

APPLICATION

For

Associate of Applied Science Degree in Nursing LPN to RN Bridge Program Rolla (for current LPNs)

Class Beginning: January 2025

Graduating: December 2025

Deadline to apply: August 1, 2024

**NOTE: A new application must be submitted each year.

NOTICE OF NON-DISCRIMINATION:

Applicants for admission and employment, students, employees, and sources of referral of applicants for admission and employment are hereby notified that East Central College does not discriminate on the basis of race, color, religion, national origin, ancestry, gender, sexual orientation, genetic information, age, disability, veteran status, or any other characteristic protected by law. Inquiries related to employment practices may be directed to Carrie Myers, Human Resources Director, HH 133, telephone number 636-584-6712, or hrmotice@eastcentral.edu.

Inquiries/concerns regarding civil rights compliance as it relates to student programs and services may be directed to the Vice-President of Student Development, 131 Buescher Hall, 636-584-6565, or student Development, 131 Buescher Hall, 636-584-6565, or student-bevelopment, 131 Buescher Hall, 636-584-6565, or <a href="mailto:student-bevelopm

Updated: 4/2024



ASSOCIATE DEGREE NURSING PROGRAM RN Bridge Program (for current LPN's) ROLLA

Thank you for your interest in our Associate Degree Nursing Program. Enclosed is the application packet. This packet includes information you will need to read and forms you will need to complete and return if you would like to begin the application process.

East Central College offers a LPN to RN Bridge program leading to an Associate of Applied Science Degree in nursing. The program is designed to provide the student who holds a Missouri LPN license the educational mobility to complete the RN classes in a format that specifically meets the needs of the working LPN with an evening and weekend format.

The East Central College Associate Degree Nursing Program is fully approved by the Missouri State Board of Nursing. As identified in the packet, it is a **72 credit hour** program that encompasses on-campus classroom and laboratory hours as well as clinical experience in a variety of local hospitals and facilities. Bridge students will have classroom and clinical lab times at the Rolla locations. Students can expect minimal travel to the main campus in Union throughout the program. Once selected for admission into the LPN to RN Bridge program, students should complete the full-time nursing program in one calendar year. General education courses may be completed on a full- or part-time basis prior to entering the program. Upon graduation, students receive an Associate of Applied Science Degree in Nursing (ADN) and are eligible to apply to sit for the national exam (NCLEX-RN) to obtain a Registered Nurse (RN) license. A generic nursing program is available for those LPNs desiring a more traditional course of study (a different application must be obtained).

An Associate of Applied Science Degree in Nursing is the first step in professional nursing. This degree prepares you to begin further studies (through University Programs) to progress in the profession for a Bachelor of Science Degree in Nursing, a Master's Degree in Nursing, or a Doctoral Degree, if you choose to do so.

To be considered for admission into East Central College's Associate Degree Nursing (ADN) program you must have completed high school, or equivalent, and be admitted as an East Central College student (separate application). Applicants desiring admission into the RN program, who have failed to achieve a "C" or better in ANY two ECC nursing courses or in ANY two RN nursing program(s) attended, will not be considered for admission. In addition, students who have been admitted two times to ANY RN program(s) are not eligible for admission. To apply to the nursing program, return the attached application to East Central College, Nursing and Allied Health, 1964 Prairie Dell Road, Union, MO 63084-4344, with receipt from the Business Office at the Union campus or the ECC office located on the Rolla Technical Center campus (500 Forum Drive, Rolla) showing payment of the \$30.00 application fee. Applications must be submitted on an annual basis; they are only good for one admission cycle.

If you have any questions, contact the Nursing and Allied Health office, at (636)584-6616 or via e-mail nursing@eastcentral.edu. Nursing program information is also available on our website at http://www.eastcentral.edu/nursing/nursing/.

<u>APPLICATION DEADLINE</u>: The ECC Nursing Program is approved to accept students into the program each Spring semester. The deadline for applications to be complete is <u>August 1st</u> the year before your desired entrance into the Nursing Program. All transcripts must be on file by <u>August 31st</u>.

Class selection is based on academic performance. A point system is used to determine an applicant's rank in the selection process. Your academic advisor is glad to review your standing and provide suggestions on how you may achieve the best candidacy possible.

For consideration, applicants must meet the following minimum criteria:

1. Cumulative college GPA of a 2.75 or greater on a minimum of 12 credit hours of college credit (a GPA of 3.0 or higher is suggested).

2. HESI A2 Admission Test Score of 75% or greater in the last two years.

It is your responsibility to provide our office a copy of your HESI A2 results. The HESI A2 Test is designed to assess a student's academic and personal readiness for higher education in a healthcare related field, such as nursing. The test is an internet-based, timed (plan for 4-1/2 hours), multiple-choice test evaluating your knowledge in the following categories: English language, grammar, vocabulary, math, biology, and critical thinking. Tests are not individually timed during testing. You will have 4-1/2 hours to complete the test so pacing yourself is very important. *You may schedule your exam in the Learning Center located on the Union campus or at ECC Rolla Main at 500 Forum Drive.* The ECC HESI A2 Fact Sheet has more information about the Admission Test requirement and dates given. The HESI A2 Fact Sheet and the Nursing Admission Test Registration form may be found on our website at http://www.eastcentral.edu/nursing/nursing/nursing/.

3. HESI LPN to RN Mobility Test score of 750 or higher in the last two years.

The HESI LPN to RN Mobility exam is a clinically based exam that measures a candidate's potential for successful transition from an LPN scope of practice to an RN scope of practice. The exam can be taken twice (30 days apart) in an application testing cycle (Feb. – July). Registration for the exam utilizes the same process as the above HESI admission exam. It is recommended that you sit for the LPN to RN Mobility exam only after you have achieved a satisfactory score on the general nursing admission test (HESI A2).

- **4.** Presentation of a *current, undisciplined (in any jurisdiction), PN license* with IV certification to practice in Missouri, or documented eligibility to write the NCLEX-PN, and two (2) years of recent clinical experience or be a new LPN graduate with LPN employment.
- 5. Provide proof of malpractice insurance with a minimum amount of \$1,000,000/5,000,000, once accepted to the program. Student and LPN Coverage.
- **6.** Successful completion of NUR 103 Successful Transitions in Nursing course (offered in Summer or Fall semester). This course has a two-year time limit for program pre-requisite.
- 7. Pre-requisite coursework completed with a grade of "C" or better. Pre-requisite coursework <u>must</u> be completed by the end of the Fall semester (December) before Spring admission into the program.
- **8.** Three (3) appropriate references on file. (See application for guidelines regarding references.)
- 9. Official transcripts received and evaluated for program as well as proof of enrollment, if coursework is taken at another institution. High school and/or GED transcripts are included. Applications will not be considered if official transcripts and/or proof of enrollment for Fall semester have not been received and evaluated by August 31st. It is the applicant's responsibility to check their E-Central account to determine status of their ECC transcript.
- 10. Must be in a state of physical and mental health compatible with the responsibilities of a nursing career. A physical examination, including selected diagnostic tests and immunizations, is required after acceptance into the program (a form is provided in acceptance packet).
- 11. Admission is contingent upon a successful criminal background check and a satisfactory drug screening. The procedures are completed after the nursing acceptance packet has been received.

It is the *applicant's responsibility* to verify with the Nursing and Allied Health office that the application file is complete. Incomplete application files will *not* be considered for admission.

All college coursework, pertinent to the nursing program, <u>MUST</u> be completed with a grade of "C" or better. All science courses must be no older than 5 years at the time of acceptance.

All applicants will be notified, *in writing*, of their admission status by October 31st each year. For application questions or to make an appointment please call (636) 584-6616 (Union) or (573) 202-6950 (Rolla).

You may also e-mail nursing@eastcentral.edu.

Best of luck with your educational endeavors and please let us know if we can be of assistance.

Nancy J. Mitchell, MSN, RN Director of Nursing Dean of Health Sciences

EAST CENTRAL COLLEGE ASSOCIATE DEGREE NURSING PROGRAM LPN to RN Bridge Curriculum

East Central College requires the following general education courses for an Associate of Applied Science Degree in Nursing. It is the responsibility of each applicant to <u>COMPLETE</u> these course requirements <u>PRIOR</u> to beginning the Nursing program.

PREREQUISITE COURSEWORK					
COL 101 Falcon Seminar	1				
NUR 103 Successful Transitions in Nursing (offered Summer and Fall)	4				
MTH 110 Intermediate Algebra; MTH 140 Contemporary Math;					
or MTH 150 Statistics, or higher	3				
PSC 102 American Gov't or HST 101, 102, or 103 American History	3				
PSC CIVICS WEB Civics Achievement Exam	0				
ENG 101 English Composition I	3				
ENG 102 English Composition II	3				
BIO 206 Anatomy and Physiology I Lecture and Lab	4				
BIO 207 Anatomy and Physiology II Lecture and Lab	5				
BIO 205 Microbiology for Allied Health Lecture and Lab	4				
PSY 101 General Psychology	3				
SOC 101 General Sociology	<u>3</u> 36				
Prerequisites: Two years high school Biology with lab with a "C	" grade or higher				
within the last five years					
or					
BIO 111 General Biology I Lecture and Lab					
One year high school Chemistry with lab with a "C" grade or higher within the last five years					
or					
CHM 106 Chemistry for Health Sciences Lecture and					
CHM 105 Introduction to Chemistry Lecture and L	ab				

Any request for a waiver of program pre-requisites <u>must</u> be approved in writing by the Director of Nursing.

ALL SCIENCE CLASSES MUST BE NO MORE THAN 5 YEARS OLD WITH A GRADE OF "C" OR BETTER!

SPRING SEMESTER	Credit Hours
NUR 201/202 Nursing of Adults & Children II Lecture/Lab	10
FALL SEMESTER	
NUR 231/232 Nursing of Adults & Children III Lecture/Lab	10
NUR 291 Nursing Trends	<u> </u>
	21
Total Hours (including pre-requisites): 72 (Nursing 40/General Education 32)	

NOTE: In order to achieve success in the nursing program, a student is expected to spend an additional average of 20-30 hours per week studying and preparing. Some examples include: practicing skills in the clinical lab, preparing for clinical assignments, studying for exam, preparing for class, developing written assignments, and developing presentations (not an inclusive list). Student can expect to spend 2-3 contact hours per credit hour for clinical lab courses.

Reviewed & Updated: 2/2023 Reviewed: 4/2024

EAST CENTRAL COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

**Estimated Itemized Expenses

PREREQUISITES: In-District @ \$138.00/hr. (36 credit hours) = \$4,968.00 Out-of-District @ \$192.00/hr. (36 credit hours) = \$6,912.00

An application fee of \$30.00 is due when applying. When accepted, an admission packet fee of \$180.00 is due.	IN-DISTRICT	OUT-OF- DISTRICT
SPRING, First semester: 10 credit hours		
Tuition	\$1,670.00	\$2,330.00
Support Services/Student Activity/Tech/Facilities/Security Fees	400.00	400.00
Special Lab/Assessment Fee***	750.00	750.00
Books and Syllabi (approximate)	1,100.00	1,100.00
TOTAL SPRING SEMESTER	\$3,920.00	\$4,580.00
FALL, Second semester: 11 credit hours		
Tuition	\$1,837.00	\$2,563.00
Support Services/Student Activity/Tech/Facilities/Security Fees	440.00	440.00
Special Lab/Assessment Fee	425.00	425.00
Books and Syllabi (approximate)	100.00	100.00
State Board of Nursing Fingerprint/Background Fee (approximate cost)	60.00	60.00
NCLEX-RN National Exam (approximate cost)	200.00	200.00
NCLEX-RN Prep Course (Student's responsibility)	400.00	400.00
TOTAL FALL SEMESTER	\$ 3,462.00	\$4,188.00

Total Nursing Coursework: \$7,382.00 \$8,768.00
Total Prerequisites/General Education (does not include books, etc.) 4,968.00 \$15,680.00

<u>PLEASE NOTE</u>: Nursing Courses will have the Tier 2 differential tuition rate. Tier 2 tuition: In-District - \$167.00/ch; Out-of-District - \$233.00/ch.

Updated: 4/2024

^{*}The cost of prerequisites includes *tuition only*.

^{**}ALL costs are estimated and intended only to give a general idea. Amounts are subject to change during the time allotted for the degree. You pay only for credit hours taken in a given semester.

^{***}The semester fees include Assessment/Remediation/Exam costs.



Associate Degree Nursing Program Admission Ranking

RANKING FOR ADMISSION

HESI EXAM	GPA	References	LPN Transcript	LPN to RN Mobility Exam
(Individual Composite Score) 75 = 0 76-79 = 2 80-85 = 4 86-90 = 6 91-94 = 8 95-100 = 10	Accumulated college GPA of a minimum of 12 credit hours of college credit $2.75 = 0$ $2.76 - 2.9 = 2$ $3.0 - 3.5 = 4$ $3.6 - 4.0 = 6$	References are evaluated according to the following responses: Excellent Above Average Average Below Average	Grades from Fundamentals, Med-Surg, and Pharmacology $A = 2$ $B = 1$ $C = 0$	(Individual Scores) 750 = 0 751-800 = 1 801-850 = 2 851-900 = 3 901-950 = 4 Above 950 = 5

^{**}NOTE: Admission criteria is subject to change; however, all applicants will be notified of changes should they occur.

East Central College Associate Degree Nursing Program

Summary of ECC Nursing Drug Screening, Immunization and Physical Examination Policies

Criminal History

As a requirement of the application process for the East Central College Nursing Program, in response to RSMo 660.317b and 660.315, students accepted into the program will be required to consent to release of their criminal history records (RSMo 43.450) for the sole purpose of determining the applicant's ability to enter patient care areas in order to fulfill the requirements of the Nursing program. Any student who is found to have a criminal history for a felony conviction, as defined by state law, or is found to be on one of the governmental sanction lists, will not be accepted nor allowed to continue enrollment in the ECC Nursing Program. Acceptance into and completion of the program does not guarantee licensure. In addition, any conviction may affect a student's ability to be placed in a clinical site and a graduate's ability to sit for the NCLEX RN Examination or attain State Licensure. Students currently serving probation are ineligible for admission and may be ineligible for admission if the criminal offense is recent in nature.

Drug Screening

The purpose of the ECC Nursing Program Drug Testing Policy is to ensure that students entering the Program are drug- and alcohol-free and to comply with the Drug-Free Schools and Communities Act Amendments of 1989. Offers of acceptance to the Nursing Program are made as conditional offers. Applicants may be denied admittance if a positive drug screen is detected. An applicant who refuses to authorize and pay for testing, or who tests positive for drugs, alcohol, or controlled substances, may not receive a final offer of admission. A current Nursing student who refuses to authorize and pay for testing, or who tests positive for drugs, alcohol, or controlled substances, may not be allowed to continue in the Nursing program. A positive drug screen during the professional years may disqualify a student from participating in required coursework involving client interaction and will affect the student's ability to complete the program.

Immunizations and Physical Examination

The purpose of the ECC Nursing Program Immunizations and Physical Examination Policy is to ensure that students entering the Program are in a state of physical and mental health compatible with the responsibilities of a career in nursing and in general, working with individuals in a healthcare or other provider environment. Upon acceptance to the program, all incoming nursing students are required to have a physical examination and certain immunizations (forms will be provided) to comply with ECC and clinical site-specific policies. Record of childhood immunizations are sufficient; however, if not available or insufficient, proof of immunity/re-immunization is required at the student's expense. Applicants may be denied admittance if they are not in a state of physical and mental health compatible with the responsibilities of a career as a registered nurse and/or if they do not receive the proper immunizations.

Graduate Learning Outcomes

Upon completion of the ECC Nursing Program, the graduate will be eligible to sit for the NCLEX RN licensure exam. Upon passing the exam, graduates will be licensed as a registered nurse in the State of Missouri. See Performance Standards for more information.

EAST CENTRAL COLLEGE - ASSOCIATE DEGREE NURSING CORE PERFORMANCE STANDARDS FOR ADMISSION AND PROGRESSION

SOURCE: National Council of State Boards of Nursing

ISSUE	STANDARD	EXAMPLES OF NECESSARY ACTIVITIES (Not All Inclusive)	
Critical Thinking	Critical thinking ability sufficient for clinical judgment	 Identify cause-effect relationships in clinical situations Develop nursing care plans Make rapid decisions under pressure Handle multiple priorities in stressful situations Assist with problem solving 	
Interpersonal	• Cope with confrontation • Demonstrate high degree of patience		
Communication	Communication abilities sufficient for interaction with others in verbal and written form	 Explain treatment procedures Initiate client education Document and interpret nursing actions and patient/client responses 	
Mobility	Physical abilities sufficient to move from room to room, to maneuver in small spaces and to perform procedures necessary for emergency intervention	 Move around in patient rooms, workspaces, and treatment areas Administer cardio-pulmonary resuscitation procedures Walk the equivalent of 5 miles per day Remain on one's feet in upright position at a workstation without moving about Climb stairs Remain in seated position 	
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care	 Calibrate and use equipment Position patients/clients Perform repetitive tasks Able to grip Bend at knee and squat Reach above shoulder level Lift and carry 25 pounds Exert 20-50 pounds of force (pushing/pulling) 	
Hearing	Auditory ability sufficient to monitor and assess health needs	 Hear monitor alarms, emergency signals, auscultatory sounds, and cries for help Hear tape recorded transcriptions Hear telephone interactions 	
Visual	Visual ability sufficient for observation and assessment necessary in nursing care	Observe patient/client responsesIdentify and distinguish colors	
Tactile	Tactile ability sufficient for physical assessment	• Perform palpation, functions of physical examination and/or those related to therapeutic intervention, e.g., insertion of a catheter	
Environmental	Ability to tolerate environmental stressors	 Adapt to shift work Work with chemicals and detergents Tolerate exposure to fumes and odors Work in areas that are close and crowded 	

EAST CENTRAL COLLEGE ASSOCIATE DEGREE NURSING PROGRAM NURSE PRACTICE ACT

Completion of the East Central College Associate Degree Nursing Program does not guarantee eligibility to write the NCLEX. Therefore, it is our responsibility to inform students who will be applying to write the Missouri State Board Test Pool Examination for licensure as registered nurses of the following portion of the Nurse Practice Act of Missouri:

335.66. Denial, revocation, or suspension of license, grounds for, civil immunity for providing information — complaint procedures.

- 1. The board may refuse to issue or reinstate any certificate of registration or authority, permit or license required pursuant to this chapter* for one or any combination of causes stated in subsection 2 of this section or the board may, as a condition to issuing or reinstating any such permit or license, require a person to submit himself or herself for identification, intervention, treatment, or monitoring by the intervention program and alternative program as provided in section 335.067. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.
- 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate of registration or authority, permit or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:
 - (1) Use or unlawful possession of any controlled substance, as defined in chapter 195, by the federal government, or by the department of health and senior services by regulation, regardless of impairment, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by sections 335.011 to 335.096. A blood alcohol content of .08 shall create a presumption of impairment;
 - (2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to sections 335.011 to 335.096, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;
 - (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to sections 335.011 to 335.096 or in obtaining permission to take any examination given or required pursuant to sections 335.011 to 335.096;
 - (4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;
 - (5) Incompetency, gross negligence, or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by this chapter*. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;
 - (6) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including, but not limited to, the following:
 - (a) Willfully and continually overcharging or overtreating patients; or charging for visits which did not occur un- less the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;
 - (b) Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation;
 - (c) Willfully and continually performing inappropriate or unnecessary treatment, diagnostic tests, or nursing services;
 - (d) Delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience, or licensure to perform such responsibilities;

- (e) Performing nursing services beyond the authorized scope of practice for which the individual is licensed in this state;
- (f) Exercising influence within a nurse-patient relationship for purposes of engaging a patient in sexual activity;
- (g) Being listed on any state or federal sexual offender registry;
- (h) Failure of any applicant or licensee to cooperate with the board during any investigation;
- (i) Failure to comply with any subpoena or subpoena duces tecum from the board or an order of the board;
- (j) Failure to timely pay license renewal fees specified in this chapter;
- (k) Violating a probation agreement, order, or other settlement agreement with this board or any other licensing agency;
- (l) Failing to inform the board of the nurse's current residence within thirty days of changing residence;
- (m) Any other conduct that is unethical or unprofessional involving a minor;
- (n) A departure from or failure to conform to nursing standards;
- (o) Failure to establish, maintain, or communicate professional boundaries with the patient. A nurse may provide health care services to a person with whom the nurse has a personal relationship as long as the nurse otherwise meets the standards of the profession;
- (p) Violating the confidentiality or privacy rights of the patient, resident, or client;
- (q) Failing to assess, accurately document, or report the status of a patient, resident, or client, or falsely assessing, documenting, or reporting the status of a patient, resident, or client;
- (r) Intentionally or negligently causing physical or emotional harm to a patient, resident, or client:
- (s) Failing to furnish appropriate details of a patient's, client's, or resident's nursing needs to succeeding Nurses legally qualified to provide continuing nursing services to a patient, client, or resident;
- (7) Violation of, or assisting or enabling any person to violate, any provision of sections 335.011 to 335.096, or of any lawful rule or regulation adopted pursuant to sections 335.011 to 335.096;
- (8) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;
- (9) Disciplinary action against the holder of a license or other right to practice any profession regulated by sections 335.011 to 335.096 granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;
- (10) A person is finally adjudged insane or incompetent by a court of competent jurisdiction;
- (11) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by sections
- 335.011 to 335.096 who is not registered and currently eligible to practice pursuant to sections 335.011 to 335.096:
- (12) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;
- (13) Violation of any professional trust or confidence;
- (14) Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;
- (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;
- (16) Placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health-related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency;
- (17) Failure to successfully complete the intervention or alternative program for substance use disorder;
- (18) Knowingly making or causing to be made a false statement or misrepresentation of a material fact, with intent to de- fraud, for payment pursuant to the provisions of chapter 208 or chapter 630, or for payment from Title XVIII or Title XIX of the federal Medicare program;
- (19) Failure or refusal to properly guard against contagious, infectious, or communicable diseases or the spread thereof; maintaining an unsanitary office or performing professional services under unsanitary conditions; or failure to report the existence of an unsanitary condition in the office of a physician or in any health care facility to the board, in writing, within thirty days after the discovery thereof;

- (20) A pattern of personal use or consumption of any controlled substance or any substance which requires a prescription unless it is prescribed, dispensed, or administered by a provider who is authorized by law to do so or a pattern of abuse of any prescription medication;
- (21) Habitual intoxication or dependence on alcohol, evidence of which may include more than one alcohol-related en- forcement contact as defined by section 302.525;
- (22) Failure to comply with a treatment program or an aftercare program entered into as part of a board order, settlement agreement, or licensee's professional health program;
- (23) Failure to submit to a drug or alcohol screening when requested by an employer or by the board. Failure to submit to a drug or alcohol screening shall create the presumption that the test would have been positive for a drug for which the individual did not have a prescription in a drug screening or positive for alcohol in an alcohol screening;
- (24) Adjudged by a court in need of a guardian or conservator, or both, obtaining a guardian or conservator, or both, and who has not been restored to capacity;
- (25) Diversion or attempting to divert any medication, controlled substance, or medical supplies;
- (26) Failure to answer, failure to disclose, or failure to fully provide all information requested on any application or renewal for a license. This includes disclosing all pleas of guilt or findings of guilt in a case where the imposition of sentence was suspended, whether or not the case is now confidential;
- (27) Physical or mental illness, including but not limited to deterioration through the aging process or loss of motor skill, or disability that impairs the licensee's ability to practice the profession with reasonable judgment, skill, or safety. This does not include temporary illness which is expected to resolve within a short period of time;
- (28) Any conduct that constitutes a serious danger to the health, safety, or welfare of a patient or the public.
- 3. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate, or permit.
- 4. For any hearing before the full board, the board shall cause the notice of the hearing to be served upon such licensee in person or by certified mail to the licensee at the licensee's last known address. If service cannot be accomplished in person or by certified mail, notice by publication as described in subsection 3 of section 506.160 shall be allowed; any representative of the board is authorized to act as a court or judge would in that section; any employee of the board is authorized to act as a clerk would in that section.
- 5. An individual whose license has been revoked shall wait one year from the date of revocation to apply for relicensure. Relicensure shall be at the discretion of the board after compliance with all the requirements of sections 335.011 to 335.096 relative to the licensing of an applicant for the first time.
- 6. The board may notify the proper licensing authority of any other state concerning the final disciplinary action determined by the board on a license in which the person whose license was suspended or revoked was also licensed of the suspension or revocation.
- 7. Any person, organization, association or corporation who reports or provides information to the board of nursing pursuant to the provisions of sections 335.011 to 335.259** and who does so in good faith shall not be subject to an action for civil damages as a result thereof.
- 8. The board may apply to the administrative hearing commission for an emergency suspension or restriction of a license for the following causes:
 - (1) Engaging in sexual conduct as defined in section 566.010, with a patient who is not the licensee's spouse, regardless of whether the patient consented;
 - (2) Engaging in sexual misconduct with a minor or person the licensee believes to be a minor. "Sexual misconduct" means any conduct of a sexual nature which would be illegal under state or federal law;
 - (3) Possession of a controlled substance in violation of chapter 195 or any state or federal law, rule, or regulation, excluding record-keeping violations;
 - (4) Use of a controlled substance without a valid prescription;
 - (5) The licensee is adjudicated incapacitated or disabled by a court of competent jurisdiction;

- (6) Habitual intoxication or dependence upon alcohol or controlled substances or failure to comply with a treatment or aftercare program entered into pursuant to a board order, settlement agreement, or as part of the licensee's professional health program;
- (7) A report from a board-approved facility or a professional health program stating the licensee is not fit to practice. For purposes of this section, a licensee is deemed to have waived all objections to the admissibility of testimony from the provider of the examination and admissibility of the examination reports. The licensee shall sign all necessary releases for the board to obtain and use the examination during a hearing; or
- (8) Any conduct for which the board may discipline that constitutes a serious danger to the health, safety, or welfare of a patient or the public.
- 9. The board shall submit existing affidavits and existing certified court records together with a complaint alleging the facts in sup- port of the board's request for an emergency suspension or restriction to the administrative hearing commission and shall supply the administrative hearing commission with the last home or business addresses on file with the board for the licensee. Within one business day of the filing of the complaint, the administrative hearing commission shall return a service packet to the board. The service packet shall include the board's complaint and any affidavits or records the board intends to rely on that have been filed with the administrative hearing commission. The service packet may contain other information in the discretion of the administrative hearing commission. Within twenty-four hours of receiving the packet, the board shall either personally serve the licensee or leave a copy of the service packet at all of the licensee's current addresses on file with the board. Prior to the hearing, the licensee may file affidavits and certified court records for consideration by the administrative hearing commission.
- 10. Within five days of the board's filing of the complaint, the administrative hearing commission shall review the information sub- mitted by the board and the licensee and shall determine based on that information if probable cause exists pursuant to subsection 8 of this section and shall issue its findings of fact and conclusions of law. If the administrative hearing commission finds that there is probable cause, the administrative hearing commission shall enter the order requested by the board. The order shall be effective upon personal service or by leaving a copy at all of the licensee's current addresses on file with the board.
- 11. (1) The administrative hearing commission shall hold a hearing within forty-five days of the board's filing of the complaint to determine if cause for discipline exists. The administrative hearing commission may grant a request for a continuance, but shall in any event hold the hearing within one hundred twenty days of the board's initial filing. The board shall be granted leave to amend its complaint if it is more than thirty days prior to the hearing. If less than thirty days, the board may be granted leave to amend if public safety requires.
 - (2) If no cause for discipline exists, the administrative hearing commission shall issue findings of fact, conclusions of law, and an order terminating the emergency suspension or restriction.
 - (3) If cause for discipline exists, the administrative hearing commission shall issue findings of fact and conclusions of law and order the emergency suspension or restriction to remain in full force and effect pending a disciplinary hearing before the board. The board shall hold a hearing following the certification of the record by the administrative hearing commission and may impose any discipline otherwise authorized by state law.
- 12. Any action under this section shall be in addition to and not in lieu of any discipline otherwise in the board's power to impose and may be brought concurrently with other actions.
- 13. If the administrative hearing commission does not find probable cause and does not grant the emergency suspension or restriction, the board shall remove all reference to such emergency suspension or restriction from its public records. Records relating to the suspension or restriction shall be maintained in the board's files. The board or licensee may use such records in the course of any litigation to which they are both parties. Additionally, such records may be released upon a specific, written request of the licensee.
- 14. If the administrative hearing commission grants temporary authority to the board to restrict or suspend the nurse's license, such temporary authority of the board shall become final authority if there is no request by the nurse for a full hearing within thirty days of the preliminary hearing. The administrative hearing commission shall, if requested by the nurse named in the complaint, set a date to hold a full hearing under the provisions of chapter 621 regarding the activities alleged in the initial complaint filed by the board.

- 15. If the administrative hearing commission refuses to grant temporary authority to the board or restrict or suspend the nurse's license under subsection 8 of this section, such dismissal shall not bar the board from initiating a subsequent disciplinary action on the same grounds.
- 16. (1) The board may initiate a hearing before the board for discipline of any licensee's license or certificate upon receipt of one of the following:
 - (a) Certified court records of a finding of guilt or plea of guilty or nolo contendere in a criminal prosecution under the laws of any state or of the United States for any offense involving the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense involving fraud, dishonesty, or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;
 - (b) Evidence of final disciplinary action against the licensee's license, certification, or registration issued by any other state, by any other agency or entity of this state or any other state, or the United States or its territories, or any other country;
 - (c) Evidence of certified court records finding the licensee has been judged incapacitated or disabled under Missouri law or under the laws of any other state or of the United States or its territories.
 - (2) The board shall provide the licensee not less than ten days' notice of any hearing held pursuant to chapter 536.
 - (3) Upon a finding that cause exists to discipline a licensee's license, the board may impose any discipline otherwise available.
- (L. 1975 S.B. 108 § 12, A.L. 1981 S.B. 16, A.L. 1995 S.B. 452, A.L. 1999 H.B. 343, A.L. 2007 H.B. 780 merged with S.B. 308, A.L. 2013 H.B. 315, A.L. 2018 H.B. 1719)

^{*}Words "chapter 335" appear in original rolls.

CHECKLIST FOR ADMISSION TO THE ASSOCIATE DEGREE IN NURSING

NOTE: Students who have ever been admitted to any Nursing Program previously must produce a Letter of Recommendation from the previous Nursing Dean/Director. A student who has failed to achieve a "C" or better in ANY two core nursing courses, in any RN nursing program(s) attended, will not be considered for admission. (Students who have had two (2) attempts to ANY RN program are not eligible for admission).

1.	APPLY FOR GENERAL ADMISSION TO THE COLLEGE (<u>Declare Major: Pre</u>
	Nursing). To apply, visit the East Central College website: https://admissions.eastcentral.edu . If you have questions regarding the college
	application, please contact Admissions at 636-584-6588.
2.	COMPLETE THE APPLICATION FOR NURSING. Submit the completed
	Application with the paid application fee receipt of \$30.00 to the Nursing and Allied
	Health Division Office, Health Science Building Suite 105 or to Rolla Main Building at 500 Forum Drive. The receipt for the application fee (obtained at the ECC Business
	Office Union or Rolla Main) <u>must</u> accompany your application.
3.	SUCCESSFUL COMPLETION OF ALL PRE-REQUISITE COURSEWORK with a
	grade of "C" or better. Pre-requisite coursework must be completed by the end of the Fall
	semester (December) before Spring admission into the program.
4.	PROVIDE OFFICIAL HIGH SCHOOL, TECHNICAL SCHOOL & COLLEGE
	TRANSCRIPTS. Applicant must request that official transcripts from high school or GED
	(scores required) and all colleges attended be sent to ECC Student Services for evaluation.
	Evaluating transcripts can be time consuming so please allow ample time for processing.
	Failure to request your transcripts in a timely manner may result in an incomplete application file. We must have your official LPN transcripts on file.
5.	HESI A2 ADMISSION TEST. Applicants must successfully complete the HESI A2 Pre-
	Admission Test for RN programs <i>prior to August 1st application deadline</i> . The HESI A2 may be
	Taken no more than twice in an application cycle. A minimum score of seventy-five percent (75%) composite is required. It is comprised of exams that are academically oriented, consisting
	of English language, grammar, vocabulary, math, biology, and critical thinking. Included in this
	packet is information on the exam and how to apply for the exam. <i>It is your responsibility to provide</i>
	the office with a copy of your examination scores. Register at:
	https://www.eastcentral.edu/learning-center/testing-center/hesi/
6.	LPN TO RN MOBILITY TEST. The HESI LPN to RN Mobility exam is a clinically based
	exam that measures a candidate's potential for successful transition from an LPN scope of practice to an RN scope of practice. The exam can be taken twice (30 days apart) in an
	application testing cycle (Feb. – July). A minimum score of 750 as a composite is required.
	Registration for the exam utilizes the same process as the above HESI admission exam. <i>It is</i>
	recommended that you sit for the LPN to RN Mobility exam only after you have achieved a
	satisfactory score on the general nursing admission test (HESI A2).
	Register at: https://www.eastcentral.edu/learning-center/testing-center/hesi/
7.	CUMULATIVE COLLEGE GRADE POINT AVERAGE (GPA) OF 2.75 (MINIMUM)
	on a minimum of 12 credit hours of college credit, (a GPA of 3.0 or higher is suggested).
8.	THREE (3) COMPLETED APPROPRIATE REFERENCES (see nursing application
	and reference form for criteria); the applicant is responsible for distributing references.
	It is the applicant's responsibility to check with the Nursing Office to make sure that the references have been received by the August 1st deadline. Applicants who have had
	nrior admission into any nursing program must have a letter of reference from the

Dean or Director of Nursing from that program accompanying their application.

9. SIGNED TECHNOLOGY ACKNOWLEDGEMENT FORM.	
10. SIGNED PERFORMANCE STANDARDS ACKNOWLEDGEMENT FORM	Л.

AFTER ACCEPTANCE INTO THE NURSING PROGRAM, THE FOLLOWING WILL BE REQUIRED:

- 1. PROOF OF MALPRACTICE INSURANCE with a minimum amount of \$1,000,000/5,000,000.
- 2. DRUG SCREENING (site determined by ECC).
- 3. MEDICAL EXAMINATION with Satisfactory Results (*Departmental form provided*). Must be in a state of physical and mental health compatible with the responsibilities of a nursing career. A physical examination (at the student's cost) including selected diagnostic tests and immunizations, is required after acceptance (a form is provided in acceptance packet).
- 4. SATISFACTORY FINGERPRINT/CRIMINAL BACKGROUND CHECK.
- **5. CURRENT CPR CARD** From either American Heart Association (BCLS-C) for Healthcare Provider (Basic Cardiac Life Support), or the American Red Cross CPR for the Professional Rescuer.
- **6. PRESENTATION OF A <u>CURRENT</u>**, <u>UNDISCIPLINED</u> (in any jurisdiction), PN LICENSE with IV Certification to practice in Missouri, or documented eligibility to write the NCLEX-PN, and two (2) years of recent clinical experience or be a new LPN graduate with LPN employment.

NOTE TO ALL STUDENTS: It is the <u>RESPONSIBILITY of the STUDENT</u> to maintain communication with the Nursing and Allied Health office to ensure that the application folder is complete and up-to-date with current admission requirements. You may call (636) 584-6616 or e-mail <u>julie.beck@eastcentral.edu</u> or <u>nursing@eastcentral.edu</u>. Admission to the program is <u>competitive in nature</u> and <u>is not guaranteed</u>. A selection committee ranks all applications and admission is granted to the most qualified applicants. Applicants can improve their chances of admission by maintaining a high GPA, completing pre- and corequisite courses and scoring high on the nursing entrance exam. *It should be understood that satisfactorily meeting minimum requirements does not automatically guarantee admission*.

Successful completion of the nursing program DOES NOT guarantee eligibility to take the licensure examination. Since one of the functions of the Missouri State Board of Nursing is to protect the public, the Board may refuse licensure to applicants who may jeopardize the well-being of Missouri citizens. The Missouri State Board of Nursing may also refuse to grant the student permission to take licensing exams or refuse to issue any certificate of registration of authority, permit, or license for the cause(s) outlined in the Missouri State Nurse Practice Act Chapter 335.066 RSMO, as amended.

Nursing students should be aware that there are reasons for refusal to issue a registered nurse license as defined by the State Statute 335.066 as quoted from the April 2014 Missouri Nurse Practice Act included in this handbook.

The Associate Degree Nursing program at East Central College meets the state education requirements for a registered nursing license in the state of Missouri. East Central College graduates sit for the National Council of State Boards of Nursing NCLEX-RN. Individual state boards of nursing may have individual education level requirements. East Central College has not determined if the Associate Degree Nursing program at East Central College meets the state education requirements in any other state, any U.S. Territory, or the District of Columbia.

APPLICATION DEADLINES: The nursing application is due by August 1st prior to the Spring semester in which you are applying. Transcripts are due August 31st. Applications will not be reviewed if incomplete on August 31st.

APPLICATION FOR ADMISSION January 2025

RETURN APPLICATION (with receipt for \$30.00 application fee), by August 1, 2024 TO: EAST CENTRAL COLLEGE

Department of Nursing & Allied Health ADN Program 1964 Prairie Dell Road Union, MO 63084-4344

OFFICE USE ONLY Receipt #
Received by:
Date Rec'd:

***Deadline for all Bridge applications: August 1, 2024
Transcripts must be on file by: August 31, 2024
APPLICATION FOR ADMISSION TO:
LPN to RN Bridge ADN Program – Rolla

ADDRESS: Street City State Zip Code Counter	JAME:						
In Street City State Zip Code Counter	AWIL.		First	MI	Previous	or Other Names	Student ID Number
Street City State Zip Code Counter Co	DDRESS:						
Relationship:		Street					County
Relationship:	Iome Phone: _		Work/School Ph	none:		E-Mail:	
DUCATION: igh School Attended:	erson to be no	otified in case of eme	rgency:			(ran	con e-mail address)
igh School Attended:	Vame:				Re	lationship:	
igh School Attended:							
PROFESSIONAL REFERENCE INSTRUCTIONS: Please fill in the following information. Three (3) reference from LPN instructor. Please note: It is your responsibility to contact references and distribute the enclosed reform to those individuals, with a stamped envelope addressed with the ECC Nursing address above. Your references be by a professional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfes supply one reference from the Dean/Director of that program. NAME (First and Last) PLEASE PRINT LEGIBLY No Friend POSITION POSITION POSITION							
Date Received: Date Received:						Year Grad	luated
NAME:							
PROFESSIONAL REFERENCE INSTRUCTIONS: Please fill in the following information. Three (3) reference required by May 1st for a completed application file. IMPORTANT: One reference must be from current employer a reference from LPN instructor. Please note: It is your responsibility to contact references and distribute the enclosed reform to those individuals, with a stamped envelope addressed with the ECC Nursing address above. Your references be by a professional, no friends/relatives, who can attest to your character and work ethic; preferably a heap professional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional in the following information. Three (3) reference measured by from current employer or reference from LPN instructor. Please note: It is your responsibility to contact references and distribute the enclosed reform to those individuals, with a stamped envelope addressed with the ECC Nursing address above. Your references be by a professional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have b	COLLEGE/PR	ROFESSIONAL SCH	IOOL(S) ATTEN	DED:			
PROFESSIONAL REFERENCE INSTRUCTIONS: Please fill in the following information. Three (3) referent required by May 1st for a completed application file. IMPORTANT: One reference must be from current employer or reference from LPN instructor. Please note: It is your responsibility to contact references and distribute the enclosed reform to those individuals, with a stamped envelope addressed with the ECC Nursing address above. Your references be by a professional, no friends/relatives, who can attest to your character and work ethic; preferably a heap professional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional supply one reference from the Dean/Director of that program. STREET/BOX ADDRESS/CITY/STATE/ZIP (Must have complete addresses. If business addresses, please include name of business.) PLEASE PRINT LEGIBLY (No frier	NAME:			Dates Att	tended	Γ	Degree
PROFESSIONAL REFERENCE INSTRUCTIONS: Please fill in the following information. Three (3) reference required by May Ist for a completed application file. IMPORTANT: One reference must be from current employer of reference from LPN instructor. Please note: It is your responsibility to contact references and distribute the enclosed reform to those individuals, with a stamped envelope addressed with the ECC Nursing address above. Your references be by a professional, no friends/relatives, who can attest to your character and work ethic; preferably a heap professional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional in the following information. Three (3) reference required by May Ist for a complete addressed with the following information. Three (3) reference required by May Ist for a complete abdressed with the following information. Three (3) reference required by May Ist for a complete abdressed with the following information. Three (3) reference required by May Ist for a complete abdressed with the following information. Three (3) reference required by May Ist for a complete abdressed with the following information. Three (3) reference must be from current employer of the professional distribute the enclosed reference from the professional distribute the enclosed reference from the professional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfer supply one reference from the Dean/Director of that program. **STREET/BOX ADDRESS/CITY/STATE/ZIP (Must have complete addresses. If business addresses, please include name of business.) **PLEASE PRINT LEGIBLY** **RELATION (No friend from the following information in the following information.	NAME:			Dates Att	tended	D	egree
PROFESSIONAL REFERENCE INSTRUCTIONS: Please fill in the following information. Three (3) reference required by May 1st for a completed application file. IMPORTANT: One reference must be from current employer a reference from LPN instructor. Please note: It is your responsibility to contact references and distribute the enclosed reform to those individuals, with a stamped envelope addressed with the ECC Nursing address above. Your references be by a professional, no friends/relatives, who can attest to your character and work ethic; preferably a heap professional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional in the following information. Three (3) reference measured by from current employer or reference from LPN instructor. Please note: It is your responsibility to contact references and distribute the enclosed reform to those individuals, with a stamped envelope addressed with the ECC Nursing address above. Your references be by a professional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional. ***Students that have b	NAME:			Dates At	tended	Γ	Degree
PROFESSIONAL REFERENCE INSTRUCTIONS: Please fill in the following information. Three (3) reference required by May Ist for a completed application file. IMPORTANT: One reference must be from current employer of reference from LPN instructor. Please note: It is your responsibility to contact references and distribute the enclosed reform to those individuals, with a stamped envelope addressed with the ECC Nursing address above. Your references be by a professional, no friends/relatives, who can attest to your character and work ethic; preferably a heap professional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfessional in the following information. Three (3) reference required by May Ist for a complete addressed with the following information. Three (3) reference required by May Ist for a complete abdressed with the following information. Three (3) reference required by May Ist for a complete abdressed with the following information. Three (3) reference required by May Ist for a complete abdressed with the following information. Three (3) reference required by May Ist for a complete abdressed with the following information. Three (3) reference must be from current employer of the professional distribute the enclosed reference from the professional distribute the enclosed reference from the professional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfer supply one reference from the Dean/Director of that program. **STREET/BOX ADDRESS/CITY/STATE/ZIP (Must have complete addresses. If business addresses, please include name of business.) **PLEASE PRINT LEGIBLY** **RELATION (No friend from the following information in the following information.	f von are currer	ntly attending college.	list the courses be	ing taken:			•
required by May 1st for a completed application file. IMPORTANT: One reference must be from current employer of reference from LPN instructor. Please note: It is your responsibility to contact references and distribute the enclosed reference individuals, with a stamped envelope addressed with the ECC Nursing address above. Your references be by a professional, no friends/relatives, who can attest to your character and work ethic; preferably a heap professional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfers supply one reference from the Dean/Director of that program. STREET/BOX ADDRESS/CITY/STATE/ZIP (Must have complete addresses. If business addresses.) PLEASE PRINT LEGIBLY address, please include name of business.) POSITION (No friends)							
required by May 1st for a completed application file. IMPORTANT: One reference must be from current employer or reference from LPN instructor. Please note: It is your responsibility to contact references and distribute the enclosed reform to those individuals, with a stamped envelope addressed with the ECC Nursing address above. Your references be by a professional, no friends/relatives, who can attest to your character and work ethic; preferably a heap professional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfers supply one reference from the Dean/Director of that program. STREET/BOX ADDRESS/CITY/STATE/ZIP (Must have complete addresses. If business addresses.) PLEASE PRINT LEGIBLY address, please include name of business.) POSITION (No friends)							
required by May 1st for a completed application file. IMPORTANT: One reference must be from current employer or reference from LPN instructor. Please note: It is your responsibility to contact references and distribute the enclosed reform to those individuals, with a stamped envelope addressed with the ECC Nursing address above. Your references be by a professional, no friends/relatives, who can attest to your character and work ethic; preferably a heap professional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfers supply one reference from the Dean/Director of that program. STREET/BOX ADDRESS/CITY/STATE/ZIP (Must have complete addresses. If business addresses.) PLEASE PRINT LEGIBLY address, please include name of business.) POSITION (No friends)	PROFESS	SIONAL REFEREN	CE INSTRUCTI	ONS: Pl	ease fill in the	following information	n. Three (3) references a
form to those individuals, with a stamped envelope addressed with the ECC Nursing address above. Your references be by a professional, no friends/relatives, who can attest to your character and work ethic; preferably a hear professional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfers supply one reference from the Dean/Director of that program. STREET/BOX ADDRESS/CITY/STATE/ZIP NAME (First and Last) PLEASE PRINT LEGIBLY (Must have complete addresses. If business please include name of business.) POSITION (No friends/relatives, who can attest to your character and work ethic; preferably a hear professional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfers.	required b	by May 1st for a comple	leted application fil	ile. <u>IMPOR</u>	RTANT: One r	eference <u>must</u> be fron	n current employer and o
be by a professional, no friends/relatives, who can attest to your character and work ethic; preferably a hear professional. ***Students that have been previously enrolled in a nursing program, or are requesting nursing transfers supply one reference from the Dean/Director of that program. STREET/BOX ADDRESS/CITY/STATE/ZIP NAME (First and Last) (Must have complete addresses. If business address, please include name of business.) PLEASE PRINT LEGIBLY address, please include name of business.) POSITION (No friends)							
supply one reference from the Dean/Director of that program. STREET/BOX ADDRESS/CITY/STATE/ZIP NAME (First and Last) (Must have complete addresses. If business TITLE/ PLEASE PRINT LEGIBLY address, please include name of business.) POSITION (No friend)		professional, <u>no frien</u>	nds/relatives, who	can attest	t to your char	acter and work ethic	c; preferably a healthco
NAME (First and Last) (Must have <u>complete</u> addresses. If business PLEASE PRINT LEGIBLY address, please include name of business.) RELATION (No friend the property of the pr		***Students that	have been previou	asly enrolle	ed in a nursing	program, or are reque	sting nursing transfer, m
NAME (First and Last) (Must have <u>complete</u> addresses. If business PLEASE PRINT LEGIBLY address, please include name of business.) RELATION (No friend the property of the pr	profession	ر reference from the الم	ean/Director of the	at program.	S/CITV/STAT	EF/7ID	
PLEASE PRINT LEGIBLY address, please include name of business.) POSITION (No frier	profession					ness TITLE	E/ RELATIONSHI
relative	profession supply one NAME	E (First and Last)					ONI (NI C I./
	profession supply one NAME	E (First and Last)				s.) POSITIO	,
	profession supply one NAME	E (First and Last)				s.) POSITIO	relatives)
	profession supply one NAME	E (First and Last)				s.) POSITIO	
. 	profession supply one NAME	E (First and Last)				s.) POSITIO	
ļ — — — — — — — — — — — — — — — — — — —	profession supply one NAME	E (First and Last)				s.) POSITIO	
	profession supply one NAME	E (First and Last)				s.) POSITIO	

	HISTO ME OF I			ployment beginning with the <i>most recent</i> p ADDRESS	POSITION HELD	DAT	ES
				12 12		From	То
**If v	es, expla	in fully	. in a sen	parate notarized statement, and provide c	ertified copies of court docum	ents (i.e. do	cket
			final dis	position).	<u> </u>		
				ou ever been convicted, adjudged guilty by and plea to any crime, whether or not senten			
Y	ES	NO	include	s any crime where the disposition was a susp	pended imposition of sentence (SIS), or a sus	spended
				on of sentence (SES), or if you pled guilty lang drug or DWI court.)	but were placed in an alternative	e or diversio	n court,
				ou ever been convicted, adjudged guilty by	a court, pled guilty, pled nolo co	ontendere or	entered
37	ES	NO		rd plea to any traffic offense resulting from			
	ES	NO		tence was imposed? (This includes a disposed ded execution of sentence (SES), or placement			
			include	s municipal charges of driving while intoxic			
				ve blood alcohol content.) have any condition or impairment, inclu	ding a history of alcohol or s	ubstance ab	ise that
Y	ES	NO	current	y interferes, or if left untreated may interfe	re, with your ability to practice		
				ional manner? If yes, explain fully in a sep now being treated, or have you been treated		ah a dmia an	alaahal
Y	ES	NO		tation program? If yes, explain fully in a			
				rge summary or other official document	ation that shows your diagno	sis, progno	sis, and
				ent plan. u listed on any state or federal sexual offer	nder registry? If ves. explain	fully on a s	eparate
Y	ES	NO	notariz	ed statement.		-	
	ES	NO		ou ever been placed on an employee disqua ng to employment within a health-related p			
	LS	110		cy? If yes, explain fully on a separate not		rederar gov	ciminant
vernment mpletion acement i	al sancti of the j in the cli	on lists, progran nical se gent upo	will not n, does r tting, you n a succe	riminal history for a class A or class B felor be able to continue enrollment in the East C not guarantee licensure by the Missouri a will not be able to complete the nursing pa- essful criminal background check and a san	Central College Nursing program State Board of Nursing. If c rogram at East Central College	n. Acceptar riminal hist z.	nce into ory prol
er the ini	tial acce _i	ptance l	etter is se	ent.			
				tained in this application, high school, collegented to an admissions committee for review			
applying	for adm	ission to	a nursin	g program at East Central College, I hereb	by waive my right of access or,	I hereby do	not waiv
		onfideni	ial letter	s and statements of recommendation submi	itted by references on my behal	lf as provide	d by Fe
w, PL93	380.						
st all state	es in whi	ch you h	ave resia	led in the past 10 years			
ay 1st bef	fore the	year of	desired	stand that it is my responsibility to check the program entrance. The file must be convesult in ineligibility for admission.			

(For office use) LPN License Number______ Date Granted______ Verified by ____



Must be on file by August 1st

to: East Central College Attn: Nursing Department 1964 Prairie Dell Road Union, MO 63084

Associate Degree Nursing Program Professional Reference Form

Section A: Applicant Instructions:

Please complete this section and then present this form to the person giving the reference, along with a stamped envelope addressed to East Central College Nursing Program (the address is in top right corner). As an alternative, the reference form may be returned to you in a sealed envelope for you to submit with your application packet. Forms should be completed by a professional, other than a friend or relative, who can attest to your character and work ethic, preferably a healthcare professional.

pplicati	ons will not b	e reviewed unless references are on	file by the deadline.	
Name:				
	Last	Maiden (if applicable)	First	Middle Initial
to waive	e their Right of endation subm	In applying for admission to the nursing f Access, as provided by Federal Law, itted by references on their behalf as co have the right to read this reference.	PL93-380, to confiden	ial letters and statements of
Applica	nt's Signature	2		Date

PLEASE NOTE: Applicant files close August 1st.

Applicant's Signature			_ Date		
Section B: Person Completing Reference Form:					
The above individual has applied to the East Central College A	Associate D	egree Nu	rsing Prog	gram. Gr	aduates of
the ECC ADN Program are expected to pursue careers in the r					
essential in the process used for selection of final candidates.	idising ner	u. Tourt	issessifici	t or then	potentiaria
Relationship to applicant?How long	hove von k	noven this	annliaan	+9	
xerationship to applicant?rlow long	nave you k	mown um	з аррисан	ι:	
Diagon compfully account the applicant in the fellowing areas, as	mananina th	ia ammliaa	nt to other	ha	ria Irmarrim
Please carefully assess the applicant in the following areas, co	mparing in	is applica	ni to ome	rs you na	ve known
who have similar levels of experience or education.		Abovo		Below	Unable
Criteria	Excellent	Above Average	Average	Average	to Judge
Communication Skills: (Command of oral and written language, use					
of appropriate body language)					
Reliability/Integrity: (Honest; trustworthy; conscientious)					
Motivation: (Committed based on mature values; realistic view of					
profession)					
Maturity: (Self-control, unselfish, realistic self-appraisal)					
Perseverance: (Steadfast in purpose; disciplined work habits;					
stamina/endurance)					
Interpersonal Relations: (Effective response/sensitivity to					
feelings/needs of others)					
Emotional Stability: (Performance under pressure; absence of					
tension symptoms; mood stability)					
Intellectual Ability: (Capable of understanding new ideas and					
concepts) Resourcefulness: (Adaptable in new situations; effective use of					
resources)					
Judgment: (Ability to analyze a situation and make appropriate					
2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -					

Please share any additional strengths, weaknesses or concerns that the selection committee should consider for this candidate (please use back of page for additional space):

Reference Signature:	Date:
Please Print Name:	



Must be on file by August 1st

to: East Central College Attn: Nursing Department 1964 Prairie Dell Road Union, MO 63084

Associate Degree Nursing Program Professional Reference Form

Section A: Applicant Instructions:

Please complete this section and then present this form to the person giving the reference, along with a stamped envelope addressed to East Central College Nursing Program (the address is in top right corner). As an alternative, the reference form may be returned to you in a sealed envelope for you to submit with your application packet. Forms should be completed by a professional, other than a friend or relative, who can attest to your character and work ethic, preferably a healthcare professional.

Applications will not be reviewed unless references are on file by the deadline.						
Name:						
	Last	Maiden (if applicable)	First	Middle Initial		
I -		I: In applying for admission to the nursing of Access, as provided by Federal Law,		_		

recommendation submitted by references on their behalf as constituted by their signature below. *If no signature is given*, the student will have the right to read this reference.

Applicant's Signature _____

__ Date_____

Section Ba	Person	Completing	Reference	Form:

PLEASE NOTE: Applicant files close August 1st.

The above individual has applied to the East Central College Associate Degree Nursing Program. Graduates of the ECC ADN Program are expected to pursue careers in the nursing field. Your assessment of their potential is essential in the process used for selection of final candidates.

Relationship to applicant?	How	long	have you	known t	this app	licant	?
----------------------------	-----	------	----------	---------	----------	--------	---

Please carefully assess the applicant in the following areas, comparing this applicant to others you have known who have similar levels of experience or education.

Criteria	Excellent	Above Average	Average	Below Average	Unable to Judge
Communication Skills: (Command of oral and written language, use of appropriate body language)					
Reliability/Integrity: (Honest; trustworthy; conscientious)					
Motivation: (Committed based on mature values; realistic view of profession)					
Maturity: (Self-control, unselfish, realistic self-appraisal)					
Perseverance: (Steadfast in purpose; disciplined work habits; stamina/endurance)					
Interpersonal Relations: (Effective response/sensitivity to feelings/needs of others)					
Emotional Stability: (Performance under pressure; absence of tension symptoms; mood stability)					
Intellectual Ability: (Capable of understanding new ideas and concepts)					
Resourcefulness: (Adaptable in new situations; effective use of resources)					
Judgment: (Ability to analyze a situation and make appropriate decisions)					

Please share any *additional strengths*, *weaknesses or concerns* that the selection committee should consider for this candidate (please use back of page for additional space):

Reference Signature:	 Date:	
Please Print Name: _		

Reviewed: 4/2024



Must be on file by August 1st

to: East Central College Attn: Nursing Department 1964 Prairie Dell Road Union, MO 63084

Associate Degree Nursing Program Professional Reference Form

Section A: Applicant Instructions:

PLEASE NOTE: Applicant files close August 1st.

Please complete this section and then present this form to the person giving the reference, along with *a stamped envelope addressed to East Central College Nursing Program* (the address is in top right corner). As an alternative, the reference form may be returned to you in a sealed envelope for you to submit with your application packet. Forms should be completed by a professional, other than a friend or relative, who can attest to your character and work ethic, preferably a healthcare professional.

Applications will not be reviewed unless references are on file by the deadline.						
Name:						
	Last	Maiden (if applicable)	First	Middle Initial		
WAIVI	ER OPTION	: In applying for admission to the nursing p	orogram at East Ce	ntral College, this student agrees		
to waive	e their Right	of Access, as provided by Federal Law, P	L93-380, to confi	dential letters and statements of		
recomm	endation sub	mitted by references on their behalf as cons	tituted by their sig	nature below. <i>If no signature is</i>		

given, the student will have the right to read this reference.

Applicant's Signature

Date

Section B: Person Completing Reference Form:

The above individual has a	oplied to the East Central College Associate I	Degree Nursing Program. Graduates of
the ECC ADN Program are	expected to pursue careers in the nursing fiel	d. Your assessment of their potential is
essential in the process use	I for selection of final candidates.	
Relationship to applicant?	How long have you k	known this applicant?

Please carefully assess the applicant in the following areas, comparing this applicant to others you have known who have similar levels of experience or education.

Criteria	Excellent	Above Average	Average	Below Average	Unable to Judge
Communication Skills: (Command of oral and written language, use of appropriate body language)					
Reliability/Integrity: (Honest; trustworthy; conscientious)					
Motivation: (Committed based on mature values; realistic view of profession)					
Maturity: (Self-control, unselfish, realistic self-appraisal)					
Perseverance: (Steadfast in purpose; disciplined work habits; stamina/endurance)					
Interpersonal Relations: (Effective response/sensitivity to feelings/needs of others)					
Emotional Stability: (Performance under pressure; absence of tension symptoms; mood stability)					
Intellectual Ability: (Capable of understanding new ideas and concepts)					
Resourcefulness: (Adaptable in new situations; effective use of resources)					
Judgment: (Ability to analyze a situation and make appropriate decisions)					

Please share any *additional strengths*, *weaknesses or concerns* that the selection committee should consider for this candidate (please use back of page for additional space):

Reference Signature:	 Date:	
Please Print Name:		

East Central College Associate Degree Nursing Program

Performance Standards for Associate Degree Nursing Students

<u>To the applicant</u>: Review and sign this page to indicate you understand the performance standards listed on the next page. Return the signed page with your application materials by the May 1st deadline.

Student Responsibilities:

Registered nurses (RN's) promote health, prevent disease, and help patients and families cope with illness. They have a unique scope of practice, yet work collaboratively with all members of the healthcare team. Nurses are hands-on professionals who provide focused and highly personalized care. Registered nurses assess a patient's health, help perform diagnostic tests and analyze results; operate medical equipment; administer a variety of treatments and medications; and assist with patient follow-up and rehabilitation. They develop and manage a nursing plan of care and instruct patients and families on issues of health promotion, disease prevention, and disease management. Nurses also serve as advocates for patients, families, and communities.

A majority of registered nurses practice in hospitals, though a growing number are employed in long-term care settings, community-based facilities such as outpatient surgery centers and rehabilitation centers. Others work in community health, industrial or school nursing, clinics, and physician offices. The field has a wide range of opportunities ranging from entry-level practitioner to doctoral-level researcher/practitioner. During your academic experience, you will be exposed to learning environments, which are challenging and reflective of job demands typical of future practice as a Registered Nurse. Your education also includes clinical work at varying facilities, which will involve direct client contact and involvement with community professionals. Compliance and demonstration of performance skills related to physical as well as professional standards of practice are a requirement for successful completion of the ECC Nursing Program.

Students are expected to follow professional standards set by the ECC Nursing Program and to conduct themselves in an ethical and responsible manner with other students, faculty, administrators, community professionals and clients, equipment, and supplies.

Performance Standards for Successful Completion of the Nursing Program:

These Performance Standards should be used to assist each applicant and student to determine if they are otherwise qualified to be a Registered Nurse. It is the policy of East Central College to provide reasonable accommodations for individuals with disabilities. If you need an accommodation due to a disability under the Americans with Disabilities Act, please contact the Access Office at (636) 584-6581, prior to applying to the ECC nursing program.

Progression Policy:

Students in the final semester of the program are required to take a standardized RN Exit Exam. Achievement of an acceptable score is required for successful completion of the program. Details are published in the Student Nursing Handbook (obtained after acceptance and available on the nursing website).

Upon completion of the Associate of Applied Science degree in Nursing, the graduate will be able to meet the standards outlined in this application.

I acknowledge receiving, reading, understanding, and meet the Nursing Performance Standards and the Missouri State Board of Nursing licensure requirements. I realize that these Performance Standards must be met for successful completion of the ECC Nursing Program. I further understand that completion of the ECC Nursing Program does not guarantee licensure with Missouri State Board of Nursing (MSBN).

Student Name (printed legibly):	
Student Signature:	Date:

NOTE: Students who do not meet Performance Standards or MSBN requirements may not be eligible for the ECC Nursing Program. Any applicant who is concerned about being eligible for licensure may discuss this matter with the Nursing Program Director by contacting the Health Science office at (636) 584-6616 for an appointment.

East Central College Associate Degree Nursing Program

Acknowledgement of Technology Requirements Form

<u>To the applicant</u>: Review this form to indicate you understand the technology requirements of the Nursing Program. Sign and return the form with your nursing application by the May 1st deadline.

The East Central College Nursing Program utilizes e-technologies to deliver a portion of course content and as a means of communication with program students, faculty and staff. Through a combination of didactic coursework, classroom/laboratory practice, and clinical experiences, students will learn the profession of nursing. Aspects of all of these learning environments will require familiarity with internet-based technologies. In addition to internet based technologies, interactive television will also be utilized to convey course content for some course content between the Union Campus and Rolla location. Specialty topics may have a significant portion delivered with this technology. This allows students to experience the highest level of nursing expertise for instructional purposes.

Offers of acceptance to the ECC Nursing Program are made as conditional offers. In addition, to the satisfactory completion of pre-requisite courses, a satisfactory background check, and a negative alcohol, drug, and/or controlled substance test, applicants are required to acknowledge the integral use of technology in the delivery of this program. Technologies include, but are not limited to: internet, e-mail, Moodle, interactive television (ITV), online database searching, web-based lecture capture, internet streaming video review, and other e-technologies as assigned as integral components of the Nursing Program. While many of these technologies are accessible through any computer with access to the internet, students may be required to travel to the Union campus or Rolla location to attain consistent, high-speed access compatible with viewing of content-specific materials. Students are also required to attend classes on campus delivered through the ITV format.

Students are NOT required to have a personally owned computer or home-based high-speed internet access as these materials and services are made readily available at either the Union or Rolla location. However, current nursing students report that personally owned laptop computers and access to high speed internet connections in their homes leads to increased satisfaction and a more convenient and accessible learning environment.

I have read and understand the above technology requirements related to the ECC Nursing Program and hereby acknowledge that in order to successfully complete the program I will need to utilize said technologies for communication with program faculty and staff, access to course content, assignment submission, and dialogue with fellow classmates and colleagues in these virtual environments.

Student Name (printed legibly):	
Student Signature:	Date: