



# Nursing Program Application Packet

200 South 14<sup>th</sup> Street  
Parsons, KS 67357  
620-820-1263



## Admission Criteria Read and Follow All Instructions Carefully

Students interested in the LCC Nursing Program are admitted to the college on the same basis as other students. Admission to the Nursing Program does not ensure graduation and graduation does not ensure licensure. Selection into the LCC Nursing Program is based on the following criteria:

1. GPA that is calculated on prerequisites and general education courses required by the LCC Nursing Program Curriculum.
2. Test of Essential Academic Skills (TEAS) score.
3. Three (3) confidential references, one of which should be a current or former employer.
4. Completion of prerequisite coursework.

### Application Deadline for Fall 2018 Admission: February 14<sup>th</sup>

All applications must be submitted to the Nursing Program by 4:30 p.m. on the due date. Deadlines are firm, except in the case where the college is closed. If that occurs, applications will be due on the next working day by 4:30 p.m. It is the applicant's responsibility to ensure the completeness of their application.

#### Generic Applicant File Checklist

- Prerequisites of College Algebra, Anatomy & Physiology, General Psychology, and English Composition I
- Official transcripts from **ALL** college(s) attended mailed to LCC Nursing Program (excluding LCC transcripts)
- Minimum Placement Scores: ACT Reading (17), Accuplacer Sentence Structure (75), or Compass Reading (75)
- Application and Essay
- Three (3) References
- TEAS Exam Score
- Background Check\*\*
- Copy of active Certified Nurse Aide (CNA)\*\*

#### Articulating LPN Applicant File Checklist

- In addition to the Generic Applicant File the following are also required:
  - Completion of all Level I General Education Courses\*\*
  - Official transcript from Practical Nurse Program
  - Copy of current Kansas LPN License\*\*
  - Documentation of current IV Certification\*\*
  - Dosage Calculation Exam Score
  - LPN Assessment Test Score

\*\* or proof of being in process

#### ATI TEAS

- Create an ATI Testing account ([www.atitesting.com](http://www.atitesting.com)) **prior** to your test date. Select Labette ADN when setting up your account. Bring your user name and password with you to the test site.
- Contact Hannah Jack at 620-820-1257 to register for your exam. **Please note** the \$64.00, **nonrefundable**, TEAS fee **must** be paid for at the time of registration to secure your spot. Please have a credit or debit card ready when scheduling. If you miss your test date, a new test must be paid for and scheduled.
- Study guides are available through the ATI website.
- TEAS scores will not be accepted after the application deadline.

#### Upon Acceptance and Before Entrance into the LCC Nursing Program

The student must provide:

- LCC Student Health Record for Healthcare Programs Physical Examination Form
- Functional Abilities Required of All Nursing Students signature
- Statement of Understanding signature page
- Copy of CNA (if not already provided)
- CPR Certification (infant, child, adult)
- Liability Insurance \$16.00 payable to LCC Nursing
- Clinical Badge \$5.00 payable to LCC Nursing
- Membership for Student Nurse Organization (SNO) \$40.00 payable to LCC Nursing
- LCC Nursing Black Polo Shirt \$27.00 payable to LCC Nursing
- Immunizations: Students are not permitted in the clinical area without current immunizations.
  - 2-Step TB or a Negative Chest X-Ray
  - MMR (documentation of 2 or booster/titer)
  - Hepatitis B (series completed or signed waiver)
  - Varicella (Chicken pox-screened for immunity or titer)
  - Tetanus (must be within 10 years)
- 10 Panel Drug Screen
- Proof of Medical Insurance required by Clinical Sites

#### TO COMPLY WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974 (FERPA)

No copies from the student file will be released once received in the Nursing Program office.  
Students are encouraged to keep copies of all materials submitted to the program for their personal records.



**Labette**  
Community College

# Nursing Program Application



Name: \_\_\_\_\_  
Last First Middle Maiden

S.S.#: \_\_\_\_\_

Any other last names used \_\_\_\_\_

LCC Student ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/PO BOX City State Zip

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street (NO PO BOX) City State Zip

Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**ETHNIC BACKGROUND**

- American Indian or Alaskan Native     Black or African American     Asian     Native Hawaiian/ other specific Islander  
 Hispanic or Latino     White or Caucasian     Other/Unknown     Multiracial

Were you born outside of the United States?     Yes\*     No  
 \*If "YES" is checked, TOEFL scores are required with the application.

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street City State Zip  
 Employed by: \_\_\_\_\_ Phone: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Are you a high school graduate?     Yes     No    If no, do you have a high school equivalent (GED)?     Yes     No

High School: \_\_\_\_\_ If yes, year graduated \_\_\_\_\_

College (s): \_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_

Have you ever attended or applied to any nursing program?     Yes     No

Dates Attended: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Articulating LPN Students    KS LPN license #: \_\_\_\_\_    Exp. Date: \_\_\_\_\_

IV Therapy Certified:     Yes     No

IV Certification must show on Kansas LPN license.

**WORK EXPERIENCE** (within last ten years)

Type of Work	Name of Employer	Location	Date Employed		Reason for Leaving
			From	To	

Have you ever been cited for Academic Dishonesty?  Yes  No  
Check "YES" if you have been cited and charges have been dismissed.

If yes, explain:

Have you ever been charged or convicted of a misdemeanor or felony?  Yes  No

If "NO" is checked and the background results received state anything other than "Clear" the applicant will not be included in the application process.

If yes, explain:

Submit copies of documentation of the charges or convictions with the application.

It is the policy of Labette Community College not to discriminate on the basis of age, race, religion, color, sex, physical handicaps, national origin, or ancestry in its admission. A statement of race and financial status is used only for statistical information required on state and federal forms.

Applicants are advised that disclosure of their social security number, date of birth, and information regarding conviction of crimes/infractions is required information for state board applications but is not used to determine a student's eligibility into the nursing program.

The applications of students listing crimes/infractions will be reviewed by the Kansas State Board of Nursing's Investigative Committee and may affect the approval of the application by the Board of Nursing.

I verify that I understand that according to Kansas Nurse Practice Act (65-1120), individuals may not be permitted to be licensed if found guilty of a felony, habitual drug use, mental incompetence or unprofessional conduct.

I certify that I have read and understand the LCC Nursing Program Information Packet, and that all the information contained in this application is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

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

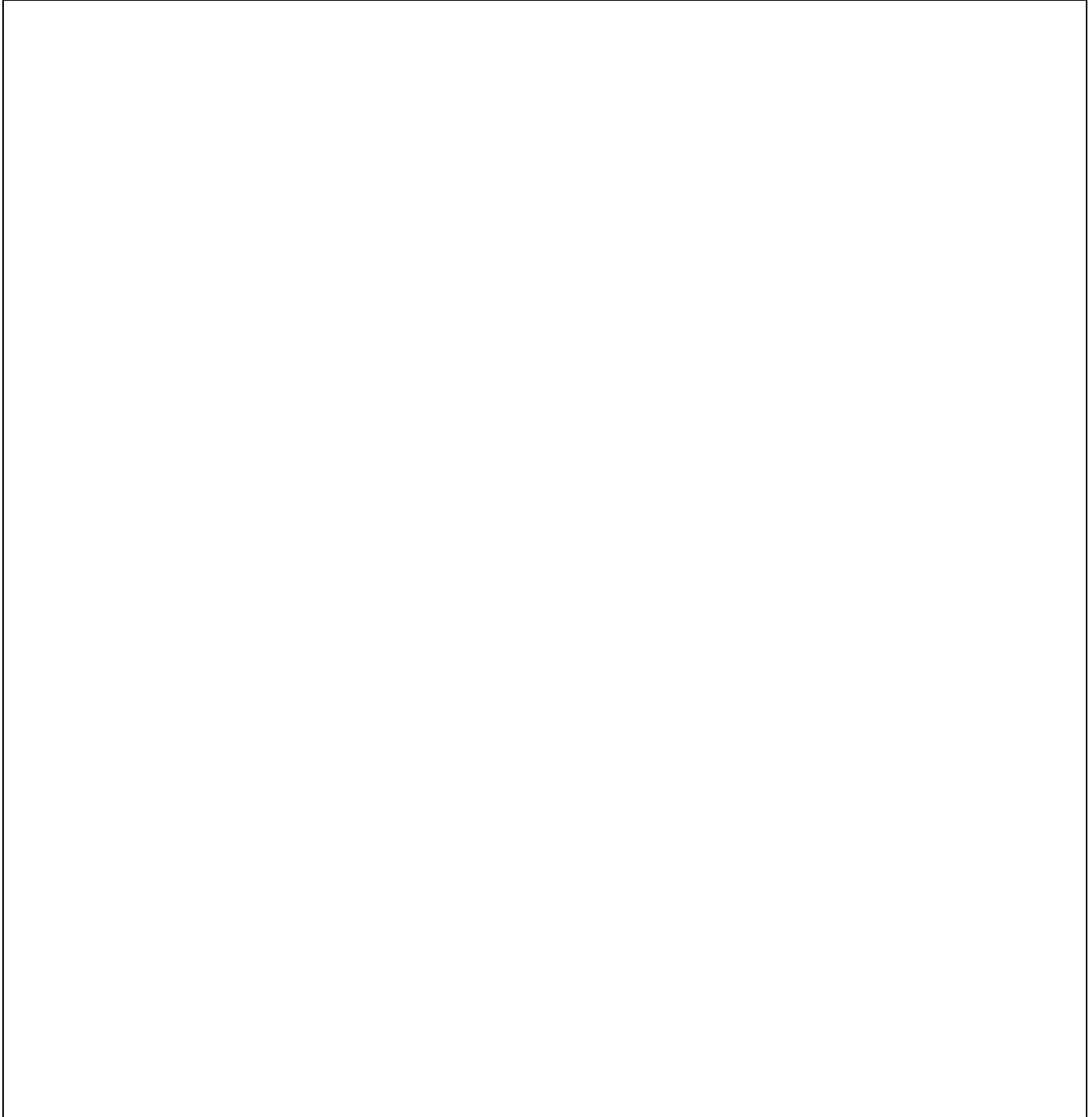
IF ANY INFORMATION CONTAINED HEREIN IS FOUND TO HAVE BEEN FALSIFIED, THIS APPLICATION WILL BE WITHDRAWN AND APPLICANT WILL BE WITHDRAWN FROM THE APPLICATION PROCESS.

**Labette Community College  
Nursing Program  
Application Essay**

Using the topic below, please write or type an essay, of a maximum of 500 words, describing your opinion on the following question:

***“What do you see as the responsibilities of the Professional Nurse in today’s work force and why have you chosen this as an academic degree and/or career path?”***

***Application essay may be attached to your application on a separate sheet.***

A large, empty rectangular box with a thin black border, intended for the applicant to write their essay. The box occupies most of the lower half of the page.

**Labette Community College  
Nursing Program  
Prospective Student Nurse Reference Form  
For Fall 2018 Application Process**

Applicant: Please complete the first part of the form, and then give it to a current/former employer or individual familiar with your academic abilities to complete the remainder of the form.

I \_\_\_\_\_, waive my right to view this reference form.  
(Program Applicant Name)

Reference: The student listed above is applying for admission to the LCC Nursing Program. Applicants to the program are required to submit reference forms as part of the application process. You are asked to make an honest appraisal of the applicant.

This reference is confidential. On a scale of one to five, with one (1) being the lowest possible rating and five (5) being the highest, please rate the applicant named above. If you cannot rate the applicant in all areas, please notify them so they can name another reference.

Prospective Student Reference Form must be directly mailed in a sealed envelope to **LCC Nursing Program**, 200 South 14<sup>th</sup> Street, Parsons, KS 67357.

	<i>Poor</i>		<i>Average</i>		<i>Excellent</i>
<b>PERSONAL QUALITIES</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Professional Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Stressful Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your relationship to the Applicant:  
**(Family member references will not be accepted.)**      **Employer**   **Co-Worker**   **Teacher**   **Other**  
                                                     

Would you endorse this applicant as a candidate for a healthcare team?                   Yes                   No

If you had the opportunity to employ this individual, would you do so?                   Yes                   No

Additional comments about the Applicant: (additional paper may be used if needed)

**Please Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title/Occupational:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street                  City                  State                  Zip Code

**Note:** If the applicant is a Licensed Practical Nurse (LPN) who is applying for admission to the program, please also complete the Articulating LPN Clinical Reference Form.

**Labette Community College  
Nursing Program  
Articulating LPN Clinical Reference Form**

This form needs be completed **ONLY if Applicant is currently a LICENSED PRACTICAL NURSE (LPN)** and applying to the RN Level of the LCC Nursing Program.

	<b>Yes</b>	<b>No</b>
Prepares and administers medication accurately.	<input type="checkbox"/>	<input type="checkbox"/>
Administers treatment and nursing care with safety.	<input type="checkbox"/>	<input type="checkbox"/>
Performs basic nursing skills and techniques accurately.	<input type="checkbox"/>	<input type="checkbox"/>
Maintains patient confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>
Please explain "NO answers:		
Additional comments about this Articulating LPN applicant?		

**Labette Community College  
Procedure 3.20 Criminal Background Check  
Permission and Release Form  
Health Science Students**

Health Science Program applicants are expected to truthfully and accurately share any information related to their criminal history--**information collected by criminal justice agencies concerning individuals, and arising from the initiation of a criminal proceeding, consisting of identifiable descriptions, dates and notations of arrests, indictments, information or other formal criminal charges and any dispositions arising therefrom**--as part of the application and enrollment process. Current students are expected to notify their respective program director if any change in their criminal history occurs while enrolled in an LCC Health Science Program.

**Please review the disclosure statement included in the program application packet and sign below indicating the following:**

1. I have truthfully and accurately reported my criminal history and pending charges (if any) to the LCC \_\_\_\_\_ Program Director.
2. I understand that my criminal history may impact progression in the LCC \_\_\_\_\_ Program, and/or ability to be licensed/certified in my field of study.
3. I agree to notify the LCC \_\_\_\_\_ Program Director if a change in my criminal history occurs while attending the LCC \_\_\_\_\_ Program.
4. The LCC \_\_\_\_\_ Program for which I am applying has informed me of the state licensure/certification requirements for that program.

I, \_\_\_\_\_, have read and understand that completing a criminal background check is required as part of the application process for the LCC \_\_\_\_\_ Program, and to participate in education courses that include clinical placement.

I authorize Labette Community College to release the results of any criminal background check to any site where I may be placed for any legitimate educational purpose and I waive my privacy rights under the Family Educational Rights and Privacy Act (FERPA) and consent to a background check for this limited purpose.

***I hereby release Labette Community College from any liability in the event:***

- I am not cleared for placement by the clinical sites and therefore, cannot continue in the program.
- I am unable to obtain the necessary credits to continue in the program due to a criminal charge or conviction that occurred after being accepted into the program.
- I am unable to obtain licensure/certification in my field of study due to adverse results on a criminal background check.

I understand that I cannot be guaranteed placement at a clinical site and if I cannot complete the clinical requirements, I will not be able to graduate from the program.

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

Signature: \_\_\_\_\_

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

**Please submit this signed form as part of your application to the LCC Health Science Program.**

**Contact the Health Science Program Director for information and direction to the appropriate agency for questions regarding criminal history and licensure/certification.**



Look beyond grade point averages.

## INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK FOR A CLINICAL EDUCATION PROGRAM

### Labette Community College Nursing Education

Background checks are required on incoming students to insure the safety of the patients treated by students in the clinical education program. You will be required to order your background check in sufficient time for it to be reviewed by the program coordinator or associated hospital prior to starting your clinical rotation. A background check typically takes 3-5 normal business days to complete. The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. Your order must be placed online through StudentCheck.

Go to [www.mystudentcheck.com](http://www.mystudentcheck.com) and select your School and Program from the drop down menus for School and Program. It is important that you select your school worded as **Labette Community College Nursing Education**

Complete all required fields as prompted and hit Continue to enter your payment information. The payment can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. **Texas** residents will pay **\$53.58** and **New Mexico** residents will pay **\$53.09**. Residents in **all other states** will pay **\$49.50**. For your records, you will be provided a receipt and confirmation page of the background check performed through PreCheck, Inc.

PreCheck will not use your information for any other purposes other than the services ordered. Your credit will not be investigated, and your name will not be given out to any businesses.

#### FREQUENTLY ASKED QUESTIONS:

- Does PreCheck need every street address where I have lived over the past 7 years? No. Just the city and state.
- I selected the wrong school, program, or need to correct some other information entered, what do I do? Please email [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com), with the details.
- How long does the background check take to complete? Most reports are completed within 3-5 business weekdays.
- Do I get a copy of the background report? Yes. Log into [www.mystudentcheck.com](http://www.mystudentcheck.com) and click on "Check Status", and enter your SSN and DOB. If your report is complete, you may click on the application number to download and print a copy. This feature is good for 90 days after submittal. After 90 days, you will be charged \$14.95 for a copy of your report, and will need to contact PreCheck directly to request this.
- I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call? Call PreCheck's Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.

If you need further assistance, please contact PreCheck at [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com).