



APPLICATION PACKET

ASSOCIATE DEGREE NURSING (ADN) PROGRAM

TWO-YEAR TRACK - Fall Admission

Applications are accepted May 1st through June 1st

PRACTICAL NURSING (PN) PROGRAM

Fall Admission - Applications are accepted May 1st through June 1st

Spring Admission - Applications are accepted September 1st through October 1st

ASSOCIATE DEGREE NURSING (ADN) PROGRAM

MOBILITY/LPN TO RN TRACK - Summer Admission

Applications are accepted October 1st through November 1st

For an expanded version of this information please visit our website at: www.sheltonstate.edu, click on Instructional Department, and then Allied Health.

NOTE: All information contained in this application packet is subject to change by the appropriate officials of Shelton State Community College without prior notice.

NOTICE OF NONDISCRIMINATION

Shelton State Community College has filed with the Federal Government an Assurance of Compliance with all requirements imposed by or pursuant to Title VI of the Civil Rights Act of 1964 and the Regulation issued thereunder, to the end that no person in the United States will, on the basis of race, color, national origin, be excluded from participation in, be denied the benefits thereof, or be otherwise subjected to discrimination under any program or activity sponsored by this instruction. It is also the policy of Shelton State Community College to be in accordance that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal financial assistance. Any individual wishing to report acts of racism or bigotry at Shelton State Community College should contact the Office of the Dean of Students, Martin Campus, or the US Department of Education Office for Civil Rights, 404-562-6350.

CHECK-OFF LIST FOR STUDENTS TO COMPLETE THEIR APPLICATION PACKET

It is the responsibility of the applicant to submit a completed application packet to the nursing admissions office by the deadline dates listed. Applicants must have all of the following items for application packet to be complete and to be considered for the nursing program. No incomplete or faxed packets will be accepted.

1. _____ Application for Nursing Program. **Note:** (Applicants must make application to the College before making application to the nursing program).
2. _____ Statement of Understanding Pre-Clinical Drug Screen / Understanding Student Classroom Behavior / Understanding Commission of a Felony / Understanding Weapons Policy / Understanding the possibility of Nontraditional Work Hours and Weekend Assignments.
3. _____ Essential Functions Form.
4. _____ An official Test of Essential Academic Skills (TEAS) V score or current version **taken within the last three (3) years.**
5. _____ Official Shelton State Transcript. **Note: If the applicant has attended colleges other than Shelton State.** It is the applicant's responsibility to return the "Transcript Verification Form" to the Admissions / Records Office at least **one (1) week** prior to the nursing application deadline. **(SEE TRANSCRIPT VERIFICATION PROCEDURE INFORMATION BELOW)**
6. _____ Official High School Transcript or Official GED Score Report. **Note:** This is required for High School Graduates or GED recipients with no college credit and/or Students who completed High School Health Professions Program. Student who has taken the GED must have an official high school transcript showing grades for highest level courses completed.
7. _____ Verification of eligibility to enroll in MTH 100 for ADN applicants, MTH 116 for PN applicants, ENG 101 & BIO 201 for both ADN & PN applicants.
8. _____ Verification of volunteer or work experience in the medical field for at least 6 months must be on company letterhead (**Practical Nursing / ADN Two Year Track applicants only.**)
9. _____ Copy of unencumbered Practical Nursing license (**Mobility applicants only**)
10. _____ Verification of Work Experience (**Mobility applicants only**)

SHELTON STATE COMMUNITY COLLEGE ADMISSIONS / RECORDS OFFICE TRANSCRIPT VERIFICATION PROCEDURE

- **The applicant with no college credit** who wants his/her high school transcript to be considered with the application should request the *official transcript* from the high school and attach it to the application. It is the applicant's responsibility to request the transcript in time to meet the SSCC Nursing deadline. **Note:** You may use the Transcript Request Form included in this application packet.
- **The applicant who has completed all college work at SSCC** should submit the "Transcript Verification Form" to the SSCC Admissions/Records Office. They will issue to the applicant an "Official SSCC Transcript" to be included in the applicants nursing application packet. Application packets will not be accepted without the "Official SSCC Transcript".
- **The applicant with college work from other college(s)**, the applicant must submit the "Transcript Verification Form" to the SSCC Admissions/Records Office. If the Admissions/Records office has all of the applicant's transcripts from the other colleges they will evaluate the transfer work and issue to the applicant a "Official SSCC Transcript" to be included in the applicants nursing application packet. Application packets will not be accepted without the Official SSCC Transcript. **Note:** It is the responsibility of the applicant to submit the "Transcript Verification Form" at least **one (1) week prior** to the Nursing application deadline. You may use the Transcript request form included in this application packet to request transcripts from all other colleges.
- **The Admissions / Records office is responsible ONLY for the evaluation of transcripts that are on file in their office one (1) week prior to the application deadline date set by the Nursing Department.**

NURSING APPLICATION DEADLINE DATES: OCTOBER 1st
NOVEMBER 1st
JUNE 1st

NOTE: Non-Discrimination Statement: It is the official policy of the Alabama Department of Postsecondary institutions under the control of the State Board of Education, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or shall be subject to discrimination under any program, activity, or employment.

For Office Use Only
Date Received

THE ALABAMA COLLEGE SYSTEM
NURSING
SHELTON STATE
COMMUNITY COLLEGE
APPLICATION FOR ADMISSION

For Office Use Only
Date Entered

Check the one statement that best describes your application request.

- I am applying for the Associate Degree Nursing (ADN) Program (Two Year Track) Fall Admission, and the Practical Nursing (PN) Program Track Fall Admission.
- I am applying for the Associate Degree Nursing (ADN) Program (Two-Year Track) Fall Admission
- I am applying for the Practical Nursing (PN) Program Track Fall Admission
- I am applying for the Practical Nursing (PN) Program Track Spring Admission
- I am a Licensed Practical Nurse (LPN) and I am applying for the Associate Degree Nursing (ADN) Program (Mobility/LPN to RN Track) Summer Admission

I. PERSONAL DATA

Last Name: _____ First: _____ MI: _____ Maiden: _____

Student ID#: _____ Social Security Number: _____ Date of Birth: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Cell Phone: _____ E-Mail Address: _____

Are You Currently Employed? Yes _____ No _____ Full-time _____ Part-time _____

Place of Employment: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Job Position/Title: _____

Name of Supervisor: _____ Initial Date of Employment: _____

II. VOLUNTEER EXPERIENCE OR HEALTH PROFESSIONS PROGRAM

Do you have six months or more of Volunteer or Health Related work experience? ____yes ____no
If yes, please document with a letter on official letterhead of the organization and signature of supervisor indicating dates of experience.

Did you complete or are you enrolled in an EMS, EMT, NAS, RPT program? ____yes ____no

Did you complete a high school Health Professions Program? ____yes ____no If yes, provide nursing department with a high school transcript with courses listed for two semesters.

III. TESTING INFORMATION

Required: An official Test of Essential Academic Skills V (TEAS) score or current version taken within the last 3 years.
Score: _____ Date: _____ Note: Applicant must include the official TEAS score with the application packet.

Compass or ACT Placement Scores: RDG: _____ ALG: _____ PreALG: _____ ENG: _____ Date Taken: _____

Note: If applicant has not completed MTH 100 (ADN), MTH 116 (PN), ENG 101 & BIO 201 (ADN & PN); the applicant must include a copy of placement scores verifying eligibility to enroll, or class schedule showing enrollment in these required courses.

IV. GRADE POINT AVERAGE

Grade Point Average (GPA) on the last 24 hours of credit (undergraduate or graduate level) will be provided to the Nursing department by the Admissions / Records Office. The minimal required GPA for the Nursing Program is 2.50.

High School GPA _____ (Students with no college credit must have a cumulative High School GPA of 2.50).

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V. **EDUCATION**

High School Graduation Year: _____ High School Name: _____

A High School Transcript must be attached if the applicant is a high school graduate only and/or completed High School Health Professions Program. If the applicant has a GED, he/she must have High School Transcript with highest level courses completed.

GED (If Applicable): _____ Date Completed: _____

Have you taken college courses before? Yes ____ No ____ If yes, list colleges attended with degrees earned if applicable. The applicant must have an Official SSCC Transcript attached to the application packet. Note: It is the applicant's responsibility to make sure all transcripts have been received by the Shelton State admissions office one (1) week prior to the deadline date.

NAME OF COLLEGE/CITY/STATE	DATES ATTENDED	DEGREE

VI. **ELIGIBILITY FOR LICENSE**

Legal requirements for licensure in the State of Alabama are listed in the Alabama Board of Nursing Administrative Code. The Alabama Board of Nursing determines the eligibility for licensure based on application review and authorize candidacy to take the NCLEX licensure exam. Applications to write the examination may be denied by the Alabama Board of Nursing based on this review. Therefore successful completion of the nursing program does not guarantee eligibility to take the NCLEX licensure exam.

I understand that completion of this application is a component of the student profile and does not in itself grant admission to the nursing program. I certify that the information given in this application packet is true and correct. I understand that providing false information may be deemed sufficient reason to dismiss the student and/or refuse admission. Admission to the nursing program is competitive, and the number of students is limited by the number of faculty and clinical facilities available. Meeting minimal requirements does not guarantee acceptance.

Please review the information for the minimum admission standards for each nursing track.

Applicant's Signature

Date

NOTE: All Completed Applications are due by deadlines listed on the cover sheet.

Please return completed application packet to:

Shelton State Community College
Attn: Sandy Boisclair, Office # 2703
9500 Old Greensboro Rd. – Box 264
Tuscaloosa, AL 35405
Phone: (205) 391-2443

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**SHELTON STATE COMMUNITY COLLEGE
NURSING PROGRAM**

Statement of Understanding Commission of a Felony

I understand that commission of a felony may prevent or impede my taking the licensure examination (NCLEX-RN or NCLEX-PN) to become a registered nurse or licensed practical nurse. The authority to approve applicants for licensure by examination rests with the Alabama Board of Nursing.

Statement of Understanding Background Screen Checks

I understand that any student who enrolls in the Shelton State Community College Nursing Programs and desires to participate in courses which have a clinical component is required to have a Background Screen Check. The background screen check will be conducted prior to entering the nursing programs. A student who is refused acceptance for clinical experience due to positive background screen will not be able to complete the clinical component of the required courses and will not receive a passing grade for the course.

Statement of Understanding Weapons Policy

I understand that possession while on College-owned or controlled property, of firearms, ammunition, explosives, fireworks, or other dangerous instrumentalities is prohibited. Violations of this policy will render a student subject to disciplinary action under the procedures which provide for adequate notice and fair hearing, outlined in the College Catalog. Penalties for violations may include reprimand and probation, loss of privileges, suspension, expulsion, and other penalties which may be set forth in the College regulations published in the College Catalog.

Statement of Understanding Pre-Clinical Drug Screen

I understand that any student who enrolls in the Shelton State Community College Nursing Programs and desires to participate in courses which have a clinical component is required to have an initial pre-clinical drug screening. The initial pre-clinical drug screen will be conducted prior to entering the nursing programs. The student must abide by the College's Drug Screen Policy and Agency Clinical Policy for which the student is assigned clinical practice. This policy includes random drug screening and reasonable suspicion screening.

Statement of Understanding Student Classroom Behavior

I understand that students are expected to give courtesy to others while in class, show a willingness to respond to questions and participate in class discussions, and have a lively interest in the subject matter, as evidenced by alertness and attentiveness during classroom activities. The college and the nursing programs have "zero tolerance" for disruptive class behavior. Since enrollment in college is by choice, students who fail to demonstrate common courtesy and cooperation in the classroom are choosing, by their behavior to cancel their enrollment. The Dean of Students will be notified of all such violations and appropriate steps taken.

Also, I understand that food and drink are not permitted in the classroom. Special health problems will be considered on an individual basis. Visitors (including children) are not allowed in the classroom.

**Statement of Understanding the Possibility of
Nontraditional Work Hours and Week-end Assignments**

I understand that due to the large amount of nursing students in our area that there may be some 3-11 (nontraditional work hours) and week-end assignments.

Student's Printed Name _____

Signature of Student _____ Date _____

Student ID Number _____ Phone # _____

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THE ALABAMA COLLEGE SYSTEM
NURSING PROGRAM

ESSENTIAL FUNCTIONS

The Alabama College System endorses the Americans' with Disabilities Act. In accordance with College policy, when requested, reasonable accommodations may be provided for individuals with disabilities. The essential functions delineated below are necessary for nursing program admission, progression and graduation and for the provision of safe and effective nursing care. The essential functions include but are not limited to the ability to:

- 1) Sensory Perception
 - a) Visual
 - i) Observe and discern subtle changes in physical conditions and the environment
 - ii) Visualize different color spectrums and color changes
 - iii) Read fine print in varying levels of light
 - iv) Read for prolonged periods of time
 - v) Read cursive writing
 - vi) Read at varying distances
 - vii) Read data/information displayed on monitors/equipment
 - b) Auditory
 - i) Interpret monitoring devices
 - ii) Distinguish muffled sounds heard through a stethoscope
 - iii) Hear and discriminate high and low frequency sounds produced by the body and the environment
 - iv) Effectively hear to communicate with others
 - c) Tactile
 - i) Discern tremors, vibrations, pulses, textures, temperature, shapes, size, location and other physical characteristics
 - d) Olfactory
 - i) Detect body odors and odors in the environment
- 2) Communication/ Interpersonal Relationships
 - a) Verbally and in writing, engage in a two-way communication and interact effectively with others, from a variety of social, emotional, cultural and intellectual backgrounds
 - b) Work effectively in groups
 - c) Work effectively independently
 - d) Discern and interpret nonverbal communication
 - e) Express one's ideas and feelings clearly
 - f) Communicate with others accurately in a timely manner
 - g) Obtain communications from a computer
- 3) Cognitive/Critical Thinking
 - a) Effectively read, write and comprehend the English language
 - b) Consistently and dependably engage in the process of critical in order to formulate and implement safe and ethical nursing decisions in a variety of health care settings
 - c) Demonstrate satisfactory performance on written examinations including mathematical computations without a calculator
 - d) Satisfactorily achieve the program objectives
- 4) Motor Function
 - a) Handle small delicate equipment/objects without extraneous movement, contamination or destruction
 - b) Move, position, turn, transfer, assist with lifting or lift and carry clients without injury to clients, self or others
 - c) Maintain balance from any position
 - d) Stand on both legs
 - e) Coordinate hand/eye movements
 - f) Push/pull heavy objects without injury to client, self or others
 - g) Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others
 - h) Walk without a cane, walker or crutches
 - i) Function with hands free for nursing care and transporting items
 - j) Transport self and client without the use of electrical devices
 - k) Flex, abduct and rotate all joints freely
 - l) Respond rapidly to emergency situations
 - m) Maneuver in small areas
 - n) Perform daily care functions for the client

- o) Coordinate fine and gross motor hand movements to provide safe effective nursing care
 - p) Calibrate/use equipment
 - q) Execute movement required to provide nursing care in all health care settings
 - r) Perform CPR and physical assessment
 - s) Operate a computer
- 5) Professional Behavior
 - a) Convey caring, respect, sensitivity, tact, compassion, empathy, tolerance and a healthy attitude toward others
 - b) Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client
 - c) Handle multiple tasks concurrently
 - d) Perform safe, effective nursing care for clients in a caring context
 - e) Understand and follow the policies and procedures of the College and clinical agencies
 - f) Understand the consequences of violating the student code of conduct
 - g) Understand that posing a direct threat to others is unacceptable and subjects one to discipline
 - h) Meet qualifications for licensure by examination as stipulated by the Alabama Board of Nursing
 - i) Not to pose a threat to self or others
 - j) Function effectively in situations of uncertainty and stress inherent in providing nursing care
 - k) Adapt to changing environments and situations
 - l) Remain free of chemical dependency
 - m) Report promptly to clinicals and remain for 6-12 hours on the clinical unit
 - n) Provide nursing care in an appropriate time frame
 - o) Accepts responsibility, accountability, and ownership of one's actions
 - p) Seek supervision/consultation in a timely manner
 - q) Examine and modify one's own behavior when it interferes with nursing care or learning

STUDENT STATEMENT

I have reviewed the Essential Functions for this program and I certify that to the best of my knowledge I have the ability to perform these functions. I understand that a further evaluation of my ability may be required and conducted by the nursing faculty if deemed necessary to evaluate my ability prior to admission to the program and for retention and progression through the program.

Signature

Date

OR

I have read and understand these essential functions and, to the best of my knowledge, I will be unable to perform function # _____ due to a disability. I understand that I need to provide documentation of my disability and recommendation for accommodations from my physician.

Signature

Date

Note: Upon admission, an individual who discloses a disability may request reasonable accommodations. Reasonable accommodations should be directed to the Dean of Student's Office.

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Verification of Work Experience
Mobility Track/LPN to RN Students Only

I have known _____,

SSN _____ since _____.

This person has worked at _____
(Name of Organization/facility)

as a _____ from _____ to _____
(Position)

_____ on the _____ unit/service.

The amount of time worked was equivalent to approximately (check one):

More than 500 Clock Hours 1000 Clock Hours

Less than 500 Clock Hours (approximate number of hours _____)

The quality of work was (check one): Satisfactory Unsatisfactory

Comments:

Name of individual completing
this form (please print): _____

Signature: _____ Date: _____

Position and Title: _____

Agency: _____

Agency Address: _____

Agency Phone Number: _____

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TRANSCRIPT VERIFICATION FORM

OFFICE OF ADMISSIONS & RECORDS ~ SHELTON STATE COMMUNITY COLLEGE
 9500 Old Greensboro Rd. Box 190 Tuscaloosa, Alabama 35405
 Phone: (205) 391-2390 Fax: (205) 391-3910 - www.sheltonstate.edu

Please RETURN this form to the Shelton State Community College Admissions / Records Office (See address above).

I. STUDENT INFORMATION

PRINT FULL NAME _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

STUDENT NUMBER _____ BIRTHDATE _____

ADDRESS _____

(CITY) (STATE) (ZIP) PHONE (AREA CODE) (NUMBER)

EMAIL ADDRESS _____

II. COLLEGE ATTENDANCE - Transcripts cannot be evaluated until ALL transcripts have been received.

- _____ I have only attended Shelton State Community College.
- _____ I have attended other college(s) listed below; I have requested that official transcript(s) from each college be sent to SSCC Admissions/Records Office to arrive at least one (1) week prior to the Nursing Application deadline.
- _____ I have not attended any college/university.

COLLEGES ATTENDED	DATES	
	FROM	TO

III. NURSING PROGRAM APPLICATION DEADLINE: Please check your application deadline below.

_____ October 1st - PN _____ November 1st - ADN Mobility/LPN to RN _____ June 1st - ADN Two-Year Track
 _____ June 1st - PN

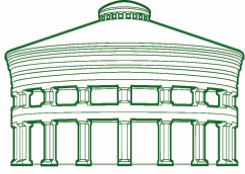
IV. TRANSCRIPT RELEASE INFORMATION

I request one official SSCC transcript be printed so that I may pick it up prior to the application deadline. It is my responsibility to pick up the transcript and deliver it to the Nursing Department as part of the application process. Failure to do so may prevent the application packet in being complete and being accepted by the Nursing Department.

 STUDENT SIGNATURE DATE

<i>Office Use Only:</i>		
Date Received in Admissions _____	Date Transcript Delivered to Student _____	GPA _____

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SHELTON STATE
COMMUNITY COLLEGE

TRANSCRIPT REQUEST FORM

Please mail this request form directly to the Registrar of each college you have previously attended. If you have not attended other colleges, please send this form to the high school from which you graduated. Please retain a copy of this request and your check or money order as proof that you have requested your transcripts. Official transcripts must be mailed directly from the school.

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Registrar:

Please forward an official copy of my transcript at your institution to the following address:

Shelton State Community College
Attn: Admissions/Records Office
9500 Old Greensboro Road – Box 190
Tuscaloosa, AL 35405

Name: _____

Address: _____

Name under which enrolled if different from name given above: _____

Student Number/SS#: _____

Dates of Attendance and/or Graduation: _____

Signature: _____

Date: _____

NOTE TO THE STUDENT: Contact the school in which you are sending this letter to find out if there is a fee for sending a transcript.