

NURSING PROGRAM APPLICATION

MOBILITY/TRANSFER OPTION

MAIL TO: Northwest-Shoals Community College Attn: Nursing Program 2080 College Road Phil Campbell, AL 35581 Telephone: (256) 331-6279 or 1-800-645-8967 ext. 6279		<p style="text-align: center;">OFFICIAL USE ONLY</p> DATE RECEIVED: _____ RECEIVED BY: _____
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PLEASE PRINT

MOBILITY (LPN – RN) OPTION	TRANSFER OPTION
New Applicant: ___ Academic Year _____ Spring _____ (for Old Nursing Curriculum & Other) Summer _____ (for Alabama Standardized Nursing Curriculum PN Graduates Applying within 2 Years of Program Completion)	Re-Admit: _____ Fall _____ Spring _____ Summer _____ Academic Year _____
Spring Deadline: October 15th Summer Deadline: February 15th	Fall Deadline: May 15th Spring Deadline: October 15th Summer Deadline: February 15th

Social Security Number: _____	Home Phone: _____ () ()	Cell Phone: _____ () ()	Work Phone: _____ () ()
Name: Last, First, Middle			E-mail Address: _____
Names that may appear on transcripts or other records if different from current name.			Date of Birth: Month, Day, Year
Local Address: Street Number and Name			
City	State	Zip Code	County

Permanent Address: Street Number and Name (if different from above)			
City	State	Zip Code	County

PRACTICAL NURSING GRADUATE	TRANSFER NURSING STUDENT
Practical Nursing Program Attended: _____	Previous Nursing Program Attended: _____
Program Address: _____	Program Address: _____
Dates of Attendance: _____	Dates of Attendance: _____
Do you hold a current Alabama LPN license? <input type="checkbox"/> YES <input type="checkbox"/> NO License Number: _____ Expiration Date: _____	Reason for withdrawal: _____ Are you eligible to return? <input type="checkbox"/> YES <input type="checkbox"/> NO Please note: A letter of good standing must be submitted to NWS-CC Nursing Program from the previous Nursing Program Dean/Director by the application deadline
Are you employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, have you worked at least 500 hours as an LPN in the last 12 months <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, Employer: _____	Supervisor Name: _____ Phone Number: _____

FOR STATISTICAL PURPOSES ONLY

The Associate Degree Nursing Program adheres to the policy of Northwest-Shoals Community College related to Non-Discrimination, Disabilities Policy and the Family Education Rights and Privacy Act of 1974.

Sex: Male Female

Racial/Ethnic (For compliance with State and Federal Reports/Regulations)

<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic (Spanish)
<input type="checkbox"/> African American	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other

What is your primary spoken language? _____

Have you taken the TEASV test within the last 3 years? YES NO
 If yes, Date _____ Score _____; If no, you must take the TEASV test, and submit official scores to NW-SCC Admissions/Records Office by Nursing Program application deadline and attach copy of scores to nursing application

Have you previously been admitted to this Nursing Program? YES NO If yes, enrollment: from _____ till _____
Semester / Year Semester / Year

Have you attended any other colleges? YES NO
 If yes, please list names of all accredited colleges and universities attended

<u>Name of College(s) Attended</u>	<u>Last Term Enrolled</u> <small>(Indicate if Currently Enrolled & Term)</small>
_____	_____
_____	_____

Official transcripts of all accredited colleges and universities attended must be on file in the Admission Office by the application deadline.
Student Signature Is Required on Next Page (continued on back)

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THE ALABAMA COLLEGE SYSTEM NURSING PROGRAMS ESSENTIAL FUNCTIONS

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The Alabama College System endorses the Americans' with Disabilities Act. In accordance with College policy, when requested, reasonable accommodations may be provided for individuals with disabilities.

The essential functions delineated below are necessary for nursing program admission, progression and graduation and for the provision of safe and effective nursing care. The essential functions include but are not limited to the ability to:

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

- i) Function with hands free for nursing care and transporting items
 - j) Transport self and client without the use of electrical devices
 - k) Flex, abduct and rotate all joints freely
 - l) Respond rapidly to emergency situations
 - m) Maneuver in small areas
 - n) Perform daily care functions for the client
 - o) Coordinate fine and gross motor hand movements to provide safe effective nursing care
 - p) Calibrate/use equipment
 - q) Execute movement required to provide nursing care in all health care settings
 - r) Perform CPR and physical assessment
 - s) Operate a computer
- 5) Professional Behavior
 - a) Convey caring, respect, sensitivity, tact, compassion, empathy, tolerance and a healthy attitude toward others
 - b) Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client
 - c) Handle multiple tasks concurrently
 - d) Perform safe, effective nursing care for clients in a caring context
 - e) Understand and follow the policies and procedures of the College and clinical agencies
 - f) Understand the consequences of violating the student code of conduct
 - g) Understand that posing a direct threat to others is unacceptable and subjects one to discipline
 - h) Meet qualifications for licensure by examination as stipulated by the Alabama Board of Nursing
 - i) Not to pose a threat to self or others
 - j) Function effectively in situations of uncertainty and stress inherent in providing nursing care
 - k) Adapt to changing environments and situations
 - l) Remain free of chemical dependency
 - m) Report promptly to clinicals and remain for 6-12 hours on the clinical unit
 - n) Provide nursing care in an appropriate time frame
 - o) Accepts responsibility, accountability, and ownership of one's actions
 - p) Seek supervision/consultation in a timely manner
 - q) Examine and modify one's own behavior when it interferes with nursing care or learning

STUDENT STATEMENT

I have reviewed the Essential Functions for this program and I certify that to the best of my knowledge I have the ability to perform these functions with or without reasonable accommodations. I understand that a further evaluation of my ability may be required and conducted by the nursing faculty if deemed necessary to evaluate my ability prior to admission to the program and for retention and progression through the program. Requests for reasonable accommodations should be directed to: ADA Coordinator, Linda Waide, at 331-5321 or lwaide@nwscc.edu

I also understand that completion of this application is a component of the student profile and does not in itself grant admission to the nursing program. I understand a new application must be re-submitted if I am not selected. I certify that the information given in this application is true and correct. I understand that providing false information may be deemed sufficient reason to refuse admission and/or dismiss the student. I also understand that all students in Health Studies Division will be required to undergo drug testing and maybe required to undergo a background check during the program.

X

Student Signature

Date

Student PRINTED Name

Note: Please notify the Nursing Office and the Admissions Office in writing immediately if there are changes in your last name, mailing address, and/or phone numbers.