

# Registered Nursing

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Program application for students that have completed pre-requisites or will be completing the pre-requisites in the summer 2016 semester.

**Please turn this packet in to the HCT office, #6105  
During the week of  
Monday, March 7<sup>th</sup> – Friday, March 11<sup>th</sup>, 2016**

For more information please call 535-5437



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## ASSOCIATE DEGREE NURSING PROGRAM

Thank you for your interest in the EITC Associate Degree Nursing Program. Nursing is a demanding discipline. We urge you to recognize the commitment that is essential if one is to be successful in this program. Prior to making application to the program, individuals should give careful consideration to the mental and physical demands of the program and the pressures involved in undertaking the responsibilities of being a nursing student.

**You must be admitted to Eastern Idaho Technical College as a certificate/degree seeking student prior to being eligible to submit the RN application packet.** Completion of all admission requirements does not ensure acceptance into the professional program once application is submitted. A limited number of applicants are accepted into the program each year.

### Program

EITC offers limited entry into the (RN.AAS) Registered Nursing Program. It is a competency based nursing program that combines nursing theory, evidence based practice, and clinical experiences to prepare the graduates to practice in today's dynamic healthcare environment. Upon completion of the program, graduates are eligible to take the national examination (NCLEX-RN) for licensure as a Registered Nurse.

Details are outlined below.

### Professional Program Entrance Application Deadlines & Requirements

Begin your application process as early as possible so that you have ample time to complete all of the requirements. Be sure to meet with your advisor each semester, where questions can be answered and individual assistance can be provided. Meeting the minimum criteria for admission does not guarantee admission into the programs.

- **Packets will only be accepted during the first full week of every March. All Health Care packets will only be accepted during this 1 week period.**
- Program coordinators will no longer be meeting with students to review packets before packet submissions. Part of the packet process is to identify if applicants can thoroughly follow directions and meet deadlines.
- Turn packets in to the Health Professions Division office, Room #6105.
- Due to the transition into the new RN curriculum, candidates may be accepted under different catalog requirements utilizing a tiered entry system. For existing RN pre-req students and existing LPN students who graduate prior to Fall 2016 or have met minimum requirements by March 2016 application deadline, admission to the program will be based upon available space and seniority date assigned by the Healthcare Admissions Counselor.
  - Minimum requirements
    - Teas min of 62
    - B average in BIO 227/227L
    - 2.5 GPA in all other pre-req courses
- All other students who do not fall into the above tiered categories will be required to meet minimum requirements listed above and will be accepted under a scoring system. The scoring system will take into consideration TEAS score, cumulative GPA, written essay, LPN licensed nurses, and EITC alumni. Those students who fall under this category will be contacted by a member of the Nursing program for further required information.
- There will be 20 fall 2016 students accepted, 20 spring 2017 students accepted, and 5 alternate students accepted based on assigned seniority date.
- Please notify **both** Student Services **and** the Health Professions division office of any contact information changes.

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Health Professions Program Packet checklist for applicants						
<b>Late &amp; Incomplete packets will NOT be accepted for review.</b>						
<b>ALL Immunizations MUST BE finished before turning in your packet.</b>						
Student Name			Office Use Only:			
			Entry Date:	Packet #		
Immunization or Titer	Date Given		College ID #			
			Eligible:			
MMR #1		Before packet submission	Yes	No		
MMR #2		Before packet submission	<b>Packet Review Date &amp; Comments:</b>			
Or MMR Titer		Before packet submission				
Hep B #1		Before packet submission				
Hep B #2		Before packet submission				
Hep B #3		Before packet submission				
Or Hep B Titer						
Varicella #1		Before packet submission				
Varicella #2		Before packet submission				
Or Varicella titer		Before packet submission				
Tdap - Tetanus		Within 10 yrs prior to packet submission				
<u>Other</u>	<u>Included</u>					
IRIS Report		To be included with packet				
Completed Physical Exam		To be included with packet				
LPN License # (if applicable)		Copy of active, unrestricted certificate with packet (if applicable)				
Background Check-official & completed		To be completed prior to turning in packet.				

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You must be in your final semester of Prerequisites & Complete all prerequisite courses with a "C-" or better.				
<b>Prerequisites for students under past catalog years:</b>	<b>Semester</b>	<b>Grade</b>	<b>Transfer Equivalency:</b>	<b>If you have any transfer credits, you must provide in your packet, a transfer equivalency print out from the EITC registrar to show we have your information entered <u>along with</u> your Program Evaluation from WebAdvisor.</b>
BIO 227				
BIO 227L				
BIO 228				
BIO 228L				
BIO 250				
BIO 250L				
CHE 101				
CHE 101L				
COM 101				
ENG 101				
ENG 102				
ENG 110				
MAT 123 OR 253				
PSY 101				
SOC 101				
<b>*Mandatory prerequisites for students under the 16-17 catalog year:</b>	<b>Semester</b>	<b>Grade</b>	<b>Transfer Equivalency:</b>	<b>*These courses must be completed before applying. New catalog refers to prerequisites only. Seniority date is still the determining factor in acceptance.</b>
HCT 118 or CNA certification				
ENG 101				
BIO 227				
BIO 227L				
BIO 250				
MAT 253				
<b>Completed as prerequisites or during the program:</b>	<b>Semester</b>	<b>Grade</b>	<b>Transfer Equivalency:</b>	
BIO 228				
BIO 228L				
PSY 101 OR SOC 101				
ENG 101				
COM 101				
ENG 110 or Humanities				

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## Application for Admission

Name \_\_\_\_\_  
First Middle Last Former Name (if applicable)

Home Address \_\_\_\_\_  
Street City State Zip Code

Permanent Address (if different from above) \_\_\_\_\_

EITC Student ID # \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

### In Case of Emergency, Notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

### Education

Official transcript(s) must be received by the office of admissions and records.

Name of School	Location of School	From Month/Year	To Month/Year	Diploma or degree rec'd?	Major/Minor
College					
College					

### Professional Licenses or Certification

Type	Issued by Which State or Agency	License Number	Date

### Follow Up Information

It is important that we follow up our students after graduation to be sure they obtain appropriate employment. Please provide information about two people who will always know where to locate you.

Name	Mailing Address	Telephone

### Current Employment

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Duties \_\_\_\_\_

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## Previous Employment

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Duties \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## Please Carefully Read and Sign the Following

### **Acknowledgement of Program Requirements for Personal Effort and Commitment**

The nature of the Eastern Idaho Technical College nursing program, as with most nursing programs, require a substantial time commitment to fulfill the intensive requirements of the program in the classroom, nursing clinical laboratory, and clinical settings. Student success in the nursing program is dependent upon the creation and maintenance of a collaborative, working partnership between students and faculty. The nursing program faculty recognizes its responsibility as facilitators of your learning and is committed to helping you succeed in the program.

However, it is important that you are aware of the responsibilities you will hold for your own learning while in the nursing program. As part of your application to the program, please read the following and sign below. Your signature is an acknowledgement of your understanding of the expectations of the program.

1. There is a minimal study expectation of two hours of study per week for each credit enrolled. Most students spend more time than the minimal study expectation.
2. Although we hold an appreciation for your possible need to work to support yourself and/or a family, most students find it extremely difficult to work and still achieve the grades you need to maintain.
3. You will be exposed to in-depth, comprehensive nursing concepts and principles that may require more effort on your part to learn and understand.
4. You are expected to be prepared for class, lab, and clinical. This may include extensive reading, completion of care plans, practice in the lab, and other assignments prior to your attendance.
5. Most exams given in nursing courses are structured similarly to the nurse licensing exam. This means that most of the items on the exams are application, analysis, and synthesis type questions rather than simple knowledge and recall. These questions require a higher-order of thinking to answer correctly.
6. You may find the nursing program very different and more difficult than your past educational experiences. The nursing program is designed this way to facilitate the quality of the program, prepare you to pass your licensing exam, and ensure you become a safe and competent nurse.

### **Statement on Technical Standards for Nursing Programs at EITC**

Certain functional abilities are essential for the delivery of safe, effective nursing care. These abilities are essential in the sense that they constitute core components of nursing practice, and there is a high probability that negative consequences will result for patients/clients under the care of nurses who fail to demonstrate these abilities. Programs preparing students for the practice of nursing must attend to these essential functional abilities in the education and evaluation of students.

Students with disabilities who think they may require accommodation in meeting the Technical Standards should contact Disability Resources and Services Coordinator, Irene Jones, of EITC at 524-3000 ext. 3376. Students should seek accommodations advising as soon as possible after admission to the Nursing Program so that a plan can be in place at the beginning of the program. Applicants seeking admission into the program who may have questions about the technical standards and appropriate reasonable accommodations are invited to discuss their questions with the Coordinator. Reasonable accommodations will be directed toward providing an equal educational opportunity for students with disabilities while adhering to the standards of nursing practice for all students.

The practice of Nursing requires the following functional abilities with or without reasonable accommodations:

**Visual acuity** must be sufficient to assess patients and their environments and to implement the nursing care plans that are developed from such assessments. Examples of relevant activities:

- Detect changes in skin color or condition
- Collect data from recording equipment and measurement devices used in patient care

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- Detect a fire in a patient area and initiate emergency action
- Draw up the correct quantity of medication into a syringe

**Hearing ability** must be sufficient to assess patients and their environments and to implement the nursing care plans that are developed from such assessments. Examples of relevant activities:

- Detect sounds related to bodily functions using a stethoscope
- Detect audible alarms within the frequency and volume ranges of the sounds generated by mechanical systems that monitor bodily functions
- Communicate clearly in telephone conversations
- Communicate effectively with patients and with other members of the healthcare team

**Olfactory ability** must be sufficient to assess patients and to implement the nursing care plans that are developed from such assessments. Examples of relevant activities:

- Detect foul odors of bodily fluids or spoiled foods
- Detect smoke from burning materials

**Tactile ability** must be sufficient to assess patients and to implement the nursing care plans that are developed from such assessments. Examples of relevant activities:

- Detect changes in skin temperature
- Detect unsafe temperature levels in heat-producing devices used in patient care
- Detect anatomical abnormalities, such as subcutaneous crepitus, edema, or infiltrated intravenous fluid

**Strength and mobility** must be sufficient to perform patient care activities and emergency procedures. Examples of relevant activities:

- Safely transfer patients in and out of bed and assist them with ambulation using appropriate assistive devices
- Safely control fall of a patient, by slowly lowering the patient
- Turn and position patients as needed to prevent complications due to bed rest
- Hang intravenous bags at the appropriate level
- Accurately read the volumes in body fluid collection devices hung below bed level
- Perform cardiopulmonary resuscitation

**Fine motor skills** must be sufficient to perform psychomotor skills integral to patient care. Examples of relevant activities:

- Safely dispose of needles in sharps containers
- Accurately place and maintain position of stethoscope for detecting sounds of bodily functions
- Manipulate small equipment and containers, such as syringes, vials, ampules, and medication packages, to administer medications

**Physical endurance** must sufficient to complete assigned periods of clinical practice.

**Ability to speak, comprehend, read, and write English** at a level that meets the need for accurate, clear, and effective communication.

**Emotional stability** to function effectively under stress, to adapt to changing situations, and to follow through on assigned patient care responsibilities.

**Cognitive ability** to collect, analyze, and integrate information and knowledge to make clinical judgments and management decisions that promote positive patient outcomes.

**I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misinterpretation or falsification of information is cause for denial of admission or expulsion from the college. I acknowledge that I have read and understand the above statements and if I am accepted into Eastern Idaho Technical College program, I agree to organize my time and personal affairs in order to meet the commitments necessary to succeed. I understand that illegal use, possession, and/or misuse of drugs are reasons for immediate dismissal from the nursing program. I understand that a felony conviction may prevent me from obtaining a nursing license.**

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Signature of Applicant

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Date

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## Pre-Entrance Physical Examination

Name: \_\_\_\_\_

1. (To be completed by examiner or examiner's staff).

Temperature \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ BP \_\_\_\_\_  
Vision \_\_\_\_\_ Hearing Exam \_\_\_\_\_

2. Examination (To be completed by examiner)

Body System	Normal	Abnormal	Comments
EENT			
Neck			
Chest			
Heart			
Abdomen			
Extremities			
Back			

3. Is the applicant taking any medications that could result in a positive drug screen?

Yes \_\_\_ No \_\_\_

4. In view of the rigorous requirements of a nursing program and the result of your physical examination, patient's current medications, and patient's mental/emotional stability, do you believe that this applicant is physically/emotionally able to complete a nursing program successfully?

\_\_\_ Yes \_\_\_ No If No, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensed Health Care Provider (Physician, Nurse Practitioner, or Physician Assistant)

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## CPR

You will need to submit a current “Official” American Heart Association BLS for Healthcare Providers card before the semester begins. This is the only type of CPR card we accept. You need to maintain current certifications throughout the entire program

## TB (PPD) Skin Testing

You will need to submit a negative skin test results before the semester begins. This will need to be done yearly while in the nursing program. If you have a history of a positive TB (PPD) test you will need to submit a copy of the results of a chest x-ray taken within the last 12 months.

## Drug & Alcohol Testing

Students are required to undergo a random drug and alcohol test which will be done sometime within the first semester of school. Substances tested prior to clinical placement at the hospital are at **minimum alcohol, amphetamines, barbiturates, benzodiazepines, opiates, marijuana, methadone, and cocaine**. If at any time during the program while in clinical, lab, or the classroom students are suspected by an instructor to be under the influence of any of the above substances, students will be given a drug test based upon these reasonable suspicions.

## BACKGROUND CHECK

**Criminal background checks** are a requirement of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Criminal background checks are necessary to meet clinical practicum site requirements during Eastern Idaho Technological Colleges’ (EITC) Health Professions programs. The Background Checks are double checked with an Idaho Repository check. These are required yearly.

Backgroundchecks.com is the only approved company that meets HCA requirements.

To register for the background check, print off the instructions from the EITC website along with this packet. These instructions are available on the EITC website – click Programs of Study, then Health Professions – look on the right side of screen for *HCA Background Check Instructions*.

Any student with a felony conviction within the past seven years will not be admitted to the nursing program. Convictions greater than seven years will be reviewed on a case by case in accordance to clinical site policy.

Individuals who have been convicted of a misdemeanor related to but not limited to battery, assault, substance/alcohol abuse, or theft within the last 2 years will not be admitted to the nursing program. Any other misdemeanor convictions greater than 2 years will be evaluated on a case by case basis taking into consideration the type of misdemeanor and repetitive offenses. EITC Nursing program will utilize the Background Check, Idaho Repository and clinical institution standards to evaluate these convictions. Students must meet all standards required by EITC and clinical institutions to be admitted and to remain in the nursing program.

Enrolled students are required to disclose any new misdemeanor or felony convictions, other than minor traffic violations while in the nursing program. These new charges must be reported within five business days of occurrence to the Nursing Administrator and may result in dismissal from the program.

### **Notice Concerning Board of Registered Nursing Licensure**

Prior to obtaining a license to practice as a Registered Nurse, all graduates **must report any/all felony and misdemeanor convictions that have ever occurred along with submission of fingerprints**. The Board of Registered Nursing may deny licensure based on prior convictions.

**\*\* You will need to print out your official Background Report results and provide a copy with your completed application packet. If the criminal background check returns with anything it will be reviewed by EITC faculty and clinical site.**

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## IMMUNIZATION RECORDS

Note: The Influenza Vaccination will be due in the fall 2016 by Nov.1<sup>st</sup>. This is required by clinical sites.

Read and print the following enrollment form. You will need to provide the records that you currently have to Eastern Idaho Public Health Department. If you are not obtaining immunizations at EIPHD, you will be charged a **\$10.00 fee** to complete your IRIS. Your records will be uploaded to the database. Once the records are complete you may request a print out of your records.

**\*\* A copy of your IRIS record must be included in your packet.**

You may mail your records along with the enrollment form and a check for \$10.00 to:

**EIPHD  
Attn: Immunizations Program  
1250 Hollipark Drive  
Idaho Falls, Idaho 83401  
533-3235**

You may also go directly to the facility. If you chose to go to the facility in person please identify yourself as an EITC student.

**Do not wait until the last minute to do this. The Eastern Idaho Public Health Department is not obligated to provide you with this information at your convenience.**

**Note: Titers are now able to be filed on the IRIS form. You need to have them drawn at Express lab and submit a copy of the results demonstrating immunity. Tell them it is for EITC program entrance.**

Express Lab  
Washington Pkwy  
Idaho Falls, ID 83404  
(208) 529-8330

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Signing the statement below will allow the health care provider who immunizes me or my child, or appropriate personnel at my child's school or child care, to submit information regarding immunizations and me or my child to the voluntary Idaho Immunization Reminder Information System (IRIS). This information will be limited to identifying information (such as name and date of birth), immunization information (such as dates and types of immunizations), and location information (such as my correct address). To make sure that correct immunizations are provided, or to verify that I or my child have received immunizations, the information entered into IRIS relating to me or my child may be made available and redisclosed to health care providers, child care providers, or schools.

My consent permits my child's or my own **enrollment** in the statewide immunization registry and disclosure of the information relating to me or my child to my or my child's health care providers, my child's child care provider, or my child's school without further consent. I may be asked for information that will help ensure records are accurate and will not be confused with another person's.

My consent also will allow for the **transfer** and entry of my or my child's previous immunization records into the statewide electronic registry.

I give permission to **enroll** me or my child and to **transfer** my or my child's immunization records into the **Idaho Immunization Reminder Information System (IRIS)** to ensure that this vaccination record is available to me, my or my child's health care providers, child care providers, and schools. I understand I may be asked for information that will help ensure my or my child's records are accurate and will not be confused with another person's records, such as: mother's maiden name, gender, and child's eligibility for free vaccine. I authorize inclusion of all information into IRIS and redisclosure of this information from IRIS to authorized users.

Child's Name or My Name	Gender F / M	Race
Date of Birth	Telephone Number	
Address	Mothers Maiden Name/Guardian First Name	
City State Zip		
Signature Relationship to Child Date (if applicable)	Date	

IIP 8/08