Date(s) of Attendance</u>
High School: _____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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Admission Application 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

Required Pre-Requisite Courses

Course Number & Title	CR	LSSU/ TR	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		

Additional Support Courses

Course Number & Title	CR	LSSU/ TR	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	3		

Current Semester Course Work

Course Number & Title	CR	LSSU/ TR	Grade

**Course Work Planned for Next Semester
(if applicable)**

Course Number & Title	CR	LSSU/ TR	Grade

*Math 102 Proficiency met (check one):

- MATH 102 or equiv Grade _____
 ACT Score \geq 23 _____
 Compass *Algebra A* Score \geq 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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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			
	Excellent	Good	Fair	Poor
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

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



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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 (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 _____

* See back page

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