Applications due April 6, 2018, by 3:00 p.m. – Nursing office

School of Nursing and Allied Health
Office: 337-421-6594 Fax: 337-491-2103
3820 Sen. J. Bennett Johnston Ave.
Lake Charles, LA 70615

APPLICATION TO CLINICAL NURSING COURSES
ASN PROGRAM

Student Responsibilities

Understand all policies and procedures for ASN admission. These are available online as well as in the Nursing office and in the ASN Student Handbook. The application process must be completed and students accepted into the program prior to beginning any clinical nursing course.

Checklist and required documentation:

______ Apply to SOWELA Technical Community College (you must be a student at SOWELA before applying to the clinical courses).

______ Cumulative grade point average of 2.0 or higher.

______ Minimum grade of “C” in all required biology, mathematics, and nursing courses.

Students completing pre-requisite/co-requisite courses for the ASN program at SOWELA or transferring those courses in from another institution can only have repeated 1 course in which a “D” or “F” was earned. Credit for nursing courses from another institution will not be considered for transfer at this time.

______ Completion of pre-requisite general academic courses (at least the first semester as shown on the curriculum).

______ Minimum grade point average of 2.8 in ALL non-nursing courses required for the degree (All non-nursing courses shown in the ASN curriculum will be calculated into this GPA if taken prior to application for admission).

______ Completion of the TEAS VI test with a score of 64%. This is a nationally ranked score and not necessarily on a 100-point scale. You will need to visit www.atitesting.com to enroll for the test. Available dates to take the test are posted on the website.
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- Current CPR card (must be either American Heart Association Healthcare Provider or Red Cross Professional Rescuer. Attach copy of card to application).
- Immunization record with current Tdap (must be current, include copy of Immunization record).
- Record of MMR- two (2) injections or Rubella titer.
- Proof of meningococcal vaccination (or signed refusal, located in the application).
- Proof of Hepatitis B status (vaccination or proof of immunity, include copy of Immunization record).
- Copy of negative PPD skin test or Chest X-ray result (must be within last year and be the official copy from Healthcare provider).
- Proof of influenza vaccination (must be within last year and be the official copy from Healthcare provider).
- Signed Health Status Forms (health history and physical exam included in the application must have been completed within last year).
- Copy of health insurance card
- Attach a passport photo with your name printed on the back of the photo to this application.
- Keep a copy of all documents for your records. (make copies prior to turning in application).

This nursing education program is a candidate for accreditation by the Accreditation Commission for Education in Nursing (ACEN).

Accreditation Commission for Education in Nursing (ACEN).

3343 Peachtree Road NE, Suite 850
Atlanta, Georgia 30326
Phone: (404) 975-5000
Fax: (404) 975-5020
Email: info@acenursing.org
Web: www.acenursing.org
Applications due April 6, 2018, by 3:00 p.m. – Nursing office

School of Nursing and Allied Health

Application for Clinical Nursing Courses- ASN Program

First-time Applicant

SS #: __________________________

Student ID# __________________________

Student Name: ____________________________________________

Last/Maiden    Middle    First

Permanent Mailing Address:

________________________________________________________

Street (P.O. Box, Apt. Number)    City    State/Zip code

Phone: (_____)(_____)________________________ (_____)(_____)________________________

Home    Cell

E-Mail Address: ____________________________________________ Gender: M / F

DOB: ____________ Age: _________

Person to notify in an emergency: ____________________________ Relationship: ________________

Address: ____________________________________________ City, State, Zip: __________________________

Cell number: ________________ Home number: ________________ Work number: ________

Ethnicity (required for Federal Reports by 1964 Civil Rights Act):

_____ White    _____ Black    _____ Amer. Indian/Alaskan    _____ Asian/Pacific Islander

_____ Hispanic_____ Other (please specify): ________________________________
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Please list below all courses and name of institution where you are enrolled this semester:

Spring 2018 courses:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please list any other degrees held, year obtained, and name of college/university:

<table>
<thead>
<tr>
<th>Degree earned</th>
<th>Year obtained</th>
<th>Name of college/university</th>
</tr>
</thead>
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Important Information:

1) Students who are accepted into the School of Nursing and Allied Health ASN program will be required to submit to mandatory drug testing upon admission and random drug screens throughout the duration of clinical nursing courses.

2) The number of students accepted to the clinical nursing ASN Program will be dependent on resources. No waiting list will be established and those students that are eligible but not accepted into the ASN nursing program must reapply for admission.

3) Eligible students for admission to the clinical nursing ASN Program will be ranked based on nursing grade point average (GPA), overall GPA and TEAS test results. Consideration will be given to students completing all pre-requisite and co-requisite non-nursing courses at SOWELA Technical Community College.

4) I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant and SOWELA Technical Community College School of Nursing and Allied Health.

5) My signature below indicates that I have read and understand the criteria and requirements listed in this packet. I declare that all the information I have submitted is complete and accurate.

________________________________________________________________________

Signature of Applicant:  Date:

ASN Faculty 11-2016; 4-2017; 9-2017
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ASN CLINICAL APPLICATION FORM

STUDENT NAME: STUDENT ID#

The SOWELA Technical Community College School of Nursing and Allied Health, in keeping with the rules and regulations of the State Board of Nursing and health care agencies, requires all students to complete certain admission health screening procedures. In addition, this form contains important information for students applying to the ASN Program.

HEALTH INSURANCE INFORMATION

ALL SCHOOL OF NURSING STUDENTS must carry and be prepared to show evidence that you have current health insurance. This is a requirement for the ENTIRE duration of your program. This health insurance must cover you for any treatments related to blood borne pathogens, other potentially infectious materials, and any illness or injury that could occur during class or clinical.

FORM INSTRUCTIONS

All students are required to provide health history information and to have a health evaluation prior to admission to the School of Nursing and Allied Health. Continuing students will be required to submit an annual immunization update for PPD status and flu vaccination. If a significant change in health status occurs during a semester, the student must report that change to the clinical faculty and follow the policy for Significant Change in Health Status found in the ASN Student Handbook.

Please print unless otherwise indicated. ALL Date Fields required by this Form must be legible and completed with Month, Day and Year Values. Failure to comply with these requests will prevent your registration for the upcoming Term and prevent your participation in Clinical Rotations.

DISABILITY INFORMATION

If you have a health problem that may require individualized disability support services, it is your responsibility to contact:

Office of Student Services
3820 Senator J. Bennett Johnston Ave
Lake Charles, LA 70616
337.421.6969
800.256.2443

ASN Faculty 11-2016; 4-2017; 9-2017
Applications due April 6, 2018, by 3:00 p.m. – Nursing office

PART 1: STUDENT INFORMATION

STUDENT LEVEL (Circle one) Clinical semester 1 2 3 4 Other __________

Full Name: _____________________________________________________________
Address: (Street) (City) State Zip) __________________________________________

Date of Birth ___ / ___ / ___ Gender (Circle one) Male Female

PART 2: IMMUNIZATION/VACCINATION HISTORY

TETANUS/ACELLULAR PERTUSSUS

BOOSTER DATE ___ / ___ / ___

***STUDENT MUST HAVE HAD A BOOSTER TO INCLUDE PERTUSSUS WITHIN THE LAST 10 YEARS***

HEPATITIS B

Vaccine Dose 1 ___ / ___ / ___ Dose 2 ___ / ___ / ___ Dose 3 ___ / ___ / ___

OR

TITER DATE ___ / ___ / ___ RESULTS: IMMUNE NON-IMMUNE (Circle one)

MENINGOCOCCAL

Vaccine Dose 1 ___ / ___ / ___ Dose 2 ___ / ___ / ___

OR

☐ Check here when you are attaching a signed refusal form if immunization is contraindicated or refusing (Form at end of application).

HEALTH INSURANCE

I verify that I carry, and will carry for the entire duration of my program, health insurance that will cover payment of treatment and follow-up procedures related to blood borne pathogens, other potentially infectious materials, and any illness or injury that could occur during class or clinical. Attach a copy of your health insurance card or policy.

_________________________________________ __________________________
(Student signature) (Date)

ASN Faculty 11-2016; 4-2017; 9-2017
PART 3: LABORATORY/DIAGNOSTIC TEST INFORMATION

If you have **not been** immunized with two (2) Rubeola and Rubella vaccines; then clinical contracts require that you have titers drawn.

**RUBEOLA (MEASLES)**

Titer Date:   /   /  

Results?  Immune  Non-immune  (Circle one)  

Mo  Day  Yyy

Booster Date:   /   /  ***If Non-immune, please give current booster date within 6 months  

Mo  Day  Yyy

If equivocal, Health Care Provider must provide statement and initials: ____________________________

(If equivocal, you are considered to be non-immune until another titer proves otherwise)

**RUBELLA**

Titer Date:   /   /  

Results:   Immune  Non-immune  (Circle one)  

Mo  Day  Yyy

Booster Date:   /   /  

Mo  Day  Yyy

**TUBERCULOSIS SCREENING**

***If you do not have a documented negative Mantoux PPD test within the past year; you must have the 2 Step PPD test. The second PPD Test must be administered 1 week to 3 weeks after the first PPD Test. These tests cannot be completed during a single visit with a healthcare provider. ***

Date Read Test 1:   /   /  Results (mm):  

Mo  Day  Yyy

Date Read Test 2:   /   /  Results (mm):  

Mo  Day  Yyy

**Chest X-Ray** (required if PPD is positive) X-Ray Date:   /   /  Normal  Abnormal  (Circle one)  

Mo  Day  Yyy

***If abnormal, you must have clearance from a healthcare provider stating you are free from contagion.

Please attach documentation of medical clearance.
PART 4: HEALTH HISTORY AND PHYSICAL EXAMINATION

Students should complete this page prior to visiting the healthcare provider.

PAST MEDICAL HISTORY

Chronic health problems: ____________________________________________________________

Surgical procedures/dates: __________________________________________________________

Hospitalizations: _________________________________________________________________

Allergies/reactions: ________________________________________________________________

Do you have a latex allergy or sensitivity? Yes ______ No _________

If yes, it is the student’s responsibility to notify each assigned clinical instructor of this condition and to provide proof of medical management prior to the start of each clinical setting. Please refer to the Latex Allergy Policy in the SoNAH Student Handbook.

List Current Medications (include over-the-counter medications):

VERIFICATION OF PERFORMANCE DUTIES

Purpose:
SOWELA Technical Community College nursing students are expected to be able to perform duties associated with those of a registered nurse, which means able to perform their clinical care responsibilities in a safe, appropriate, and effective manner free from the adverse effects of physical, mental, emotional, and personal problems.

Physical Requirements:
Nursing is a physically demanding profession. Clinical experiences may be up to twelve hours in duration in a hospital, health care, or community setting and students may be on their feet for extended periods of time. Clinical experiences may also be required on weekends and unusual hours of the day (e.g. until 11 p.m.). Nursing students are required to lift and transport patients and use equipment which may require some degree of physical strength. Considerable manual dexterity is also required for many nursing skills and activities.

Students must be able to hear equipment alarms from a distance and distinguish subtle changes in breath sounds, heart sounds, and other assessment data. Patients are often observed from a distance and heart monitors must be accurately read from at least the end of a patient’s bed, approximately six (6) feet away. Students must also be able to accurately read small print on the barrel of a syringe. Students may be exposed to cleaning materials, as well as biological (i.e., blood, mucous), infectious/communicable diseases, and chemically hazardous materials in the clinical setting. Emergency situations frequently occur that require immediate response and action by the student, including situations involving agitated patients who may be physically or verbally combative. Considerable reaching, stooping, bending, kneeling and crouching are also required. Students must have the ability to judge distance and space relationships, see peripherally, and, distinguish and identify different colors.
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Students with physical health conditions must be considered to be under control and able to function safely in a clinical setting.

Psychological Requirements:
Nursing students must be emotionally stable in order to provide safe care to patients. Students on medication for psychological/psychiatric conditions must be considered to be on a stabilized dose in order to function safely in a clinical setting.

The following are examples of the everyday demands of clinical nursing courses.

<table>
<thead>
<tr>
<th>PHYSICAL DEMANDS: Strength Requirements</th>
<th>Approximate frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing</td>
<td>45% of time</td>
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<tr>
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Sensory Demands

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HEARING REQUIREMENTS

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<th>Ordinary Conversation</th>
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MENTAL DEMANDS and DISCIPLINE

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Training classes | Frequently
---|---
**Potential Environmental Exposures - Approximate frequency**
Exposure to radiation and chemicals | Occasionally
Exposure to blood/body fluids, infectious agents, and airborne pathogens | Frequently
Exposure to needle/syringes and waste handling | Frequently

Description of Terms:
Occasionally (activity or condition exists up to 1/3 of the time)
Frequently (activity or condition exists from 1/3 to 2/3 of the time)
Constantly (activity or condition exists 2/3 or more of the time)

I have read and understand the above physical and mental requirements for clinical nursing courses. I am able to withstand the physical or mental exertions related to the requirements of the SOWELA Technical Community College Nursing Program.

________________________  ________________________
Student Signature        Date
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PHYSICAL EXAMINATION FORM: HEALTHCARE PROVIDER FORM
ASN CLINICAL APPLICATION

Ht: __________________ Wt: ______________ Temp: __________________
B/P: __________________ HR: __________________ Resp: __________________

General appearance:

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>NORMAL</th>
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<td>HEENT</td>
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VERIFICATION OF PERFORMANCE DUTIES

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Physical Requirements:
Nursing is a physically demanding profession. Clinical experiences may be up to twelve hours in duration in a hospital, health care, or community setting and students may be on their feet for extended periods of time. Clinical experiences may also be required on weekends and unusual hours of the day (e.g. until 11 p.m.). Nursing students are required to lift and transport patients and use equipment which may require some degree of physical strength. Considerable manual dexterity is also required for many nursing skills and activities.

ASN Faculty 11-2016; 4-2017
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Emergency situations frequently occur that require immediate response and action by the student, including situations involving agitated patients who may be physically or verbally combative. Considerable reaching, stooping, bending, kneeling and crouching are also required. Students must have the ability to judge distance and space relationships, see peripherally, and, distinguish and identify different colors.

Students with physical health conditions must be considered to be under control and able to function safely in a clinical setting.

Psychological Requirements:
Nursing students must be emotionally stable in order to provide safe care to patients. Students on medication for psychological/psychiatric conditions must be considered to be on a stabilized dose in order to function safely in a clinical setting.

The student meets the physical and mental demands described above and listed below.

Provider:
In your opinion, is there any reason why the student could not withstand the physical or mental exertions related to the requirements of the SOWELA Technical Community College Nursing program?

YES NO If YES, please explain:

I find the above-named individual able to perform the applicable duties of a student registered nurse and free from communicable disease: YES NO

Print Name of Healthcare Provider Date

Signature of Health Care Provider Address stamp (including phone #)
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Description of Terms:

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- Frequently (activity or condition exists from 1/3 to 2/3 of the time)
- Constantly (activity or condition exists 2/3 or more of the time)
Below is a list of providers and their contact information that provide CPR training. Contact the individual/agency to verify that they still provide these services. You may utilize any provider but the card must be either American Heart Association Healthcare Provider or American Red Cross Professional Rescuer.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Miriam Bellon</td>
<td>337-474-3057</td>
</tr>
<tr>
<td>Chris Bearb</td>
<td>337-526-1631</td>
</tr>
<tr>
<td>Jerrie Miller</td>
<td>337-912-1322</td>
</tr>
</tbody>
</table>
| Len Edwards (Leesville)     | Home - 318-565-3776  
|                             | Cell - 337-353-2090 |
| Charlotte Lantier           | 337-582-6055  |
| John Vincent                | 337-515-3433  |
| Cynthia Carlin              | 512-657-4296  |
| Penny Redd                  | 337-884-5572  |
| Jan Bosely                  | 337-274-8954  |
| West Calcasieu Cameron Hospital- Shawna Carleson | 337-528-7846 |
| Christus St. Patrick Hospital- Whitney Borel | 337-491-7548 |
| Safety Training Center      | 337-583-7044  |
| American Red Cross          | 337-478-5122  |
| Kristine Stout              | 337-421-6584  Extension 4526 |
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**Physicals and PPDS’s:**

1. You may visit your personal healthcare provider and have them fill out the history and physical form in the application packet. They may also provide PPD’s, immunizations and flu shots.
2. Many of the local Urgent Care facilities are able to physicals, PPD’s and immunizations without an appointment. Call agency prior to visiting to make sure they are able to complete requirements needed for admission.
3. The Calcasieu Community Clinic located in Hardtner Hall on the McNeese State University Campus offers physicals to students that meet their criteria. The clinic is open on Thursday’s only and new patients need to arrive between 4:00pm-5:30pm. The student **MUST** contact Kayla Rigney at 478-8650 to make appointment.
4. If you have had a positive PPD or are allergic to the PPD components, refer to the ASN student handbook under the Tuberculosis policy for the steps that need to be taken.
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SOWELA
TECHNICAL COMMUNITY COLLEGE

TEAS VI test instructions

1. You will need to sign up for the TEAS VI exam online at www.atitesting.com. We will offer several test dates and there are limited seats at each test time. We cannot add more seats at the test times so do not wait until last minute to sign up.

2. The exam has 170 multiple choice questions and is 3 ½ hours long so plan accordingly. The exam will automatically cut off at the 3 ½ hour mark. If you are approved through the office of student support services to receive extra time for the TEAS VI test you must notify us at the time you sign up for the exam. Failure to do this will result in you taking the test during the scheduled time frame without the extra time concession.

3. There are fees that change for the proctored exam and must be paid at the time of enrolling.

4. You will need to create an account with ATI prior to test day. You will not be allowed to test without a username and password.
   a. Go to www.atitesting.com. (Download free Silverlight software, if necessary).
   b. Click “Create an account” and keep track of your username and password.
   c. My Username __________________________ My Password ________________________

5. You will only be allowed to take the TEAS VI test two times total and only one time a semester. You will not be allowed to retake the TEAS VI test in order to improve your score. In order to be considered eligible for the program you must pass the TEAS VI test with a score of 64%.

6. Arrive on time for the test to the Nursing and Allied Health Building computer lab room 208.

7. Bring a picture ID with you day of test to show the test proctor.

8. Bring two pencils with you. You will be given paper upon entry to test.

9. Do not bring a calculator, the test has a pull up calculator.

10. We recommend purchasing the TEAS VI study guide. Go to ATITesting.com click on the online store in the upper right corner then click on the TEAS products, they have several options of products, under shop for: on left side of screen. You can also copy and paste the following link into your browser to go directly to the site.


11. If you are not able to purchase study products through ATI then you can also utilize a free test prep resource offered through the SOWELA Technical Community College library. Go to www.sowela.edu click on library under quick links on lower right side of page. On library page go to databases, middle of page, then scroll down until you see learning express library and click on it. You will have to create an account to log in. Click on new featured resources, middle of page and this may take several seconds to load. On the left side of that page you will see prep for entrance exams, click on prepare for nursing school entrance tests. You will then see a list of 12 different 50 question practice tests in biology, chemistry, general science, math, reading and verbal availability. We do not guarantee that by using either this site or any of the ATI study guides will ensure that you pass the TEAS VI test.
Why get vaccinated?

Meningococcal disease is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and bacteremia or septicemia (infections of the blood). Meningococcal disease often strikes without warning – even people who are otherwise healthy.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

There are at least 12 types of *Neisseria meningitidis*, called "serogroups." Serogroups A, B, C, W, and Y cause most meningococcal disease.

Anyone can get meningococcal disease but certain people are at increased risk, including:

- Infants less than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*
- People at risk because of an outbreak in their community

Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, amputations, nervous system problems, or severe scars from skin grafts.

**Serogroup B meningococcal (MenB) vaccine** can help prevent meningococcal disease caused by serogroup B. Other meningococcal vaccines are recommended to help protect against serogroups A, C, W, and Y.

Obtained from: [http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html](http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html)
WAIVER FORM FOR MENINGOCOCCAL VACCINATION

My signature below indicates that I have elected NOT to receive the meningococcal immunization at this time. I understand that I may be at risk for acquiring meningitis by refusing this vaccine. I accept the responsibility of this risk by refusing the meningococcal vaccine.

_________________________________________  _________________________________
Student Signature                       Date