



Bachelor of Science in Nursing
(BSN)
Program Application

- Location:** The Columbia College BSN Nursing Program is offered at the main campus in Columbia, Missouri
- Licensure:** Columbia College, Columbia Campus is fully approved by the Missouri State Board of Nursing. The BSN program has full initial approval from 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>

Notice of Non-Discrimination and Equal Opportunity
Complete policy information can be found at the following link:
<https://www.ccis.edu/policies/notice-of-non-discrimination-and-equal-opportunity.aspx>

Bachelor of Science in Nursing (BSN) Application Process (once fully admitted to Columbia College):

The Columbia College Bachelor of Science in Nursing (BSN) program is currently offered at the main campus in Columbia, MO. Admission to the BSN program is on a selective basis. The maximum number of students admitted into the program at full capacity is 40. Students will apply to the nursing program when they have completed or are currently enrolled in their last prerequisite courses required for nursing program selection. The courses required for the BSN selection process are: BIOL 110, BIOL 110L, BIOL 326, BIOL 326L, *OR* BIOL 223, BIOL 223L, CHEM 109 or CHEM 110, ENGL 112, MATH 150, and PSYC 101.

There will be one cohort a year accepted to the Traditional BSN program. Students must submit the following by the posted application deadline in April for the nursing sequence beginning the following August:

1. Completed Columbia College BSN Nursing Program Application found on the BSN nursing website or from the nursing department;
2. Submit a request for degree audit (see attached form – page 9) to your academic advisor which includes the following prerequisite courses with a minimum grade of C: BIOL 110, BIOL 110L, BIOL 326, BIOL 326L, *OR* BIOL 223, BIOL 223L, CHEM 109 or CHEM 110, ENGL 112, MATH 150, and PSYC 101;
3. Report from a TEAS test administered at Columbia College with a minimum score of 70.
4. A minimum GPA of 2.75 is required in BIOL 110, BIOL 110L, BIOL 326, BIOL 326L, *OR* BIOL 223, BIOL 223L, CHEM 109 or CHEM 110, ENGL 112, MATH 150, and PSYC 101 to be accepted into the nursing program.
5. A letter of reference from a Columbia College non-nursing faculty member. Transfer students may provide a letter of reference from their previous college.
6. Applicants who have attended a nursing program in the past five years must provide a School of Nursing reference form completed by the program director from the previous school prior to the application deadline.

FUNCTIONAL ABILITIES

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.

FUNCTIONAL ABILITIES

The Bachelor of Science of 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 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 Certified Profile/Background after class selection.
- Current CPR certification by the American Heart Association, **Health Care Providers** course. The documentation for this will be submitted to Certified Profile/Background after selection.

Students must provide official documentation to Certified Profile/Background 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 Certified Profile/Background.. 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 Certified Profile/Background. 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 Certified Profile/Background. 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 the Nursing Department Chair/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

Students accepted into the Nursing Program are required to have a background check performed by Certified Profile/Background 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 <https://web.ccis.edu/Departments/Nursing/BSN> 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 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.



Bachelor of Science in Nursing (BSN) Application

DEADLINES:

Deadlines will be posted on the website <https://web.ccis.edu/Departments/Nursing/BSN>

PLEASE TYPE OR PRINT

Name

Address Last First Middle

Street City State Zip

Social Security Number _____ - _____ - _____ D.O.B. _____

Day Time Phone: _____ CougarMail: _____

Student ID Number (**REQUIRED**) _____

Are you transferring to the Bachelor of Science in Nursing (BSN) program from another nursing program or licensed practical nurse program?

- Yes (if yes, complete information below) No

Name of Nursing School Address Dates attended

Please indicate below the reason you left the above institution. A reference form from your previous nursing program's director/coordinator indicating your standing is required. A blank reference form is included in the application packet and must be received by the application deadline date.

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.

Applicant Signature

Date

Nursing Application Checklist

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

Your completed application must be delivered to the Nursing Office in the Brouder Science Center – Room 243 by 5pm on application deadline date. Campus Map can be found at this link: <http://www.ccis.edu/about/map.aspx> (see BSN website for deadline dates)

Applicant Name: _____

Print

Signature

Check off upon completion.

_____ I have been fully accepted to Columbia College.

_____ I have included a copy of my TEAS test results with my application. 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 completed Nursing Application Audit Request Form to my academic advisor (see attached form).

_____ Prerequisites:

I have completed all prerequisites.

I have yet to complete: *(please list course and expected date/term of enrollment on page 7 of this application)*. These courses must be completed by the start of the first nursing class.

_____ I have a current LPN license State _____ License # _____

Nursing Application Audit Request Form (BSN Program)

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:

Course title and number

term of enrollment

Planned coursework or transfer credit not previously submitted:

Course title and number

term of enrollment

Institution

Student Signature: _____ Date: _____

Academic Advisor use only

- Prerequisites cleared
- Prerequisites cleared upon completion of:
- Prerequisites **not** cleared

Signature: _____

Date: _____

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

Student Name:	
School attended:	
How long have you known this person (in years or months)	

Standards of Performance/Rating

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

	Never	Rarely	Sometimes	Always	N/A
Completes work in a timely manner					
Shows empathy and compassion towards others					
Displays consistent work ethic					
Displays self-motivation as a learner					
Is flexible when presented with change					
When faced with rejection or barriers this student finds solutions					
Prompt arrival to class, lab and clinicals					
Displays assertive behavior as appropriate					



I receive positive feedback about this student from faculty/staff					
Demonstrates civility in the classroom, clinical, lab and college community settings					
How would you rate this student's attendance (on a 1 – 5 scale, with 5 high)					
How would you rate this student's clinical skill proficiency (on a 1 – 5 scale, with 5 high)					
Would you recommend this student for acceptance into the Columbia College Nursing Program?			Yes	No	
Dean/Director/Coordinator					
Dean/Director/Coordinator Name					
Dean/Director/Coordinator Signature					
Date:					

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).