

SCHOOL OF NURSING

Application for Admission and Re-admission to the Clinical Portion of the Certificate in Practical Nursing Program

Practical Nursing Program Entrance Requirements

The School of Nursing complies with the BMCC policy of equal opportunity (see BMCC Catalog). Qualified applicants are admitted without discrimination regarding race, color, national origin or ancestry, gender, age, religion, height, weight, marital status, sexual preference, veteran status, or disability (reasonable accommodations will be made within the Americans with Disabilities Act guidelines).

Admission Sequence: Students may be admitted to the College at any point but may not be admitted to the nursing program until they have fulfilled all pre-nursing course requirements.

Entrance Requirements for Pre-Licensure PN Program

To provide adequate clinical experience and to comply with State Board of Nursing requirements, a limited number of students are admitted each year. Therefore, applicants must provide evidence of academic preparation and demonstrate an ability to progress within the curriculum. For entrance into the practical nursing program, the following requirements must be met:

- 1. Completion of High School with an overall GPA of 2.3, or a comparable GED composite score, or a 2.0 GPA in college course work. GPAs are computed on academic courses only.
- 2. Acceptance for admission to Bay Mills Community College (Applications may be obtained by contacting the Admissions Office).
- 3. Successful completion of BI 107 & MA 104 with a C or higher
- 4. Transfer students will be evaluated on an individual basis. Only those courses in which the student received a grade of "C" or better are transferable.

Students must submit a Practical Nurse Program Application to the director of nursing office by the Second Friday in November to be considered for admission into the Spring semester of the program.

For the admission process, the Department of Nursing will accept the highest grade of the FIRST two attempts for each of the prerequisite courses, regardless of where they are taken or how many attempts are made.

- a. "Good academic standing" at time of admission to the Practical Nursing Program per BMCC academic standards.
- b. Current application is completed in its entirety by due date, including:
 - i. Unofficial transcripts for any transfer credits
 - ii. Background check completed.
- c. Academic achievement of a 2.0 or higher.
 - i. Successful completion of prerequisite courses BI107 and MA 104 with a C or higher
- d. Completion of clinical permit (done in NU 113). Clinical Permit includes:
 - i. Evidence of current CPR certification through the American Heart Association (BLS for Health Care Provider).



- ii. Current immunization record. See page nine for immunization requirements.
- iii. Negative drug screen including marijuana (THC). A negative 10-panel drug screen completed no earlier than 30 days before application submission. 10 Panel to include: (Amphetamines, Barbiturates, Benzodiazepines, Cocaine Metabolites, Marijuana Metabolites, Methadone, Methaqualone, Opiates, Oxycodone, Phencyclidine, and Propoxyphene) ***Please note: A few prescribed medications with review from the lab's Medical Review Officer are acceptable. A positive for Marijuana (THC) even with a prescription is not acceptable
- e. A maximum of 16 students will be admitted to the program each admission cycle.



Practical Nursing Program Progression Requirements

To progress in the practical nursing program, students must:

- 1. Achieve a grade of 75% or better in each course in the nursing curriculum. Courses must be taken in sequence. If you fail or withdraw from a course, you will need to apply for readmission to the program and must repeat that course before continuing to the next course in the sequence. Readmission will depend on clinical space available.
- 2. Adhere to the policies of the college and the Department of Nursing.
- 3. Demonstrate a pattern of safe clinical practice commensurate with your educational training.
- 4. Satisfactorily complete the nursing program within three years from the time of enrollment in the first nursing course. A lapse in progression of the normal practical nursing student schedule requires readmission to the program. Students who have withdrawn from the program for a period of one year or longer may have to repeat previously taken courses.

The student is required to maintain the following for the Department of Nursing:

- a. Knowledge of content in this Practical Nursing Program Student Handbook
- b. Tuberculin test results cannot expire during the program.
- c. Record of signed Body Fluid Exposure and Protection, Chemical Dependence Policy, Confidentiality forms and Criminal Background Policy.
- d. CPR certification cannot expire during the program.
- e. Initial physical examination by Healthcare Provider of choice conducted.
- f. Flu vaccination per CDC guidelines for vaccination of health care workers.
- g. A grade of C or better in all nursing and nursing support courses.
- h. Grading Policy for Clinical Courses and Progression:
- i. Nursing is an evidence-based applied science program. All nursing students must demonstrate competence in both the theory and clinical components of each clinical course before progressing to the next level of our program.
- ii. As determined by the BMCC Department of Nursing faculty, final grades cannot be determined for the course until after both the exam and clinical components have been evaluated separately. These two key components must meet the following criteria:
 - i. a minimum of 75% non-rounded exam average for the theory component
 - ii. "Satisfactory" for the clinical component.

If the above criteria are not met:

Students have the option of continuing to attend the non-clinical components of the course and complete course activities including exams. The student's grade will then be determined based on the points earned at the time of the clinical failure but not higher than a C. Once it is determined that exam and clinical component requirements have both been met for the course, scores earned on other graded activities (as determined by the course coordinator and outlined in the syllabus) will be added to the student's earned exam grades so that a final course grade can be determined using the BMCC Department of Nursing Grading Scale below:



Directions for Students

- 1. Students who have completed all pre-nursing courses or will complete prior to the anticipated clinical start date need to complete this application packet. **NOTE:** Application to the nursing program also requires a minimum cumulative grade point average of 2.0 in the pre-nursing courses, must have good academic standing with the college (a grade of C or better must be, or have been, earned in each of the pre-nursing courses).
- 2. Students must submit a criminal background check and have a clear record in order to visit clinical sites. Please follow these directions to get your fingerprinting completed to turn in results with your application.
- -Visit: www.identogo.com. Select the "State Fingerprinting". Follow prompts for State Fingerprinting. Schedule a "New Appointment".
- -Agency ID: xxxxxx-Fingerprint Reason: CPE-NCPA National Child Protection Act (PL 103-209).
- -Select the zip code from where the test will be administered. Sault Ste Marie: 49783
- -Follow prompts and fill in your personal information.
- -Bring proof of registration with registration ID and a government issued picture ID to your appointment.
- -Bring the LIVESCAN Fingerprint Request form with you to the appointment.

Results are emailed to the School of Nursing. Please check to make sure we have received your results when you turn in your application.

- 3. Students must make an appointment with their academic advisor to verify eligibility and complete application forms.
- 4. Students will bring to their appointment with their academic advisor:
 - a. Completed Declaration of Intent
 - b. An unofficial copy of BMCC transcript
 - c. Unofficial copies of all transcripts from other universities or colleges including AP scores
 - d. Completed Clinical Student Disclosure Statement
 - e. Current Immunization record (copy)
 - f. Valid CPR Certification Card (copy) American Heart Association Basic Life Support
 - g. LIVESCAN Request for Fingerprinting form
 - h. Clear drug screen including marijuana (THC).
- 5. Students will be responsible for providing any needed additional documentation (for example, proof of enrollment in current coursework at other institutions).
- 6. The student will submit the completed documents to the Director of Nursing office no later than 5pm on: The second Friday of November. **Application packets containing missing documentation will not be considered for acceptance into the nursing Program**
- *Applicant selection to the program is based on a composite score using GPA for prerequisite courses and completeness of application packet. The top 16 applicants will be selected for the clinical cohort*



Name of Student:
Student ID Number:
Semester Applying for:
Declaration of Intent Completed
Course Load Worksheet Completed
Clinical Student Disclosure Statement Completed
Copy of Immunization Records (See attached list of required immunizations)
Copy of BLS / CPR Card
☐ Unofficial Transcript from BMCC
Unofficial Transcripts for all transfer credits
☐ Clear drug testing including Marijuana (THC)
LIVESCAN Print Request Form (completed and signed by Livescan Operator)
Academic Advisor (signature) Date



DECLARATION OF INTENT FOR ADMISSION TO: Certificate in Practical Nursing

(print) First Name Middle Name Last Name Maiden Name (if applicable) or other names used wish to have my student file(s) evaluated for admission to the Bay Mills Community College LPN Program. By signing my name below, I attest to the accuracy of the information provided in this application packet and am aware that the School of Nursing will begin the screening process.
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Student Signature:Date:
BMCC/Local Address:
Best Telephone Number to Contact Me:
E-Mail Address:
Permanent Address:
BMCC Student ID #:
If you have attended other universities/colleges, please list them below.
Educational History
Date(s) of Attendance
High School:
College(s)/University(ies)
Do you currently hold or have you held any professional certifications (ie: Edu, EMS, LPN, CNA)?: YES NO
If yes, please name the certification and jurisdiction
Have you maintained this certification? YES NO
If no, was the loss of certification involuntary?: Y ES NO
Have you practiced with this certification within the last 5 years? YES NO
Please describe



Clinical Student Disclosure Statement - To Be Retained by the Educational Institution

Student Name: Date of Birth:								
Educational Institution N	ame:							
Training Program:								
1. I certify that I have no privileges in a long-term prescribed by each time.				being granted clinical the applicable time period				
Signature of Student		Date	Date					
2. I certify that I have no with findings of "not guil			ion under the Code of	Criminal Procedure dealing				
Signature of Student		Date						
	t been the subject of a stat ropriation of property or a			dings of patient or residential e certification to be				
Signature of Student		Date						
4. I have listed below all parole and probation and property.				and conditions of sentencing, , or misappropriation of				
Signature of Student		Date						
Conviction/Offense	Date of Conviction/Finding	City	State	Sentence Date				



Signature of Student	Date	
, , , , , , , , , , , , , , , , , , , ,	1 &	
	leges based on information retained through a background check is pragastudent due to decision to remove clinical privileges.	ovided
	l privileges will be withdrawn immediately. I understand that the faci	
1 1 0 \ 0/	omplete to the best of my knowledge. I also understand that if the info	
	ated findings of patient or resident neglect, abuse, or misappropriation	
5. I certify that I have reviewed the list	st of prohibited offenses as defined in P.A. 27, 28 and 29, and that the	above



Immunization Requirements

Must have up-to-date immunization or show evidence of immunity via a blood titer.

Immunization/Test Records must be submitted ***no later than the first day of class***

Measles, Mumps, Rubella (MMR)
Status/Comments:
Varicella (Chicken Pox)
Status/Comments:
Hepatitis B
Status/Comments:
Tuberculosis (TB) Two-Step Skin Test
Status/Comments:_*See Note below
dap/Td
Status/Comments:
Influenza (Flu)
Status/Comments:
Covid-19
Status/Comments:

****You must submit a copy of your immunization record along with this document. You can request a copy of your immunization record via your physician/provider, local health department, or through the Michigan Care Improvement Registry



Why is the 2-step TB skin test needed?

Booster Phenomenon: the reason for the for 2-step TB skin test

Some people infected with M. tuberculosis may have a negative reaction to the TST if many years have passed since they became infected. They may have a positive reaction to a subsequent TST because the initial test stimulates their ability to react to the test. This is commonly referred to as the "booster phenomenon" and may incorrectly be interpreted as a skin test conversion (going from negative to positive).

For this reason, the "two-step method" is recommended at the time of initial testing for individuals who may be tested periodically (e.g., health care workers).

What is the procedure for 2-step TB skin test?

Both step 1 and step 2 of the 2 step TB skin test must be completed within 28 days. See the description below.

STEP 1

Visit 1, Day 1 Administer first TBST following proper protocol A dose of PPD antigen is applied under the skin

Visit 2, Day 3 (or 48-72 hours after placement of PPD) The TBST test is read

- Negative a second TBST is needed. Retest in 1 to 3 weeks after first TBST result is read.
- Positive consider TB infected, no second TBST needed; the following is needed: A
 chest X-ray and medical evaluation by a physician is necessary. If the individual is
 asymptomatic and the chest X-ray indicates no active disease, the individual will be
 referred to the health department.

STEP 2

Visit 3, Day 7-21 (TST may be repeated 7-21 days after first TB skin test is read) A second TST is performed: another dose of PPD antigen is applied under the skin

Visit 4, 48-72 hours after the second TST placement The second test is read.

Negative - consider person not infected.



• Positive - consider TB infection in the distant past. - The individual is referred for a chest X-ray and evaluation by a physician. An asymptomatic individual whose chest X-ray indicates no active disease will be referred to the health department.

Course Sequence

The School of Nursing at Bay Mills Community College offers a certificate program for practical nursing. The certificate program will prepare the graduate for immediate employment in the role of licensed practical nurse. Graduation from this program meets the eligibility requirement for writing the State licensing examination (NCLEX-PN) for practical nurses. An example of the full-time curriculum for the certificate program will be shown on the following page.

Certificate Program for Practical Nursing Course Description: The certificate of practical nursing provides students with the necessary skills and training to provide safe and competent care to patients and qualifies students to write the required licensure examinations for practical nursing. Course work can be completed in 3 semesters of full-time study.

Example of Course Sequence: Prerequisites (10-14 credits)

BI107 Human Biology	4 CR
MA 104 Math and Metrics	3 CR
Semester One	
NU 102 Drugs and Dosages	3 CR
NU 104 Intro to Practical Nsg	2 CR
NU 112 Health Appraisal	4 CR
NU 113 Fundamentals of Nsg	6 CR
Semester Two	
NU 201 Med-Surg Practical Nsg	6 CF
SI112 Medical Terminology	3 CR
PY 214 Developmental Psych	3 CR

Semester Three	
NU 202 Legal & Ethical Issues in Practical Nrs.	2 CR
NU 205 Mat-Child Practical Nsg	6 CR
NU 206 Ambulatory Care Practical Nsg	6 CR



Course Load Worksheet								
cadem	ic advisor,	with a c	copy of y	your current uno				
CR	(B)MCC or (T)ransfer	Letter Grade	Office use leave blank					
4								
3								
7								
	CR CR 4	ng this form along cademic advisor, Courses CR (B)MCC or (T)ransfer 4	Step of this form along with a concademic advisor, and then courses CR (B)MCC or Grade (T)ransfer 4	Student N ng this form along with a copy of scademic advisor, and then work w Courses CR (B)MCC or Grade (T)ransfer Grade blank 4 3	CR (B)MCC or (T)ransfer Letter Grade blank 4 3			

2. Additional support courses Already Taken

Course Number & Title	CR	(B)MCC Or (T)ransfer	Grade

3. Current Semester Course Work

Course Number & Title	CR	(B)MCC Or (T)ransfer	Grade