



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 that any crimes whether expunged or dismissed must be reported to the Louisiana State Board of Nursing and may result in the delay of approval to begin nursing clinical courses. Legal documents along with a typed explanation of the incident must be provided to LSBN with the application to the Board.

Understand all policies and procedures for ASN admission. These are available online:

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

ASN Student Handbook: <https://www.sowela.edu/wp-content/uploads/SOWELA-ASN-Student-Handbook-2019-2020.pdf>.

The application process must be completed, and students 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.**

Decisions for acceptance will not be made until final grades are posted for the semester. **This means the middle of May in most circumstances.**

CHECKLIST AND REQUIRED DOCUMENTATION:

_____ **KEEP PAGES IN ORDER**

_____ Apply to SOWELA Technical Community College (**you must be a student at SOWELA and attending classes 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 from another institution can only have **repeated 1 course** in which a "W", "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). <https://www.sowela.edu/programs/school-nursing-allied-health/nursing-rn/nursing-rn-513801-associate-science/>

_____ 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. Available dates to take the test are posted on the website by the Testing Center <https://www.sowela.edu/programs/school-nursing-allied-health/nursing-rn/nursing-teas-dates/>

If you have not taken the TEAS TEST at SOWELA; you must contact www.atitesting.com and have results emailed to SOWELA ASN Program

_____ Current CPR card (**must be either American Heart Association Healthcare Provider or Red Cross Professional Rescuer. Attach copy of card to application**). **Other certifications will NOT be accepted.**

_____ Immunization record with current Tdap (must be current, within 10 years, include copy of Immunization record).

_____ Record of MMR- two (2) injections **or** Rubella **and** rubeola titers showing immunity. If you have not had 2 vaccinations, you **MUST get a titer drawn**.

_____ Proof of at least 1 meningococcal vaccination (or signed refusal, located in the application).

_____ Proof of Hepatitis B status (vaccinations [2 or 3 depending on vaccine type] or proof of immunity (titer), include copy of Immunization record or titer). The vaccinations must have been given within the correct time frame or you must have a titer drawn.

_____ Proof of two (2) Varicella vaccinations or varicella titer showing immunity. Even if you have had the chicken pox; you must get a titer drawn if you do not have proof of 2 vaccinations.

_____ 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 you have not had a skin test in the past year, you must have 2 PPD tests or QuantiFERON®-TB Gold blood test (QFT-G). This is a CDC Guideline**

_____ 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 Nationally Accredited by the

Accreditation Commission for Education in Nursing (ACEN).

3390 Peachtree Road NE, Suite 1400

Atlanta, Georgia 30326

Phone: (404) 975-5000

Fax: (404) 975-5020

Email: info@acenursing.org

Web: www.acenursing.org



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 inquires regarding the non-discrimination policies: Title: Compliance Officer Address 3820 Sen. J. Bennett Johnston Avenue Telephone: 337-421-6565 or 800-256-0483 Email: complianceofficer@sowela.edu

Applications Due - Nursing office by 3:00PM on April 9, 2021

NAME:



Attach
Picture
Here

School of Nursing and Allied Health

Application for Clinical Nursing Courses- ASN 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): _____

Do you have any felonies or misdemeanors to report to LSBN? _____ Yes _____ No

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

Spring 2021 courses:

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

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 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 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

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
Mo Day YYYY

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)

PART 2: IMMUNIZATION/VACCINATION HISTORY

Attach Immunization Records to the Application

TETANUS/ACELLULAR PERTUSSUS (Tdap)

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

HEPATITIS B

Must have the 2 or 3-vaccination series or titer showing immunity.
***If Non-immune, please give current booster. The date of booster must be within 6 months.

VARICELLA

Must have 2 doses of vaccine or titer showing immunity.
***If Non-immune, please give current booster date within 6 months.

MMR – MUMPS RUBELLA RUBEOLA (MEASLES)

Must have 2 doses of vaccine or titer showing immunity.
***If Non-immune, please give current booster date within 6 months.

MENINGOCOCCAL

Must have 1 dose of vaccine or a signed refusal form.
 Check here when you are attaching a signed refusal form if immunization is contraindicated or refusing (Form at end of application).

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.

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.

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

PHYSICAL DEMANDS: Strength Requirements		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
Sensory Demands		
SIGHT REQUIREMENTS		Approximate frequency
Acuity, Near and Far		Frequently
Depth Perception		Frequently
Color Vision		Frequently
Field of Vision		Frequently
HEARING REQUIREMENTS		
Ordinary Conversation		Constantly
Other Sounds		Frequently
MENTAL DEMANDS and DISCIPLINE		
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
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

PHYSICAL EXAMINATION FORM: HEALTHCARE PROVIDER FORM
ASN CLINICAL APPLICATION

Ht: _____ Wt: _____ Temp: _____

B/P: _____ HR: _____ Resp: _____

General appearance: _____

SYSTEM	NORMAL	ABNORMAL	COMMENTS
HEENT			
LUNGS			
CARDIOVASCULAR			
MUSCULOSKELETAL			
NEUROLOGICAL			
DERMATOLOGICAL			

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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.

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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.

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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 #)

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

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Math		Frequently
Language		Constantly
Detailed Work		Constantly
Multiple Concurrent Tasks and Interruptions		Constantly
Stress		Constantly
Confidentiality		Constantly
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:

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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 providers. Please visit the website below for available dates. The cost of the course is \$65 with payment due at registration. For more information, contact SOWELA's Workforce Solutions at (337) 421-6560.

<https://registration.xenegrade.com/sowela/searchResults.cfm?couID=280>

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 do 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.



TEAS VI TESTING

Please visit the SOWELA website: <https://www.sowela.edu/programs/school-nursing-allied-health/nursing-rn/nursing-teas-dates/> for Spring 2021 TEAS dates.

TEAS VI test instructions

1. You will need to sign up for the TEAS VI exam online at 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.
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 TESTING CENTER at SOWELA located in the Sycamore Student Center.**
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.
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.



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>



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