Nursing Application Packet

Associate in Science in Nursing
Location: The Columbia College Nursing Program is offered in two locations – the main campus in Columbia, Missouri and the Lake of the Ozarks campus in Osage Beach, Missouri.

Licensure: Columbia College, Columbia Campus and Lake of the Ozarks Campus, is fully approved by the Missouri State Board of Nursing. Successful completion of the program does not guarantee eligibility to take the licensure examination. According to the Nursing Practice Act, licensure may be withheld or revoked due to controlled substance abuse, criminal prosecution, and a variety of other offenses.

Accreditation: Columbia College is accredited by the Higher Learning Commission and a member of the North Central Association of Colleges and Schools. Columbia College Education Program is approved for teacher preparation by the Missouri State Department of Elementary and Secondary Education.

The Higher Learning Commission  
North Central Association of Colleges and Schools  
Commission on Institutions  
30 North LaSalle Street, Suite 2400  
Chicago, IL 60602-2504  
Telephone: 312-263-0456 or 1-800-612-7440  
E-mail: info@ncacihe.org

Department of Elementary and Secondary Education  
P.O. Box 480  
Jefferson City, MO 65102  
Telephone: 573-751-6504  
E-mail: mlucas@mail.dese.state.mo.us

Missouri State Board of Nursing  
3605 Missouri Boulevard  
P.O. Box 656  
Jefferson City, MO 65102-0656  
Telephone: 573-751-0681  
E-mail: http://www.ecodev.state.mo.us/pr/nursing

Columbia College does not discriminate on the basis of sex, age, disability, race, color, national origin, veteran status, marital status, religion, nationality, or ethnicity in the recruitment, admission, or treatment of any student. The college’s nondiscriminatory practices pertain to all rights, privileges, programs, and activities generally accorded or made available to students at the college, including administration of Columbia College’s educational policies, scholarship and loan programs, and athletic and other college-related programs. (See the Policy & Procedures Columbia College Day Campus – Non-Discrimination and Equal Opportunity Policy.)

The following person has been designated to handle inquiries regarding the non-discrimination policies:  
Office of Human Resources- Columbia College  
1001 Rogers St., Columbia, MO 65216  
573-875-7495
Nursing Majors
Curriculum Sequence

The nursing curriculum plan has changed to include NURS 209 – Introduction to Nursing. (Please see description below.) This course is open to all students who may be considering a nursing career and don’t know what to expect, or to sharpen your skills prior to entering Fundamentals (NURS 210)

- If you have no prior healthcare experience (nursing assistant or technician), you will be required to pass NURS 209 before entering the nursing course sequence.
- If you have at least one (1) year of healthcare experience, you may be able to test out of NURS 209. Please make an appointment to see a nursing advisor immediately to document your experience and schedule your test.
- If you have a current LPN License, NURS 209 will be waived. NURS 210 Fundamentals of Nursing will be waived by achieving an acceptable score of 850 or greater on the Fundamentals test.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credit Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 110 &amp; BIOL 110L</td>
<td>Principles of Biology I and Laboratory</td>
<td>5</td>
</tr>
<tr>
<td>BIOL 221 &amp; BIOL 221L or BIOL 312 &amp; BIOL 312L</td>
<td>Clinical Microbiology and Laboratory or Microbiology and Laboratory</td>
<td>5</td>
</tr>
<tr>
<td>BIOL 223 &amp; BIOL 223L</td>
<td>Anatomy and Laboratory</td>
<td>5</td>
</tr>
<tr>
<td>BIOL 326 &amp; BIOL 326L</td>
<td>Physiology and Laboratory</td>
<td>5</td>
</tr>
<tr>
<td>CHEM 109</td>
<td>Chemistry for Biol/Health Sciences</td>
<td>3</td>
</tr>
<tr>
<td>MATH 106 or higher general education math course</td>
<td>Intermediate Algebra</td>
<td>3</td>
</tr>
<tr>
<td>ENGL 111</td>
<td>English Composition I</td>
<td>3</td>
</tr>
<tr>
<td>ENGL 112</td>
<td>English Composition II</td>
<td>3</td>
</tr>
<tr>
<td>PSYC 101</td>
<td>General Psychology</td>
<td>3</td>
</tr>
<tr>
<td>NURS 209</td>
<td>Introduction to Nursing – required for admission to nursing program. Students with equivalent nursing experience may be able to test out of this course if desired. A $50 testing fee will be charged. (Prerequisites: BIOL 110, BIOL 110L, CHEM 109 with a grade of C or higher.)</td>
<td>(6)</td>
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</tbody>
</table>

Nursing sequence courses

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credit Hrs.</th>
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<tbody>
<tr>
<td>NURS 210</td>
<td>Fundamentals of Nursing (may be waived for LPNs)</td>
<td>(6)</td>
</tr>
<tr>
<td>NURS 212</td>
<td>Pharmacology</td>
<td>3</td>
</tr>
<tr>
<td>NURS 300</td>
<td>Foundations of Nursing</td>
<td>6</td>
</tr>
<tr>
<td>NURS 301</td>
<td>Medical/Surgical Nursing I</td>
<td>6</td>
</tr>
<tr>
<td>NURS 302</td>
<td>Medical/Surgical Nursing II</td>
<td>6</td>
</tr>
<tr>
<td>NURS 211</td>
<td>Mental Health Nursing</td>
<td>3</td>
</tr>
<tr>
<td>NURS 303</td>
<td>Women’s and Infant’s Health</td>
<td>5</td>
</tr>
<tr>
<td>NURS 491</td>
<td>NCLEX-RN Review</td>
<td>1</td>
</tr>
</tbody>
</table>

Total 77

N209 - Introduction to Nursing is designed to expose the student to the health care environment and to develop basic care skills. It is recommended for those students who have little or no health care experience or who want a refresher in basic skills before applying to the nursing program. Important concepts and essential basic skills in clinical patient care for the beginning nursing student will be discussed and practiced. Other topics will include study skills, test-taking strategies, information technology, medical terminology, and communication skills.

Major Areas of Coverage:
Study skills, test taking, time management, organization
Medical terminology
Basic nursing skills

Role of the registered nurse
Communication in the healthcare setting
Testing Out Policy for NURS 209

Students who have at least one year of work experience in the health care environment may be allowed to test out of the N209 nursing pre-requisite course. To be eligible to test out, the student must have at least one year of providing direct patient care in a health care environment. The student must demonstrate competency in selected nursing skills and pass a written exam. Students desiring the opportunity to test out will be provided a list of nursing skills, reference material for independent study and the dates for the testing. The testing will take place in the Nursing Skills Lab at the Columbia College Campuses.

Testing out will include demonstration of the nursing skills and a written exam. The student must receive a passing score (minimum of 75%) for the written exam and (minimum of 90%) on the nursing skills demonstration. First the student must successfully pass the written exam and then the nursing skills exam will be administered. Students who are successful in testing out will not be required to take N209. Students may attempt test out one time only.

All students will be required to demonstrate the same level of competency for the selected skills. The N209 Check List will be utilized for the testing out.

The selected nursing skills are: Vital Signs, Hand-Washing, Applying Restraints, Moving & Transferring a Patient with Assistive Device and Moving & Transferring a Patient without an Assistive Device, Complete Bed Bath and Making an Occupied Bed, In-take and Output, Preparing for and Feeding a Patient, and Isolation.

Revised 8/20/2014db
Nursing Application Checklist

This checklist must be completed and submitted with your nursing application. All areas must be completed/checked.

Applicant Name: ___________________________________________  ______________________________

Check off upon completion.

___ I have been accepted to Columbia College.

For those students just being accepted you will need the start date of January for the March session or August for the October session.

___ I have declared nursing as my major.

Check with your advisor to verify that it has been done and that your file is “active”.

___ I have included a copy of my TEAS results with my application (TEAS Sixth Edition). The TEAS test must be taken at either the Columbia College Columbia Campus or Lake Ozark Campus.

___ I have the Application page filled out completely.

___ I have read and signed the Functional Abilities form.

___ I have submitted the Nursing Application Audit Request Form to my advisor (see attached form).

If dual applying, you must submit a request to both campuses: Columbia Day Campus students-the completed Nursing Application Audit Request Form should be emailed to Michael Garver at mtgarver@ccis.edu. Columbia Evening Campus students-please submit the form to your assigned advisor. Lake Ozark Campus applicants – Schedule appointment with Rona Prater, Nursing Advisor (Students are required to obtain their audits at least two weeks prior to the application deadline.)

___ Prerequisites:

□ I have completed all prerequisites.

□ I have yet to complete: (please list course and expected date/term of enrollment on page 6 of this application). These courses must be completed by the start of the first nursing class.

___ LPNs Testing out of N210 (Fundamentals of Nursing) – must receive a minimum score of 850 on the Evolve Fundamentals Exam. The Nursing Program will contact you about testing dates.

___ I am an LPN and have submitted a copy of my LPN license with my application.

___ I have previously attended a nursing program. List the name of the institution, reason for leaving, and classes completed. Please verify with your previous nursing program that they have returned a completed reference form (form included in this packet).

________________________________________________________________________________

PLEASE NOTE: Applicants with previous basic nursing care experience of at least one (1) year may be eligible to test out of NURS 209. If this applies to you, you must complete the Review of Healthcare Experience form on page 10 of this application indicating dates of employment, length of employment, and the name of your supervisor(s) of the health care facility where you gained your experience.

_____ I have been approved to test out of Introduction to Nursing –NURS 209, and have picked up my study packet at the Columbia College Nursing office.
Columbia College Associate in Science in Nursing Program
Nursing Sequence Application

Applicants for the Nursing Sequence Courses are considered on a competitive and space-available basis for each admission period. Students may apply to the Columbia Campus Program, the Lake Ozark Campus Program, or apply to both. If applying to both campuses, please complete two applications and submit to each campus. Nursing application packets can be found on the nursing website.

**DEADLINES:**

*Deadlines will be posted on the website [www.ccis.edu/departments/nursing](http://www.ccis.edu/departments/nursing)*

**PLEASE TYPE OR PRINT**

Name ________________________________________________________________

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<thead>
<tr>
<th>Last</th>
<th>First</th>
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Address _______________________________________________________________

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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Day Time Phone: ______________________ E-mail:______________________________

Social Security Number _______ - _______ - _______ D.O.B. __________________

Student ID Number (REQUIRED) ________________________________

Month and year you hope to start the Nursing Sequence Courses ________ / ________

Month Year

<table>
<thead>
<tr>
<th>Columbia Campus</th>
<th>Lake Ozark Campus</th>
<th>Both Campuses</th>
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</thead>
<tbody>
<tr>
<td>(Feb &amp; Oct Classes)</td>
<td>(February Class only)</td>
<td>(February Class only)</td>
</tr>
</tbody>
</table>

Campus Preference if accepted to both:

________________________________________

LPN: □ Yes □ No

Please list the general education, math, and science courses that you will be completing between the time of this application and the start of the Nursing courses.

________________________________________ - ________________________________ - ________________________________

________________________________________ - ________________________________ - ________________________________

________________________________________ - ________________________________ - ________________________________

________________________________________ - ________________________________ - ________________________________

________________________________________ - ________________________________ - ________________________________

Signature ___________________________ Date ___________________________
FUNCTIONAL ABILITIES
NURSING ADMISSION REQUIREMENTS

Admission criteria shall reflect consideration of the potential to:
1. Complete the program.
2. Possess the necessary functional abilities (see below).
3. Meet the standards to apply for licensure as a Registered Professional Nurse.
4. Students who are re-admitted or admitted as a transfer shall complete the same requirements for graduation as any other member of the class to which they are admitted.

LPN students: Must hold a valid, undisciplined license as a licensed practical nurse in the State of Missouri to be eligible to move into Nursing Sequence Courses.

FUNCTIONAL ABILITIES
The Associate in Science in Nursing Program prepares the student for a nurse generalist role. Functional abilities to meet this role include behavioral/emotional, cognitive, communication, professional conduct, psychomotor skills, and sensory/perceptual.

**Behavioral/Emotional:** Ability to maintain effective, therapeutic relationships with patients, families, students, faculty, staff, and other professionals under all circumstances and settings, including highly stressful situations. Possess the emotional health required for full utilization of his/her intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities involved in the area of patients and families.

**Cognitive:** Ability to evaluate and apply knowledge and engage in critical thinking in the classroom and clinical settings.

**Communication:** Ability to communicate effectively and therapeutically with other students, faculty, staff, patients, family and other professionals in both oral and written forms.

**Professional Conduct:** Ability to reason morally and practice nursing in an ethical and legal manner. Be willing to learn and abide by professional standards of practice. Be able to deliver safe, effective nursing care to all patient populations, including but not limited to children, adolescents, and adults with various emotional, developmental, and medical problems and needs. Adapt to rapidly changing environments/situations while maintaining professional demeanor.

**Psychomotor Skills:** Ability to maintain motor coordination, strength, flexibility, dexterity, balance, and sensory capabilities sufficient for safe and accurate assessment of the patient and performance of patient care tasks.

**Sensory/Perceptual:** Ability to utilize vision, hearing, and senses of touch and smell to thoroughly analyze patient data and provide accurate and safe treatment care.

Student signature verifies that he/she is able to meet these functional ability requirements.

_____________________________  __________________
Student Signature  Date
If you are selected for the Nursing program, the following additional requirements must be met:

- Purchase a Background Check & Medical Document Manager and Drug Test package from CastleBranch (previously Certified Profile/ Background). The information needed to purchase the package will be included in student’s acceptance letter. The cost for this package is approximately $148.
- Urine drug test. Those selected will be sent information about the drug test in their acceptance letter.
- Official documentation of physical forms including immunizations/titers. See below for immunization requirements. These forms will be available at CastleBranch after class selection.
- Current CPR certification by the American Heart Association, Health Care Providers course. The documentation for this will be submitted to CastleBranch after selection.

Students must provide official documentation to CastleBranch of the following immunizations and screening tests:

- Tdap (replaces previous Tetanus – recommended every 10 years). Document the date of the immunization.

- Two Step Tuberculosis screening - PPD (Mantoux) Administered 1-3 weeks apart within the past 12 months and a single step skin test annually.
  A. Official documentation of the test and the test results must be submitted to CastleBranch. The test must be performed in the United States. Students must have a yearly PPD while in the program and must provide official documentation of the test and the test results.
  B. If you have had a positive PPD (TB skin test, Mantoux) you will need to have a chest x-ray performed verifying that you are disease free (clear chest x-ray the year you are accepted into the program). Failure to do so will prevent you from starting/remaining in class. You will need to provide a copy of the chest x-ray report to CastleBranch. Every year that you are enrolled in the nursing program you will need to see a Health Care Provider to go over a symptom check list and submit the checklist to CastleBranch. A second chest x-ray may be necessary if you have symptoms or if an x-ray is requested by one of the sites where you will be doing clinical.
  C. If you become positive while in the program, immediately contact Linda Claycomb, Nursing Program Director, at: 573-875-7219 and follow the same protocol as described above in B.

- Hepatitis B series (three)
- MMR series (two)
- Varicella (chicken pox) series (two)
- Influenza (annually)
- If you cannot provide official documentation of the MMR or HEP B series or having chicken pox, you will need to be re-immunized or have titers drawn to verify immunity.

Background Screening

All students accepted into the Nursing Program are required to have a background check performed by CastleBranch at their cost. Instructions will be sent with student’s acceptance packet.
Test of Essential Academic Skills (TEAS) Exam

The TEAS test must be taken at either the Columbia College Columbia Campus or Lake Ozark Campus. Please visit our web site www.ccis.edu/departments/nursing for dates, and to register for the test. There is a $60 non-refundable fee for the TEAS entrance exam. If a student fails to show up for the exam, payment cannot be refunded or used toward another test.

Study guide material can be purchased at the Columbia campus bookstore, MBS Direct at the Lake campus or at the ATI website at: http://www.atitesting.com/ati_store/TEAS-Products.aspx.

Exams will begin promptly at the time designated on our website. Late arrivals will not be admitted. Students should bring a photo ID or driver’s license, along with their user name and password to log into the TEAS exam. The exam is computerized and students will be able to view their results at their convenience.
Review of Basic Nursing Care Experience Form

☐ I have no healthcare experience to be evaluated.

☐ I have previously attended a nursing program. If yes, name of institution, courses completed, reason for leaving.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

☐ Evaluate my healthcare experience to determine eligibility for testing out of Introduction to Nursing NURS 209. Describe, in detail, prior basic nursing care experience including length of employment and references. All placements will be based on faculty discretion and possible employee references. (attach separate sheet if necessary). Please submit a copy of any certifications you have.
________________________________________________________________________________________
________________________________________________________________________________________
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________________________________________________________________________________________
________________________________________________________________________________________

I verify that the above information is truthful and accurate, and I grant permission for the Nursing Faculty to verify employment listed above.

________________________________________  __________________________________________
Name                                                                                   Phone number  Student Id Number

________________________________________
Applicant Signature

________________________________________
Date
Nursing Application Audit Request Form (Columbia Campus only)

1. Eligibility: Students must be admitted to Columbia College. All requests should be submitted to your academic advisor no later than two weeks prior to the application deadline.

2. Review of Request: All Nursing Application Audit Request Forms will be reviewed by an academic advisor to determine completion status of prerequisite requirements for the Nursing application process. Once the review has been finalized, email notification will be sent to the Nursing Department and the student, indicating the status of prerequisite completion.

Student ID:________________________ Student CougarMail:____________________________________

Last Name:_________________________ First Name:_________________________ M.I. _____

Home Number:(_____)_________________ Cell Phone Number:(_____)_________________

Columbia College planned course work:

<table>
<thead>
<tr>
<th>Course title and number</th>
<th>term of enrollment</th>
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</table>

Planned coursework or transfer credit not previously submitted:

<table>
<thead>
<tr>
<th>Course title and number</th>
<th>term of enrollment</th>
<th>Institution</th>
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</table>

Student Signature:_________________________________________ Date:___________________

Academic Advisor use only

☐ Prerequisites cleared
☐ Prerequisites cleared upon completion of:
☐ Prerequisites not cleared

Signature:_________________________________________ Date:___________________

Associate of Science in Nursing applicants only:

How will NURS-209 be fulfilled?
☐ LPN Status
☐ CC enrollment in term________
☐ Test –out (if test-out is not passed, the student may lose eligibility status)
**Student Nursing School Reference Form**

If you have attended a nursing school and did not complete the program, this form must be sent to your previous school for them to complete. This form, once completed by your previous school’s Dean, director or coordinator must be mailed to:

Columbia College Nursing Program, 1001 Rogers St., Columbia, MO 65216 ---- Attention: Nursing Program Director

Or this form can be scanned and emailed to: Leslie Waller – lawaller@ccis.edu

<table>
<thead>
<tr>
<th>Student Name:</th>
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<table>
<thead>
<tr>
<th>School attended:</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>How long have you known this person (in years or months)</th>
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<td></td>
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</table>

### Standards of Performance/Rating

Please select ONE box per line that best describes the student.

<table>
<thead>
<tr>
<th>Standards of Performance/Rating</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Always</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completes work in a timely manner</td>
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<tr>
<td>Shows empathy and compassion towards others</td>
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<tr>
<td>Displays consistent work ethic</td>
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<tr>
<td>Displays self-motivation as a learner</td>
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<td>Is flexible when presented with change</td>
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<tr>
<td>When faced with rejection or barriers this student finds solutions</td>
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<tr>
<td>Prompt arrival to class, lab and clinicals</td>
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<td>Displays assertive behavior as appropriate</td>
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<tr>
<td>I receive positive feedback about this student from faculty/staff</td>
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<tr>
<td>Demonstrates civility in the classroom, clinical, lab and college community settings</td>
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<table>
<thead>
<tr>
<th>How would you rate this student’s attendance (on a 1 – 5 scale, with 5 high)</th>
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<tbody>
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<table>
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<tr>
<th>How would you rate this student’s clinical skill proficiency (on a 1 – 5 scale, with 5 high)</th>
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<td></td>
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</table>
Would you recommend this student for acceptance into the Columbia College Nursing Program? | Yes | No

<table>
<thead>
<tr>
<th>Dean/Director/Coordinator</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean/Director/Coordinator Name</td>
<td></td>
</tr>
<tr>
<td>Dean/Director/Coordinator Signature</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

In the space below please write a brief paragraph regarding your assessment of this student’s ability to be successful in the Columbia College Nursing Program (BSN or ASN – Circle One).