



**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 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 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 \$65.75. Please follow these directions to get your fingerprinting completed to turn in results with your application.
  - Visit: [www.identogo.com](http://www.identogo.com). Select the “State Fingerprinting”. Follow prompts for State Fingerprinting. Schedule a “New Appointment”.
  - Agency ID: 63354H
  - Fingerprint Reason: CPE-NCPA 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.

3. Students must make an appointment with their academic advisor to verify eligibility and to complete application forms.
4. Students will bring to their appointment with their academic advisor:
  - a. Completed *Declaration of Intent*
  - b. An unofficial copy of LSSU transcript
  - c. Unofficial copies of all other transcripts from other universities or colleges including AP scores
  - d. Completed *Clinical Student Disclosure Statement*
  - e. Completed *Assured Access to Computer Agreement*
  - f. Current Immunization record (copy)
  - g. Valid CPR Certification Card (copy) American Heart Association – Basic Life Support
  - h. TEAS test disclosure form
  - i. LIVESCAN Request for Fingerprinting form
5. Students will be responsible for providing any needed additional documentation (for example, proof of enrollment in current coursework at other institutions).

6. The student will submit the completed documents to the nursing office, Crawford Hall 236-F, no later than 5pm on:

Fall Cohort Admission - first Friday in May

Spring Cohort Admission - first Friday in December

7. ***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.***
8. Due to the competitive nature of the application process please be aware that meeting minimal requirements does not ensure admittance to the program.
9. 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:** \_\_\_\_\_

**Semester Applying for:** \_\_\_\_\_

- Declaration of Intent Completed
- Course Load Worksheet Completed
- Clinical Student Disclosure Statement Completed
- Assured Access to Computer Completed
- TEAS Testing Disclosure
- Copy of all TEAS test scores
- Copy** of Immunization Records (See attached list of required immunizations)
- Signed** Covid-19 Vaccine Policy
- Copy** of BLS / CPR Card
- Unofficial Transcript from LSSU
- Unofficial Transcripts for all transfer credits
- MATH 102 Proficiency or Equivalent Met
- LIVESCAN Print Request Form (completed and signed by Livescan Operator)

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**Academic Advisor (signature)**

**Date**

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

Received By: \_\_\_\_\_

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

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

\_\_\_\_\_ Four Year BSN Program (if you hold an LPN license, please attach)

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

Are you a member of an LSSU Athletic team? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, which sport? \_\_\_\_\_

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.**

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

Do you currently hold or have you held any professional certifications (ie: Education, EMS, LPN, CNA)?: 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
Have you practiced with this certification within the last 5 years? YES / NO
Please describe: _____

## 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

Course Number & Title	CR	(L)SSU or (T)ransfer	Letter Grade	Office use leave blank
BIOL 121 – A & P 1	4			
BIOL 122 – A & P 2	4			
CHEM 104/ 108 –Applied Chemistry	3			
ENGL 110 – English Comp 1	3			
ENGL 111 – English Comp 2	3			
PSYC 101 – Intro Psych	3			
PSYC 155 – Lifespan Develop	3			
SOCY 101 – Intro Sociology	4			
<b>GPA MINIMUM 2.70</b>	<b>27</b>			

### 2. Additional Support Courses Already Taken

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		
COMM 101-Fund/Speech Communication	3		

### 3. Current Semester Course Work

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

### 4. Alternate Plan for Next Semester

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

\*Math 102 Proficiency met (check one): (for Advisors only)

MATH 102 or equiv. (grade) _____ NEW SAT TEST $\geq$ 28.5 _____ ACT Score $\geq$ 23 _____ ALEKS PPL Score $\geq$ 46 _____ LSSU MATH 102 Challenge Exam Pass (30/40 or higher) _____
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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 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.

- A. Only the scores of the first three TEAS tests taken will be considered in processing of BSN applications.
- B. Students must achieve an overall rating of Proficient or higher.
- C. 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 the TEAS test at LSSU: Y / N

If no, where did you take the TEAS test?: \_\_\_\_\_

**D. Please provide a copy of all test scores with your application.**

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 Heather London in the Nursing Office)

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Name

Date



## Immunization Requirements

Measles, Mumps, Rubella (MMR)

Status/Comments: \_\_\_\_\_

Varicella (Chicken Pox)

Status/Comments: \_\_\_\_\_

Hepatitis B

Status/Comments: \_\_\_\_\_

Tuberculosis (TB)

Status/Comments: \_\_\_\_\_

Tdap/Td

Status/Comments: \_\_\_\_\_

Infuenza (Flu)

Status/Comments: \_\_\_\_\_

Covid-19

Status/Comments: \_\_\_\_\_

## **NURSING CLINICAL COVID-19 VACCINATION POLICY**

This policy applies to all students enrolled in the Lake Superior State University (University) BSN Nursing Program.

In general, health care providers consider vaccination against COVID-19 to be critical to the maintenance of a safe working and patient environment. As such, many of the health care providers whom the University contracts with to provide a Clinical Nursing Experience to University students require all participating students be fully vaccinated against COVID-19. “Fully vaccinated” means to have received the full course of a COVID-19 vaccine and two weeks from the final dose having elapsed.

The following is the BSN Nursing Program policy regarding Covid-19 vaccines:

- All students enrolled in the BSN Nursing Program must be “fully vaccinated” against COVID-19 prior to the first day of classes of the semester.
- Proof of full vaccination must be submitted to the Dean of Nursing prior to the first day of classes of the semester.
- Failure to adhere to these requirements may result in delay and/or denial of a Clinical Nursing Experience assignment.
- If boosters are required by the health care agencies providing the student with a Clinical Nursing Experience, the student must obtain the booster within the time frame required by the health care agencies.
- Students must comply with all other COVID-19 protocols required by the health care agency providing the Clinical Nursing Experience.

**Students who have a basis in law for seeking an exemption from this policy, must submit a request for a reasonable accommodation in writing to the Dean of Nursing. Once a request for a reasonable accommodation is received, the University will determine if the student has a basis in law for seeking the accommodation, and if so will engage an interactive process for determining whether there is a reasonable accommodation.**

If an exemption is granted, as a reasonable accommodation, an accommodated student may have limited Clinical Nursing Experience options and/or have no available options, depending on the policies of the health care agencies offering Clinical Nursing Experiences.

All BSN enrolled students must sign the below Acknowledgement regarding their receipt and understanding of this Policy.

**ACKNOWLEDGEMENT OF RECEIPT OF  
NURSING CLINICAL COVID-19 VACCINATION POLICY**

I acknowledge receipt of the Nursing Clinical Vaccination Policy (“Policy”).

I understand that it is my responsibility to read, familiarize myself with, and comply with this Policy and any subsequent revisions.

I understand that I should consult with the Dean of Nursing for any questions or concerns regarding this Policy, and that I should consult my personal physician and/or health care agencies with any questions or concerns about COVID-19 vaccination.

**STUDENT NAME (printed):** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_