

Application Deadline: Wednesday, June 5, 2019 at 3:00pm
Traditional Application for August 2019 Cohort

Applicant Information *(Please note application must be completed in ink.)*

Please Note: Health care agencies require nursing students must be at least 17 years of age to participate in clinical rotations and provide patient care. Per the Northeast State Community College Nursing Student Handbook policy, "All nursing students must comply with the health care agencies' requirements." To meet health care agencies' requirements, applicants must be 17 years of age by September 1 of the spring semester to be eligible to attend clinical rotations.

Applicant Name *(Please print)* _____
Last First MI

Northeast State Community College assigned Student ID Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

() _____ - _____ () _____ - _____ () _____ - _____
 Home Phone Number Cell Phone Number Alternative Phone Number

 Email Address Alternative Email Address

**IMPORTANT: If any of the above information changes after submission of the nursing application, please email new contact information to nursingmail@northeaststate.edu. Any application questions may be sent to nursingmail@northeaststate.edu.*

Note: All documents submitted by the applicant become the property of the Nursing Program and cannot be forwarded or returned. It is the applicant's responsibility to make copies of this application and documents before mailing.

Required Submission of Transcripts or ACT Scores: All qualified applicants must possess a minimum Grade Point Average of 3.0 after completing a minimum of 12 credit hours of coursework consisting of courses that are required for the Associate of Applied Science in Nursing degree **OR** possess a minimum ACT scores of 23 in each of the following areas: Math, Reading, Science, and English. Applicant must submit an official, unopened Northeast State Community College transcript **OR** copy of ACT scores with the nursing application per the guidelines below.

Submission of Transcripts - Applicants who have completed a minimum of 12 credit hours of coursework required for the associate of applied science degree nursing program are required to:

I certify that the information contained within this application is true and is made in good faith. I understand the following: falsified statements on this application or failure to provide required documents are sufficient for disqualification of application and/or dismissal if accepted. I have read and understand all information contained on this page.

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- a. provide official, unopened copies of transcripts to the Northeast State Admissions Office, if college credit hours or coursework has been completed at institutions other than Northeast State; and
- b. attach official, unopened copies of transcripts from Northeast State to the Nursing Application. (Applicants, who have had course work transferred into Northeast State, must attach copies of his/her official, unopened Northeast State transcripts showing transfer credit has been applied to the Northeast State transcript.)
 1. All courses taken must have a letter grade on transcript. Any course grades reflecting “in progress” will not receive credit in the Grade Point Average and/or completion of requirements.
 2. All courses required for the associate of applied science in Nursing at Northeast State must reflect a grade of a “C” or better.
 3. Courses, with the grade of “C-” or below, will not be accepted.
 4. If a Course Substitution Form or Petition to Evaluate Transfer Work has been initiated by the applicant, a copy of the initiated form must be included in the Nursing application packet.
 5. All biology courses (BIOL 2010, BIOL 2020, and BIOL 2230) required for the Associate of Applied Science in Nursing degree must contain lecture and laboratory components and must be completed within 10 years of first semester of NRSO coursework.
 6. To check a Northeast State transcript, please go to www.NortheastState.edu and log into *MyNortheast*. It is the applicant’s responsibility to ensure the information posted on official transcripts is correct.

OR

Submission of ACT Scores - Applicants with less than 12 credit hours of coursework required for the Associate of Applied Science in Nursing degree are required to provide a copy of ACT scores.

Required Submission of Admission Assessment (A2) Scores

The entrance test required to be completed is the Admission Assessment (A2). For information on registering for the exam, please visit the Northeast State Community College Testing Center webpage for the Nursing Entrance exam at www.NortheastState.edu/NursingEntranceExam. The applicant’s A2 scores must be included in the nursing application packet. Completion date must be within one year of applying to the program. Applicants are allowed one re-test per calendar year within a one-week waiting period between tests. Applicants may submit the first or second A2 scores with the nursing application packet at their discretion. Admission Assessment (A2) results must be current (less than one year old) as of the application deadline. For example, the A2 exam must be completed between June 1, 2018 – June 1, 2019.

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Prior Application Submitted to Northeast State Nursing Program

If application has been made to the Northeast State associate of applied science in Nursing previously and the applicant wishes to be considered for application for this cycle, the applicant must reapply, completing all application requirements again, as if this were the applicant's first time applying. For applicants, previously accepted and enrolled into the Northeast State Nursing Program, the nursing application and requirements must be met by the deadline. All requirements for application are applicable to all students seeking readmission.

Registration of Courses for Accepted Applicants

If accepted into the program, the student will be issued a registration permit for NRSN: 1710 Fundamentals of Nursing (7 credit hours) which is composed of three components (lecture, lab, and clinical). This registration permit will allow the student to register for their specific lab, clinical, and lecture sections. Student schedules will be assigned by the Director of Nursing or his/her designee. Students, who have not completed ENGL 1010: Composition I, PSYC 1030: General Psychology, and/or BIOL 2010: Anatomy and Physiology I, are required to register for these courses to be completed during fall semester. Students, who wish to be considered full-time for scholarship, insurance or financial aid reasons, will need to register for additional needed credit hours; if uncertain if this is applicable, contact financial aid for more information.

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Core Performance Standards

All Tennessee Board of Regents (TBR) nursing programs have adopted the following core performance standards proposed by the Southern Council on Collegiate Education for Nursing (1992). Admission to and progression in nursing programs is not based on these standards; instead they will be used to assist each student in determining whether accommodations or modifications are necessary. Each of these standards is reflected in nursing course objectives and provides an objective measure for students and advisors to make informed decisions regarding whether the student is “qualified” to meet requirements. Copies of these standards will be available to every applicant and student. If a student believes that he or she cannot meet one or more of the core performance standards without accommodations or modifications, it is appropriate for the student to take the responsibility of identifying his or her need for accommodations to the Center for Students and Disabilities and course instructor. The needs of each self-identified student will be addressed on an individual basis when considering necessary accommodations, and it is recognized that helping to determine successful accommodation is the responsibility of the student, as well as the faculty member. The nursing program will cooperate with other college units to identify auxiliary aids and services which may be needed for reasonable accommodations.

Core Performance Standards for Admission and Progression

1. Critical thinking ability sufficient for clinical judgment.
2. Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
3. Communication abilities sufficient for interaction with others in verbal and written form.
4. Physical abilities sufficient to move from room to room and maneuver in small spaces.
5. Gross and fine motor abilities sufficient to monitor and assess health needs.
6. Auditory abilities sufficient to monitor and assess health needs.
7. Visual ability sufficient for observation and assessment necessary in nursing care.
8. Tactile ability sufficient for physical assessment.

Student Signature

Student’s Identification #

Date

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Clinical Health Care Requirements

All accepted nursing students must comply with the health care agencies' clinical requirements. Clinical requirements are enforced by clinical affiliates and OSHA regulations. Please be aware that clinical affiliates may refuse clinical rotation access to students who fail to obtain the required immunizations, therefore, negatively impacting a student's ability to successfully progress in the curriculum/program. Clinical requirements may be added or changed based on current information regarding communicable diseases and/or revisions/additions of new College, Board of Regents, and/or health care agency requirements. Students will be informed of new requirements and deadlines for new requirements.

All Nursing applicants are requested to provide proof of all immunizations/vaccinations, positive titer, or documentation supporting one or more of the exemptions listed above with the nursing application packet. Failure to submit clinical health care requirements cannot lead to disqualification.

Students are to submit copies of required documentation to the Nursing Program with his/her nursing application packet. Do not send original documents. Do not send health histories. The applicant's name is required to be on the proof of documentation. If a health care provider's statement is used, the applicant's name and the health care provider's signature are required on the documentation.

For accepted applicants, further information will be provided in the acceptance letter for additional Clinical Health Care Requirements.

Exemptions

Valid exemptions include medical exemption and/or a religious exemption.

- Medical Exemption: Physician, health department, or health care provider provides documentation indicating medical exemption from specific vaccinations due to risk of harm stating one of the following as a contraindication for the vaccination: (1) the individual meets the criteria for contraindication set forth in the manufacturer's vaccine package insert; (2) the individual meets the criteria for contraindication published by the U.S. Centers for Disease Control of the ACIP; or (3) in the best professional judgment of the health care provider, based on the individual's medical condition and history, the risk of harm from the vaccine outweighs the potential benefit.
- Religious Exemption: The student's religious affiliate provides on official letterhead a signed, notarized statement (affirmed under penalties of perjury) indicating the vaccination conflicts with the student's religious tenets or practices.

Immunizations/Vaccinations

All student applicants are requested to submit documentation of completed vaccination/immunization series, positive/reactive/immune titers, or valid medical/religious exemptions for the items listed below with the nursing application.

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- Measles, Mumps, Rubella (MMR)
- Varicella
- Hepatitis B
- Tuberculosis (Tb) Screen 2 Step Process (1 Step Process required annually following 2 Step Process with nursing application)
- Tetanus, Diphtheria and Pertussis (TDaP)/Td Booster

Questions/Concerns can be answered by contacting current healthcare provider.

Measles, Mumps, Rubella (MMR)

Decide which box applies to you and place an "X" in the box you selected. You must supply additional documentation if selected box requests such.

- I have had two doses of measles, mumps, rubella vaccination (No earlier than 4 days before 1st birthday, \geq 28 days apart). (Must provide documentation of proof of first and second doses of the MMR vaccination. I highlighted this information on the documentation being submitted and attached a copy to back of this form.)
- I was born before 1957 and have a positive titer for measles, mumps, and rubella with IgG positive or immune. (Must provide documentation of positive titer for measles, mumps, and rubella. I highlighted this information on the documentation being submitted and attached a copy to back of this form.)
- I was born in or after 1957 and have a positive titer for measles, mumps, rubella, and rubeola with IgG positive or immune. (Must provide documentation of positive titer for measles, mumps, and rubella. I highlighted this information on the documentation being submitted and attached a copy to back of this form.)
- I met one of the approved exemptions and have provided the appropriate documentation.

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Varicella (Chicken Pox)

Decide which box is applicable and place an "X" in the box selected. The applicant must supply additional documentation if selected box requests such.

- I was born before 1980, therefore presumed immune through past illness. (Must supply documentation proving year of birth; highlight the birth year on documentation provided); or
- My healthcare provider believes I have had the chickenpox. (Must supply signed documentation with the nursing application from healthcare provider with year of illness. Attach documentation to the back of this application); or
- I have had two doses of varicella vaccine (No earlier than 4 days before 1st birthday, ≥ 28 days apart). (Must provide documentation with the nursing application of proof of first and second doses of the Varicella vaccination. I highlighted this information on the documentation being submitted and attached a copy to the back of this application.); or
- I have a positive, immune, or reactive titer for Varicella with IgG positive or immune. (Must provide documentation with the nursing application of positive titer for varicella. I highlighted this information on the documentation being submitted and attached a copy to the back of this application.); or
- I met one of the approved exemptions and have provided appropriate documentation with this application.

Hepatitis B

Effective July 1, 2011, unless exempted by law, any student enrolled in a higher education institution who is a health science student expected to have patient contact shall present proof of protection against hepatitis B before patient contact begins. For purposes of this paragraph, adequate immunization is defined as:

1. A complete hepatitis B vaccination series (Attach a copy of immunization record highlighting the dates for the completed series or a statement of immunization dates on prescription pad with physician, advanced practice nurse, or physician assistant's signature, date, and DEA number in the box provided),
or
2. Laboratory evidence of immunity via a HB Titer (Attach a copy of blood test results showing immunity. Highlight the results on the document provided).

If proof of a completed series – injections 1, 2, and 3; positive or immune titer; medical exemption; or religious exemption was submitted with nursing application packet, no other form of documentation needed.

Decide which box is applicable and place an "X" in the box you selected. The applicant must supply additional documentation if selected box requests such.

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- I have had three doses of Hep B vaccination, and have provided documentation with this application of all three doses with my nursing application. (Proof of all three doses are required to be submitted with nursing application; highlight these dates on the documentation provided).
- I have a positive, immune, or reactive titer for Hepatitis B and have provided this documentation with this application. (Highlight the results on the documentation provided).
- I met one of the exemptions and have provided the appropriate documentation with this application.

Tetanus, Diphtheria and Pertussis (TDaP)

Tdap immunization or a Td booster immunization must be documented within the last 10 years. If submitting a Td booster, must also submit proof of Tdap.

Decide which box is applicable and place an "X" in the box selected. The applicant must supply additional documentation if selected box requests such.

- I received Tdap vaccination within the last 10 (ten) years and have attached documentation of Tdap vaccination to this application with injection date highlighted.
- It has been 10 years or more since my Tdap was administered and I provided proof of the Tdap and a new, recent Tdap. Documentation of new, recent Tdap is attached to this application with injection date highlighted.
- It has been 10 years or more since my Tdap was administered and I received a Td booster. Documentation of Tdap and Td booster is attached to this application with injection date highlighted.
- I meet one of the approved exemptions and have provided the appropriate documentation with this application.

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Tuberculosis (Tb) Screening 2 Step Process – required annually

The 2-Step process is useful in identifying a positive skin test as a result of a remote history of previous Tb exposure. The baseline tuberculin test is applied and read as usual. If this test is negative, the individual has a repeat skin test in 1 to 3 weeks. If this is also negative, then the individual is considered uninfected, and is tested as usual in subsequent years. However, if the second test is positive, the individual should be considered infected and treated accordingly, but this would not be considered a conversion.

The applicant must provide documentation of the results of the screen. Please remember, the results must be in millimeters; “positive” or “negative” is not acceptable. The applicant will need to complete one of the two the screening options below.

Option #1 – 2-Step Tb Screen

Screen #1

Tb Screening – PPD Administration Record

Date PPD Skin Test Administered _____

Information of Licensed Healthcare Provider Administering Tb Screen Name: _____

Signature: _____

Address: _____

Phone: _____

Tb Screening - Tuberculosis (Tb) Screening Reading

Date PPD Skin Test was Read _____

Results in Millimeters _____

Information of Licensed Healthcare Provider Reading Tb Screen Name: _____

Signature: _____

Address: _____

Phone: _____

Screen #2

Tb Screening – PPD Administration Record

Date PPD Skin Test Administered _____

Information of Licensed Healthcare Provider Administering Tb Screen Name: _____

Signature: _____

Address: _____

Phone: _____

Tb Screening - Tuberculosis (Tb) Screening Reading

Date PPD Skin Test was Read _____

Results in Millimeters _____

Information of Licensed Healthcare Provider Reading Tb Screen Name: _____

Signature: _____

Address: _____

Phone: _____

Option #2 Chest X-ray

If you have ever had a positive Tb skin test, do not repeat the Tb skin test. A chest x-ray is required. Attach results of Chest X-Ray with this application.

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Application Check-Off List

Are the following requirements included in the Nursing Application Packet?

- YES NO Nursing Application – all inclusive, fully completed
- YES NO Official, unopened copies of transcripts from Northeast State. All course grades, including withdrawals and/or incompletes, must also be listed on transcripts. All transcripts should arrive within the application packet. All applications must have a Northeast State transcript or disqualification will occur.
- YES NO Copy of required Admission Assessment (A2) entrance test scores taken between June 5, 2018 – June 5, 2019.
- YES NO Copy of current active LPN License (if applicable).
- YES NO Documentation of proof of first and second doses of the MMR vaccination; positive/reactive/immune titer results for measles, mumps, and rubella; if titers are negative, must provide proof of negative titer, followed by proof of two doses of MMR; or exemption as instructed
- YES NO Documentation of two doses of Varicella positive, immune, reactive titer; or exemption as instructed
- YES NO Documentation of all three Hepatitis B; positive, immune, reactive titer; or exemption as instructed
- YES NO Documentation of Tuberculosis 2-Step screening/Chest X-ray or exemption as instructed
- YES NO Documentation of Tetanus, Diphtheria and Acellular Pertussis (Tdap) and/or Documentation of Tetanus, Diphtheria and Acellular Pertussis (Tdap) and Td Booster, or exemption as instructed

Note: *All documents submitted by the applicant become the property of the Nursing Program and cannot be forwarded or returned. It is the applicant's responsibility to make copies of this application and documents before mailing.*

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Application Submission Instructions

The completed application packet must be **mailed** to the following:

Northeast State Community College
Regional Center for Health Professions - Nursing Program
Attn: Nursing Application
300 West Main Street
Kingsport, TN 37660-4280

Please check with the postal service for correct amount of postage needed to mail application packet. Applications must be received, not postmarked by, the Nursing Program deadline date and time. Hand delivered, faxed, emailed, or incomplete applications will not be reviewed. All mailed material, including envelopes, are retained by the Nursing Program. The applicant is responsible in maintaining copies of all submitted materials. The Nursing Program cannot provide copies of any submitted materials.

Applicants have the option, at an additional cost, to send the application packet by certified mail, return receipt requested, Federal Express, or UPS to confirm receipt of their packet. The Nursing Program will not respond to inquiries of receipt other than mail delivered by the services suggested above. The Nursing Program is not responsible for lost or misdirected mail or mail that does not arrive in a timely manner. Please do not call or email the Nursing Program regarding the outcome of application.

Applicants will be notified by mail of acceptance or denial into the program within six weeks following the application deadline. Please do not call or email the Nursing Program regarding the outcome or status of the application.

Applicants who are accepted into the program will receive an acceptance letter with an "Intent to Enroll" enclosed. The "Intent to Enroll" will be due back to the Nursing Program by a specified date and time. Applicants who do not respond by the specified date noted on the acceptance letter will be considered to be declining the offered position in the program, thus forfeiting the offered position to the next qualified applicant.

Please note: This application is for the AAS in Nursing Program beginning in August 2019.

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