

School Of Nursing

Application for Admission and Re-admission to the

Clinical Portion of the Bachelors 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. NOTE: Application to the nursing program also requires a minimum cumulative grade point average of 2.7 in the nine pre nursing courses, must have good academic standing with the university ( A grade of C or better must be, or have been, earned in each of the nine pre-nursing courses), and pass the TEAS test with an overall proficient level or higher, with no more than one category below proficient.
2. Students must submit to a criminal background check and have a clear record in order to visit clinical sites. The cost is $64.50. Please follow these directions to get your fingerprinting completed to turn in results with your application.
* Visit: www.identogo.com. Select the “State Fingerprinting”. Follow prompts for State Fingerprinting. Schedule a “New Appointment”.
* Agency ID: 63354H
* Fingerprint Reason: NCPA/VCA-National Child Protection Act (PL 103-209).
* Select the zip code from where test will be administered. Sault Ste. Marie: 49783
* Follow prompts and fill in your personal information.
* Bring your proof of registration with registration ID and a government issued picture ID to your appointment.
* Bring the LIVESCAN Fingerprint Request form with you to the appointment.

Results are emailed to the School of Nursing. Please check to make sure we have received your results when you turn in your application.

1. Students must make an appointment with their academic advisor to verify eligibility and to complete application forms.
2. Students will bring to their appointment with their academic advisor:
	1. Completed Declaration of Intent
	2. An unofficial copy of LSSU transcript
	3. Unofficial copies of all other transcripts from other universities or colleges including AP scores
	4. Completed Clinical Student Disclosure Statement
	5. Completed Assured Access to Computer Agreement
	6. Current Immunization record (copy)
	7. Completed Self-Evaluation Form
	8. Valid CPR Certification Card (copy) American Heart Association – Basic Life Support, American Red Cross – Professional Rescuer w/AED
	9. TEAS test disclosure form
	10. LIVESCAN Request for Fingerprinting form
3. Students will be responsible for providing any needed additional documentation (for example, proof of enrollment in current coursework at other institutions).
4. The student will submit the completed documents to the nursing office, Crawford Hall 236-F, no later than 5pm on the first Friday of May for Fall admission and the First Friday of December for Spring admission.
5. Students are required to take the ATI TEAS Test. This test may be taken up to 3 times whether it’s taken at LSSU or elsewhere.
6. Due to the competitive nature of the application process please be aware that meeting minimal requirements does not ensure admittance to the program.
7. If there are any documents missing, the application may be considered void.

\*\*Applicant selection to the program is based on a composite score using GPA and standardized test results. The top 28 applicants will be selected for the clinical cohort. \*\*



Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Declaration of Intent Completed
* Course Load Worksheet Completed
* Self-Evaluation Completed
* Clinical Student Disclosure Statement Completed
* Assured Access to Computer Completed
* Copy of Immunization Records
* Copy of CPR Card
* Unofficial Transcript from LSSU
* Unofficial Transcripts for all transfer credits
* LIVESCAN Print Request Form (filled in and signed by Livescan Operator)
* Background Check Results (retrieve from Nursing Reception CRW 236F)
* ATI/TEAS Scores Sent to LSSU’s Testing Services \*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

✂-----------------------------------------------------------------------------------------------------------------

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received By (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received By (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Best Telephone Number to Contact Me: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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)

Do you currently hold or have you held any professional certifications (ie: Education, EMS, etc.)?: YES NO

If yes, please name the certification and jurisdiction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you maintained this certification? YES NO If no, was the loss of certification involuntary? YES NO

**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 (from LSSU **and** other institutions) to your academic advisor, and then work with him or her to complete the information below.

**1. Required Pre-Requisite Courses 2. Additional Support Courses Already Taken**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number & Title** | **CR** | **(L)SSU or (T)ransfer** | **Letter Grade** |
| BIOL 121 – A & P 1 | 4 |  |  |
| BIOL 122 – A & P 2 | 4 |  |  |
| CHEM 104/ 108 –Applied Chemistry | 3 |  |  |
| COMM 101 – Human Comm | 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 | 4 |  |  |
| **GPA MINIMUM 2.70** | **31** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number & Title** | **CR** | **(L)SSU Or (T)ransfer** | **Grade** |
| BIOL 223 – Clinical Micro | 3 |  |  |
| CHEM 105/110 – Applied Organic & Biochemistry | 4 |  |  |
| HLTH 208 - Nutrition | 3 |  |  |
| HLTH 209 - Pharmacology | 3 |  |  |
| HLTH 232 - Pathophysiology | 3 |  |  |
| MATH 207 - Statistics | 3 |  |  |
| HLTH 235 – Informatics | 2 |  |  |
|  |  |  |  |

**3. Current Semester Course Work 4. Alternate Plan for Next Semester**

|  |  |  |
| --- | --- | --- |
| **Course Number & Title** | **CR** | **(L)SSU Or (T)ransfer** |
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| --- | --- | --- |
| **Course Number & Title** | **CR** | **(L)SSU Or (T)ransfer** |
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\*Math 102 Proficiency met (check one): (for Advisors only)

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 |

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

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

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. 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

1. 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

1. 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 ofConviction/Finding | City | State | Sentence | Date ofDischarge |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. 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

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEAS TESTING DISCLOSURE**

LSSU School of Nursing has the following policy regarding TEAS testing.

1. Only the scores of the first three TEAS tests taken will be considered in processing of BSN applications.
2. The highest score of each section of the TEAS, out of all three tests taken, will be used for the application review process.
3. A student is NOT required to take the TEAS test three times. Please review test scores with your advisor or with the Dean, for a recommendation on whether or not to repeat the test.

How many times have you taken the TEAS test?: \_\_\_\_\_\_\_\_\_\_\_

Did you take any of these tests through a testing site other than LSSU? Y / N

 If yes, where?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I certify that I have only taken the TEAS test up to 3 times and that I have presented all test scores with my application for review.

(Please note that if you have taken the tests at LSSU during the **current** application session, your scores will be sent to the Nursing Office at the end of the month of testing. If you have questions, please see Paula Peltier in the Nursing Office – 236F or call 906-635-2288). You may also obtain TEAS scores after testing with sign in information provided by LSSU Testing Center.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date