APPLICATION DEADLINE for 2017 FALL SEMESTER PRIORITY ADMISSION: 2/15/2017

PRELICENSURE BSN PROGRAM OF STUDY
APPLICATION PROCESS

STUDENT CHECKLIST

INSTRUCTIONS: Use this checklist to be sure you have included everything that is required in the application packet. Place this list in the packet with your other materials.

___ 1. Check the college catalog for admission requirements.

___ 2. Apply to the College of Coastal Georgia and complete all college admission requirements.

___ 3. Submit School of Nursing application packet in a sealed envelope, ATTEN: BSN Admission Committee, which includes the following:

- Completed Nursing Application
- Official transcripts from ALL colleges attended (submit with application pkt.)
- Signed Health Insurance Requirement form
- Signed Core Essential Standards form
- Copy of any health related license or certification
- Have application Notarized (pg. 6)

___ 4. Request copy of HESI A2 test results to be submitted to the School of Nursing if test taken other than CCGA from http://evolve.elsevier.com

All the above materials (#3) MUST be submitted as a complete packet in a sealed envelope. Failure to submit all required documents in a single packet will result in application not being considered for admission.
Prior to completing this application read the CCGA catalog Nursing Program Admission Information and requirements. Students may apply to both programs.

CCGA Student ID#_____________________________________________________

1. Full Name_______________________________________________________________________________

   last       first       middle

2. Date of Birth_______________________________ Email address_________________________________

3. Address_________________________________________________________________________________

   City  State/Zip code

4. Telephone No.  HOME _______________________________ WORK/CELL_________________________

The above information will be used for communicating with you. Please immediately report all changes in name, address, or telephone number directly to the School of Nursing and Health Sciences (912) 279-5860 or (912) 279-5870. Be sure the Registrar’s office also receives these changes.

5. Have you ever been a nursing student in this Nursing Program? YES _______    NO _______

6. Have you ever attended any nursing program at another school? YES_______    NO _______

   If YES, where?_____________________________________________ Date attended ________________

   If YES, are you eligible for readmission to nursing in that school? YES _____    NO _______

7. Did you receive a (D) or a (F) in any nursing course at this college or another college? If YES, attach a brief explanation as to what you perceive to be the factors that interfered with your success in the last nursing course you were enrolled in.

   YES__________ NO __________________

8. Do you hold or have you ever held any Health related license or Certification? YES_____    NO ____

   Submit a current copy of license or certification

   License number or certificate number_________________________ State ___________________

9. Do you hold a degree? Circle all that apply:  Associate  Bachelor  Masters

   ___________________
HESI* test completed Y________ N__________ Official HESI A2 score sent to CCGA School of Nursing:

Taken at:__________________________________ Y__________ N_______________

DATE___________________ SCORE_________

*The HESI A2 test is a pre-requisite to be considered for the nursing program. It is the student’s responsibility to have their official score sent to the School of Nursing if not taken at CCGA. The student must contact http://evolve.elsevier.com to have an official transcript (HESI) sent.

Criminal background checks and/or drug testing may be required by individual agencies. The cost will be the responsibility of the student. Denial to a site as a result of the check/testing could result in dismissal from the nursing program.

The Georgia Board of Nursing requires background checks for licensure and has the authority to refuse to grant a license to an applicant upon a finding by the Board that the applicant has been convicted of any felony, crime involving moral turpitude, or crime violating a federal or state law relating to controlled substances or dangerous drugs in the courts of this state, any other state, territory, or country, or in the courts of the United States, including but not limited to a plea of nolo contendere entered to the charge; or any licensing board or agency in Georgia or any other state denied the applicant’s license application, renewal or reinstatement; or revoked, suspended, restricted, or prohibited the applicant’s license; or requested or accepted surrender of the applicant’s license, or reprimanded, fined or disciplined the applicant. If you have any questions you may contact the Georgia Board of Nursing at (478) 207-1640.

_____Please initial acknowledging above information

1. Have you ever been convicted of a crime other that a minor traffic offense Y___ N____
2. Are there any criminal charges currently pending against you? Y___ N____
3. Have you entered a plea of guilty, a plea of no contest, a plea of nolo contendere, an Alford plea to a criminal charge, or a plea under a first offender act? Y___ N____
4. Do you currently have disciplinary or academic misconduct charges pending against you from a high school, college, or university? Y___ N____
5. Have you ever been disciplined, suspended, or expelled for conduct code violations from a high school or a postsecondary educational institution? Y___ N____

If answered Yes to any of the above questions, please explain on a separate sheet of paper and attach to this application.

Additional Information:
- Travel at own expense to clinical sites. Note: some clinical experiences may be distances up to 100 miles.
- Clinical practice experiences may be schedules during days, evenings/nights and weekends.

Please sign acknowledging above information_________________________________________.

Applicant’s signature
All students applying to the Nursing Program are expected to have the following competencies in order to effectively and safely perform the responsibilities of a nursing student.

### Core Performance Standards for Admission and Progression*

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<tr>
<th>Requirements</th>
<th>Standards</th>
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| Critical thinking  | Critical-thinking ability sufficient for rapid clinical judgment and decision making. | ▪ Identification of cause/effect relationships in clinical situations Use of the scientific method in the development of patient care plans  
▪ Evaluation of the effectiveness of nursing interventions |
| Interpersonal      | Interpersonal abilities sufficient for interactions with individuals, families and groups from various social, emotional and intellectual backgrounds. | ▪ Establishment of rapport with patients/clients and colleagues Capacity to engage in successful conflict resolution  
▪ Peer accountability |
| Communication in English | Communications abilities sufficient for verbal and written interaction with others to include note taking abilities and the ability to rapidly interpret and disseminate information. | ▪ Explanation of treatment procedures, initiation of health teaching.  
▪ Documentation and interpretation of nursing actions and patient/client responses |
| Mobility           | Physical abilities sufficient for movement from room to room in small spaces | ▪ Movement about patient's room, work spaces and treatment areas  
▪ Administration of rescue procedures-cardiopulmonary resuscitation |
| Motor skills       | Gross and fine motor abilities sufficient for providing safe, effective nursing care | ▪ Calibration and use of equipment  
▪ Therapeutic positioning of patients |
| Hearing            | Auditory ability sufficient for monitoring and assessing health needs | ▪ Ability to hear monitoring device alarm and other emergency signals  
▪ Ability to discern auscultatory sounds and cries for help |
| Visual             | Visual ability sufficient for observation and assessment necessary in nursing care | ▪ Ability to observe patient's condition and responses to treatments |
| Tactile Sense      | Tactile ability sufficient for physical assessment | ▪ Ability to palpitate in physical examinations and various therapeutic interventions |


**NOTE:** There may be more stringent requirements for clinical agencies that may preclude the student’s progression in the nursing program.

I have read the above Core Performance Standards for Admission and Progression and hereby represent that I can effectively and safely perform the competencies listed.

Signed: ___________________________ Date: ____________________ 7/12
NOTIFICATION OF HEALTH INSURANCE REQUIREMENTS FOR STUDENT PRACTICE AT CERTAIN CLINICAL SITES

While the College of Coastal Georgia encourages that all students have health insurance coverage to promote optimal health and wellness outcomes, the College does not require students to have health insurance as a condition of enrollment. However, students who are pursuing a degree in a nursing, health science or related clinical or pre-medical field may be required by certain clinical practice sites to have health insurance. You are receiving this notification and acknowledgement of responsibility because you are a student enrolled in a course of study that may require you to train at a clinical practice site which requires health insurance coverage of its employees and student trainees.

**Acknowledgment of Responsibility**

As a student at the College of Coastal Georgia, I understand that I am enrolled in a course of study that will require my participation in one or more clinical training programs at a hospital or health care facility. I have been advised that while working in such an environment every effort will be made to protect me, however, it is possible that I may be involved in an accidental injury or be exposed to illnesses and diseases that might require medical treatment. For this reason, many hospitals and health care facilities providing clinical rotation opportunities require students to have comprehensive sickness and accident health insurance coverage equivalent to that carried by their employees. These institutions may request me to provide proof of my healthcare coverage.

I understand that if I do not maintain healthcare coverage while enrolled in a course with a clinical component, or if I am unable to provide proof of coverage, I could be removed from the clinical rotation, which would result in my being removed from the program and failing the course. I also understand that health insurance coverage is important, because if I am injured or become ill as a result of my clinical rotation, any costs for medical treatment will be my sole responsibility.

I have read and understand the College health insurance advisory above. My signature is proof of my commitment to obtain and maintain health insurance coverage, at a minimum while in a program requiring clinical rotations.

Participant Name (Print)

Participant Signature Date

Students who need access to health insurance coverage should consult the student handbook and/or request information from the School of Nursing and Health Sciences or the Office of Student Affairs. Group health insurance is available for individual, voluntary purchases through a number of student professional associations as well as the University System of Georgia.
I understand that falsification of any information contained in this application will result in a dismissal from the nursing program at the time that falsification is discovered.

State of _______________
County of _____________

On this _____ day of ___________, 20____, I ____________________________

PRINT NAME
certify that the preceding application is true, exact, and complete.

Legal Signature of Applicant ________________________________________________

Sworn to before me this ____ day of ________________ 20____ Seal

Notary Public _______________________________________________________________

Commission Expires _______________________