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COAHOMA COMMUNITY COLLETE
ASSOCIATE DEGREE NURSING PROGRAM
(Only LPNs eligible to apply)

==**Remotely testing of TEAS scores will not be accepted.**==

Application & Admission Procedure

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General Information
The application submission time frame for the Associate Degree Nursing Program is
January 15th to March 29th.

Contact the Nursing Department (662-621-4210) for clarification or questions regarding
Application. Application can be made in the last semester of completing pre-requisites.

Summer Requirements for fall 2024 admission to the Associate Degree Nursing Program:

If accepted to the Associate Degree Nursing Program, the following **must be completed** by
end of spring 2024 before enrollment is allowed:

1. Successful completion of all pre-requisite course requirements for admission.

2. Failure to submit required documents (such as physical and immunization records
    including COVID vaccine and COVID booster) by **March 29, 2024**, application is
    incomplete and you cannot attend class.

    Note: Immunization Records must include the following: MMR series- 2, HepB
    Series-3, Varicella-2, Adult TD, 2 step TB skin test, and annual TB skin test, COVID
    vaccine-2, and COVID booster.
    Must take the Flu shot by October 1, 2024

3. Successful completion of the *Health Sciences Summer Enrichment Camp*
    May 14-16, 2024 (Mandatory), 9:00am to 3:00pm at the CCC Robert G. Mason
    Health Sciences Building.

4. Successful completion of additional program-specific requirements.

5. **If applicant has been unsuccessful in another RN program, you must submit a
    letter of good standing from previous program and complete Action Plan for
    Success form.**

Application to Coahoma Community College:
An application to Coahoma Community College **must be completed online**
Click on the following hyperlink to access the [CCC Application for Admission](#).

The four requirements for general admission are a completed CCC application,
Official High school transcript, ACT, and social security card.

Pre-Admission for Associate Degree Nursing:

1. All requirements for general admission to the college must be met.
2. Must complete general admission to the college online.
3. General Education courses are to be completed **by the end of the spring semester or prior to beginning the program.**

General Education Courses	Semester Hours Credit
ENG 1113 English Composition I	3
BIO 2513 Anat & Physiology I Lect	3
BIO 2511 Anat & Physiology I Lab	1
BIO 2523 Anat & Physiology II Lect	3
BIO 2521 Anat & Physiology II Lab	1
EPY 2533 Human Growth & Development	3
BIO 2923 Microbiology Lecture	3
BIO 2921 Microbiology Laboratory	1
BIO 1613 Nutrition	3
MAT 1233 Intermediate Algebra **or** Mat 1313 College Algebra	3
PSY 1513 General Psychology	3
ART 1113 Art Appreciation or MUS 1113 Music Appreciation	3
LLS 1311 General Orientation	1
Total Hours	31

4. An ACT composite score of 18 or greater and/or per IHL requirements. (ACT score less than 18 – can take the ACT exam in April, if not too late.
5. A cumulative GPA of 2.50 is required on nursing pre-requisites.
6. A minimum grade of "C" is required in all courses.
7. Anatomy and Physiology I & II, Microbiology & Microbiology Lab must have been taken within the last **7 years.**
8. Admission to the Associate Degree Nursing Program (ADN) is competitive according to weighted criteria. **Meeting pre-acceptance requirements does not guarantee admission.**

Application Process:

The following documents must be submitted to the Associate Degree Nursing Program by March 29th for an applicant to be considered for admission:

1. Completed CCC Associate Degree Nursing application (Incomplete application will not be considered for admission).
2. **Official** copy of transcripts from each college or university attended. **Request two (2) official copies of transcripts from each college/university attended; one for the College and one for the ADN Program, <u>to be sent to student directly and then submitted with the application.</u> To be official, transcripts must remain sealed in**

the original envelope. Failure to submit transcripts of all colleges or universities attended will be considered as an incomplete and/or falsified application.

3. **CCC transcripts**-submit a written transcript request form to CCC's Admission Office for an official CCC transcript to be sent to the Associate Degree Nursing Program.
4. **Official ACT** (American College Test) scores
5. **TEAS** scores-a student copy or copy printed from the internet is **NOT acceptable. <mark>Remotely testing of TEAS scores will not be accepted.</mark>**
6. Official high school transcript
7. Signed nursing program performance standards
8. Signed criminal background check information form
9. Signed drug policy understanding
10. Current LPN license without restrictions to practice in Mississippi
11. Must have at least 6 to 9 months of continuous nursing practice documented by employer.

LPN Students **Requesting Readmission** to the ADN Program)-in addition to the above must submit a letter which includes the following:
- request for readmission
- semester requested
- reason(s) program was not completed
- completion of Action Plan for Success form

All application information must be received by the Associate Degree Nursing Program no later than **March 29th** to be considered. Incomplete applications will not be considered.

Submit COMPLETED application packet to the Robert G. Mason Health Sciences Building, 901 Ohio Street, Clarksdale, MS, 38614 by mail or in person.

Notification of Acceptance/Non-acceptance
Letters of acceptance or non-acceptance will be mailed. The recipient should respond within one week in **writing** using the "Confirmation of Acceptance" form included with the letter. Not confirming acceptance within a week can result in the admission slot being given to another applicant.

- **Students accepted into the Associate Degree Nursing Program are required to register for NUR 2013 for the 1st summer term.**

Post Acceptance Requirements:

1. Physical examination form is included in the admission packet must be completed which includes if a student requires accommodations for any disabilities.
2. Documentation of all vaccines and immunizations previously listed. Applicants files are incomplete without required clinical documentation and will not be considered for admission to the program.
3. CPR certification for healthcare provider current for 2 years. This must be maintained until graduation.

4. Criminal background check clinical clearance letter – IHL requirement (To be announced)

Other Important Information:

1.   Student malpractice and accident insurance are obtained through the school and charged to the student after the fall semester begins.

2.   **Student is responsible for cost of Criminal Background check and drug screen which will be administered by the college.**

3.   Each student is responsible for their own transportation which includes access to a dependable car at their own expense, a valid driver's license, and proof of insurance as requested by law.

4.   Travel to clinical facilities in adjacent counties for required clinical experiences is the responsibility of the student.

5.   Clinical hours may be scheduled on day, evening or weekend shifts with varying hours that may vary from 4 to 12 depending on the clinical requirements.

6.   Students must have access to the internet, a computer, e-mail and a working telephone number.

COAHOMA COMMUNITY COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
APPLICATION

Coahoma Community College complies with all applicable laws regarding affirmative action and equal opportunity in all its activities and programs and does not discriminate against anyone protected by law because of age, color, disability, national origin, race, religion, sex, handicap, or status as a veteran or disabled veteran.

Date of Birth_____ Social Security Number_____

Student's
Name_____
          (Last)   (First)   (Middle)   (Maiden)

Address_____
       (Street)   (City)   (State)   (Zip)   (County)
Mailing
Address_____
Telephone Number(s)

_____
        (Home)   (Work)   (Cell)
E-mail Address _____
U. S. Citizen? Yes____   No_____

Have you ever been admitted to CCC? Yes_____   No_____
When_____
If yes, under what name? _____
Admitted to any other RN program? _____
Where_____
Reason for
noncompletion_____

CREDENTIAL INFORMATION

1. State and licensure number where registered_____

2. Status of LPN licensure: active ___ inactive ___ other ___ If other, please explain.
    _____
    _____

3. Place of employment (Present or most recent)
    _____

4. I understand that if I am accepted into the Associate Degree Nursing Program, I must successfully complete the summer nursing transition course in order to progress.

_____
Signature

PRIOR EDUCATION:

High School graduation date_____   High School GPA_____
GED_____
College Degrees_____ Last college attended_____
Are you currently enrolled in college courses? _____Expected completion date_____
ACT score (composite) _____
Courses presently enrolled in_____
_____
Will you receive a loan or scholarship to assist with your education? YES ___ NO ___
 If yes, describe

_____
_____
Do you plan to work while you are in the program? YES ___ NO ____
Agency _____Phone _____Hours/week_____

Additional information based on the current MS Board of Nursing RN licensure application:

1. Have you ever been convicted of, pled guilty or pled no contest to any charge(s), or are charges pending against you for a felony or misdemeanor, other than a minor traffic violation, in any state or jurisdiction?
    YES ____ NO ____
    If yes, please explain_____
    _____

2. Have you ever been arrested or convicted for driving under the influence of drugs and/or alcohol?
    YES ____ NO____
    If yes, please explain_____
    _____

3. Have you ever been denied licensure/certification, had disciplinary action or is action pending against you by a board of nursing or any other regulatory agency or certification organization in any state or jurisdiction?
    Yes ____ NO _____
    If yes, please explain_____
    _____

4. Have you ever been placed on a state and/or federal abuse registry?
    Yes ____ NO _____
    If yes, please explain_____

5. Have you within the last five years abused drugs/alcohol or been treated for dependency to alcohol or illegal chemical substances?
    Yes ____ NO _____
    If yes, please explain_____
    _____

6. Have you ever been disciplined by or administratively discharged by the military?
Yes _____ NO _____
If yes, please
explain_____
_____

7. Have you ever been convicted of a felony, or plead guilty to, or plead no contest to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23 (f), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and/or battery of a vulnerable adult? YES ____   NO ____
If yes, please explain _____
_____

All applicants should be advised of the following:

1. Any statement made on this application which is false and known to be false by the applicant at the time of making such statement, shall be deemed fraudulent and subject the applicant to disciplinary proceedings.

2. According to the State of Mississippi Law and Rules and Regulations regulating the Practice of Nursing in Mississippi, an individual's application to take the licensing exam may be denied (See Mississippi Nursing Practice Law 73-15-29 at https://www.msbn.ms.gov/nursing-practice-act

3. Admission to the Associate Degree Nursing Program may be denied based on the results of the criminal background check.

I certify that the information on this application is true and accurate.

_____   _____
Applicant's Signature   Date

COAHOMA COMMUNITY COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

Mailing Address and Physical Location:
901 Ohio Street
Clarksdale, Mississippi 38614
Telephone: Website Address:
(662)621-4210   Fax (662)624-2231   www.coahomacc.edu

_____

Type of Program:

- LPN to RN Associate Degree Nursing Program

Length of Time

- LPN to RN – 3 semesters (after completion of pre-requisites).

Credits required for graduation:
- 72 hours

Degree awarded:
- Associate in Applied Science (AAS)

Estimated Costs/Fees:

See attached estimated costs sheet in package.

COAHOMA COMMUNITY COLLEGE
ASSOCIATE DEGREE NURSING

DRUG ABUSE POLICY

It is the goal of Coahoma Community College to maintain an environment that is free from the effects of intoxicants or other behavior affecting substances. It is the college's belief that a drug free environment is to the benefit of students and employees of Coahoma Community College as well as the surrounding community.

Once admitted to the associate degree nursing program, unannounced and/or random drug screens may be done. In addition, if a student exhibits any sensory symptoms or behavior indicative of being under the influence of mind altering substances, a drug screen will be required immediately. Refusal to be tested will result in program dismissal.

All students must have evidence of a negative drug screen when tested.

I, _____, have read and understand the substance use policy of Coahoma Community College. I grant permission for drug and alcohol testing of myself and acknowledge consent by this signature affixed hereto. I grant permission for the laboratory facility to release lab results to Coahoma Community College.

I understand that I am responsible for providing written documentation from my physician regarding controlled substances that I am taking that could be positively identified in a drug profile.

_____
Student Signature   Date

Return this completed form with your application information.

COAHOMA COMMUNITY COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

Performance Standards for Admission and Progression

The following performance standards provide descriptions of basic cognitive, sensory, affective, and psychomotor requirements for successful associate degree nursing program completion. Applicants and students who cannot meet one or more of the standards will be considered on an individual basis in terms of whether reasonable modification/accommodation can be made. Reasonable accommodations will be examined in accordance with the Americans with Disabilities Act (ADA) as well as the Performance Standards for Admission and Progression.

In order to successfully complete the associate degree nursing program, an applicant/student must be able to do the following:

1.   **Demonstrate critical thinking sufficient for clinical judgment**.
     Examples
     - prioritize information and identify cause-effect relationships in the clinical setting
     - analyze assessment findings and use findings to plan and implement care
     - evaluate plan of care and make revisions as appropriate
     - make decisions using logic, creativity and reasoning to make sound clinical judgments based on standards of nursing care
     - demonstrate arithmetic ability to correctly compute dosages, tell time, and use measuring tools

2.   **Display interpersonal skills sufficient to interact with individuals, families, and groups in a variety of settings in the community.**
     Examples
     - respect differences among clients and exhibit an attitude accepting of clients as individuals
     - establish rapport in order to communicate effectively with clients, families, significant others, and health team members
     - work effectively in small groups as a team member and a team leader
     - recognize crises and institute appropriate interventions to help resolve adverse situations

3.   **Demonstrate appropriate verbal and written communication skills.**
     Examples
     - speak English coherently to clients, families, and other staff members
     - clearly explain treatment procedures and initiate health teaching for clients, families, or groups based on assessed needs, available resources, age, lifestyle, and cultural considerations
     - provide clear, understandable written client documentation based upon proper use of the English language

- convey critical information to other caregivers through graphic, print, and/or electronic media in an accurate, timely, and comprehensible manner

4. **Exhibit physical ability sufficient to assist clients to meet health care needs in a variety of settings, including moving from room-to-room, to maneuver in small spaces, and to negotiate stairwells when necessary.**
   Examples
   - physical mobility and strength sufficient to propel wheelchairs, stretchers, etc. through doorways and close fitting areas alone or with assistance
   - stand, walk up to 75% of 6 to 12 hour shifts
   - stoop, bend, squat, reach overhead as required to reach equipment and provide nursing care
   - lift a minimum of 20 pounds of weight
   - transfer/position up to 300 pounds with assistance while lifting, positioning, and transferring clients
   - provide for activities of daily living (bed bath, oral hygiene, dressing, etc.)
   - perform CPR satisfactorily and respond quickly in an emergency situation

5. **Demonstrate gross and fine motor abilities sufficient to provide safe and effective nursing care.**
   Examples
   - demonstrate physical dexterity and coordination in delivery of care, treatment, and medications
   - hold skin taut with one hand while inserting needle in skin or vein with other hand and perform other procedures requiring the use of 2 hands
   - pick up, grasp, and effectively manipulate small objects such as dials, syringes, switches
   - calibrate and use equipment
   - maintain sterile technique when performing sterile procedures

6. **Display auditory, visual, and tactile ability sufficient to safely assess and care for clients.**
   Examples
   - hear monitors, alarms, emergency signals, lung/heart sounds, bowel sounds, and cries for help, telephone, intercom interactions, and public address systems (codes)
   - perceive and receive verbal communications from clients, families, and health team members
   - read written words and information on paper and computer screens, small print, gauges, measuring cups, syringes, and other equipment
   - discriminate colors; changes in color, size and continuity of body parts
   - discriminate alterations in normal body activities such as breathing patterns and level of consciousness
   - observe hazards in environment (water spills, safety rails, restraints) and harmful situations
   - perform physical assessment: palpate pulses, feel for heat or cold, tap body surfaces

PLEASE CHECK:

_____ I do not require special accommodations to meet the performance standards.

_____ I will need the following accommodations to meet performance standards.

Please list

_____

_____

I understand the requirements and feel that I can achieve the performance standards described for the Associate Degree Nursing Program.

Signature_____   Date_____

*Return this completed form with your application information.

COAHOMA COMMUNITY COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

BACKGROUND INFORMATION SIGNATURE FORM

All students who will be providing direct patient care in health care institutions regulated by the MS Department of Health should be aware that Mississippi law requires background checks for individuals seeking employment in a health care facility.

According to the Mississippi State Law, an individual may not be eligible for employment if the criminal history record check discloses a felony conviction, guilty plea or plea of nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23 (f), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and/or battery of a vulnerable adult that has not been reversed on appeal or for which a pardon has not been granted.

Each student must submit a criminal background clinical clearance letter by May 17th. If a student does not receive a letter of clinical clearance following fingerprinting, the CCC Health Science Review Committee will determine clinical clearance according to the Student Background Policy as stated in the CCC Student Handbook for Health Science Programs http://www.coahomacc.edu/programs/health-sciences/HS-Student-Handbook

A clinical clearance letter must be provided to the Associate Degree Nursing Program prior to start of NUR 2013 Nursing Transition.

I, _____ have read and understand the above information regarding the Mississippi State Law requiring background checks for individuals providing direct patient care in health care institutions regulated by the MS Department of Health.

_____
Signature of Student

_____
Date of Signature

*Return this completed form with your application information.

Revised January 13, 2022 (LW)

Coahoma Community College

Information Sheet for the TEAS (Test of Essential Academic Skills)

What is the TEAS? The TEAS is a computerized pre-entrance test required for all applicants to the Coahoma Community College (CCC) Associate Degree Nursing Program (ADN) and Practical Nursing Program (PN). The TEAS is used to evaluate applicants for admission to both nursing programs. The TEAS is only one of several criteria used in the selection process. The TEAS evaluates four different academic areas-Reading, Math, Science, and English.

How do I prepare for the TEAS? The TEAS Study Guide is available for sale in the CCC Bookstore or online at www.atitesting.com.

It is highly recommended that applicants take time to prepare for the TEAS. Applicants are scored and ranked according to their TEAS sub-scores, as well as ACT score and GPA on pre-requisites-the higher the scores, the better the chance of acceptance into the program.

How do I register to take the TEAS? Complete and submit the TEAS Registration Form along with a $70.00 money order with your application. (See TEAS Registration Form)

Where do I take the TEAS? The TEAS is given on computer at the CCC Gathwright Workforce Center at 510 Sunbelt Drive, Clarksdale, MS (located on Highway 49 South), phone number (662) 627-9139. Parking is available in the front of the building.
- All applicants must pay according to the above instructions and create an account online prior to the day of testing-
    - Go to www.atitesting.com
    - At the top left of the screen go to Sign In and click the tab Create an Account
    - Fill in the information
    - Create a user name and password **(write it down so you will remember it on the day of the test as well as for future use once in the program)**
    - After filling in the information click Register
- Bring a picture ID on the day of the test. Applicants will not be allowed to test without it.
- Calculators are not allowed.

What do I need to make on the TEAS to pass? Applicants are ranked according to performance on the TEAS as well as ACT and GPA. A **TEAS** specific passing score has not been set. The higher the TEAS sub-scores, the better the chances of acceptance are as long as ACT and GPA meet the admission criteria.

How often can I take the TEAS? Applicants may take the TEAS no more than once a year.

Where do I submit the TEAS Registration Form? See Registration form

<div align="center">**COAHOMA COMMUNITY COLLEGE**

TEAS Registration Form</div>

Name_____

Mailing Address_____

_____

Email address_____

Phone number_____

Space is limited so please choose your date for testing. You will receive confirmation by email. You will not be scheduled for TEAS testing until application is complete.

Dates for the TEAS: 9:00 a.m.
(Note: Cancellation – 48 hour notice required)

<mark>**Remotely testing of TEAS scores will not be accepted.**</mark>

_____Wednesday, February 14, 2024
_____Wednesday, February 21, 2024
_____Friday, February 23, 2024
_____Wednesday, February 28, 2024

_____*Wednesday, March 6, 2024
_____*Wednesday, March 20, 2024
_____*Friday, March 22, 2024
_____*Wednesday, March 27, 2024

*Only eight slots available

_____ Enclosed is my money order for $70.00 made payable to Coahoma Community College (required-no personal checks).

All applicants must have taken the TEAS and submitted their completed application by **March 29th** to be considered for admission to the Associate Degree Nursing Program.

<u>**Associate Degree Applicants**</u>-Submit the TEAS Registration form to:
Attention: Bobbie Robertson
Robert G. Mason Health Sciences Building
901 Ohio Street
Clarksdale, MS 38614
(662) 621-4210

Check List for Completion of Application to the Associate Degree Nursing Program

_____1. Completion of general admission application to CCC online (go to website).

Submit the following to the Associate Degree Nursing Program, 901 Ohio Street, Clarksdale, MS, 38614, (662) 621-4210, by mail or in person.

_____2. Completed CCC Associate Degree Nursing application packet.
_____3. Official copy of transcript(s) from each college/university attended.
_____4. Official ACT (American College Test) scores
_____5. Registration for TEAS with $70.00 money order
         (Optional-purchase TEAS Study Manual from Bookstore or online at
         www.atitesting.com to prepare for TEAS)
_____5. Official high school transcript or GED
_____6. Signed nursing program performance standards
_____7. Signed criminal background check information form
_____8. Signed drug policy understanding
_____9. Current LPN license without restrictions to practice in Mississippi
_____10. Employer verification of employment of at 6 to 9 months of continuous nursing
          practice.

LPN Students Requesting Readmission to the ADN Program-letter which includes the
following:
_____11.Request for readmission
_____12. Semester requested
_____13. Reason(s) program was not completed
_____14. Complete of Action Plan for Success form

All application information must be received by the Associate Degree Nursing Program no
later than **March 29th** to be considered. Incomplete applications will not be considered.

Submit COMPLETE application packet to the attention of Ms. Bobbie Robertson, Coahoma
Community College, Associate Degree Nursing Program, 901 Ohio Street, Clarksdale, MS
38614 by mail or in person.

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Coahoma Community College
Associate Nursing Degree Program
Action Plan for Success
(***Must be completed only by students applying for readmission to program***)

</div>

Name _____   Date_____

1. Year and Course unsuccessful in program_____
2. Have you been unsuccessful in another nursing program? _____
3. List key reasons why you were not successful in the program:
   _____
   _____

4. Check other contributing factors you think played a role of unsuccessful performance in the program: (Check all that apply)

   Academic Factors
   [ ] Reading comprehension   [ ] Study skills   [ ] Writing skills
   [ ] Science background   [ ] Verbal skills   [ ] Computer skills
   [ ] Instructor/Student conflict [ ] Clinical skills   [ ] Testing taking skills
   [ ] Math skills   [ ] Attendance

   Personal Factors
   [ ] Personal illness/crisis   [ ] Time Management   [ ] Prioritization
   [ ] Other   List_____

   Family Factors
   [ ] Family illness/crisis   [ ] Child care   [ ] Lack of family support
   [ ] Other   List_____

   Work Factors
   [ ] Worked too many hours   List # hours worked_____
   [ ] Work and school schedule conflict
   [ ] Other   List_____

   Financial Factors
   [ ] No financial support   [ ] Limited financial support
   [ ] Other   List_____

5. Which resources did you utilize while in the program (check all that apply):
   [ ] Faculty advisement   [ ] Student Navigator   [ ] Campus Tutorial
   [ ] ATI   [ ] Textbooks Resources   [ ] Pearson Vue
   [ ] Library Electronic Database
   [ ] Other List_____

6.   List other resources you think would have assisted your success in the program.

_____

_____

_____

7.   After identifying your challenges for success in the program, did you seek assistance?
Yes___   No___   If yes, who and when did you seek assistance?

_____

_____

8. If your performance was due to factors listed in #3 or #4, how will you manage those situations or similar issues if they arise in the future?

_____

_____

9. What steps have you taken to improve factors that led to your inability to progress in the program?

_____

_____

_____

10. List three or more actions you have taken to ensure success in the program if readmitted:

_____

_____

_____

_____

Signature_____   Date_____

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COAHOMA COMMUNITY COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

Rating Scale for Admission

</div>

Name of Applicant: _____

Maximum score of 10. Students are rated competitively for admission according to the following criteria.

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(**ACT – 1ˢᵗ followed by TEAS and GPA last**)

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- **ACT Score-maximum of 3 points**		**Points for ACT**
3 Points for 22 or above 2 points for 20 or 21 1 point for 18 or 19		
- GPA on AD General Education courses – maximum 3 points for GPA		**Points**
3 points for GPA of 3.5 or greater 2 points for GPA of 3.0 or 3.49 1 point for GPA of 2.5 to 2.9		
Grade/Course	**College/Date Taken**	**In Progress**
- ENG Comp I **- PSY General Psychology** **- EPY Human Growth & Dev.** **- BIO Nutrition** **- ART or MUSIC** **- College Algebra or Int. Algebra** **- BIO A&P I Lecture** **- BIO A&P I Lab** **- BIO A&P II Lecture** **- BIO A&P II Lab** **- BIO Micro Lecture** **- BIO Micro Lab** **-LLS General Orientation**		**Calculate Credits Earned:** A (4) x 3 hours = 12 B(3) x 3 hours = 9 C(2) x 3 hours = 6 **Calculate A.D.N. GPA:** <u>Total credits earned</u> Total credit hours earned
TEAS - Pts based on Program Mean		**Points**
-Reading sub score - Math sub score - Science sub score - English sub score	1 point for Reading 71.2 or greater - 1 point for Math 69.8 or greater- 1 point for Science 54.3 or greater- 1 point for English 64.3 or greater-	
Student unsuccessful in any RN program will be deducted one point from total score.		
FINAL SCORE		

Recommended for program: Yes ☐   No ☐

COAHOMA COMMUNITY COLLEGE - ASSOCIATE DEGREE NURSING PROGRAM						
ESTIMATED COST - LPN to RN Track- $9441.00						
Summer	**Cost**	**Fall**	**Cost**	**Spring**	**Cost**	**Grand Total**
Tuition-	525.00	Tuition-	2100	Tuition-	2100	
ATI CARP	353.50	Publication Fee -	60	Transcript Fee -	10	
Books-	825.00	Technology Fee -	100	Technology Fee -	100	
Registration Fee	25.00	Science Major Fee -	40	Science Major Fee -	40	
Uniforms/Equip	300.00	ATI CARP	353.50	ATI Virtual	525	
		MOSA Dues -	20	Books -	100	
		Electronic Health Record	70	TB Certification -	50	
		Books -	450	Board Hearing/Nursing Summit -	100	
		Accident Insurance	54	M-OADN Convention -	75	
		Liability Insurance	15	Graduation Fee -	65	
				Pinning Fee -	100	
				NCLEX Review	350	
				Pharm Review -	150	
				MBON-license and bgC -	185	
				NCLEX Fee -	200	
	$2028.50		**3262.50**		**$4150.00**	**$9,441.00**

Name _____

Allergies_____

Sex_____ **Age**_____ **Weight**_____ **B/P**_____ **Pulse**_____

Respiration_____

No.	System	Normal	Abnormal	Describe Abnormality
1.	Skin			
2.	Lymphatic			
3.	Eyes/Ears			
4.	Nose /throat			
5.	Chest/ Breast/ Lungs			
6.	Heart rate/Rhythm			
7.	Abdomen/ Liver			
8.	Kidneys/ Spleen			
9.	Extremities			
10.	Back/ Spine			
11.	Joints			
12.	Neurological			
13.	Psychological			

History of emotional, psychological, or psychiatric disturbance ____Yes   ____No
Pregnant ___Yes___ No; _____ **EDC History of alcohol or abuse problem** ___Yes   ___No

The following abnormalities should be noted:
_____

_____   _____
Signature of Physician, Nurse Practitioner, or Physician Assistant   Date

In order to successfully complete the allied health program, an applicant/student must be able to do the following:

1. **Exhibit physical ability sufficient to assist clients to meet health care needs in a variety of settings, including moving from room-to-room, to maneuver in small spaces, and to negotiate stairwells when necessary.** *Examples*
    *   physical mobility and strength sufficient to propel wheelchairs, stretchers, etc. through doorways and close fitting areas alone or with assistance
    *   stand, walk up to 75% of 6 to 12 hour shifts
    *   stoop, bend, squat, reach overhead as required to reach equipment and provide nursing care
    *   lift a minimum of 20 pounds of weight
    *   transfer/position up to 300 pounds with assistance while lifting, positioning, and transferring clients
    *   provide for activities of daily living (bed bath, oral hygiene, dressing, etc.)
    *   perform CPR satisfactorily and respond quickly in an emergency situation
2. **Demonstrate gross and fine motor abilities sufficient to provide safe and effective nursing care.** *Examples*
    *   demonstrate physical dexterity and coordination in delivery of care, treatment, and medications
    *   hold skin taut with one hand while inserting needle in skin or vein with other hand and perform other procedures requiring the use of 2 hands
    *   pick up, grasp, and effectively manipulate small objects such as dials, syringes, switches
    *   calibrate and use equipment
    *   maintain sterile technique when performing sterile procedures
3. **Display auditory, visual, and tactile ability sufficient to safely assess and care for clients.** *Examples*
    *   hear monitors, alarms, emergency signals, lung/heart sounds, bowel sounds, and cries for help, telephone, intercom interactions, and public address systems (codes)
    *   perceive and receive verbal communications from clients, families, and health team members
    *   read written words and information on paper and computer screens, small print, gauges, measuring cups, syringes, and other equipment
    *   discriminate colors: changes in color, size and continuity of body parts
    *   discriminate alterations in normal body activities such as breathing patterns and level of consciousness

3**.**   Continued-

- observe hazards in environment (water spills, safety rails, restraints) and harmful situations
- perform physical assessment: palpate pulses, feel for heat or cold, tap body surfaces

PLEASE CHECK:

_____ The applicant does not require special accommodations to meet the performance standards.

_____ The applicant will need the following accommodations to meet performance standards.

Please list and describe the assistance needed:
_____
_____
_____
_____

_____   _____
Signature of Physician, Nurse Practitioner, or Physician Assistant   Date