Bachelor of Science in Nursing (BSN)

Program Application

Location: The Columbia College BSN Program is offered at the main campus in Columbia, Missouri

Licensure: Columbia College, Columbia Campus is fully approved by the Missouri State Board of Nursing. Successful completion of the program does not guarantee eligibility to take the licensure examination. According to the Nursing Practice Act, licensure may be withheld or revoked due to controlled substance abuse, criminal prosecution, and a variety of other offenses.

Accreditation: Columbia College is accredited by the Higher Learning Commission and a member of the North Central Association of Colleges and Schools. Columbia College Education Program is approved for teacher preparation by the Missouri State Department of Elementary and Secondary Education.

The Higher Learning Commission
North Central Association of Colleges and Schools
Commission on Institutions
30 North LaSalle Street, Suite 2400
Chicago, IL 60602-2504
http://www.info@ncacihe.org

Commission on Collegiate Nursing Education (CCNE)
655 K Street, NW, Suite 750
Washington, DC 20001
Telephone: 202-887-6791
http://www.ccneaccreditation.org/

Department of Elementary and Secondary Education
P.O. Box 480
Jefferson City, MO 65102
Telephone: 573-751-6504
E-mail: mlucas@mail.dese.state.mo.us

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

Notice of Non-Discrimination and Equal Opportunity
Complete policy information can be found at the following link:

https://www.ccis.edu/policies/non-discrimination-equal-opportunity

RETAIN FOR YOUR RECORDS

Bachelor of Science in Nursing (BSN) Application Process

Students must first be admitted to Columbia College. Once admitted to the school, students will apply for acceptance to the Bachelor of Science Nursing program second once prerequisites are completed.

The Columbia College Bachelor of Science in Nursing (BSN) program is currently offered at the main campus in Columbia, MO. Admission to the BSN program is on a selective basis. The maximum number of students admitted into the program at full capacity is 40.

Currently there is one cohort a year accepted to the Traditional BSN program. The following information and steps are required to be considered for acceptance to the nursing program:

1. Apply and be admitted to Columbia College.
    a. We recommend applying to the summer session. This gives you the opportunity to take coursework that is missing or retake a course to strengthen your competitiveness. Furthermore, it gives Columbia College the opportunity to review your file a session early for eligibility.
2. Complete the prerequisite classes listed on the next page.
    a. If prerequisites are completed by the end of April, then you are eligible to apply for early decision application deadline.
    b. If prerequisites are completed by the end of June, then you are eligible to apply for final decision application deadline.
3. Complete Columbia College BSN Nursing Program Application.
4. Submit a request for a degree audit to your academic advisor or admissions counselor.
    a. Degree Audit Request is turned into your academic advisor or admissions counselor.
    b. Nursing Application Packet, HESI A2 test results, and Reference letter is emailed to nursingapplications@ccis.edu.
5. Email a report from a HESI A2 test administered at Columbia College with a minimum score of 70%. Students can take the A2 twice.
6. A minimum nursing GPA of 2.75 and a minimum grade of C for the classes listed on the next page from the prerequisite classes.
7. Either a Job Shadowing Form or a Healthcare Resume
    a. Healthcare resume is for those who have experience in the healthcare field.
    b. Job Shadowing form is for those who do not. A minimum of eight hours must be reported.
    c. Both forms can be found on the Columbia College website.
8. Applicants who have attended a nursing program in the past five years must provide a School of Nursing reference form completed by the program director from the previous school prior to the application deadline.

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Prerequisite Courses Required for the Nursing Program

The following classes need to be completed for consideration and eligibility to the nursing program.

Pre-nursing courses – must be completed before beginning nursing sequence		
Course Number	**Course Name**	**Credit Hrs.**
BIOL 110 & BIOL 110L	Principles of Biology I and Laboratory	5
BIOL 223 & BIOL 223L <u>or</u> BIOL 326 & BIOL 326L	Anatomy and laboratory <u>or</u> Physiology and Laboratory	5
CHEM 109 <u>or</u> CHEM 110	Chemistry for Biological/Health Sciences or Chemistry I	3
MATH 150 or higher general education math course	College Algebra	3
ENGL 133W	First Year Writing Seminar	3
PSYC 101	General Psychology	3

Additional general information concerning the program.

Grades from general education classes are not factored in when calculating nursing grade point average for acceptance. Only the courses listed in above diagram are considered when determining nursing grade point averages for review into the program.

1. Although not factored into the nursing grade point average, BIOL 221/221L and BIOL 312/312L are required for the program.
2. If both BIOL 223 w/lab and BIOL 326 w/lab are completed at time of application, nursing will factor the higher grade of the two courses. However, we cannot average the two classes or mix the two classes for calculating a nursing GPA.
3. Students with less than 25 credit hours of college must take College Fundamentals (COLL-133)
4. We do not <u>hold or require interviews</u> for acceptance to the nursing program.
5. Day students benefit from **Fixed Rate of Tuition**, which freezes the tuition for 5 consecutive years. Your tuition also includes no additional fees for use of counseling, health services, tutoring, or gym use, and home sports events during regular season.
6. All nursing students MUST submit immunization records and complete a few brief forms to comply with Columbia College's Student Immunization Policy (https://www.ccis.edu/policies/student-immunization-policy.aspx). Submit records through the Student Health Portal in CougarTrack under CC links.

RETAIN FOR YOUR RECORDS

If you are selected for the Nursing program, the following additional requirements must be met:

- Purchase a Background Check & Medical Document Manager and Drug Test package from CastleBranch. The information needed to purchase the package will be included in student's acceptance letter. The cost for this package is approximately $155.
- Urine drug test. Those selected will be sent information about the drug test in their acceptance letter.
- Official documentation of physical forms including immunizations/titers. See below for immunization requirements. These forms will be available at CastleBranch after class selection.
- Current CPR certification by the American Heart Association or American Red Cross, **BLS Health Care Providers** course. The documentation for this will be submitted to CastleBranch after selection.

Students must provide official documentation to CastleBranch of the following immunizations and screening tests:

- Tdap (replaces previous Tetanus – recommended every 10 years). Document the date of the immunization.
- Two Step Tuberculosis screening - PPD (Mantoux) Administered 1-3 weeks apart within the past 12 months <u>and</u> a two-step skin test annually.
    A. Official documentation of the test and the test results must be submitted to CastleBranch. The test must

    be performed in the United States. Students must have a yearly PPD while in the program and must provide official documentation of the test and the test results.

    B. If you have had a positive PPD (TB skin test, Mantoux) you will need to have a chest x-ray performed verifying you are disease-free (clear chest x- ray the year you are accepted into the program). Failure to do so will prevent you starting/remaining in class. You will need to provide a copy of the chest x-ray report to CastleBranch. Every year that you are enrolled in the nursing program you will need to see a Health Care Provider to go over a symptom check list and submit the checklist to CastleBranch. A second chest x-ray may be necessary if you have symptoms or if an x-ray is requested by one of the sites where you will be doing clinical.

    C. If you become positive while in the program, immediately contact the Nursing Department Chair/Director at: 573-875-7913 and follow the same protocol as described above in B.

- Hepatitis B series (three)
- MMR series (two)
- Varicella (chicken pox) series (two)
- Influenza (annually)
- COVID vaccine OR exemption form
- If you cannot provide *official documentation* of the MMR or HEP B series or having chicken pox, you will need to be re-immunized or have titers drawn to verify immunity.

Background Screening

Students accepted into the Nursing Program are required to have a background check performed by CastleBranch at their cost. Instructions will be sent with student's acceptance packet.

RETAIN FOR YOUR RECORDS

Admission Assessment HESI (HESI A2) Exam

The A2 test must be taken at either the Columbia College Columbia Campus or Lake Ozark Campus. Please visit our website (https://www.ccis.edu/admissions/apply-for-college/undergraduate-admission/nursing-programs/nursing-exams) for dates, and to register for the test. There is a $56 non-refundable fee for the A2 entrance exam. If a student fails to show up for the exam, payment cannot be refunded or used toward another test.

Study guide material can be purchased at the Columbia campus bookstore or at the ATI website at: https://evolve.elsevier.com/cs/product/9780323582261?role=student.

Exams will begin promptly at the time designated on our website. Late arrivals will not be admitted. Students should bring a photo ID or driver's license, along with their Evolve user name and password to log into the A2 exam. The exam is computerized, and students will be able to view their results at their convenience.

Students may take the A2 exam a maximum of twice. If you take the second test, submit the higher score with the application to the nursing department. The A2 test takes approximately 3 ½ hours to complete. Each time you take the test it will cost $55.00.

After the registration period has ended for the A2 test you have signed up for, you will be sent an email asking you to create an Evolve log in and password. It is critical to have set up your password and user ID for the test 24 hours before the scheduled time of the A2.

IMPORTANT INFORMATION

- NO calculators are allowed for the test. However, the testing website that you will be using provides a basic calculator function.
- Note cards or notes on paper are not admissible. We will provide paper and pencils for the test if needed.
- You must have a photo ID with you to take the test.
- Bring your Evolve user ID and password
- This is a timed test. Students should allow approximately 3 ½ hours to take the test.
- Late arrivals will not be admitted.
- After completion of the A2, remediation and additional study materials will be available to the student through their Evolve account.

RETAIN FOR YOUR RECORDS

FUNCTIONAL ABILITIES

Admission criteria shall reflect consideration of the potential to:

1. Complete the program.
2. Possess the necessary functional abilities (see below).
3. Meet the standards to apply for licensure as a Registered Professional Nurse.
4. Students who are re-admitted or admitted as a transfer shall complete the same requirements for graduation as any other member of the class to which they are admitted.

FUNCTIONAL ABILITIES

The Bachelor of Science in Nursing Program prepares the student for a nurse generalist role. Functional abilities to meet this role include behavioral/emotional, cognitive, communication, professional conduct, psychomotor skills, and sensory/perceptual.

Behavioral/Emotional: Ability to maintain effective, therapeutic relationships with patients, families, students, faculty, staff, and other professionals under all circumstances and settings, including highly stressful situations. Possess the emotional health required for full utilization of his/her intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities involved in the area of patients and families.

Cognitive: Ability to evaluate and apply knowledge and engage in critical thinking in the classroom and clinical settings.

Communication: Ability to communicate effectively and therapeutically with other students, faculty, staff, patients, family and other professionals in both oral and written forms.

Professional Conduct: Ability to reason morally and practice nursing in an ethical and legal manner. Be willing to learn and abide by professional standards of practice. Be able to deliver safe, effective nursing care to all patient populations, including but not limited to children, adolescents, and adults with various emotional, developmental, and medical problems and needs. Adapt to rapidly changing environments/situations while maintaining professional demeanor.

Psychomotor Skills: Ability to maintain motor coordination, strength, flexibility, dexterity, balance, and sensory capabilities sufficient for safe and accurate assessment of the patient and performance of patient care tasks.

Sensory/Perceptual: Ability to utilize vision, hearing, and senses of touch and smell to thoroughly analyze patient data and provide accurate and safe treatment/care.

Student signature verifies that he/she can meet these functional ability requirements.

_____   _____
Student Signature   **Date**

EMAIL TO NURSINGAPPLICATIONS@CCIS.EDU

Columbia College
N U R S I N G

Bachelor of Science in Nursing (BSN) Application

DEADLINES:

Deadlines will be posted on the website https://web.ccis.edu/Departments/Nursing/BSN

PLEASE TYPE OR PRINT

Last_____First_____Middle_____

Street_____City_____

State_____Zip_____

Social Security Number ---------------------_____   D.O.B. _____

Day Time Phone:_____CougarMail:_____

Student ID Number **(REQUIRED)** _____

_____

_____

Please list the general education, math, and science courses that you will be completing between the time of this application and the start of the Nursing courses.

_____-_____-_____

_____-_____-_____

_____   _____

Applicant Signature   **Date**

EMAIL TO NURSINGAPPLICATIONS@CCIS.EDU

Columbia College
N U R S I N G

Nursing Application Checklist

Checklist must be completed and submitted with your nursing application.
All areas must be completed/checked. Your completed application must emailed to
nursingapplications@ccis.edu by 5pm on the application deadline date.

Campus Map can be found at this link: http://www.ccis.edu/about/map.aspx

☐ I have been fully accepted to Columbia College.

☐ I have declared nursing as my major. (May be declared as General Studies or Biology while working on prerequisites).

☐ I have included a copy of my HESI A2 test results with my application. The A2 test must be taken at either the Columbia College Columbia Campus or Lake Ozark Campus.

☐ I have the Application pages filled out completely.

☐ I have submitted immunization records and completed applicable forms through the Student Health Portal in CougarTrack; I acknowledge that if the process is not complete, I will not be able to enroll for future classes.

All nursing students MUST submit immunization records and complete a few brief forms to comply with Columbia College's Student Immunization Policy (https://www.ccis.edu/policies/student-immunization-policy.aspx). Submit records through the Student Health Portal in CougarTrack under CC links. This is a separate process from submitting documentation through CastleBranch which is discussed on page 5of the in the application.

☐ I have read and signed the Functional Abilities form.

☐ I have informed my Academic Advisor that I have applied to the Bachelor's in Nursing program and requested a degree audit.

☐ Prerequisites: I have completed all the prerequisites (see page 4 for list) Prerequisite courses <u>must</u> be completed by the start of the first nursing class NURS 208.

☐ (If applicable:) I have a current LPN license   State_____ License # _____

Applicant Name: _____   _____
                     Print   **Signature**

EMAIL TO NURSINGAPPLICATIONS@CCIS.EDU

Are you transferring to the Bachelor of Science in Nursing (BSN) program from another nursing program or licensed practical nurse program?

☐ Yes (if yes, complete information below)   ☐ No

Name of Institution: _____

Address: _____

Dates Attended: _____

Please indicate below the reason you left the above institution. A reference form from your previous nursing program's director/coordinator indicating your standing is required. A blank reference form is included in the application packet and must be received by the application deadline date.

EMAIL TO NURSINGAPPLICATIONS@CCIS.EDU

Student Nursing School Reference Form

If you have attended a nursing school and did not complete the program, this form must be sent to your previous school for them to complete. This form, once completed by your previous school's Dean, director or coordinator must be mailed to:

Columbia College Nursing Program, 1001 Rogers St., Columbia, MO 65216 ---- Attention: Nursing Program Director

Or this form can be scanned and emailed to nursingapplications@ccis.edu

Student Name:	
School attended:	
How long have you known this person (in years or months)	

Standards of Performance/Rating Please select **ONE** box per line that best describes the student.	Never	Rarely	Sometimes	Always	N/A
Completes work in a timely manner	○	◉	○	○	○
Shows empathy and compassion towards others	○	○	○	◉	○
Displays consistent work ethic	○	◉	○	○	○
Displays self-motivation as a learner	○	○	◉	○	○
Is flexible when presented with change	○	○	◉	○	○
When faced with rejection or barriers this student finds solutions	○	○	◉	○	○
Prompt arrival to class, lab and clinical's	○	○	○	○	○
Displays assertive behavior as appropriate	○	○	○	○	○
I receive positive feedback about this student from faculty/staff	○	○	○	○	○

Demonstrates civility in the classroom, clinical, lab and college community settings	○	○	○	○	○
How would you rate this student's attendance (on a 1 – 5 scale, with 5 high)					
How would you rate this student's clinical skill proficiency (on a 1 – 5 scale, with 5 high)					
Would you recommend this student for acceptance into the Columbia College Nursing Program? Yes No					
Dean/Director/Coordinator					
Dean/Director/Coordinator Name					
Dean/Director/Coordinator Signature					
Date:					

In the space below please write a brief paragraph regarding your assessment of this student's ability to be successful in the Columbia College Nursing Program (BSN or ASN – Circle One).

EMAIL TO NURSINGAPPLICATIONS@CCIS.EDU