



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.
2. Students must submit to a criminal background check and have a clear record in order to visit clinical sites. Please follow these directions to get your fingerprinting completed to turn in results with your application.
 - Obtain LIVESCAN Fingerprint Background forms (RI-030 & RI-088A) from the School of Nursing Office.
 - Visit: 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.
 - Return your Signed LIVESCAN documents to the Nursing Office along with your receipt.

Background checks are NOT to be done sooner than 30 days prior to your application to the program.

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

***International students will be required to submit both LIVESCAN background check AND a background check from their country of residence.**

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. Current Immunization record (copy)
 - f. Valid CPR Certification Card (copy) **American Heart Association – Basic Life Support**
 - g. TEAS test disclosure form
 - h. 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
- ☐ TEAS Testing Disclosure
- ☐ Copy of all TEAS test scores
- ☐ Copy of Immunization Records (See attached list of required immunizations)
- ☐ Copy of BLS / CPR Card (Must be American Heart Association-BLS)
- ☐ Unofficial Transcript from LSSU
- ☐ Unofficial Transcripts for all transfer credits
- ☐ LIVESCAN Print Request Form (completed and signed by Livescan Operator)
& Receipt

Academic Advisor (signature)

Date

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>
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High School: _____	_____
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College(s)/University(ies) _____	_____
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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

Attach a copy of your valid certification with your application packet.

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			
GPA MINIMUM 2.70	27			

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 Proficiency (for Advisors only)

Note At Least One Score Below

NEW SAT TEST _____

ACT Score _____

ALEKS PPL Score____

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

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, you will need to request that your scores be sent to the Nursing Office. If you have questions, please see Heather London in the Nursing Office)

Name

Date

Immunization/Testing Requirements

☐ Measles, Mumps, Rubella (MMR)

Status/Comments: _____

☐ Varicella (Chicken Pox)

Status/Comments: _____

☐ Hepatitis B

Status/Comments: _____

☐ Tdap/Td

Status/Comments: _____

☐ Influenza (Flu)

Status/Comments: _____

****Tuberculosis (TB) Skin Test**

Status/Comments: 2 Step test will be required once admitted to the program. Further instructions to follow.