

Columbia College 1 Nursing Application Packet (revised April 2023)

# 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

Accreditation Commission for Education in Nursing (ACEN) 3390 Peachtree Road NE, Suite 1400 Atlanta, GA 30326 (404) 975-5000 Initial Accreditation: February 14, 2019 Current Accreditation Status: Accredited Date of Last Visit: October 19-22, 2020 Next Site Visit: Fall 2025

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

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

### **RETAIN FOR YOUR RECORDS**



#### **Curriculum Sequence**

The nursing curriculum plan has changed to include NURS 311 Pathophysiology– This course is open to all students who may be considering a nursing career and don't know what to expect in a nursing course, or to sharpen your skills prior to entering NURS 210 – Fundamentals of Nursing. This course can be retaken without harm to a possible acceptance to the program meaning we do not weigh it differently for consideration compared to students that took the class only once. NURS 311 Pathophysiology is required as a prerequisite course as part of the admission process with the expectation of a grade of C or higher. Eight (8) hours of job shadowing with a registered nurse <u>or</u> experience working in healthcare in the past year is required prior to admission into the program. The form is located on the website.

• Students with 24 or less college credit hours must take College Foundations (COLL-133).

If you are an LPN you can apply to test out of NURS 210 Fundamentals of Nursing. This course will be waived by achieving an acceptable score of 900
or greater on the Fundamentals test.

Course Number	Course Name	Credit Hrs.
Pre-nursing courses – must be c	ompleted before beginning nursing sequence	
BIOL 110 & BIOL 110L *	Principles of Biology I and Laboratory	5
BIOL 221 & BIOL 221L or	Clinical Microbiology and Laboratory or	
BIOL 312 & BIOL 312L	Microbiology and Laboratory	5
BIOL 223 & BIOL 223L *	Anatomy and Laboratory	5
BIOL 326 & BIOL 326L *	Physiology and Laboratory	5
CHEM 109 or CHEM 110 *	Chemistry for Biol/Health Sciences or General Chemistry	3
MATH 106 or higher general	Intermediate Algebra, or MATH 150 College Algebra, MATH 250	
education math course *	Statistics	3
ENGL 133W	First Year Writing Seminar	3
PSYC 101 *	General Psychology	3
NURS 311 *	Pathophysiology	3

\* The Admission/Selection GPA for acceptance into the Nursing Program will be based on the following prerequisite courses that must be completed <u>with a C or higher</u>: NURS 311, MATH 106 or higher, PSYC 101, CHEM 109, BIOL 110, BIOL 110L, BIOL 223 and BIOL 223L, BIOL 326 and BIOL 326L.

Nursing sequence courses		
NURS 210	Fundamentals of Nursing (may be waived for LPNs)	(6)
NURS 212	Pharmacology	3
NURS 300	Foundations of Nursing	6
NURS 301	Medical/Surgical Nursing I	6
NURS 302	Medical/Surgical Nursing II	6
NURS 211	Mental Health Nursing	3
NURS 303	Women's and Infant's Health	5
NURS 491	NCLEX-RN Review	1
	Total	77

**Special Note for Day Students** When a student is fully accepted to the Associate in Nursing Program, it may change their Merit-Based scholarships due to the difference between full time day tuition and the nursing tuition. Contact one of the offices before for additional information.

Contact the Center for Student Success in Missouri Hall room(573) 875-7252205(573) 875-7150

**Special Note for Evening/CC Global Students-MUST READ** When an Evening or CC Global student is fully accepted to the Associate in Nursing Program at the Columbia, MO location, they will be reclassified as a day student. Although CC Global students do not pay Day tuition when fully accepted to the program, nursing students need to follow and meet the same regulations, restrictions, and rules that apply to registration and health services. Examples would be needing to meet with an academic advisor for every enrollment session, health immunization requirements. All accepted nursing students do have the same access to all the benefits as any other day student (early registration, health services resources, sporting events). Please contact your advisor for any questions.

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### Admissions Assessment $\text{HESI}(A2^{\mathbb{R}})$

### All Applicants must take the HESI(A2®)

The HESI (A2<sup>®</sup>) test must be taken at the Columbia College Columbia Campus, Lake Ozark Campus or Jefferson City Campus. Please visit our web site for dates, and to register for the test. There is a \$55 non-refundable fee for the HESI (A2<sup>®</sup>) entrance exam. If a student fails to show up for the exam, payment cannot be refunded or used toward another test.

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 HESI (A2<sup>®</sup>) exam. The exam is computerized and students will be able to view their results at their convenience.

### HESI (A2<sup>®</sup>) Test Dates

Students are required to achieve a competitive score on the Admission Assessment HESI A2® in order to be considered for the program. Minimum score of 70% is required and the test must be administered at Columbia College to be considered for admission. Columbia College utilizes the following considered for acceptance into the Nursing Sequence. Currently,  $A2^{\mbox{\sc R}}$  Sixth Edition is being given. The  $A2^{\mbox{\sc R}}$  exam sections/ subjects that students will be tested on for the A2 are as follows:

- Learning style, Personality, & Critical thinking
- Math
- Reading
- Vocabulary
- Biology

Students can take the A2 test at any time. However, we recommend taking the test as close as possible to finishing the prerequisite courses. The test is not required before applying to the school. Be careful in taking the test too soon. Best results happen when students complete most of their prerequisites.

The test is done through our 10th Street Center or Lake Ozark location. Students

are allowed to take the A2 only twice.

There is an A2 Study Guide available on the Elsevier Website.



If you are selected for the program, then the following will need to be completed:

- Purchase a Background Check & Medical Document Manager and Drug Test package from Castle Branch (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 Castle Branch after class selection.
- Current CPR certification by the American Heart Association, **Health Care Providers** course. The documentation for this will be submitted to Castle Branch after selection.

### Students must provide official documentation to Castle Branch of the following immunizations and screening tests:

- Tdap (replaces previous Tetanus recommended every 10 years). Document the date of the immunization.
- 2-Step Tuberculosis screening- PPD (Mantoux) Administered 1-3 weeks apart within the past 12 months **and** a 2- step skin-test annually.
  - A. Official documentation of the test and the test results must be submitted to Castle Branch. 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 (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 Castle Branch. Every year that you are enrolled in the nursing program you will need to see a Health Care Provider to go over a symptom checklist and submit the checklist to Castle Branch. A second chest x- ray maybe 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 Dr. Corrine Floyd, Director and Department Chair of Nursing, at: 573-876-4458 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.
- Covid-19 Vaccination or medical or religious exemption

### **Background Screening**

All students accepted into the Nursing Program are required to have a background check performed by Castle Branch at their cost. Instructions will be <u>sent with student's acceptance packet.</u>

All nursing students MUST submit immunization records and complete a few brief forms to comply with Columbia College's Student Immunization Policy (<u>https://www.ccis.edu/policies/student-immunization-policy.aspx</u>).

Submit records through the Student Health Portal in MyPortal. You will not be able to register for NURS 210 or future classes until you have completed this process. This is a separate process from submitting documentation through Castle Branch which is discussed later in the application.

### **RETAIN FOR YOUR RECORDS**



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## Nursing Application Checklist

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

### Check off upon completion.

 $\Box$  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.

 $\Box$  I have declared nursing as my major.

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

 $\Box$  I have included a copy of my HESI (A2<sup>®</sup>) results with my application (HESI (A2<sup>®</sup>) Sixth Edition). The HESI (A2<sup>®</sup>) test must be taken at Columbia College Columbia Main Campus, Lake Ozark Campus or Jefferson City Campus.

□ I have the Application packet 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 page 10).

□ If dual applying, you must submit a request to both campuses 2 weeks prior to application deadline:

- <u>Columbia Day Campus</u> students the completed Nursing Application Audit Request Form should be emailed to the student's assigned advisor.
- <u>Columbia Evening Campus</u> students please submit the form to your assigned advisor.
- Lake Ozark Campus applicants Schedule appointment with the Nursing Advisor

 $\Box$  I have completed all prerequisites.

 $\Box$  I have submitted immunization records and completed applicable forms through the Student Health Portal in MyPortal; I acknowledge that if the process is not complete, I will be unable to register for future classes. (See page 5 more details)

 $\Box$  (If relevant:) LPNs Testing out of NURS 210 (Fundamentals of Nursing) – must receive a minimum score of 850 on the Evolve Fundamentals Exam. The Nursing Program will contact you about testing dates.

 $\Box$  If relevant:) I am an LPN and have submitted a copy of my LPN license with my application.

 $\Box$  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.

Note: Be sure to turn in your Resume or Healthcare Job Shadowing form. These items are on a separate form.

### Signature

Date



# 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 <u>https://www.ccis.edu/degrees/nursing-associate</u>

PLEASE TYPE OR PRINT

LPN:  $\Box$  Yes  $\Box$  No

Last Name:	First Name:	
Address:		
Daytime Phone:	Email:	
Social Security Number:	D.O.B.:	
Student ID Number (REQUIRED):		
Month and Year you hope to start the N	Jursing Sequence Courses:	
F	Please check the campus for this application	
☐ Main Campus (March & October Classes)	Lake of the Ozarks Campus (March Classes Only)	□ Both Campuses (March Classes Only)
Campus preference if acc	epted to both:	

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.

**Student Signature** 

### SUBMIT TO NURSING OFFICE OR EMAIL TO NURSINGAPPLICATIONS@CCIS.EDU



# 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.

**<u>Communication</u>**: 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.

<u>Sensory/Perceptual</u>: 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

SUBMIT TO NURSING OFFICE OR EMAIL TO NURSINGAPPLICATIONS@CCIS.EDU



 $\Box$  I have previously attended a nursing program.

If yes, name of institution, nursing courses completed, and reason for leaving program below.

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

First Name:	Last Name:
Phone Number:	Student ID:
Student Signature:	Date:



### EMAIL TO NURSING@CCIS.EDU

### **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 <u>nursingapplications@ccis.edu</u>

Student Name:

School attended:

How long have you known this person (in years or months):

<b>Standards of Performance/Rating</b> Please select <b>ONE</b> 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 clinical's					
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 hig	h):				
How would you rate this student's clinical skill proficiency (on a $1-5$ sca	le, with 5 h	igh):			
Would you recommend this student for acceptance into the Columbia Coll	lege Nursin	g Program?	)	□ Yes	🗆 No



Columbia College Application Packet

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:  $\Box$  BSN or  $\Box$  ASN



### 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.

### PLEASE TYPE OR PRINT

Last Name:

First Name:

MyPortal Email:

Daytime Phone:

Student ID Number (REQUIRED):

Associate of Science in Nursing applicants ONLY: When will course NURS 311 – Pathophysiology be completed? Currently enrolled Will enroll in a future term Completed or transferring in from another school

Student Signature:

Date:

Academic Advisor completes the lower portion of this page			
Prerequisites completed:	□Yes	□No	
Prerequisites will be completed in time:	□Yes	No	
-			

Academic Advisor Name:

Date: