

LARAMIE COUNTY COMMUNITY COLLEGE
NURSING PROGRAM
**ADMISSION INFORMATION AND
APPLICATION FORM**
for the class beginning January 2013



The nursing curriculum at Laramie County Community College is a leveled educational program to facilitate career mobility. After the first semester of the first level, the student is eligible to become a CNA (Certified Nursing Assistant). The first two semesters provide a foundation for progression in the field of nursing and prepare the student to enter the second level of the nursing curriculum and/or take alternative course work which will provide a PN certificate and eligibility to write the qualifying examination for Practical Nurse Licensure. Upon completion of the third and fourth semesters of nursing education, the graduate earns an Associate of Applied Science Degree and may be recommended to write the qualifying examination for Registered Nurse Licensure.

LCCC does not discriminate on the basis of race, color, national origin, sex, age, or disability in admission or access to, or treatment or employment in, its educational programs or activities.

The Nursing Program has been developed in accordance with criteria established by the National League for Nursing Accrediting Commission (NLNAC) with assistance from the Wyoming State Board of Nursing (WSBN). The program has received approval as a nursing education program by the WSBN, 1810 Pioneer Ave., Cheyenne, WY 82002; 307.777.7601 and is accredited by the NLNAC, 3343 Peachtree Rd., NE, Suite 850, Atlanta, Georgia 30326 404.975.5000.

ADMISSION CRITERIA

Laramie County Community College maintains an open door admissions policy and provides programs beneficial to all students. College admission requirements are found in the college catalog. Admission to the Nursing Program is competitive. Applicants must complete the following steps:

Note: If a student has received a "D" or "F" in more than one nursing course, he/she is ineligible to apply.

Step 1. Submit a college admission application to the Admissions Office (\$20 fee). It is the **student's responsibility** to request official transcripts of high school and college courses to be sent to the Admissions Office. **NOTE: Unofficial transcripts (student copies, including LCCC) must be attached and submitted with the Nursing Application.**

Step 2. Verify English and math competency. If you do not have college credit, take the placement tests in the Testing Center (Arp Building, Room 169). **Note:** The cost for these tests is part of the college's admission fee, which must be submitted prior to testing.

- A. English: You must place in ENGL 1010 English I, **or** have an "S" in ENGL 1001 Fundamentals of English, **or** have a minimum grade of "C" from a prior Freshman English Composition course.
- B. Math: You must be enrolled, or have a minimum grade of "C," in MATH 1000 or higher to submit the Nursing Application. You must complete at least MATH 1000 – Problem Solving or a higher math course to begin the Nursing Program. An incomplete, or a grade lower than "C" is not acceptable. **Statistics, Theory of Mathematics, or Clinical Calculations will not fulfill this requirement.**

Step 3. Verify computer literacy skills through high school courses or job training (written verification from your employer on letterhead) or college courses (credit or noncredit or verification of successful completion of an online course). Transcripts do not reflect a course was taken online.

Step 4. Achieve a 70% or higher on the Kaplan test with a reading score of 73% on the same test. **Contact the LCCC testing center for details and scheduling at 307.778.1105 or dmcoy@lccc.wy.edu.**

The test may be taken a maximum of three times (in a two-year time frame), but the test can be taken only twice during a semester, with at least a three-week interval between the tests. The score is acceptable for three years.

Step 5. Complete or verify transfer credit for Human Anatomy or A&P I for four semester credit hours with a minimum grade of "C". An incomplete or grade lower than "C" is not acceptable. You must have completed or be enrolled in four credit hours of Human Anatomy or A&P I with a lab to apply to the Nursing Program. If you take A&P I, you must complete the sequence with A&P II. If you take Anatomy, you must complete the sequence with Physiology. Taking one course from each sequence will not fulfill the requirement.

Step 6. If you have been employed in the healthcare field, submit supporting documentation with the Nursing Application.

Step 7. Complete the Nursing Program Application and submit it between **August 31 and September 21**. When all applications have been verified with enclosed transcripts (including LCCC), placement scores, etc., letters will be mailed out. Any forms postmarked after September 21 will be ineligible for consideration.

Step 8. Begin the immunization process.
Note: It is not necessary to submit this with the application; however, you may want to begin this process as soon as possible. The required immunizations can take up to eight months to complete. A physical form is provided for you to take to your health care provider.

Hepatitis B Process: Receive the first Hepatitis B injection. One month later, receive the second Hepatitis B injection. Five months later, receive the third Hepatitis B injection. Six weeks after that, have a titer drawn to verify immunity. If your result is negative, you must receive a booster. Six weeks after the booster another titer must be drawn to verify immunity.

Rubella/Rubeola/Mumps Process: Verify two doses of the MMR vaccine or have the titers drawn. If immunity is not indicated, by the titers, then you must either start the 2-dose series or have a booster and another MMR titer drawn in six weeks.

Varicella Process: Verify two doses of the varicella vaccine or have the titer drawn to verify immunity. Having had the Chicken Pox disease, does not mean you have immunity.

Note: If you have had two titers drawn for these immunizations and you are still not immune, then you are exempt from any further attempts to become immune. Please keep all copies of your immunizations for your records.

In addition to the above-listed titers, all students are required to obtain a yearly TB skin test, a current tetanus booster, and maintain current Health Care Provider CPR certification through the American Heart Association, valid through December 31, 2014. Students may also be required to get an annual flu shot. Any student found out of compliance with these responsibilities will be sent home from clinical and may be dismissed from the program.

It is the student's responsibility to furnish all the required paperwork. Incomplete applications will be ineligible for consideration.

Applications will be processed as quickly as possible. Every applicant can expect to receive a letter by the end of October. Please do not contact us prior to this date as it will delay the application review process. Applicants may be placed on an alternate list and selected on a space-available basis. Students not selected for admission into the Nursing Program by the close of late registration must initiate the admission process the following semester before being reconsidered for a future class. These students will be considered along with all new applicants.

After acceptance into the Nursing Program, proof of the following additional requirements must be submitted to the Nursing Program as stipulated in the acceptance letter.

1. Acceptable report of the background check/ drug screens. Requirements will be explained in your acceptance letter.

Note: Applicants who have been convicted of a felony, treated for mental illness or substance

abuse should follow the instructions from the Wyoming State Board of Nursing as found on our website at www.lccc.wy.edu/programs/nursing, select “Apply to the Program” and Background check information (pdf). Our college will provide education for those who meet our program objectives and have an acceptable criminal background check, but the Wyoming State Board of Nursing must protect the public and can deny licensure regardless of our program’s or the hospital’s criminal background check. **Any student who cannot pass the background check will not be eligible to attend clinical, and therefore, will be dismissed from the program.**

2. A health insurance verification form. All students admitted to the Nursing Program are expected to be responsible for personal health costs. Students are not covered by workers’ compensation because they are not employees of our clinical sites. The college does not offer health insurance.
3. A non-refundable \$500 fee is required to hold your space in the nursing program. It will be applied to your first semester (NRST 1710) course fee.
4. Division Policies.
5. Exhibits A and B.

Note: Any student who has failed more than one **Nursing course** is ineligible to apply.

Further Information and Assistance

Contact: Nursing Program
Laramie County Community College
1400 E. College Drive
Cheyenne, WY 82007
307.778.1267
www.lccc.wy.edu/programs/nursing

CURRICULUM PLAN OF THE LCCC NURSING PROGRAM

PREREQUISITES: ZOO 2010 Human Anatomy and Physiology I (A&P I) or
 ZOO 2015 Human Anatomy for 4 credit hrs 90
 MATH 1000 Problem Solving 3 hrs (or higher level math) 45
 Passing score for the Kaplan Nurse Entrance Exam 135
 Verify Computer Literacy

Semester	Course Number	Title	Credit Hours	Clock Hours
1st	NRST 1610	Nursing I	6 hrs	90 hrs
	NRST 1710	Clinical Experience I	3 hrs	135 hrs
	ZOO 2020 ZOO 2025	Human Anatomy and Physiology II OR Human Physiology	4-5 hrs	90 hrs
	Social Science	General Psychology OR Cultural Anthropology	3 hrs	45 hrs
	Total Hours			16 hrs
2nd	NRST 1620	Nursing II	6 hrs	90 hrs
	NRST 1720	Clinical Experience II	5 hrs	225 hrs
	HOEC 1140	Nutrition	2 hrs	30 hrs
	PEAC	Activity	1 hr	30 hrs
	ENGL 1010	English I: Composition	3 hrs	45 hrs
	Total Hours			17 hrs

Semester	Course Number	Title	Credit Hours	Clock Hours
3rd	NRST 2630	Nursing III	6 hrs	90 hrs
	NRST 2730	Clinical Experience III	5 hrs	225 hrs
	MOLB 2220	Pathogenic Microbiology	4 hrs	90 hrs
	CO/M 1030	Interpersonal Communications OR		
	CO/M1010	Public Speaking	3 hrs	45 hrs
	Total Hours			18 hrs
4th	NRST 2640	Nursing IV	6 hrs	90 hrs
	NRST 2740	Clinical Experience IV	5 hrs	225 hrs
	+POLS 1000	American & WY Government OR		
	+HIST 1121	US History to 1865 OR		
	+HIST 1221	US History from 1865 OR		
	+ECON 1200	Economics, Law, and Govt OR		
	+HIST 1251	Wyoming History	3 hrs	45 hrs
	Total Hours			14 hrs
TOTAL CREDITS			72 hrs	1,725 hrs

+ If any of these courses have been accepted for transfer at LCCC from an out-of-state institution, a one-credit hour course of Wyoming Constitution (POLS 1100) is required. Refer to your degree requirements in the college catalog for more specific guidelines.

The above credit hours use a 50-minute hour. One credit of theory class = 15 clock hours and one credit of clinical/lab = 45 clock hours.

PROGRESSION IN THE NURSING PROGRAM

To progress semester to semester in the Nursing Program, the student must normally:

1. Maintain a minimum grade of "C" in every required nursing and non-nursing course for each semester. A student may request faculty appeal for consideration if less than a "C" is received.
2. Take nursing courses in sequence.
3. Take general education courses within or prior to the semester in which they are found, as outlined in the curriculum.
4. Maintain acceptable background checks/drug screens.

Estimated Expenses

See college catalog for general school expenses. Additional estimated expenses for the Nursing Program are:

Physical Exam, Immunizations, Titters	(Varies with number and types of immunizations necessary)
Background check and drug test	\$ 165
Books	\$ 1,200
Uniforms	\$ 150
Required clinical course fee for the Nursing Program	\$ 500 per semester
Scissors, watch, stethoscope	\$ 75
Pin (at graduation time)	\$ 30
Licensure Exam Fees	
NCLEX-RN	200
WSBN Application Fees.	\$ 190

The student is expected to provide transportation to class and to assigned clinical experiences.

Student Services: See college catalog for information.

STUDENT COMMITMENT

Due to the demands of the full-time Nursing Program, student employment and other college elective courses should be approached with caution. This personal decision should be based on individual performance in the classroom, clinical areas and personal health. It is the desire of the nursing faculty that students be successful in this program and that essential learning not be compromised. Students will not be excused from class or clinical assignments for personal work schedules or elective classes. An alternative may be found by contacting the Scholarship and Financial Aid Office (307.778.1215).

Clinical experiences in hospitals, clinics and nursing homes may be scheduled as early as 6 a.m. or as late as midnight, and may be on any day of the week. The student is required to participate in the clinical experience as it is scheduled. Childcare arrangements, work schedules and transportation are the responsibility of the student.

Classroom attendance is expected and accountability for knowledge and assignments is the student's responsibility. Skills labs are required to prove competency and are part of the required clinical experience. Failure to comply with attendance or assignments could result in dismissal from the program.

LCCC NURSING PROGRAM APPLICATION

Due between August 31 and September 21, 2012 for the class beginning January 2013

Print or type — All items **MUST** be completed for your application to be considered.

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Primary Phone: _____

City, State, ZIP: _____ Secondary Phone: _____

SS#: _____ E-mail: _____

Step 1: I submitted an LCCC admission application and requested official transcripts from other schools (if applicable) to be sent to the Admissions Office. **Unofficial transcripts from all institutions (including LCCC) are attached to this application.**

Step 2: A. English Placement:

Placement Scoring Sheet attached if the course is not completed. _____

I was placed in ENGL 1010 _____ or other _____

I have taken English 1010. Course _____

B. Math Placement:

I am enrolled in Math 1000 or higher _____

I completed Math 1000 or higher. Course _____

Step 3: Computer Literacy (Proof of completion through transcripts or a letter must be attached):

HS Course Name _____ OR

College Course Name _____

Institution _____ OR

Employment _____ OR

Online Course Name _____ Verified by instructor letter _____

Step 4: I have taken the entrance exam and attached the score.

Date test was taken _____ Score _____ Reading Score _____

Step 5: I am currently enrolled in A&P I or Human Anatomy _____ Course _____

I have completed A&P I or Human Anatomy. Course _____

Step 6: Submit supporting documentation for employment in a healthcare setting, if applicable.

Step 7: Submit the Nursing Program Application to the nursing office.

Step 8: Start the immunization process.

Other: I am currently taking the following college courses:

COURSE #	COURSE NAME	INSTITUTION	CREDITS

The courses listed below are all of the general education requirements for graduation from the Nursing Program. Tell us which courses you are enrolled in as well as the courses you have completed. **If a grade for a course cannot be determined on any transcript, no points will be given and the course will need to be successfully completed.**

Please complete the table below using the following point system. Grade of: A = 12 points B = 8 points C = 4 points Enrolled = 2 points						
COURSE	COURSE #	COURSE NAME	INSTITUTION	SEMESTER	GRADE	POINTS
A&P I or Human Anatomy						
College-Level Math						
A&P II or Human Physiology						
General Psychology/ Cultural Anthropology						
Nutrition						
English Composition						

Please complete the table below using the following point system. Grade of: A = 6 points B = 4 points C = 2 points Enrolled = 1 point						
COURSE	COURSE #	COURSE NAME	INSTITUTION	SEMESTER	GRADE	POINTS
Interpersonal Communication Public Speaking						
Pathogenic Microbiology						
US & Wyoming Government or History Requirements*						

*If a history or government class is accepted as a transfer course from an out-of-state institution, a one-hour course, POLS 1100 – Wyoming Constitution is required.

PE Activity: Completed = 3 pts. Enrolled = 1 pt.	
Wyoming Resident = 7 pts.	
Have been employed in a healthcare setting = 5 pts.	
Passed all general education courses required for the Nursing Program on the first attempt = 20 pts. Only one or two failing grades in any general education course(s) = 10 pts. More than two failing grades in any general education course(s) = 0 pts. (Note: A "D" or "F" is considered a failing grade. Any failing grade prior to 10 yrs. will be disregarded.)	

Total Possible Points: 125

Total Applicant Points _____

Detach and submit completed application form, copies of transcripts (including LCCC), Kaplan scores, verification of computer literacy and Statement of Understanding Concerning Licensure to:

Nursing Program
Laramie County Community College
1400 E. College Drive
Cheyenne, WY 82007

NOTE: You cannot register for any nursing class until you are notified of official acceptance or have written permission.



LARAMIE COUNTY
COMMUNITY COLLEGE

STATEMENT OF UNDERSTANDING CONCERNING LICENSURE

The following questions are asked on the State of Wyoming application for licensure as an LPN/RN; therefore, it is for your information and written answers are not required.

1. Have you ever been denied a nursing license, permit or permission to take a nursing examination by any licensing authority?
2. Have you ever had a nursing license or permit encumbered in any way (revoked, suspended, surrendered, censured, restricted, limited, denied, placed on probation)?
3. Are charges pending against you for professional misconduct, unprofessional conduct or negligence in any state or country?
4. Have you ever been convicted of, or are charges pending against you, for a crime (felony/ misdemeanor) in any state or in federal court, other than minor traffic violations?
5. Have you ever had a court accept a plea of nolo contendere (no contest) to a felony/ misdemeanor, other than minor traffic violations?
6. Do you have any physical impairment or disability that could interfere with your ability to practice nursing?
7. Are you now or have you in the past five years habitually used or been addicted to alcohol, narcotics, barbiturates or habit-forming drugs?
8. Have you ever been admitted (voluntarily or otherwise) to any facility for treatment of mental or emotional illness, drug or alcohol addiction?

If you answer 'yes' to any of the above, refer to www.lccc.wy.edu/programs/nursing, select "Apply to the Program" and Background check information (pdf). LCCC will provide education for those who meet our program requirements and have an acceptable background check/drug screens, but the Wyoming State Board of Nursing must protect the public and can deny licensure regardless of our program's background check/drug screens.

Clinical agencies may require drug screening, abuse clearances and/or criminal background checks prior to allowing students into a clinical setting. Students are advised that the inability to gain clinical educational experiences can result in the inability to meet program objectives and outcomes. The circumstances may prevent progression through the program and ultimately result in dismissal from the program.

I have read and understand the above statement regarding nursing licensure in Wyoming.

Signature _____ Date _____

NURSING APPLICATION CHECKLIST

Before submitting your application, make sure you have included the following:

- 1. Submitted an application to the college and OFFICIAL Transcripts to the Student Records Office.
- 2. Submit Nursing Application to Nursing Program.
- 3. Attached proof of computer literacy.
- 4. Attached Entrance Exam score.
- 5. Attached a copy of all transcripts.
- 6. Attached documentation of healthcare employment, if applicable.
- 7. Signed and included "Statement of Understanding Concerning Licensure."

If any of these items are missing, the application will be considered incomplete and will not be considered for acceptance.

LCCC NURSING PROGRAM PRE-ENTRANCE PHYSICAL FORM

TO BE COMPLETED BY APPLICANT

Name of Applicant _____
(Print Name)

Date of Birth _____ SS# _____

Childhood diseases _____

Hospitalizations (why and when) _____

Have you ever had:	Yes	No
a) Heart problems	<input type="checkbox"/>	<input type="checkbox"/>
b) Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
c) Epilepsy or seizures	<input type="checkbox"/>	<input type="checkbox"/>
d) Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
e) Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
f) Difficult breathing past moderate exertion	<input type="checkbox"/>	<input type="checkbox"/>
g) Asthma	<input type="checkbox"/>	<input type="checkbox"/>
h) High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
i) Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>
j) Allergy to drugs, foods, etc.	<input type="checkbox"/>	<input type="checkbox"/>
k) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
l) Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>
m) Back problems that prevent lifting more than 40 pounds	<input type="checkbox"/>	<input type="checkbox"/>
n) Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
o) Vision problems (Other than corrected by lenses)	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any limitations that require accommodations to be successful in the program?

Are you currently receiving any medical treatment? Yes No

If so, please describe _____

How would you describe your general state of health? _____

I have revealed my medical history truthfully and wholly. I authorize my medical provider to give information to the LCCC Nursing Department regarding my ability to participate in clinical rotations.

Applicant's Signature _____ Date _____

Once both pages are completed, please submit this form to: Nursing Program
Laramie County Community College
1400 E. College Drive
Cheyenne, WY 82007

HEALTH CARE PROVIDER TO COMPLETE THIS SIDE Student Name _____

Please check Yes if the applicant's past or present medical history indicated any of the below. Explain if "Yes."

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Chronic Illness _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical disability _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Acute Illness _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Recurring Physical or Mental health concerns _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Visual Impairment _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing Loss _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Neck, Shoulder, Back Problems _____ |

Significant medical history of applicant _____

REQUIRED IMMUNIZATIONS

- PPD (Mantoux) (within one year) Date _____ Reaction _____
Chest x-ray if PPD is positive: Date _____ Results _____
- Diphtheria-Tetanus Toxoid (within 10 years) Date _____ (If your last tetanus vaccine was greater than 2 years prior, you should receive Tdap as an alternative to TD). Subsequent tetanus boosters should be TD.
- MMR – All students admitted to the nursing program are required to verify two doses of the MMR vaccine or have a positive titer drawn to show immunity. Having had the disease does not constitute immunity.

Rubella Titre – Date _____	Immune	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Rubeola Titre – Date _____	Immune	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Mumps Titre – Date _____	Immune	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
MMR Titre – Date _____	Immune	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

OR 2 doses MMR vaccine – Date _____ Date _____
- Varicella Titre – Date _____ Immune Yes No
OR 2 doses Varicella vaccine – Date _____ Date _____
Note: Having had the disease does not constitute immunity.
- Hepatitis B: Submit proof from health care provider that student is in the process of receiving vaccine.
Dates: (1) _____ (2) _____ (3) _____ Completed _____
Hepatitis B Titer: Immune Yes No
Titer must be drawn 6-8 weeks after the series has been completed.
OR
Present written refusal by student to receive vaccine and give reason for such refusal. _____
(must be attached)
- Color Vision: Distinguishes all colors Yes No If not, what colors are involved? _____
(Color Vision Testing can be done in the nursing office.)

RECOMMENDATION: From the preceding exam, do you believe _____
is capable to undertake all the demands placed on a health care provider? (Name)

Remarks _____

Health Care Provider's Signature

PRINT Health Care Provider's Name _____
Address _____
Phone _____ Date _____