

## **APPLICATION**

for

# Associate of Applied Science Degree in Nursing Union and Rolla

Class Beginning August, 2018
Graduating May, 2020
Deadline to apply: December 1, 2017

\*\*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 Wendy Hartmann, Human Resources Director, 005 Classroom Building MP, telephone number 636-584-6712 or hrnotice@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 <a href="mailto:stnotice@eastcentral.edu">stnotice@eastcentral.edu</a>. Both offices are located at the ECC main campus located at 1964 Prairie Dell Road, Union, Missouri 63084.



## ASSOCIATE DEGREE NURSING PROGRAM UNION AND 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.

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 (including pre-requisites) that encompasses on-campus classroom and laboratory hours as well as clinical experience in a variety of local hospitals and facilities. Once selected for admission into the program, students should complete the fulltime nursing program in two years. 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 sit for the national exam (NCLEX) to obtain a Registered Nurse (RN) license. A LPN to RN Bridge program is available for qualified LPNs (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 2 of ANY RN nursing courses/programs attended, will not be considered for admission. Also, 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, Attn: Nursing Department, 1964 Prairie Dell Road, Union, MO 63084-4344, with a 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 \$15.00 application fee. Applications, including references, must be submitted on an annual basis and are only good for one admission cycle.

<u>APPLICATION DEADLINE</u>: The ECC Nursing Program is approved to accept students into the program each Fall semester. The deadline for application is <u>December 1<sup>st</sup></u> of the year before your desired entrance into the Nursing Program and application files close on January 31st. To be eligible, all transcripts, references, etc. must be on file by January 31<sup>st</sup>.

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. Minimum cumulative 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 higher in the last two years.
  - It is your responsibility to provide our office with 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. Estimated time for each section is provided by Elsevier below but tests are not individually timed during testing. You will have 4-1/2 hours to complete the test so pacing yourself is very important. The test is only given in <u>UNION</u>; however, you will register for your exam in the Learning Center for Union students and at ECC Rolla Main at 500 Forum Drive for Rolla students. 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/

- 3. **Pre-requisite coursework completed with a "C" or better.** Pre-requisite coursework <u>must be completed by the end of the Spring semester (May) before</u> Fall admission into the program. See curriculum page in this application packet for more detail.
- **4.** Complete a minimum of 8 hours observation with a RN at a skilled nursing/long term care facility or hospital.
- 5. Three (3) appropriate references on file. (See application for guidelines regarding references.)
- **6.** Official transcripts received and evaluated for program, as well as proof of enrollment, if coursework is taken at another institution. Applications will not be considered if official transcripts have not been evaluated by January 31st. It is the applicant's responsibility to check their E-Central account to determine status of their ECC transcript.
- 7. 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 (a form is provided in acceptance packet).
- **8.** 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. <u>Incomplete application files will not be considered for admission</u>.

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 during the first two weeks of March each year.

If you have any questions, please contact the Program Assistant for Nursing and Allied Health (Union), at (636) 584-6616 or <a href="mailto:nursing@eastcentral.edu">nursing@eastcentral.edu</a>; or Lavonda Lawson, Administrative Assistant (Rolla North), at (573) 202-6950 or <a href="mailto:lavonda.lawson@eastcentral.edu">lavonda.lawson@eastcentral.edu</a>. Nursing program information is also available on our website at <a href="http://www.eastcentral.edu/nursing/nursing/">http://www.eastcentral.edu/nursing/nursing/</a>.

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

Robyn C. Walter, MSN, RN ECC Nursing Program Director Division Chair, Nursing and Allied Health

## 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.

| To INITIATE the application process, the student MUST complete the following requirements:  |
|---|
| 1. <b>APPLY FOR GENERAL ADMISSION TO THE COLLEGE -</b> ( <u>Declare Major: Pre-Nursing</u> ). Call or visit Student Services to obtain an Application for Admission and to receive information on the college admissions process. The number is (636-584-6588). Applications are also available on our website: <a href="http://www.eastcentral.edu/admissions/new-student-checklist/">http://www.eastcentral.edu/admissions/new-student-checklist/</a>   |
| 2. <b>COMPLETE THE APPLICATION FOR NURSING -</b> Submit the completed application, <i>with receipt from business office</i> for \$15 application fee, in this package to the Nursing and Allied Health Division Office, Health Science Building Suite 105 or to the Nursing office in Rolla at 2303 N. Bishop (Rolla North).  |
| 3. <b>PROVIDE OFFICIAL HIGH SCHOOL, TECHNICAL SCHOOL &amp; COLLEGE TRANSCRIPTS</b> - Applicant must request that official transcripts from high school or GED (scores required) <i>and all</i> colleges attended be sent to <b>ECC Student Services</b> 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. Students with transfer credit are required to meet with a nursing advisor prior to application.  |
| 4. NURSING ADMISSION TEST – HESI A2 ADMISSION TEST: Applicants must successfully complete the HESI A2 Pre-Admission Test for RN programs <i>prior to December 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 <u>is required</u> . It is comprised of exams that are academically oriented, consisting of <u>math, reading, comprehension, grammar and vocabulary, biology, and critical thinking</u> . Included in this packet is information on the exam, the study guide and how to apply to take the exam (attach proof to application). It is your responsibility to provide the office with a copy of your examination results. |
| 5. Complete a minimum of 8 hours observation with a RN at a skilled nursing/long term care facility or hospital.  |
| 6. Completion of <u>all</u> required pre-requisite coursework by end of Spring semester prior to Fall semester of desired entry.  |
| 7. Minimum cumulative 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.)  |
| 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 January 31st deadline. Applicants who have had prior 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   |
| 11. A current ECC student photo ID badge with a picture deemed appropriate for clinical use.  |
| UPON ACCEPTANCE INTO THE NURSING PROGRAM THE FOLLOWING WILL BE REQUIRED:  |
| <ol> <li>DRUG SCREENING (site determined by ECC)</li> <li>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, including selected diagnostic tests and immunizations, is required after acceptance at your cost (the form is provided in acceptance packet).</li> <li>SATISFACTORY FINGERPRINT/CRIMINAL BACKGROUND CHECK</li> <li>CURRENT CPR CARD - From either American Heart Association (BCLS-C) for Healthcare Provider (Basic Cardiac Life</li> </ol>   |
| Support), or the American Red Cross CPR for the Professional Rescuer.   |

NOTE TO ALL STUDENTS: It is the RESPONSIBILITY of the STUDENT to maintain communication with the Nursing and Allied Health office to ensure that their application file is complete and up-to-date with current admission requirements by the noted deadlines above. You may call (636) 584-6616 or e-mail: <a href="mainto:nursing@eastcentral.edu">nursing@eastcentral.edu</a>.

<u>APPLICATION DEADLINES</u>: The nursing application is due by December 1<sup>st</sup> prior to the year for which you are applying. *Application files close on January 31<sup>st</sup> at 4:30 p.m. Applications will not be reviewed if incomplete on January 31<sup>st</sup>.* 

**NOTE TO ALL STUDENTS:** Admission to the program is **competitive in nature** and **is not guaranteed**. A selection committee ranks all applications and admission is granted to the most qualified applicants. Applicants can improve their likelihood of admission by maintaining a high GPA, completing pre- and co-requisite courses and scoring high on the nursing entrance exam. *It should be understood that satisfactorily meeting minimum requirements* **does not automatically guarantee admission.** 

## 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-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 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. Childhood immunizations, if available, provide proof of many of the immunizations required. 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 on pages 16 and 17 for more information.

# EAST CENTRAL COLLEGE ASSOCIATE DEGREE NURSING CURRICULUM UNION AND ROLLA

## PREREQUISITE COURSES

COL 101 Foundations Seminar
MTH 110 Intermediate Algebra or higher
ENG 101 English Composition I
PSY 101 General Psychology
BIO 206 Anatomy & Physiology I Lecture and Lab
BIO 207 Anatomy & Physiology II Lecture and Lab

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

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CHM 106 Chemistry for Health Sciences Lecture and Lab or CHM 105 Introduction to Chemistry Lecture and Lab

\*\*You may apply before pre-requisites are completed; however, coursework must be completed by the end of the Spring semester (May) before Fall admission to nursing. Proof of enrollment, a waiver, or proof of completion (official transcript submitted to Registrar's office) must be on file by January 31st for the next Fall's admission cycle.\*\*

#### **FALL**

| 11122 | NUR 101/102 Fundamentals of Nursing Lecture and Lab<br>◆MTH 121 Medication Calculations for Allied Health<br>ENG 102 English Composition II    | 9<br>(1)<br>3<br>13                           |
|-------|--|---|
| SPRIN | G  |   |
|       | NUR 131/132 Nursing of Adults and Children I Lecture and Lab<br>BIO 205 Microbiology for Allied Health Lecture and Lab                         | $\frac{10}{000000000000000000000000000000000$ |
| FALL  | NUR 201/202 Nursing of Adults and Children II Lecture and Lab<br>PSC 102 American Gov't <i>or</i> HST 101, HST 102 or HST 103 American History | 10<br>3<br>13                                 |
| SPRIN | G**  |   |
|       | NUR 231/232 Nursing of Adults and Children III Lecture and Lab<br>NUR 291 Nursing Trends<br>SOC 101 General Sociology                          | 10<br>1<br>                                   |
|       |  | 14  |

<sup>\*\*</sup>For second year students: ACLS and PALS courses are optional, yet recommended during the final Spring semester.

## TOTAL HOURS (including prerequisites): 72 (Nursing 40/General Education 32)

♦ Not mandatory, but highly recommended; to be taken with Fundamentals of Nursing.

<u>NOTE</u>: 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.

Updated: March, 2017

## EAST CENTRAL COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

## \*\*Estimated Itemized Expenses

PREREQUISITES: In-District @ \$95.00/hr. (15 credit hours) = \$1,425.00

Out-of-District @ \$139.00/hr. (15 credit hours) = \$2,085.00

| A non-refundable application fee of \$15.00 is due when applying.   | IN-DISTRICT | OUT-OF-DISTRICT |
|---|-------------|-----------------|
| When accepted, a non-refundable admission packet fee of \$100.00 is |             |                 |
| due.  |             |                 |
| FALL, First semester: 14 credit hours                               |             |                 |
| Tuition/Support Services/Student Activity/Technology Fees           | \$ 1,596.00 | \$ 2,212.00     |
| Special Lab/Assessment Fee  | 350.00      | 350.00          |
| Books and Syllabi plus clinical kit (approximate)                   | 1,700.00    | 1,700.00        |
| Watch w/2nd hand, bandage scissors, white shoes, name pin, sleeve   | 400.00      | 400.00          |
| emblem, uniforms (2), lab coat, stethoscope, etc.                   |             |                 |
| TOTAL FALL SEMESTER   | \$ 4,046.00 | \$ 4,662.00     |
| SPRING, Second semester: 18 credit hours                            |             |                 |
| Tuition/Support Services/Student Activity/Technology Fees           | \$ 2,052.00 | \$ 2,844.00     |
| Special Lab/Assessment Fee  | 350.00      | 350.00          |
| Books and Syllabi (approximate)                                     | 900.00      | 900.00          |
| TOTAL SPRING SEMESTER   | \$ 3,302.00 | \$ 4,094.00     |
| FALL, Fourth semester: 17 credit hours                              |             |                 |
| Tuition/Support Services/Student Activity/Technology Fees           | \$ 1,938.00 | \$ 2,686.00     |
| Special Lab/Assessment Fee  | 375.00      | 375.00          |
| Books and Syllabi (approximate)                                     | 700.00      | 700.00          |
| TOTAL FALL SEMESTER   | \$ 3,013.00 | \$ 3,761.00     |
| SPRING, Fifth Semester: 14 credit hours                             |             |                 |
| Tuition/Support Services/Student Activity/Technology Fees           | \$ 1,596.00 | \$ 2,212.00     |
| Special Lab/Assessment Fee  | 375.00      | 375.00          |
| Books and Syllabi (approximate)                                     | 225.00      | 225.00          |
| State Board of Nursing Exam Fee (approximate cost)                  | 120.00      | 120.00          |
| NCLEX RN National Exam (approximate cost)                           | 300.00      | 300.00          |
| Graduation Pin (approximate <i>minimum</i> cost)                    | 50.00       | 50.00           |
| NCLEX RN Review Course (Student's responsibility)                   | 425.00      | 425.00          |
| TOTAL SPRING SEMESTER   | \$ 3,091.00 | \$ 3,707.00     |

| Total <u>without</u> *Prerequisites:                      | \$ 13,452.00 | \$ 16,224.00 |
|---|--------------|--------------|
| Tuition for *Prerequisites (does not include books, etc.) | 1,425.00     | 2,085.00     |
| TOTAL with *Prerequisites:                                | \$ 14.877.00 | \$ 18,309,00 |

<u>PLEASE NOTE</u>: Nursing courses have the Tier 2 differential tuition rate. Tier 2 tuition (with student fees): In-District - \$114/ch; Out-of-District - \$158/ch.

Please note: All Web-Hybrid courses at ECC have a \$30 fee charge. This cost has not been added in the above figures.

Updated: March, 2017

<sup>\*</sup>The cost of prerequisites includes tuition, technology, support services and student activity fees only.

<sup>\*\*</sup>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.

# 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:

## 335.066. 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 chapter 335 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 rehabilitation by the impaired nurse 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, 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;
  - (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 <u>335.011</u> to <u>335.096</u> or in obtaining permission to take any examination given or required pursuant to sections <u>335.011</u> to <u>335.096</u>;
  - (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 chapter 335. 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 unless 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;

- (1) Failing to inform the board of the nurse's current residence;
- (m) Any other conduct that is unethical or unprofessional involving a minor;
- (7) Violation of, or assisting or enabling any person to violate, any provision of sections <u>335.011</u> to <u>335.096</u>, or of any lawful rule or regulation adopted pursuant to sections <u>335.011</u> to <u>335.096</u>;
- (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 impaired nurse program;
- (18) Knowingly making or causing to be made a false statement or misrepresentation of a material fact, with intent to defraud, 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 unless it is prescribed, dispensed, or administered by a provider who is authorized by law to do so;
- (21) Habitual intoxication or dependence on alcohol, evidence of which may include more than one alcohol-related enforcement contact as defined by section <u>302.525</u>;
- (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.
- 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 <u>335.011</u> 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 <u>566.010</u>, 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 support 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 submitted 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)

\*Section 335.259 was repealed by S.B. 52, 1993.

\*\*Word "in" appears here in original rolls.

# EAST CENTRAL COLLEGE ASSOCIATE DEGREE NURSING PROGRAM Registered Nurse Observation Guidelines

Complete a minimum of 8 hours observation with an RN at a skilled nursing/long term care facility or hospital. The optional, but recommended, additional hours may be completed at a clinical site of your choosing. Review and complete the enclosed Observation Form (copy as needed). A separate form should be used for each facility, and the RN must sign the form for verification.

Students considering a career in a health science field generally, and nursing specifically, can make a more informed education choice based on personal experience or observation. While at any clinical site, students must maintain the highest level of professional decorum to include appropriate dress, limited jewelry, and a professional appearance. Specifically, no jeans, t-shirts or sweatshirts, no tennis shoes or open-toed sandals are to be worn, tattoos should not be visible, and jewelry is limited to one earring per ear lobe. Overall appearance must be neat and clean and inspire confidence in the patient-provider interaction.

Types of facilities that employ registered nurses include hospitals, nursing homes, outpatient clinics, school systems, and mental health facilities. These requests are made quite frequently and you will find most facilities accommodating. Be prepared to discuss your reason for the request and your availability. Students should begin this process at least 3-4 months before the application is due as some facilities will not be able to accommodate your request on a short timeframe. If the student is employed at a facility where observation took place, a maximum of 8 hours observation at that site may be counted.

It is recommended that you observe more than 8 hours and in multiple RN settings to gain an understanding of the diversity of the profession. Points are earned in the RN application review process for clinical observation; applicants who complete more than the minimum and in more than one clinical RN setting will earn more points than applicants who complete only the minimum required observation hours.

## East Central College Associate Degree Nursing Program

## **Applicant Observation Form**

| To the applicant: Observe a minimum of 8 hours with a registered nurse in a skilled nursing/long-term care facility or hospital and use a new form for each site (make copies of this form as necessary). It is recommended that students observe more than 8 hours and in more than one clinical RN setting. Students should contact the site in advance and schedule the observation while a registered nurse is scheduled to work. Take this form with you and obtain the clinician's signature to verify your observation hours. Return this completed and signed form with your application packet. If student is employed at this facility, a maximum of 8 hours observation at this site may be counted. |  |  |  |
|---|--|--|--|
| _   |  |  |  |
| _   |  |  |  |
|   |  |  |  |
| To the clinician: As an admission requirement to the East Central College, Associate Degree Nursing Program, applicants are required to observe a Registered Nurse for a <i>minimum</i> of 8 hours in one or more clinical settings. If the information listed above for the prospective student is correct for today's observation, please complete the section below, sign the form and return it to the student.  Type of setting(s) that the student observed at this facility on the above date(s). Please specify exact type of observation (i.e. Pediatrics: In-Pt.; Adult – Acute Care; Adult – In-Patient; etc.). <i>Please be specific.</i>   |  |  |  |
| _   |  |  |  |
| _   |  |  |  |
| -   |  |  |  |
| _   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

## For more information about the program:

Robyn Walter Director of Nursing East Central College 1964 Prairie Dell Road Union, MO 63084 Office: 636-584-6616

Robyn.walter@eastcentral.edu

| Additional comments about this | applicant: |  |
|--------------------------------|------------|--|
|                                |            |  |
|                                |            |  |
|                                |            |  |
|                                |            |  |



# Associate Degree Nursing Program Admission Ranking

## **RANKING FOR ADMISSION**

| with a "C" or better.**  of 12 credit hours of  16 hours   |   |
|--|---|
| • Microbiology • College Algebra or higher  o Microbiology • College Algebra or higher  75 = 0  76-79 = 2  80-85 = 4  86-90 = 6  91 94 = 8  college credit  24 hours  NOTE: A minute hours RN observable of skilled nursing facility or hosp | servation at a g/long-term care spital is required. I facilities can be the minimum |

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

February, 2014

Reviewed/Revised: March 2017

## APPLICATION FOR ADMISSION Fall, 2018

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

If you are currently attending college, list the courses being taken: \_\_\_\_\_\_

| Fall, 2018  |                           |                   |  | Received by:  |   |             |               |
|---|---------------------------|-------------------|--|---------------|---|-------------|---------------|
|   |                           |                   |  | Date Rec'd: _ |   |             |               |
| RETURN APPLICATION (with receipt from Cashier's Office for \$15 application fee) by December 1, 2017 to:  EAST CENTRAL COLLEGE Attn: Nursing Department 1964 Prairie Dell Road Union, MO 63084-4344 Telephone: (636) 584-6616 |                           |                   | ***Deadline for all Pre-licensure applications: De Application file must be complete by January 31, Union CampusRolla C (Please indicate preference by putting a '1' b' '2' by 2 <sup>nd</sup> choice. If only one location desired choice. Thank you.) Nursing Transfer |               | Rolla Campus<br>a '1' by 1 <sup>st</sup> choice and<br>desired, mark only one |             |               |
| 11   1011   1011   1011   1011   1011   1011   1011   1011  <br>111   1011   1011   1011   1011   1011   1011   1011   1011   |                           |                   |  |               | admission to the progr<br>admission to the progr                              |             |               |
| NAME:   |                           |                   |  |               |   |             |               |
|   | Last                      | First             | MI   | Previous o    | or Other Names  | Stude       | ent ID Number |
| ADDRESS:  | Street                    |                   | City   | State         | Zip Code  | Count       | ty            |
| Primary Phon  | ne:                       |                   |  | Secondary     | y Phone:  |             |               |
| E-mail Addres   | ss <b>(ECC Falcon Mai</b> | il address): 1st: |  |               | 2 <sup>nd</sup> :   |             |               |
| Emergency   |                           |                   |  |               |   |             |               |
| Name:Address/Phone:   |                           |                   |  |               | Rel   | ationship:  |               |
| Name:   |                           | Add               | ress/Phone:  |               |   | Rela        | ationship:    |
| EDUCATIO  | N:                        |                   |  |               |   |             |               |
| High School A   | Attended:                 |                   | Yr.  | Graduated     | <b>OR,</b> Earned GE  | D: State:Ye | ar:           |
| COLLEGE/F   | PROFESSIONAL              | SCHOOL ATTEN      | IDED:  |               |   |             |               |
| NAME:   |                           |                   | _Dates Attende   | d             | Degre   | e           |               |
| NAME:   |                           |                   | _Dates Attende   | d             | Degre   | e           |               |
|   |                           |                   |  |               |   |             |               |

INSTRUCTIONS for PROFESSIONAL REFERENCE: Please fill in the following information. Three (3) references are required by January 31st for a completed application file. Please note: It is your responsibility to contact references and distribute the enclosed reference form to those individuals, with a stamped envelope addressed with the ECC Nursing address above. Your references should be of a professional nature, NOT a relative, who can attest to your character and work ethic; preferably a healthcare professional. \*\*\*Students who have been <u>previously enrolled</u> in <u>any</u> nursing program or are requesting nursing transfer must include one reference from the Dean/Director of that program. PLEASE PRINT LEGIBLY.

NAME: \_\_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree\_\_\_\_\_

| •                     |                | RELATIONSHIP           |
|-----------------------|----------------|------------------------|
| NAME (First and Last) | TITLE/POSITION | (No friends or family) |
| ·                     |                |                        |
|                       |                |                        |
|                       |                |                        |
|                       |                |                        |
|                       |                |                        |
|                       |                |                        |
|                       |                |                        |
|                       |                |                        |

WORK HISTORY: List employment beginning with the *most recent* position. NAME OF EMPLOYER **ADDRESS POSITION HELD DATES** From To \*\*If yes, explain fully, in a separate notarized statement, and provide certified copies of court documents (i.e. docket sheet, complaint, and final disposition). Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any crime, whether or not sentence was imposed excluding traffic violations? (This includes any crime where the disposition was a suspended imposition of sentence (SIS), or a suspended **YES** NO execution of sentence (SES), or if you pled guilty but were placed in an alternative or diversion court, including drug or DWI court.) Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed? (This includes a disposition of a suspended imposition of sentence (SIS), **YES** NO suspended execution of sentence (SES), or placement in a post-plea alternative or diversion court and includes municipal charges of driving while intoxicated, driving under the influence and/or driving with excessive blood alcohol content.) Do you have any condition or impairment, including a history of alcohol or substance abuse that **YES** NO currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner? If yes, explain fully in a separate notarized statement. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol **YES** NO rehabilitation program? If yes, explain fully in a separate notarized statement and provide the discharge summary or other official documentation that shows your diagnosis, prognosis, and treatment plan. Are you listed on any state or federal sexual offender registry? If yes, explain fully on a separate **YES** NO notarized statement. Have you ever been placed on an employee disqualification list or other related restriction of finding YES NO pertaining to employment within a health-related profession issued by any state or federal government or agency? If yes, explain fully on a separate notarized statement. Any student who is found to have a criminal history for a class A or class B felony, as defined by state law, or is found to be on one of the governmental sanction lists, will not be able to continue enrollment in the East Central College Nursing program. Acceptance into, and completion of the program, does not guarantee licensure by the Missouri State Board of Nursing. If criminal history prohibits placement in the clinical setting, you will not be able to complete the nursing program at East Central College. Admission is contingent upon a successful criminal background check and a satisfactory drug screening. The procedures are completed after the initial acceptance letter is sent. I understand that all information contained in this application, high school, college or university transcripts, together with the information received from references, will be presented to an admissions committee for review. I hereby grant permission to have my records reviewed. In applying for admission to a nursing program at East Central College, I hereby \_\_\_\_\_waive my right of access or, I hereby \_\_\_\_\_do not waive my right of access, to confidential letters and statements of recommendation submitted by references on my behalf as provided by Federal Law, PL93-380. List all states in which you have resided in the past 10 years. By signing this application, I understand that it is my responsibility to check the completion status of my application file prior to January 31st, the year of desired program entrance. The file must be complete for consideration. I also understand that any falsification of this application and accompanying documentation will result in ineligibility for admission to, and/or continuation of, the East Central College Nursing program.

Signature

Date

## 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 **December 1**<sup>st</sup> 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 and Rolla locations. Specialty topics may have a portion delivered with this technology. This allows students to experience the highest level of nursing expertise for instructional purposes.

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, secure electronic health records, 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 North 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.

| Name (Please Print): _ |       |
|------------------------|-------|
|                        |       |
| Signature:             | Date: |

Updated: March 14, 2017

## 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 **December 1**<sup>st</sup> 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 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 Spring semester of the program are required to take a standardized RN Exit Exam. Achievement of an acceptable score on the RN Exit exam or completion of an approved NCLEX-RN course 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: |

<u>NOTE</u>: 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 Allied Health office at (636) 584-6616 for an appointment.

Updated: January, 2014

# 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   |  |  |  |
|-------------------|---|---|--|--|--|
| 1330L             | STANDARD  | Inclusive)  |  |  |  |
|                   |   | Identify cause-effect relationships in clinical situations  |  |  |  |
| 0 1=1 . 1 .       | Critical thinking ability sufficient for  | Develop nursing care plans  |  |  |  |
| Critical Thinking | clinical judgment   | Make rapid decisions under pressure   |  |  |  |
|                   |   | Handle multiple priorities in stressful situations  |  |  |  |
|                   |   | Assist with problem solving   |  |  |  |
|                   | Interpersonal abilities sufficient to interact  | Establish rapport with patients/clients and colleagues  |  |  |  |
|                   | with individuals, families, and groups from a variety of social, educational, cultural, and intellectual backgrounds  | Cope effectively with high levels of stress   |  |  |  |
| Interpersonal     |   | Cope with anger/fear/hostility of others in a calm manner   |  |  |  |
|                   |   | Cope with confrontation   |  |  |  |
|                   | and memorial samples  | 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 utilizing various forms of communication methods  |  |  |  |
|                   |   | including electronic health records   |  |  |  |
|                   | 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's rooms, workspaces, and   |  |  |  |
|                   |   | treatment areas   |  |  |  |
|                   |   | Administer cardio-pulmonary resuscitation procedures  |  |  |  |
| Mobility          |   | Walk the equivalent of 5 miles per day  |  |  |  |
| Mobility          |   | Remain on one's feet in upright position at a workstation   |  |  |  |
|                   |   | without moving about  |  |  |  |
|                   |   | Climb stairs  |  |  |  |
|                   |   | Remain in seated position   |  |  |  |
|                   |   | Calibrate and use equipment   |  |  |  |
|                   |   | Position patients/clients   |  |  |  |
|                   |   | Perform repetitive tasks  |  |  |  |
| NA -t Cl.:!!-     | Gross and fine motor abilities sufficient to provide safe and effective nursing care  | Able to grip  |  |  |  |
| Motor Skills      |   | Bend at knee and squat.   |  |  |  |
|                   |   | Reach above shoulder level  |  |  |  |
|                   |   | Lift and carry 25 pounds  |  |  |  |
|                   |   | Exert 20-50 pounds of force (pushing/pulling)   |  |  |  |
|                   | Auditory ability sufficient to monitor and assess health needs  | Hear monitor alarms, emergency signals, auscultatory  |  |  |  |
| Haarina           |   | sounds, and cries for help  |  |  |  |
| Hearing           |   | Hear tape recorded transcriptions   |  |  |  |
|                   |   | Hear telephone interactions   |  |  |  |
| Viewel            | Visual ability sufficient for observation and   | Observe patient/client responses  |  |  |  |
| Visual            | assessment necessary in nursing care  | Identify and distinguish colors   |  |  |  |
|                   |   | Perform palpation, functions of physical examination  |  |  |  |
| Tactile           | Tactile ability sufficient for physical   | and/or those related to therapeutic intervention, e.g.,   |  |  |  |
|                   | assessment  | insertion of a catheter   |  |  |  |
|                   |   | Adapt to shift work   |  |  |  |
|                   |   | · ·   |  |  |  |
|                   | ALTER AND ALTER | Work with chemicals and detergents  |  |  |  |
| Environmental     | Ability to tolerate environmental stressors   | <ul><li>Work with chemicals and detergents</li><li>Tolerate exposure to fumes and odors</li></ul> |  |  |  |



Please mail by Dec. 15<sup>th</sup> to:

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

# Associate Degree Nursing Program Professional Recommendation Form

## **Section A: Applicant Instructions:**

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

**PLEASE NOTE:** Applicant files close January 31st. Applications will not be reviewed unless recommendations are on file by the deadline.

| Name:   |   |             |                        |            |             |              |
|---|---|-------------|------------------------|------------|-------------|--------------|
| Last  | Maiden (if applicable) Fir  | est         |                        |            | Middle Ini  | tial         |
| Right of Access, as provided  | ying for admission to the nursing program at<br>by Federal Law, PL93-380, to confidential<br>instituted by their signature below. <i>If no sign</i> | letters and | statements             | of recom   | mendation   | submitted by |
| Applicant's Signature   |   | Da          | ate                    |            |             |              |
| Program are expected to pursu for selection of final candidate Relationship to applicant? | ied to the East Central College Associate D<br>the careers in the nursing field. Your assessing   | ment of the | ir potential known thi | is essenti | al in the p | rocess used  |
| similar levels of experience or   | education.  | - n         | Above                  | I .        | Below       | Unable to    |
| Criteria  | I of and an I million I man of  | Excellent   | Average                | Average    | Average     | Judge        |
| appropriate body language)  | d of oral and written language, use of  |             |                        |            |             |              |
| Reliability/Integrity: (Honest; tru   | stworthy; conscientious)  |             |                        |            |             |              |
| Motivation: (Committed based on   | mature values; realistic view of profession)  |             |                        |            |             |              |
| Maturity: (Self-control, unselfish,   | realistic self-appraisal)   |             |                        |            |             |              |
| Perseverance: (Steadfast in purpo   | se; disciplined work habits; stamina/endurance)   |             |                        |            |             |              |
| Interpersonal Relations: (Effective   | ve response/sensitivity to feelings/needs of others)  |             |                        |            |             |              |
| Emotional Stability: (Performance mood stability)   | re under pressure; absence of tension symptoms;   |             |                        |            |             |              |
| <b>Intellectual Ability:</b> (Capable of v  | understanding new ideas and concepts)   |             |                        |            |             |              |
| Resourcefulness: (Adaptable in ne   | ew situations; effective use of resources)  |             |                        |            |             |              |
| Judgment: (Ability to analyze a si  | tuation and make appropriate decisions)   |             |                        |            |             |              |
| Please share any <i>additional str</i> (please use back of page for ac                    | rengths, weaknesses or concerns that the sedditional space):  | election co | mmittee sh             | ould cons  | ider for th | is candidate |
| Recommender Signature:  |   | Da          | nte:                   |            |             |              |
| Please Print Name:  |   |             |                        |            |             |              |

Thank you for taking the time to provide a reference for this potential nursing student.

Revised: 3-14-17



## Please mail by Dec. 15<sup>th</sup> to:

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

## Associate Degree Nursing Program Professional Recommendation Form

## **Section A: Applicant Instructions:**

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

**PLEASE NOTE:** Applicant files close January 31st. Applications will not be reviewed unless recommendations are on file by the deadline.

| Name:   |                                  |                         |                         |                          |                                  |
|---|----------------------------------|-------------------------|-------------------------|--------------------------|----------------------------------|
|   | rst                              |                         | Middl                   | e Initial                |                                  |
| <b>WAIVER OPTION:</b> In applying for admission to the nursing program Right of Access, as provided by Federal Law, PL93-380, to confidenting references on their behalf as constituted by their signature below. <i>If no s</i> reference. | al letters and<br>ignature is gi | statements ven, the stu | of recom<br>dent will h | mendation<br>ave the rig | submitted by<br>ght to read this |
| Applicant's Signature   | Da                               | ate                     |                         |                          |                                  |
| Section B: To the Recommender: The above individual has applied to the East Central College Associated Program are expected to pursue careers in the nursing field. Your asset for selection of final candidates.                           |                                  |                         |                         |                          |                                  |
| Relationship to applicant? How  | ong have you                     | known th                | is applicar             | nt?                      |                                  |
| Please carefully assess the applicant in the following areas, comparing similar levels of experience or education.  | this applicant                   | to others               | you have l              | known wh                 | o have                           |
| Criteria  | Excellent                        | Above<br>Average        | Average                 | Below<br>Average         | Unable to<br>Judge               |
| Communication Skills: (Command of oral and written language, use of appropriate body language)  |                                  |                         |                         | V                        |                                  |
| 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 other   | rs)                              |                         |                         |                          |                                  |
| <b>Emotional Stability:</b> (Performance under pressure; absence of tension symptoms mood stability)  | ;                                |                         |                         |                          |                                  |
| Intellectual Ability: (Capable of understanding new ideas and concepts)   |                                  |                         |                         |                          |                                  |
| <b>Resourcefulness:</b> (Adaptable in new situations; effective use of resources)   |                                  |                         |                         |                          |                                  |
| <b>Judgment:</b> (Ability to analyze a situation and make appropriate decisions)  |                                  |                         |                         |                          |                                  |
| Please share any <i>additional strengths</i> , <i>weaknesses or concerns</i> that the (please use back of page for additional space):   | e selection co                   | mmittee sh              | ould cons               | ider for th              | is candidate                     |
| Recommender Signature:  | Da                               | nte:                    |                         |                          |                                  |
| Please Print Name:  |                                  |                         |                         |                          |                                  |

Thank you for taking the time to provide a reference for this potential nursing student.

Revised: 3-14-17



## Please mail by Dec. 15<sup>th</sup> to:

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

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**PLEASE NOTE:** Applicant files close January 31st. Applications will not be reviewed unless recommendations are on file by the deadline.

| Name:   |  |   |                              |                             |             |              |
|---|--|---|------------------------------|-----------------------------|-------------|--------------|
| Last  | Maiden (if applicable)   | First   |                              | Middl                       | e Initial   |              |
| Right of Access, as provi   | applying for admission to the nursing proided by Federal Law, PL93-380, to confi as constituted by their signature below. <i>If</i>                      | idential letters a  | nd statements                | of recom                    | mendation   | submitted by |
| Applicant's Signature   |  |   | Date                         |                             |             |              |
| Program are expected to<br>for selection of final cand<br>Relationship to applicant<br>Please carefully assess th | s applied to the East Central College Asso<br>pursue careers in the nursing field. Your<br>didates.  ? F<br>we applicant in the following areas, compare | assessment of the downward of | heir potentia<br>ou known th | l is essenti<br>is applicar | al in the p | process used |
| similar levels of experien  Criteria  | ice or education.  | Exceller  | Above                        | Average                     | Below       | Unable to    |
|   | mmand of oral and written language, use of   |   | Average                      |                             | Average     | Judge        |
| Reliability/Integrity: (Hone  | est; trustworthy; conscientious)   |   |                              |                             |             |              |
| Motivation: (Committed base   | sed on mature values; realistic view of profession   | on)   |                              |                             |             |              |
| Maturity: (Self-control, uns  | elfish, realistic self-appraisal)  |   |                              |                             |             |              |
| Perseverance: (Steadfast in   | purpose; disciplined work habits; stamina/endu   | ırance)   |                              |                             |             |              |
| <b>Interpersonal Relations:</b> (E  | Effective response/sensitivity to feelings/needs of  | fothers)  |                              |                             |             |              |
| Emotional Stability: (Perfo mood stability)   | rmance under pressure; absence of tension sym  | ptoms;  |                              |                             |             |              |
| Intellectual Ability: (Capab  | ole of understanding new ideas and concepts)   |   |                              |                             |             |              |
| Resourcefulness: (Adaptabl  | le in new situations; effective use of resources)  |   |                              |                             |             |              |
| Judgment: (Ability to analys  | ze a situation and make appropriate decisions)   |   |                              |                             |             |              |
| Please share any <i>addition</i> (please use back of page   | nal strengths, weaknesses or concerns the for additional space):   | at the selection  | committee sh                 | nould cons                  | ider for th | is candidate |
| Recommender Signature   | :  |   | Date:                        |                             |             |              |
| Please Print Name:  |  |   |                              |                             |             |              |

Thank you for taking the time to provide a reference for this potential nursing student.

Revised: 3-14-17

## PROCEDURE TO REGISTER FOR ADMISSION EXAMS

## A2 Admission Exam and LPN to RN Mobility

## **REQUIRED ADMISSION TESTS to be eligible for ECC Nursing Programs:**

- 1. Generic (Pre-Licensure) RN Applicant: The HESI A2 Admission Exam
- 2. <u>LPN to RN Applicant</u>: The HESI A2 Admission Exam <u>AND</u> the LPN to RN Mobility. *It is recommended that you take the LPN to RN Mobility exam only after you have achieved a satisfactory score on the general nursing admission test (HESI A2).*

#### INSTRUCTIONS:

- 1. **For Union students:** Go to the Cashier's Office window on the first floor of Buescher Hall. Cost for the exams is **\$44.00 for HESI A2; \$57.00 for LPN to RN Mobility.** Cash, check, VISA, or MasterCard is accepted. The cashier will give you transaction receipts.
  - <u>For Rolla students</u>: Application and payment must be made at ECC's Rolla Main office at 500 Forum Drive, Rolla.
- 2. Bring the test applications and transaction receipts to The Learning Center reception desk in Buescher Hall **before the test application date deadline.** The Learning Center is open Monday Thursday from 7:30 a.m. and 7:30 p.m. and Fridays from 7:30 a.m. to 2 p.m.
  - For Rolla students: You will register for the exam at the time of payment at Rolla Main office at 500 Forum Drive. Rolla.
- 3. You must complete a test application for each of the exams (A2 & Mobility). A copy of the test application and your receipts will be given to you. The original applications will be kept on file. (You cannot test without having completed the applications.) The test applications will provide you with information on obtaining the necessary ID and password information needed to test.

#### NOTE: The exams are only given on the <u>UNION</u> campus.

Arrive at the Testing Center (182BH), on the scheduled day, fifteen (15) minutes before the testing time.

#### Please bring:

- A Government-issued photo ID;
- Eligibility ID and password confirmation (<u>print a copy of the information provided by Evolve Elsevier</u>). **No other items will be allowed in the testing lab.** The identification document must contain your photograph.

*If you cannot take the exams at the scheduled times,* please notify the Nursing and Allied Health office five (5) calendar days *prior* to your scheduled exam. **Test fees are non-refundable**, *if* you do not notify the office of your cancellation within this designated timeframe.

After completion of the exams, you will be able to see your test results immediately. Your nursing application will not be valid without a score for the HESI A2 assessment exam and if applicable, the LPN to RN Mobility Exam.

### **IMPORTANT NOTICE FOR ALL STUDENTS:**

YOU ARE ONLY ALLOWED TO TAKE EACH EXAM TWICE IN ONE CALENDAR YEAR (Second attempt must be 30 days or more after first attempt).

<u>NOTE</u>: There are a limited number of tests available each year (check online schedule for dates/times). Early registration is always recommended.

Successful completion for the LPN to RN Mobility is a score of 700 or higher; for the HESI A2 Assessment a score of 75% or higher must be achieved.

Students who are unsuccessful may wish to make an appointment with a nursing advisor <u>before</u> the second attempt. Failure to pass the exam on the 2<sup>nd</sup> attempt will disqualify the student for admission to the East Central College Nursing Program for that admission cycle.

An Admission Assessment Exam Review book is available for HESI A2 exam preparation. A reserve copy is available at the libraries located at the Union campus and the Rolla North (Nursing) building in Rolla. You may also purchase a study guide through the Elsevier website below:

## <u>Admission Assessment Exam Review</u> – 4<sup>th</sup> Edition; <u>ISBN</u>: 978-0323353786 also available at <u>http://www.us.elsevierhealth.com</u>

\*\*\*Results from other institutions are NOT transferrable for our programs. \*\*\*

Please refer to the HESI A2 Admission Test Fact Sheet for further information at <a href="http://www.eastcentral.edu/nursing/nursing/">http://www.eastcentral.edu/nursing/nursing/</a>.

Where do I go if I have further questions about the LPN to RN Mobility or HESI A2 Admission Testing at East Central College?

Questions about the admission criteria should be directed to the Program Assistant for Nursing and Allied Health at 636-584-6616. You may also e-mail <a href="mailto:nursing@eastcentral.edu">nursing@eastcentral.edu</a>.

|  | LPN to RN Mobility  | Exam   | Received by: Date:   |  |
|--|---|--|--|--|
|  |   | obility/HESI A2 Adm  | ission Test Application each test to be taken.)  |  |
| NAME:  |   | Student ID   | #:Today's Date:  |  |
| ADDRESS:   |   |  |  |  |
| Phone Numbe  | r:  | Email: _   |  |  |
| Test Date  | est Date Test Time  |  |  |  |
| 1 <sup>st</sup> Attempt  | 2 <sup>nd</sup> Attempt   | ; if 2 <sup>nd</sup> attempt, date of '  | st attempt:  |  |
| Special Accor  | nmodations (Access S  | ervices) requested (see HES  | SI Fact Sheet)   |  |
|  |   | Fill Out Bottom for Student; I   | Keep Top Section   |  |
|  |   |  | FOR TEST DATES   |  |
| You  |   |  | veek prior to your scheduled test.   |  |
|  |   | ing your password and Use  |  |  |
| STEP 1.  | Go to <a href="http://evolve.elsev">http://evolve.elsev</a>   |  |  |  |
| STEP 2.  | Click <b>REGISTER</b> box f   |  |  |  |
| STEP 3.  | Click REDEEM/CHEC   |  |  |  |
| STEP 4.  | Complete information t  | to create an account;  |  |  |
| STEP 5.  | Check "I'm not affiliat   | ted with an institution";  |  |  |
| STEP 6.  | Click <b>CONTINUE</b> ;   |  |  |  |
| STEP 7.  | Click "I Accept" and s  | submit; (Obtain your username  | from the "My Account" link at the top of the page.)  |  |
| are selected to  | o enter the East Centra<br>ogram, so <u>keep this int</u>   | al College Nursing Program,<br>formation.  | begin your HESI A2 Admission Test. Once you this password will be used regularly during your   |  |
|  |   |  | IND NOCCIVORD OC WALLOC WINDH VALL RADICTAR RAVIAW   |  |
| the information  | contained in your Confi   |  | and password as well as when you register. Review information is incorrect, or if the information has ilty@elsevier.com.   |  |
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| the information changed, please important: same as it appressing Center and what is prequirement were requirement were remarkable. | contained in your Confise contact Elsevier Re The name and address pears on your governm r for the exam if there resented on your gover vill result in forfeiture of                                  | rmation Notice. If any of the eview and Testing at testeligible information you provide to nent-issued photo ID. You wis any discrepancy between rnment-issued photo ID. The following on the day of testing:  | information is incorrect, or if the information has ilty@elsevier.com.  obtain your Evolve student account must be the ill not be admitted into the East Central College what is listed on your Evolve student account ere will be no exceptions. Failure to meet this |  |
| the information changed, please IMPORTANT: same as it appressing Center and what is properly requirement were REMEMBER:            | contained in your Confise contact Elsevier Re The name and address pears on your government for the exam if there is esented on your gover vill result in forfeiture of the Eligibility ID and passon | rmation Notice. If any of the eview and Testing at testeligible information you provide to ment-issued photo ID. You wis any discrepancy between rnment-issued photo ID. The of your testing appointment wing on the day of testing: photo ID;  word confirmation (print a cop | information is incorrect, or if the information has ilty@elsevier.com.  obtain your Evolve student account must be the ill not be admitted into the East Central College what is listed on your Evolve student account ere will be no exceptions. Failure to meet this |  |

FOR OFFICE USE
Receipt received:

**TOP PORTION FOR OFFICE USE** 

(Please check one):