**Nursing Program Application Packet**

**200 South 14th Street**

**Parsons, KS 67357**

**620-820-1263**

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**Admission Criteria**

**Read and Follow All Instructions Carefully**

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Students interested in the LCC Nursing Program are admitted to the college on the same basis as other students. Admission to the Nursing Program does not ensure graduation and graduation does not ensure licensure. Selection into the LCC Nursing Program is based on the following criteria:

1. GPA that is calculated on prerequisites and general education courses required by the LCC Nursing Program Curriculum.
2. Test of Essential Academic Skills (TEAS) score.
3. Three (3) confidential references, one of which should be a current or former employer.
4. Completion of prerequisite coursework.

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**Application Deadline for Fall Admission: February 15th**

All applications must be submitted to the Nursing Program by 4:30 p.m. on the due date. Deadlines are firm, except in the case where the college is closed. If that occurs, applications will be due on the next working day by 4:30 p.m. It is the applicant’s responsibility to ensure the completeness of their application.

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**Generic Applicant File Checklist**

- Prerequisites of College Algebra, Anatomy & Physiology, General Psychology, and English Composition I
- Official transcripts from ALL college(s) attended mailed to the LCC Nursing Program (excluding LCC transcripts)
- Compass Reading score of 75 or above or ACT Reading score of 17 or above
- Application and Essay
- Three (3) references
- TEAS exam score
- Background check**
- Copy of active Certified Nurse Aide (CNA)**

**Articulating LPN Applicant File Checklist**

- In addition to the Generic Applicant File the following are also required:
  - Completion of all Level I general education courses**
  - Official transcript from Practical Nurse Program
  - Copy of current Kansas LPN license**
  - Documentation of current IV Certification**
  - Dosage Calculation Exam score
  - LPN Assessment Test score

**ATI TEAS**

- Create an ATI Testing account (www.atitesting.com) prior to your test date. Select Labette ADN when setting up your account. Bring your user name and password to the test site.
- Contact Sherry Simpson at 620-820-1263 to register for your exam. **Please note** the $61.00, nonrefundable, TEAS fee must be paid for at the time of registration to secure your spot. Please have a credit or debit card ready when scheduling. If you miss your test date, a new test must be paid for and scheduled.
- Study guides are available in the LCC Bookstore or through ATI Testing.
- TEAS scores will not be accepted after the application deadline.
- Additional instructions are on the LCC Website for registering.

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**Upon Acceptance and Before Entrance into the LCC Nursing Program**

**The student must provide:**

- LCC Student Health Record for Healthcare Programs Physical Examination Form
- Functional Abilities Required of All Nursing Students signature
- Statement of Understanding signature page
- Copy of CNA (if not already provided)
- CPR Certification (infant thru adult)
- Liability Insurance $16.00 payable to LCC Nursing
- Clinical Badge $5.00 payable to LCC Nursing
- Membership for NSNA/KANS $65.00 payable to LCC Nursing
- LCC Nursing Black Polo Shirt $27.00 payable to LCC Nursing

**Students are encouraged to keep copies of all materials submitted to the program for their personal records.**

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**TO COMPLY WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974 (FERPA)**

No copies from the student file will be released once received in the Nursing Program office.

Nursing Program Application

Name: ____________________________ Last First Middle Maiden

Any other last names used

Mailing Address: ____________________________ Street/PO BOX City State Zip

Physical Address: ____________________________ Street (NO PO BOX) City State Zip

E-Mail Address: ____________________________

S.S. #: ____________________________

LCC Student ID #: ____________________________

Home Phone: ____________________________

Cell Phone: ____________________________

Work Phone: ____________________________

Date of Birth: ____________________________

ETHNIC BACKGROUND

☐ American Indian or Alaskan Native ☐ Black/Non-Hispanic ☐ Asian or Pacific Islander

☐ Hispanic ☐ White/Non-Hispanic ☐ Other/Unknown

Were you born outside of the United States? ☐ Yes* ☐ No

*If "YES" is checked, TOEFL scores are required with the application.

EMERGENCY CONTACT

Name: ____________________________ Relationship: ____________________________

Address: ____________________________ Street City State Zip

Employed by: ____________________________ Phone: ____________________________

Phone: ____________________________

EDUCATIONAL BACKGROUND

Are you a high school graduate? ☐ Yes ☐ No

If no, do you have a high school equivalent (GED)? ☐ Yes ☐ No

High School: ____________________________ If yes, year graduated ____________________________

College(s): ____________________________

Degree(s) Earned: ____________________________

Have you ever attended or applied to any nursing program? ☐ Yes ☐ No

Dates Attended: ____________________________

Reason for leaving: ____________________________

Articulating LPN Students ☐ Yes ☐ No

KS LPN license #: ____________________________ Exp. Date: ____________________________

IV Therapy Certified: ☐ Yes ☐ No

IV Certification must show on Kansas LPN license.
**WORK EXPERIENCE (within last ten years)**

<table>
<thead>
<tr>
<th>Type of Work</th>
<th>Name of Employer</th>
<th>Location</th>
<th>Date Employed From</th>
<th>Date Employed To</th>
<th>Reason for Leaving</th>
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</table>

Have you ever been cited for Academic Dishonesty?  ☐ Yes  ☐ No
Check “YES” if you have been cited and charges have been dismissed.
If yes, explain:

Have you ever been charged or convicted of a misdemeanor or felony?  ☐ Yes  ☐ No
If "NO" is checked and the background results received state anything other than “Clear” the applicant will not be included in the application process.
If yes, explain:

Submit copies of documentation of the charges or convictions.

It is the policy of Labette Community College not to discriminate on the basis of age, race, religion, color, sex, physical handicaps, national origin, or ancestry in its admission. A statement of race and financial status is used only for statistical information required on state and federal forms.

Applicants are advised that disclosure of their social security number, date of birth, and information regarding conviction of crimes/infractions is required information for state board applications but is not used to determine a student’s eligibility into the nursing program.

The applications of students listing crimes/infractions will be reviewed by the Kansas State Board of Nursing’s Investigative Committee and may affect the approval of the application by the Board of Nursing.

I verify that I understand that according to Kansas Nurse Practice Act (65-1120), individuals may not be permitted to be licensed if found guilty of a felony, habitual drug use, mental incompetence or unprofessional conduct.

I certify that I have read and understand the LCC Nursing Program Information Packet, and that all the information contained in this application is true and correct to the best of my knowledge.

Signature: ___________________________  Date: __________

IF ANY INFORMATION CONTAINED HEREIN IS FOUND TO HAVE BEEN FALSIFIED, THIS APPLICATION WILL BE WITHDRAWN AND APPLICANT WILL BE WITHDRAWN FROM THE APPLICATION PROCESS.
Labette Community College
Nursing Program
Application Essay

Using the topic below, please write or type an essay, of a maximum of 500 words, describing your opinion on the following question:

“What do you see as the responsibilities of the Professional Nurse in today’s work force and why have you chosen this as an academic degree and/or career path?”

Application essay may be attached to your application on a separate sheet.
Labette Community College
Nursing Program
Prospective Student Nurse Reference Form
For Fall 2017 Application Process

Applicant: Please complete the first part of the form, and then give it to a current/former employer or individual familiar with your academic abilities to complete the remainder of the form.

I ___________________________ , waive my right to view this reference form.

(Program Applicant Name)

Reference: The student listed above is applying for admission to the LCC Nursing Program. Applicants to the program are required to submit reference forms as part of the application process. You are asked to make an honest appraisal of the applicant.

This reference is confidential. On a scale of one to five, with one (1) being the lowest possible rating and five (5) being the highest, please rate the applicant named above. If you cannot rate the applicant in all areas, please notify them so they can name another reference.

Prospective Student Reference Form must be directly mailed in a sealed envelope to LCC Nursing Program, 200 South 14th Street, Parsons, KS 67357.

<table>
<thead>
<tr>
<th>PERSONAL QUALITIES</th>
<th>Poor</th>
<th>Average</th>
<th>Excellent</th>
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</thead>
<tbody>
<tr>
<td>Professional Appearance</td>
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<td>Cooperation</td>
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<td>Dependability</td>
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<td>Response to Stressful Situations</td>
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<td>Honesty</td>
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<td>Judgment</td>
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<td>Punctuality</td>
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<td>Flexibility</td>
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<td>Initiative/Motivation</td>
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<td>Leadership</td>
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<td>Communication Skills</td>
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<td>Organizational Skills</td>
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Your relationship to the Applicant: (Family member references will not be accepted.)

Employer    Co-Worker    Teacher    Other

Would you endorse this applicant as a candidate for a healthcare team? Yes No

If you had the opportunity to employ this individual, would you do so? Yes No

Additional comments about the Applicant: (additional paper may be used if needed)

Please Print Name: ___________________________ Date: ________________

Signature: ___________________________ Phone: ____________________

Title/Occupational: ___________________________

Address: _______________________________________ Street City State Zip Code

Note: If the applicant is a Licensed Practical Nurse (LPN) who is applying for admission to the program, please also complete the Articulating LPN Clinical Reference Form.
Labette Community College  
Nursing Program  
Articulating LPN Clinical Reference Form

This form needs be completed **ONLY if Applicant is currently a LICENSED PRACTICAL NURSE (LPN)** and applying to the RN Level of the LCC Nursing Program.

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Prepares and administers medication accurately.</td>
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<td></td>
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<tr>
<td>Administers treatment and nursing care with safety.</td>
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<td></td>
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<tr>
<td>Performs basic nursing skills and techniques accurately.</td>
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<tr>
<td>Maintains patient confidentiality.</td>
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<td></td>
</tr>
</tbody>
</table>

Please explain "NO answers:

Additional comments about this Articulating LPN applicant?
Criminal Background Check Procedure 3.20
Permission and Release Form for LCC
Health Science Students

Health Science Program applicants are expected to truthfully and accurately share any information related to their criminal history—information collected by criminal justice agencies concerning individuals, and arising from the initiation of a criminal proceeding, consisting of identifiable descriptions, dates and notations of arrests, indictments, information or other formal criminal charges and any dispositions arising therefrom—as part of the application and enrollment process. Current students are expected to notify their respective program director if any change in their criminal history occurs while enrolled in an LCC Health Science Program.

Please review the disclosure statement included in the program application packet and sign below indicating the following:

1. I have truthfully and accurately reported my criminal history and pending charges (if any) to the LCC _____________________ Program Director.

2. I understand that my criminal history may impact progression in the LCC _____________________ Program, and/or ability to be licensed/certified in my field of study.

3. I agree to notify the LCC _____________________ Program Director if a change in my criminal history occurs while attending the LCC _____________________ Program.

4. The LCC _____________________ Program for which I am applying has informed me of the state licensure/certification requirements for that program.

I, __________________________________, have read and understand that completing a criminal background check is required as part the application process for the LCC _____________________ Program, and to participate in education courses that include clinical placement.

I authorize Labette Community College to release the results of any criminal background check to any site where I will be placed for any legitimate educational purpose and I waive my privacy rights under the Family Educational Rights and Privacy Act (FERPA) and consent to a background check for this limited purpose.

I hereby release Labette Community College from any liability in the event:

- I am not cleared for placement by the clinical sites and therefore, cannot continue in the program.
- I am unable to obtain the necessary credits to continue in the program due to a criminal charge or conviction that occurred after being accepted into the program.
- I am unable to obtain licensure/certification in my field of study due to adverse results on a criminal background check.

I understand that I cannot be guaranteed placement at a clinical site and if I cannot complete the clinical requirements, I will not be able to graduate from the program.

Print Name: _______________________________________
Signature: ___________________________ Date: __________

Please submit this signed form as part of your application to the LCC _____________________ Program.

Contact the Health Science Program Director for information and direction to the appropriate agency for questions regarding criminal history and licensure/certification.

03/01/2014
Background Check

Instructions for obtaining your background check for the Labette Community College Nursing Education Program.

Background checks are required on incoming students to insure the safety of the patients treated by students in the clinical education program. You will be required to order your background check in sufficient time for it to be reviewed by the program faculty and staff prior to starting the nursing program. A background check typically takes 3-5 normal business days to complete. The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. Your order must be placed online through StudentCheck and the cost is $50.00. (non-refundable)

Go to www.mystudentcheck.com and select your school and program from the dropdown menus for school and program. It is important that you select your school worded as Labette Community College Nsg Education.

Complete all required fields as prompted and hit continue to enter your payment information. The payment can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. For your records, you will be provided a receipt and confirmation page of the background check performed through PreCheck, Inc.

PreCheck will not use your information for any other purposes other than the services ordered. Your credit will not be investigated, and your name will not be given out to any businesses.

FREQUENTLY ASKED QUESTIONS:
- Does PreCheck need every street address where I have lived over the past 7 years? No. Just the city and state.
- I selected the wrong school, program, or need to correct some other information entered, what do I do? Please email StudentCheck@PreCheck.com, with the details.
- How long does the background check take to complete? Most reports are completed within 3-5 business weekdays.
- Do I get a copy of the background report? Yes. Log into www.mystudentcheck.com and click on “Check Status”, and enter your SSN and DOB. If your report is complete, you may click on the application number to download and print a copy. This feature is good for 90 days after submittal. After 90 days, you will be charged $14.95 for a copy of your report, and will need to contact PreCheck directly to request this.

If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com.