



**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 - LPN TO RN**

#### **Student Responsibilities**

Understand all policies and procedures for LPN to RN 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 must be accepted into the program prior to beginning any clinical nursing course. **This application MUST be completed in full by the deadline or student will be considered ineligible.**

#### **Checklist and required documentation:**

\_\_\_\_\_ Apply to SOWELA Technical Community College. **(Must be a SOWELA student during the semester of application or have completed all pre and co-requisite courses. Official transcripts must be submitted prior to application).**

\_\_\_\_\_ 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 from another institution can only have **repeated 1 course** in which a "W", "D" or "F" was earned. Credit for RN **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 2 semesters 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).

\_\_\_\_\_ Ability to complete the **online** LPN to RN Transitions Course

**Applications Due - Nursing office by 3:00PM on March 18, 2022**

- \_\_\_\_\_ 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](http://www.atitesting.com) to enroll and pay for the test. Available dates to take the test are posted on the website by the Testing Center
- \_\_\_\_\_ Completion of the ATI RN Fundamentals Exam with a Level II score of at least 65%. **You must first pass the TEAS VI test with a 64% to be eligible to take the ATI RN Fundamentals Exam.** This is also a nationally ranked score. You will need to visit [www.atitesting.com](http://www.atitesting.com) to enroll and pay for the test. Available dates to take the exam are posted on the website by the Testing Center
- \_\_\_\_\_ Unencumbered Louisiana License to practice as a Licensed Practical Nurse (**attach validation**).
- \_\_\_\_\_ Proof of IV Therapy Certification (**attach document**).
- \_\_\_\_\_ 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, within 10 years, include copy of Immunization record).
- \_\_\_\_\_ Proof of Hepatitis B status (vaccinations [3] or proof of immunity (titer), include copy of Immunization record).
- \_\_\_\_\_ Proof of two (2) Varicella vaccinations or varicella titer showing immunity.
- \_\_\_\_\_ Record of MMR- two (2) injections **or** Rubella **and** rubeola titers showing immunity.
- \_\_\_\_\_ Proof of two (2) meningococcal vaccinations (or signed waiver, located in the application)
- \_\_\_\_\_ Proof of COVID 19 vaccination (or signed waiver, located in the application)
- \_\_\_\_\_ Copy of negative PPD skin test or Chest X-ray result (must be within last year and be the official copy from Healthcare provider). **If no skin test in the past year, must have 2 PPD tests or QuantiFERON®-TB Gold blood test (QFT-G)**
- \_\_\_\_\_ Signed Health Status Forms (health history and physical exam included in the application must have been completed no sooner than September 2021).
- \_\_\_\_\_ 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).

**The Associate of Science in Nursing (ASN) nursing program at SOWELA Technical Community College located in Lake Charles, Louisiana is accredited by the:**

Accreditation Commission for Education in Nursing (ACEN).

3390 Peachtree Road NE, Suite 1400

Atlanta, Georgia 30326

Phone: (404) 975-5000

Email: [info@acenursing.org](mailto:info@acenursing.org)

Web: [www.acenursing.org](http://www.acenursing.org)



The most recent accreditation decision made by the ACEN Board of Commissioners for the Associate of Science in Nursing (ASN) nursing program is Initial Accreditation.

View the public information disclosed by the ACEN regarding this program at <http://www.acenursing.us/accreditedprograms/programSearch.htm>

2021: The Associate of Science in Nursing program has continued full approval through the Louisiana State Board of Nursing.

SOWELA Technical Community College does not discriminate on the basis of race, color, national origin, gender, disability, or age in its program and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Title: Compliance Officer

Address: 3820 Sen. J. Bennett Johnston Avenue

Telephone: 337-421-6565 or 800-256-0483

Email: [complainceofficer@sowela.edu](mailto:complainceofficer@sowela.edu)



Attach  
Picture  
Here

School of Nursing and Allied Health

Application for Clinical Nursing Courses - LPN to RN Program

\_\_\_\_\_ First-time Applicant

\_\_\_\_\_ Resubmission of Application

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): \_\_\_\_\_

**Applications Due - Nursing office by 3:00PM on March 18, 2022**

**Please list below all courses and name of institution where you are enrolled this semester:**

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Spring 2022 courses:

_____	_____	_____
_____	_____	_____

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

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Degree earned	Year obtained	Name of college/university

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**Important Information:**

- 1) Students who are accepted into the School of Nursing and Allied Health ASN (LPN to RN) Program will be required to submit to random drug screens throughout the duration of clinical nursing courses.
- 2) **The number of students accepted** to the clinical nursing LPN to RN Program will be dependent on resources. **No waiting list will be established** and those students that are eligible but not accepted into the program must reapply for admission or may apply for the traditional ASN Program.
- 3) Eligible students for admission to the LPN to RN Program will be ranked based on nursing grade point average (GPA), ATI Fundamentals test, 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. Additional points will be awarded if the student holds a degree/diploma/certificate.
- 4) Accepted students **must also be approved by the Louisiana State Board of Nursing** to begin clinical nursing courses. This application process will begin after acceptance in the nursing program. A mandatory meeting will be held with accepted students to begin this process.
- 5) 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.
- 6) 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.

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**Signature of Applicant:**

**Date:**



**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



**Applications Due - Nursing office by 3:00PM on March 18, 2022**

**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. \*\*\* Or one QuantiFERON®-TB Gold blood test (QFT-G)

**Must have signed form from Provider**

**Chest X-Ray** (required if PPD is positive) X-Ray Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Normal Abnormal (Circle one)  
MO DAY YYYY

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

Please attach documentation of medical clearance.

**Check here when you are attaching a signed waiver form (Form at end of application).**



#### 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.

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.

**Applications Due - Nursing office by 3:00PM on March 18, 2022**

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

<b>PHYSICAL DEMANDS: Strength Requirements</b>		Approximate frequency
Standing		45% of time
Walking		45% of time
Sitting		10% of time
Lifting	40-50 lbs.	Frequently
Carrying	20 lbs.	Occasionally
Pushing	< 200 lbs.	Frequently
Pulling	45-50 lbs.	Frequently
Pushing with Assist	> 200 lbs.	Frequently
Climbing		Occasionally
Stooping		Frequently
Balancing and Kneeling		Occasionally
<b>Sensory Demands</b>		
<b>SIGHT REQUIREMENTS</b>		Approximate frequency
Acuity, Near and Far		Frequently
Depth Perception		Frequently
Color Vision		Frequently
Field of Vision		Frequently
<b>HEARING REQUIREMENTS</b>		
Ordinary Conversation		Constantly
Other Sounds		Frequently
<b>MENTAL DEMANDS and DISCIPLINE</b>		
Reading		Frequently
Reasoning and Problem Solving		Constantly
Organization		Constantly
Math		Frequently
Language		Constantly
Detailed Work		Constantly
Multiple Concurrent Tasks and Interruptions		Constantly
Stress		Constantly
Confidentiality		Constantly
Training classes		Frequently
<b>Potential Environmental Exposures - Approximate frequency</b>		
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)**

**Applications Due - Nursing office by 3:00PM on March 18, 2022**

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.

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Student Signature

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Date

**PHYSICAL EXAMINATION FORM: HEALTHCARE PROVIDER FORM  
ASN CLINICAL APPLICATION**

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Temp: \_\_\_\_\_

B/P: \_\_\_\_\_ HR: \_\_\_\_\_ Resp: \_\_\_\_\_

**General appearance:**

<b>SYSTEM</b>	<b>NORMAL</b>	<b>ABNORMAL</b>	<b>COMMENTS</b>
<b>HEENT</b>			
<b>LUNGS</b>			
<b>CARDIOVASCULAR</b>			
<b>MUSCULOSKELETAL</b>			
<b>NEUROLOGICAL</b>			
<b>DERMATOLOGICAL</b>			

**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.

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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.

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.**

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**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:

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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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Pushing with Assist	> 200 lbs.	Frequently
Climbing		Occasionally
Stooping		Frequently
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<b>Sensory Demands</b>		
<b>SIGHT REQUIREMENTS</b>		Approximate frequency
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Color Vision		Frequently
Field of Vision		Frequently
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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)**



## Save a life. Learn CPR.

### In need of your CPR card? Look no further!

SOWELA will be offering CPR training taught by BLS provider. Schedule your training today. The cost of the course is \$65 with payment due at registration. For more information, contact SOWELA's Workforce Solutions at (337) 421-6560.

### Register for a CPR class through Workforce Training

#### Register for Workforce Training

1. Once logged into Lola, click Student
2. Click Registration then Register for Class
  - a. NOTE: you must accept "Financial Responsibility Statement"
3. Select term which desired training will begin
4. Click in Level box and select non-credit
5. Lastly, register for the desired training - **CPR**

### Physicals and PPD'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 perform 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. 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.



### 2022 TEAS Dates

Please visit the following website for an updated schedule.

<https://www.sowela.edu/programs/school-nursing-allied-health/nursing-rn/nursing-teas-dates/>

## TEAS VI test instructions

1. You will need to sign up for the TEAS VI exam online at [www.atitesting.com](http://www.atitesting.com). The TESTING CENTER at SOWELA 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](http://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 Testing Center at SOWELA located in the Sycamore Student Center.**
7. **Bring a picture ID with you the 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](http://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.  
[https://www.atitesting.com/ati\\_store/product.aspx?zpid=1175](https://www.atitesting.com/ati_store/product.aspx?zpid=1175)
11. If you are unable to purchase study products through ATI, you can utilize free test-prep resources through the SOWELA Library. Go to <https://libguides.sowela.edu/StudyTestGuides> and click on "Career Preparation" to access the PrepSTEP database. Click "Sign In/Register" at the top of the screen and create an account. After creating your account, click "Home" in the blue banner at the top of the screen. The select "Career Preparation" on the home page, and then select "Prepare for Nursing Exams." On the next page, scroll down to access ATI TEAS practice tests, Nursing School Practice Entrance Tests, and the Nursing School Test Prep eBook. 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.



## ATI Fundamentals EXAM

Please visit the following website for an updated schedule.

<https://www.sowela.edu/programs/school-nursing-allied-health/practical-nursing/nursing-fundamentals-exam/>

To schedule a test:

<https://www.sowela.edu/admissions/how-to-enroll/testing-center/>

### ATI FUNDAMENTALS EXAM INSTRUCTIONS

You will need to sign up for the ATI RN FUNDAMENTALS exam online at [www.atitesting.com](http://www.atitesting.com). The TESTING CENTER 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.

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

1. 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.
  - d. Go to [www.atitesting.com](http://www.atitesting.com). (Download free Silverlight software, if necessary).
  - e. Click "Create an account" and keep track of your username and password.
  - f. My Username \_\_\_\_\_ My Password \_\_\_\_\_
2. You will only be allowed to take the FUNDAMENTALS test two times total and only one time a semester. You will not be allowed to retake the FUNDAMENTALS test in order to improve your score. In order to be considered eligible for the program you must pass the FUNDAMENTALS test with a score of **65%**. (Level II Mastery)
3. **Arrive on time for the test to the Testing Center at SOWELA located in the Sycamore Student Center.**
4. **Bring a picture ID with you the day of test to show the test proctor.**
5. Bring two pencils with you. You will be given paper upon entry to test.
6. Do not bring a calculator. The test has a pull up calculator.



**SCHOOL OF NURSING AND ALLIED HEALTH**

## 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>



**Immunization Waiver Form**

Louisiana Law ([R.S. 17:170](#)) requires each person entering any school within the state for the first time, shall present either:

1. Satisfactory evidence of immunization against vaccine-preventable diseases according to the schedule approved by the Office of Public Health, Louisiana Department of Health, or shall present evidence of an immunization program in progress; or
2. Sign a waiver indicating they have chosen not to be vaccinated. By completing this form you are submitting a waiver.

I have submitted immunization records with the application.

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Student Signature

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Date

**Waiver option:**

I choose to sign a Proof of Immunization Waiver.

By signing below, I acknowledge that I have read and understand the immunization requirements. If I choose not to submit my records, I understand I may be excluded from campus and from classes in the event of an outbreak until the outbreak is over or until I submit proof of immunization. If I am not 18 years of age, my parent or legal guardian must sign below. I do further hereby, now, and forever, free and release the Louisiana Community and Technical College System and its member institutions from any and all legal and financial responsibility as a result of this refusal.

I choose to sign a Proof of Immunization Waiver. I accept the responsibility of the risks of acquiring vaccine-preventable diseases. I also understand in the event clinical agencies implement a vaccine mandate; clinical placement may be limited.

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Student Signature

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Date