

## HEALTH SCIENCES DIVISION

1701 LaFayette Parkway • Opelika, AL. 36801 • Phone: (334) 745-6437 • Fax: (334) 745-6342

### *Dear Prospective Practical Nursing Student:*

We are pleased that you are interested in the nursing program at Southern Union State Community College located on the **Wadley** campus. Should you choose to apply for admission to a nursing program, you must submit a complete application packet in order for your application to be considered. A complete application packet consists of the following items:

1. **Admission to College:** Required prior to application for program. Complete the College Application for Admission and provide proof of GED or high school transcripts/college transcripts.
2. **Application for Program:** A completed and signed nursing program application must be submitted prior to the published deadline for the program for which you are applying. Be sure to submit the correct application. SUSCC is not responsible if you submit the wrong application.
3. **Essentials Functions Form:** The *Essential Functions* form (included in nursing application packet) must be read and signed by you (NOT your physician) and submitted with your application. If you are admitted to a program, this form must then be signed by a physician as well.
4. **Transcripts:**  
Unofficial copies of transcripts from **EVERY** college that you have attended or your high school transcript must be attached to your application (this must also include Southern Union's transcript). Unofficial copies may be printed from the internet for most colleges.  
All **official** college and/or high school transcripts **must be on file** in the Registrar's Office before the application deadline *or your application will not be considered.* (You do not need to request official SUSCC transcript.) It is **your responsibility** to contact all of the other colleges you have attended and request that **official** transcripts be **mailed directly** to the SUSCC Registrar's office. It is also your responsibility to verify that they have been received by SUSCC. (Please note that there may be a cost to you for this step as many colleges now charge a handling fee before they will mail official transcripts.)
5. **High School Transcript or Waiver:** An official copy of your high school transcript must be on file in the Registrar's office prior to the deadline for receipt of applications IF you would like it to be considered in order for you to obtain additional points for admission or if you have never attended college. An unofficial copy must also be attached to your program application. If you do not want your high school transcript considered in the admission process, you must sign in the provided space on the *Nursing Application Cover Sheet*.
6. **COMPASS or ACT Reading Score:** A copy of your COMPASS reading score or ACT reading score (taken within three years of the application deadline) must be attached to the program application. If the test was administered at a different institution, the **official** score must be sent to the registrar's office *before* the application deadline. COMPASS reading scores are required regardless of courses taken or degrees previously earned.

Please do not expect Southern Union State Community College to make copies of your transcripts or any of the application materials for you. It is HIGHLY recommended that you keep a copy of all materials submitted.

*If the application packet does not contain all of the above items, it will be considered to be an incomplete application and it will not be considered. You must resubmit all material each time that you apply for the program.*

**Notice: Admission requirements and procedures may change without prior notice. Please check with Health Sciences Division and/or website for updates.**

## Nursing Application Cover Sheet

Full Name (Last name, First Name, Middle Initial, Maiden Name): \_\_\_\_\_

Date: \_\_\_\_\_

The following is a list of items that should be included in your application for the nursing program. If the application packet is incomplete, the packet will be discarded and you **MUST** resubmit the entire packet. Please check the following items indicating that you have included them in your admission packet. This form must be submitted as the first page of your application packet.

Check (✓)	<b>Required Items for Application Packet</b>
	Make sure that you have completed the following list:
	<b>Completed</b> requirements for general admission to Southern Union.
	<b>Completed application form for the specific program</b> for which you are applying. For example, if you are an LPN applying for the mobility program, be sure that you have submitted the “LPN Mobility Program” application. We cannot change any of these choices for you if you later discover that you have submitted the wrong application. It is your responsibility to ensure that the admission’s office has received your COMPLETE application. You may verify by email at <a href="mailto:aminfield@suscc.edu">aminfield@suscc.edu</a>
	<b>Official transcripts.</b> Official transcripts must be sent to the Registrar’s office. OFFICIAL transcripts from EACH college and/or high school must be in the Registrar’s office before the deadline. It is your responsibility to check that transcripts have been received in the Registrar’s office.
	<b>Unofficial copies of ALL transcripts.</b> Unofficial copies of EACH transcript must be attached to this application. You must submit your SUSCC UNOFFICIAL transcript also. Transfer credit listed on your SUSCC transcript will NOT be accepted in lieu of transcripts from each college. ATTACH each individual transcript.
	<b>High School transcript.</b> For consideration of high school credit earned for additional points towards admission, an official copy of your high school transcript must be on file in the Registrar’s office. An unofficial copy of the transcript must be attached to your application.  If you do <i>not</i> want your high school transcript considered in the admission process, you must indicate this choice <i>by signing the following statement:</i>  <b>I prefer NOT to have my high school transcript considered in the admission process: (signature):</b> _____/date _____ <b>If this is not signed, your application will be considered incomplete without your high school transcript attached and on file with Registrar’s office.</b>
	<b>COMPASS or ACT reading score</b> (that is not over 3 years old). Attach copy. Official scores must be submitted to SUSCC Registrar’s office if taken at another school.
	<b>Essential Functions Form:</b> Must be read and signed. Physician’s signature NOT required until after admission.

**I have included the above checked items in my application packet including a copy of EACH college transcript regardless of the fact that transfer credit is listed on my SUSCC transcript. I understand that meeting minimal admission requirements does not guarantee admission to the program. I further understand that if the official copies of my college transcripts are not in the registrar’s office by the deadline for applications, my application will not be considered for admission to the program.**

<i>(For office use only):</i>			
Received Date:		Reviewed By:	

# Nursing Program Application

Full Name (Last name, First Name, Middle Initial, Maiden Name): \_\_\_\_\_

Date: \_\_\_\_\_

Select the program you are applying for:

**DEADLINE DATE: March 9, 2010.**

Practical Nursing (LPN) –Wadley Campus (Summer semester)

**Notice: Admission requirements and procedures may change without prior notice. Please check with Health Sciences Division and/or website for updates after January 31, 2010.**

## I. PERSONAL DATA

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Maiden: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Employer Phone#: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

## II. EDUCATION

Name of High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

GED (if applicable): \_\_\_\_\_ Date Completed: \_\_\_\_\_

College: List all colleges attended with degrees earned as applicable:

Name of College	City	State	Degree

Have you ever been enrolled in another nursing program? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, give the name of the institution attended, dates attended, and completion date or the reason for withdrawal:  
\_\_\_\_\_  
\_\_\_\_\_

## III. TESTING

Have you taken the COMPASS or (ACT) Test within 3 years Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name as documented at the time of testing: \_\_\_\_\_

## IV. CURRENT LICENSURE

Do you hold a current Alabama LPN license? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you hold a current Alabama Paramedic license? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name as documented on your current license: \_\_\_\_\_

## **V. ELIGIBILITY FOR LICENSURE:**

Legal requirements for licensure in the State of Alabama are listed in the Alabama Board of Nursing Administrative Code. The Alabama Board of Nursing determines the eligibility for licensure based on the applicant's response to certain questions. **It is important that you understand that successful completion of the nursing program does not guarantee eligibility to take the NCLEX exam. The Board of Nursing may deny an individual permission to take the National Council Licensure Examination (NCLEX) based on an investigation.** Applicants do not need to respond to the questions for application to the program, but must be aware that when applying for licensure they must answer the questions honestly or risk denial of application for licensure. For more information, please contact the Alabama Board of Nursing.

## **VI. PROGRAM ENROLLMENT REQUIREMENTS**

Students accepted into the nursing program will be required to submit the following AFTER admission to program:

- Current medical history and physical completed by a licensed physician, nurse practitioner, or physician's assistant (form provided by the school).
- Current CPR certification at the Health Care Provider Level.
- Documentation of immunizations (form provided by the school) including a tuberculin (TB) skin test.
- Drug screening as stipulated by the agencies with which the Department of Nursing contracts for clinical experiences.
- Criminal background checks as stipulated by the agencies with which the Department of Nursing contracts for clinical experiences.
- Ability to meet Essential Functions with or without reasonable accommodations. Any student requiring accommodations must meet with the ADA Coordinator.

## **VII. HIV or HEPATITIS B REPORTING POLICY**

Public law #102-141, Section 633, and "The Alabama Infected Health Care Worker Management Act" require HIV or Hepatitis B infected healthcare workers to notify the State Health Officer within 30 days of the time the diagnosis is confirmed. Physicians caring for HIV or Hepatitis B infected healthcare workers are mandated to notify state health officials within 7 days of the diagnosis. All students are required to comply with this law.

## **VIII. MINIMUM ADMISSION STANDARDS**

Minimum admission standards include the following:

Minimum admission standards include the following:

1. Unconditional admission to the college.
2. Receipt of completed application for the nursing program(s).
3. Minimum of 2.5 cumulative GPA for the last 24 semester hours of completed college coursework from a regionally accredited institution.
4. Minimum of 2.5 high school GPA for students without prior college work (GED acceptable in lieu of high school transcript).
5. Minimum 2.0 GPA at Southern Union or entry to the College on clear academic status.
6. Eligibility for English 101 and Math 116
7. Minimum score of 76 on the COMPASS reading test or equivalent score on the ACT exam completed within 3 years of application to the program.
8. Good standing with the college.
9. Meeting the essential functions required for nursing.

Admission to the nursing program is competitive, and the number of students is limited by the number of faculty and clinical facilities available. **Meeting minimal requirements does not guarantee acceptance.**

**Non-discrimination Policy**

It is the official policy of the Alabama State Board of Education and Southern Union State Community College that no person shall, on the grounds of race, color, disability, gender, religion, creed, national origin, marital status, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment. Persons requiring reasonable accommodations under the Americans with Disabilities Act (ADA) should contact the Southern Union State Community College ADA Coordinator at (334) 745-6437 extension 5351.

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**Applicants please read and sign below:**

I understand that completion of this application is a component of the student profile and does not in itself grant admission to the nursing program. I understand this application must be resubmitted if I am not selected. I hereby certify that the information given in this application is true and correct. I understand that providing false information may be deemed sufficient reason to dismiss the student and/or refuse admission. All application materials become the property of Southern Union State Community College. It is the sole responsibility of the applicant to ensure that the Nursing Department has received all of the requested documentation.

\_\_\_\_\_

Applicant's Signature Date

NOTE: APPLICATION DEADLINE IS **March 9<sup>th</sup>** for summer admission.

The complete application packet, **official copies** of college and/or high school transcripts or GED test results, and current COMPASS or ACT **Reading** scores must be on file by these deadlines. It is strongly recommended that you check with the records office to make sure that your official transcripts have been received by prior to the application deadline.

Southern Union State Community College  
Ashley Minnifield, Health Sciences Admissions  
1701 Lafayette Parkway  
Opelika, AL 36801  
334-745-6437 ext 5515

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For Office Use Only:			
Date Received:		Initials:	

## SUSCC LPN Nursing Program Applicant Worksheet

This worksheet must be completed and submitted WITH YOUR APPLICATION in order for the application to be considered for admission to the program. **Meeting minimal requirements does not guarantee acceptance.** If you have any questions, please attend information sessions for health sciences. [www.suscc.edu](http://www.suscc.edu) for dates and times.

Name: \_\_\_\_\_

Student SS #: \_\_\_\_\_ Semester/Year: Summer \_\_\_\_\_ Year: \_\_\_\_\_ GPA: \_\_\_\_\_

Read the descriptions for each section (Sections A through F) and answer the corresponding questions:

### SECTION A: GPA REQUIREMENT

**Cumulative Grade Point Average (gpa):** (Average of all previous college course work). State high school grade point average for students without prior college work (GED acceptable). **Minimum of 2.5 cumulative gpa is required to be considered for admission to the program.**

1. HAVE YOU MET THE MINIMUM GRADE POINT AVERAGE REQUIREMENT? Yes: \_\_\_ No: \_\_\_

### SECTION B: COMPASS OR ACT READING SCORES

**COMPASS or ACT Reading Test Score:** The score you submit must have been achieved within the past 3 years. Students not meeting the minimum COMPASS score of 76 or the Act **Reading** score of 17 should seek advisement regarding retesting and/or remediation from Nancy Davis, the health science advisor.

1. HAVE YOU MET THE MINIMUM COMPASS OR ACT SCORE REQUIREMENT? Yes: \_\_\_ No: \_\_\_

2. Scoring criteria for COMPASS/ACT: A possible score of 76-99 = equivalent number of points (For example: if your COMPASS or ACT score was "80", enter "80" in the column for your score). Maximum of 99 points possible. Scores less than 76 are not applicable for admission.

List your COMPASS or ACT Reading Test Score → **Your score:** \_\_\_\_\_ (=points)

### SECTION C: ADDITIONAL POINTS FOR SPECIFIC COURSEWORK

**Additional Points Awarded for Specific Coursework.** Additional points are awarded to students who have completed Eng. 101 and/or Mth 116 or Mth 100 (or higher). High school students (or college students who have not taken college math and/or science) who wish to have their high school transcripts considered are awarded additional points for the following high school courses if a higher level course has not been taken in college: Algebra II or higher and highest level biology (including Anatomy & Physiology). **Courses will not be counted twice.** You will receive points for your high school AND/OR your college grades. College coursework will be used first. For example if you took math 100 or higher in college, you can not use your math grade from high school.

A maximum of two grades can be used for points. These additional points are awarded based on the grades achieved in the above coursework (

**SCALE: Grade of: A = 30 points, B = 20 points, C = 10 points, D/F = 0 points).**

These courses are not pre-requisites for admission.

1. Are you a: College student: \_\_\_\_\_ High school student: \_\_\_\_\_ GED student: \_\_\_\_\_  
 2. Complete the "College Grades" side AND/OR the "High School Grades" side of the following table:

College Grades (Students with prior college coursework)				High School Grades (& students WITHOUT prior college coursework)			
Course	Year Taken	Grade	Points	Course	Year Taken	Grade	Points
ENG. 101				Algebra II or higher			
MTH116 or MTH 100 (or higher Math)				Highest Biology (including Anatomy & Physiology)			
<b>Total Points:</b>				<b>Total Points:</b>			

(Maximum of 2 grades and/or 60 points. College course work used first).

**SECTION D: SUSCC STUDENTS**

**Completion of pre-requisites and co-requisite courses:** Eleven (11) additional points are awarded to students who have completed twelve (12) or more semester hours of the core academic courses for the ADN program at **Southern Union State Community College**. These courses are: ENG 101, MTH 116 or MTH 100 or higher level math, BIO 201, BIO 202, BIO 220, PSY 200, PSY 210, SPH 107, and HUM Elective. All courses must have been completed with a grade of “C” or better.

1. Enter total number of semester hours of the core courses **completed at SUSCC**: \_\_\_\_\_ Sem. hours

**SECTION D:** For 12+ hours at SUSCC, enter 11 points \_\_\_\_\_  
(No points earned for less than 12 hours of the core curriculum taken at SUSCC)

**SECTION E: TOTAL OF SECTIONS B THROUGH D**

**Final Total:**

*Total of Section B (COMPASS Reading score) →* \_\_\_\_\_

*Total of Section C (Points from course grades) →* \_\_\_\_\_

*Total of Section D (Points for hours at SUSCC) →:* \_\_\_\_\_

**TOTAL POINTS (Enter total—maximum 170) →:**

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**TRANSFER STUDENTS:**

***An official transcript for any prior college coursework must be available in the Admissions Office.\* These courses must be completed with a “C” or better to be used for credit.***

Courses	Title of Course that you took	College/University Granting Credit	Grade	Year
English 101				
Math 116 or Math 100 or higher math				
Biology 201 (A&P I)				
Biology 202 (A&P II)				

**\* Completing this form does not ensure transfer of college credit.**

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## SOUTHERN UNION STATE COMMUNITY COLLEGE

### Nursing Program- Essential Functions

The Alabama College System endorses the Americans' with Disabilities Act. In accordance with Southern Union State Community College Policy, when requested, reasonable accommodations may be provided for individuals with disabilities. The essential functions below are necessary for nursing program admission, progression and graduation and for the provision of safe and effective nursing care. The essential functions include but are not limited to the ability to:

- 1) Sensory Perception
  - a) Visual (with or without corrective lenses)
    - i) Observe and discern subtle changes in physical conditions and the environment
    - ii) Visualize different color spectrums and color changes
    - iii) Read fine print in varying levels of light
    - iv) Read for prolonged periods of time
    - v) Read cursive writing
    - vi) Read at varying distances
    - vii) Read data/information displayed on monitors/equipment
  - b) Auditory
    - i) Interpret monitoring devices
    - ii) Distinguish muffled sounds heard through a stethoscope
    - iii) Hear and discriminate high and low frequency sounds produced by the body and the environment
    - iv) Effectively hear to communicate with others
  - c) Tactile
    - i) Discern tremors, vibrations, pulses, textures, temperature, shapes, size, location and other physical characteristics
  - d) Olfactory
    - i) Detect body odors and odors in the environment
- 2) Communication/ Interpersonal Relationships
  - a) Verbally and in writing, engage in a two-way communication and interact effectively with others, from a variety of social, emotional, cultural and intellectual backgrounds
  - b) Work effectively in groups
  - c) Work effectively independently
  - d) Discern and interpret nonverbal communication
  - e) Express one's ideas and feelings clearly
  - f) Communicate with others accurately in a timely manner
  - g) Obtain communications from a computer
- 3) Cognitive/Critical Thinking
  - a) Effectively read, write and comprehend the English language
  - b) Consistently and dependably engage in the process of critical thinking in order to formulate and implement safe and ethical nursing decisions in a variety of health care settings
  - c) Demonstrate satisfactory performance on written examinations including mathematical computations without a calculator
  - d) Satisfactorily achieve the program objectives
- 4) Motor Function
  - a) Handle small delicate equipment/objects without extraneous movement, contamination or destruction
  - b) Move, position, turn, transfer, assist with lifting or lift and carry clients without injury to clients, self or others
  - c) Maintain balance from any position
  - d) Stand on both legs
  - e) Coordinate hand/eye movements
  - f) Push/pull heavy objects without injury to client, self or others
  - g) Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others
  - h) Walk without a cane, walker or crutches
  - i) Function with hands free for nursing care and transporting items
  - j) Transport self and client without the use of electrical devices
  - k) Flex, abduct and rotate all joints freely
  - l) Respond rapidly to emergency situations
  - m) Maneuver in small areas
  - n) Perform daily care functions for the client
  - o) Coordinate fine and gross motor hand movements to provide safe effective nursing care
  - p) Calibrate/use equipment

- q) Execute movement required to provide nursing care in all health care settings
- r) Perform CPR and physical assessment
- s) Operate a computer
- 5) Professional Behavior
  - a) Convey caring, respect, sensitivity, tact, compassion, empathy, tolerance and a healthy attitude toward others
  - b) Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client
  - c) Handle multiple tasks concurrently
  - d) Perform safe, effective nursing care for clients in a caring context
  - e) Understand and follow the policies and procedures of the College and clinical agencies
  - f) Understand the consequences of violating the student code of conduct
  - g) Understand that posing a direct threat to others is unacceptable and subjects one to discipline
  - h) Meet qualifications for licensure by examination as stipulated by the Alabama Board of Nursing
  - i) Not to pose a threat to self or others
  - j) Function effectively in situations of uncertainty and stress inherent in providing nursing care
  - k) Adapt to changing environments and situations
  - l) Remain free of chemical dependency
  - m) Report promptly to clinical and remain for 6-12 hours on the clinical unit
  - n) Provide nursing care in an appropriate time frame
  - o) Accepts responsibility, accountability, and ownership of one's actions
  - p) Seek supervision/consultation in a timely manner
  - q) Examine and modify one's own behavior when it interferes with nursing care or learning

#### STUDENT VERIFICATION

*Read the declarations below and sign only one option. If you are unable to fully meet any criterion, you will need to direct your request to the Coordinator of Disability Services.*

\_\_\_\_\_ I have reviewed the Essential Functions for this program and I certify that to the best of my knowledge **I currently have the ability to fully perform these functions.** I understand that further evaluation of my ability may be required and conducted by the nursing faculty if deemed necessary to evaluate my ability prior to admission to the program and for retention and progression through the program.

\_\_\_\_\_ I have read the Essential Functions for this program and **I currently am unable to fully meet the items indicated without accommodations.** I am requesting the following reasonable accommodations: (use additional sheet if needed)

Student Signature	Date
Printed Name	SS#

#### PHYSICIANS VERIFICATION

Is this person's mental and physical health sufficient to perform the classroom and clinical duties of a nursing student? Upon Admission to program must be signed by physician.

YES \_\_\_\_\_ NO \_\_\_\_\_ If no, please explain (use additional sheet if needed)

MD Signature	Date
Printed name	