#### APPLICATION CHECK LIST

**Level II: Neosho Campus** 

Before submitting your application to the Nursing Department please make sure you have all of the items listed below. Only return the pages that you have had to sign or fill out plus any documents requested. The remaining pages of the application packet is information for you to keep.

| Signed Application fo         | or Admission   |
|-------------------------------|--|
| payable to Crowder Coll       | ole) Application fee Cash, Check or Money Order made lege. This fee must accompany the application. This is a separate see to Crowder College for college admission. |
|                               | apply to the Cassville campus as second choice ille application and send to that campus with   |
|                               | anscripts MUST BE INCLUDED WITH APPLICATION. by if you attend Crowder College or already have submitted an College)  |
|                               | nce forms from non relatives in sealed envelopes<br>rence across the back seal of envelope   |
| Copy of ACT (or conv          | verted SAT) score of 19 or above (must include   |
| Copy of an Active LP related) | N license and any certifications (healthcare   |
| Proof of IV certificati       | on   |
| Signed Criminal Histo         | ory Record Disclosure Consent  |
| Completed personal in Check   | nformation form for Criminal Background  |
| Completed Communi             | ty Service (please include dates)  |
| Completed Mo VECH STATEMENT   | IS WAIVER AGREEMENT AND  |
| Completed Family Ca           | are Safety Registry (Include printed report)   |



#### **NURSING PROGRAM**

Campuses at Cassville, Neosho, Nevada and McDonald County

To: Applicants of the Crowder College Level II ASN Program Neosho Campus with

**BSN** Articulation Track

From: Heather VanLue, MSN, RN

Nursing Program Coordinator, Neosho

Date: April 15, 2018

RE: Program Application Materials

Enclosed are the program application materials you requested. Please read the information, requirements, and guidelines carefully. Any question answered in a false manner will result in the application being void and therefore not considered. The required application materials <u>must be</u> submitted by August 15, 2018. Applications received after that date will not be considered.

The selection process takes several weeks. All applicants will be contacted by letter once selection is made.

To be considered for acceptance you must have:

- An official ACT composite score of 19 or above or equivalent SAT, and a GPA of 2.75 or above.
  July 14, 2018 is the last national ACT test date that ACT can be taken and still receive the results before
  the nursing application deadline. You may go to <a href="https://www.actstudent.org">www.actstudent.org</a> or contact Student Services for an
  ACT registration packet.
- Completed Anatomy & Physiology I & II, & Microbiology with a grade of "C" or better, prior to beginning nursing classes in the spring.
- Completed the Family Care Safety Registry. You may go to <a href="www.dhss.mo.gov">www.dhss.mo.gov</a> website to register if you have not previously registered.

Thank you for your interest in Crowder's Nursing Program. If you have any questions, don't hesitate to call our nursing department (Neosho campus) at 417-455-5554 or email <a href="mailto:nursingneosho@crowder.edu">nursingneosho@crowder.edu</a> I look forward to receiving your application.

We look forward to receiving your application.

**Best Wishes** 

Heather VanLue

**Enclosure: Application** 

601 Laclede Ave. • Neosho, Missouri 64850 • (417) 455-5554 • Equal Opportunity Employer

#### PROCEDURE FOR APPLICATION

#### **Submit the following to the Nursing department:**

- (a) a completed nursing application
- (b) official college transcripts
- (c) application fee of \$40 (if paying by check, please make payable to Crowder College).
- (d) official copy of ACT (or converted SAT) scores
- (e) Copy of an active LPN license, proof of IV certification
- (f) signed Criminal Records Check form
- (g) Completed Family Care Safety Registry
- (h) Submit completed reference forms in sealed envelopes (3) from non-relatives

Applicants to the nursing program **must also** apply & receive acceptance to Crowder College. Apply online at <a href="https://www.crowder.edu">www.crowder.edu</a> for a general college application.

All nursing application materials are to be submitted to the **Nursing Department**, Crowder College, 601 Laclede Avenue, Neosho, MO 64850 if applying to Neosho Campus. If you have questions, feel free to contact the nursing department office at 417-455-5554-Neosho for assistance.

#### **GUIDELINES TO DETERMINE ACCEPTANCE INTO THE PROGRAM**

- 1. The applicant must be approved for admission to the college and will have completed the application requirements for nursing.
- 2. The applicant will have a high school diploma or G.E.D. certificate.
- 3. The applicant must be at least 19 years of age by completion of the program.
- 4. Requirements include:
  - A. Minimum cumulative grade point average of 2.75 on the required general education courses.
  - B. Achieve a grade of "C" or better in all degree required courses.
  - C. Achieve a composite score of 19 or higher on the ACT or equivalent SAT score. This "exam" must have been taken on a National Test Date or taken as a Residual at Crowder College. Residual tests at other institutions cannot be used.
  - D. Specific Guidelines:
    - 1. Level II (LPN's entering at Level II position) must possess an active license as an LPN and be IV certified. Applicants must also have completed Anatomy & Physiology I & II, Microbiology, and Nursing Transition with a grade of "C" or better before beginning the nursing sequence in January.
  - E. Complete Kaplan Admissions Exam. This exam will be available to take at the Neosho Campus on either July 31, 2018 at 9:00am or August 13, 2018 at 9:00am.

Note: All tattoos must be covered with clothing and not visible, tattoos on the hands and tattoos that cannot be covered must be removed. Failure to comply may result in dismissal from the program.

#### **CROWDER COLLEGE**

## Department of Nursing-Neosho Campus Application for Admission

## Application for Admission Associate Degree of Nursing with BSN Articulation Track

|             | ssouri State University nt is available for MSU)                           | _University of Mis                  | souri-Columbia        | Cha          | amberlain College     | of Nunc |
|-------------|--|-------------------------------------|-----------------------|--------------|-----------------------|---------|
|             |  |                                     |                       |              |                       | or murs |
|             | <del></del>  | University                          | of Arkansas _         | Oth          | er                    |         |
| Plea        | ase type or print legibly:   |                                     |                       |              |                       |         |
| Nar         | me <u>:</u>  |                                     |                       |              |                       |         |
|             | - (last)   | (first)                             | (middle)              |              | (maiden)              |         |
| Add         | dress:   | City                                | y:                    | State:       | Zip:                  |         |
| Soc         | ial Security #:  | Tel                                 | ephone Number:        |              |                       |         |
| Telo        | ephone Number to leave message if t  | unable to reach at a                | above number:         |              |                       |         |
| E-N         | Aail address:  |                                     |                       |              |                       |         |
|             | owder Student ID# if applicable  |                                     |                       |              |                       |         |
|             | ve you previously attended any nursi                                       |                                     |                       |              |                       |         |
|             |  |                                     |                       |              | <b>X</b> 7 <b>X</b> 1 |         |
|             | ve you previously applied to the Cro                                       |                                     |                       |              | YesNo                 |         |
| If y        | es, which campus?  |                                     |                       |              |                       |         |
| If a        | pplying to multiple campuses, which  | campus is your fir                  | st choice to attend?  | Neosho       | Cassville             |         |
| Plea        | ase indicate which date you will take                                      | the Kaplan Entra                    | nce Exam:             | _July 31     | August 13             |         |
| I. D        | o you hold an active practical nurse                                       | license in the state                | of Missouri?          | Yes          | No                    |         |
| II. A       | Are you IV certified ? Yes _   | No                                  |                       |              |                       |         |
| Yor         | u must attach a copy of your LPN   | N license and IV c                  | certification when    | submitting a | pplication.           |         |
| III.        | Have you ever committed an act des<br>Act Missouri Statues? (see pages 20- | scribed in section 2                | of the State of Miss  |              |                       |         |
| <u>If</u> : | yes, please explain on an attached   | sheet.                              |                       |              |                       |         |
|             | Education: List high school or GED me of School Address                    | and all college (inc<br><u>From</u> | cluding classes curre |              | or Hours Earned       |         |

| Employer   | <u>Address</u>   | Type of Work  | <u>From</u>   | <u>To</u>   | Phone #  |
|--|--|---|---|---|--|
|  |  |   |   |   |  |
|  | ertify that the inform<br>edge under penalty o   | nation provided on this a<br>f perjury.   | application is com  | plete and co  | orrect to the best   |
| therefore no   | ot considered. I unde  | nswered in <u>a false mann</u><br>erstand that I will not be<br>the application process   | considered for a  | dmission int  | o the nursing  |
| Signature (writter   | n)   |   | Signature   | (printed)   |  |
| CRIM   | MINAL HISTO  | ORY RECORDS   | DISCLOSU  | RE CON  | SENT   |
| response to the<br>the Crowder C<br>consider mater<br>my suitability f<br>release of infor<br>understand tha | e House Bill 1362,<br>College Nursing Parial contained in Information of the position of the mation for any part a prior convict | er College Nursing I  I consent to the rele  rogram. The Crowd  my criminal history  f student nurse for v  ourposes beyond the  ion may not necessa  hich may be conside | ease of my crinder College Number Solely for the parties of the program adminity disqualify | minal historsing Prog<br>purposes of<br>l. I do not<br>ission deci<br>me for ad | ory records to gram will of determining authorize ision. I |
| Signed:  |  |   |   |   |  |
| Date:  |  |   |   |   |  |
| Witness:   |  |   |   |   |  |
| This does not h  | ave to be notarize   | d, just signed by an i  | individual that   | has witnes  | sed vour   |

signature.

| A              | re you on the disqualification list for the Department of Social Services?No   |
|----------------|--|
| to<br>ec<br>in | y execution of the application, I do hereby authorize Crowder College or it's representatives to erify all information contained within this application, and do waive any privilege I may have as confidentiality to Crowder College or it's representatives, and do authorize any agency lucational, health, or law enforcement to furnish to Crowder College or it's representatives the formation necessary to validate the information contained upon my nursing application cluding a background check for criminal record if any. |
|                | gnature of Applicant Date Submitted  |
| * 🏳            | pplication cannot be processed without your signature in ink   |
| A              | CCESS TO RECORDS INFORMATION 10/93   |
| si             | The Family Educational Rights and Privacy Act of 1974", Public Law 93-380 as amended and gned into law by President Ford on December 31, 1974, states that enrollees have the right to camine confidential files. It also states that they may waive this right if they do so desire.  |
| re             | ne law provides that references may be either <u>confidential or non-confidential</u> at the option of the gistrant. The registrant has the option to inspect the references in a non-confidential file. onfidential references are those which the registrant has waived the right to see.  |
|                | ease consider the following in making a decision to have confidential or non-confidential ferences.  |
| 1.             | School officials prefer to see confidential references, believing the references are more frank in such credentials. The limited number of studies which have been made of confidential vs non-confidential references indicate a preference of both hiring officials and college faculty for confidential or enclosed references.   |
| 2.             | Registrants should be most selective in asking persons to be references for them. The persons selected should know the registrant well and be able to state facts and competencies of the registrant.  |
| 3.             | Writers of references will be informed at the time of writing that the reference is confidential or that the registrant will be permitted to see the reference.  |
|                | CROWDER COLLEGE  |
|                | Department of Nursing  |
| ≈              | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  |
| l ŀ            | nave elected: A confidential file.   |
|                | A non-confidential file.   |
| c:             | gnature of Applicant Date  |
| υI             | ungture of Applicant Dale  |

## REQUEST FOR CRIMINAL RECORD CHECK

Crowder College Neosho Campus Nursing Program

#### ~PLEASE PRINT OR TYPE~

| Name:                    |                                    |                             |            |
|--------------------------|------------------------------------|-----------------------------|------------|
| Last                     | F                                  | ïrst                        | Middle     |
| Maiden/Alias (if appl    | icable):                           |                             |            |
|                          |                                    |                             |            |
| Race: (please circle)    | American Indian/Alaskan Nativ      | ve Asian/Pacific Islander   |            |
|                          | Black/African                      | Hispanic/Latino             |            |
|                          | Middle Eastern/East Indian         | White/Caucasian             |            |
| Social Security No.: _   |                                    |                             |            |
| Birthdate:               | ·                                  |                             |            |
| mont                     | h c                                | day                         | year       |
| Address:                 |                                    |                             |            |
| If at current address lo | ess than 1 year list former addres | ss:                         |            |
|                          |                                    |                             |            |
| Are you a citizen of the | he United States?                  |                             |            |
| I authorize the release  | e of any criminal history record i | nformation to Crowder Colle | ge Nursing |
| Department.              |                                    |                             |            |
| Signature                |                                    |                             | Date       |



Missouri State Highway Patrol Criminal Justice Information Services Division (MSHP-CIISD)

#### WAIVER AGREEMENT AND STATEMENT

Missouri VECHS Program

Missouri Volunteer and Employee Criminal History Service (MOVECHS)

Pursuant to the National Child Protection Act, as amended by the Volunteers for Children Act (NCPA/VCA), this form must be completed and signed by every current or prospective applicant for whom fingerprint-based criminal history records are requested by an Authorized Recipient (AR).

| fingerprint-based oriminal history records are requested by an Authorized Recipient (AR).   |
|---|
| 1, the undersigned, hereby authorizeCrowder College   |
| to submit a set of my fingerprints to the MSHP-CJISD and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Missouri record from the MSHP-CJISD, and any national criminal history record from the FBI pursuant to 28 CFR Sections 16.30–34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement and Statement, it is my Intent to authorize the dissemination of any Missouri and national criminal history record that may pertain to me to the AR. |
| I understand that, until the criminal history background check is completed, the AR may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the AR may provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made.  |
|   |
| Yes, I have (OR) No, I have not been convicted of or plead guilty to a crime.   |
| If yes, please describe the crimo(s) and the particulars:   |
|   |
|   |
|   |
|   |
| ž1  |
| Applicant Signature: Date:  |
| Applicant Printed Name:   |
|   |
| The AR may share/disseminate my criminal history record information with other authorized recipients only after confirming that the recipient has a signed user agreement on file with the MSHP-CJISD and the dissemination is in accordance with state and federal law.  Yes No  |
| ORI/OCA or MACHS Number:  |

This document must be retained by the AR and is subject to audit by the MSHP-CJISD and FBI.

| e last 5 years (ple | ease include da | y community s<br>ates). | service that you | nave done m |
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If application is missing any of the following it will not be processed.

**Insert copies of all Licensures and Certifications** 

Insert copy of Family Care Safety Registry (not the registration page but the completed results page)

Insert copies of all college transcripts including ACT/SAT converted scores

Insert the 3 completed reference forms from <u>non-relatives in sealed envelopes</u> with signature across the back seal of envelope

BE SURE AND WRITE YOUR NAME AT THE TOP OF THE REFERENCE FORM AND SELECT EITHER CONFIDENTIAL OR NON-CONFIDENTIAL

WE DO NOT REQUIRE ANY ADDITIONAL LETTERS OF REFERENCE

#### CROWDER COLLEGE ASN Program

#### **PHILOSOPHY**

The focus of nursing is man. Man is a composite being, a biopsychosocial being who interacts with the environment along a developmental continuum. The individual moves along the continuum by a gradual change from one developmental stage to another; therefore, change is inherent to life. The aspects of man are not additive, but instead collaborate to form the whole. Man is unique and each experiences and interprets life from his own perspective. Man has intrinsic value and worth as a person. Man is an open system interacting with the environment and other systems. Man identifies goals, selects means by which to achieve those goals, and is accountable for those choices.

The development of man includes physical, intellectual, emotional, spiritual, and social components and their interrelationships. Man functions within and interacts with a social system. Society provides an organization of behaviors and practices developed to maintain values. Society is composed of individuals, families, other small groups, and community systems. The environment includes the physical, interpersonal (including social), and economic circumstances in which man lives. There is constant interaction between man's internal and external environments.

Health is a dynamic state that involves the physical, intellectual, emotional, spiritual, and social well being of the individual. Health is achieved through goal directed behavior, competent self-care, and satisfying relationships with others while maintaining the flexibility to adapt to varying situations in the internal and external environments. Health and illness are not opposites, but are interrelated concepts. A person has neither absolute wellness nor illness, but is in an ever-changing state of being, ranging from high-level wellness to illness as he moves through time and the environment from birth to death. Manifestations of health may be seen in the presence of illness.

Nursing is a professional discipline utilizing a theoretical base and is concerned with the quality of the health of individuals, groups, families, and communities. Nursing focuses on the promotion and maintenance of optimum health. It is a process that includes judgments and actions aimed toward promotion and/or restoration of abilities, harmony and vitality in human systems. This process is implemented through a collaborative nurse-client relationship in which communication is used to identify goals and to select means to attain those goals.

Learning is a life-long process. Teaching-learning is a dynamic collaborative process that results in behavioral changes involving cognitive, affective, and motor skills. The instructor functions as a facilitator to assist the student to meet the objectives. The learner participates responsibly and actively in the learning process. Effective education provides for differences in individual needs, interests, and abilities.

Clear reciprocal communication is essential for learning to occur. Education provides opportunity for cooperative evaluation. This instructor evaluates the student based on program and course objectives. Students are given the opportunity for self, faculty, and program evaluation.

Nursing education provides the setting for learners to acquire knowledge, skills, and attitudes with a theoretical base in the physical, biological, and behavioral sciences. Nurses and students in nursing programs have a right to career mobility within the profession of nursing. Educational institutions must assume responsibility for facilitating the educational advancement of nurses in an orderly fashion with minimal repetition of previous learning experiences and acquired skills.

The faculty subscribes to the roles of the Associate Degree graduate nurse as established by the Council of Associate Degree Programs of the National League for Nursing; provider of care, manager of care, and member within the discipline of nursing. The Associate Degree graduate practices collaboratively and interdependently with the more experienced professional nurse and with other members of the health care team. The ADN graduate coordinates care for a group of clients knowing the legal parameters of their practice. The ADN graduate demonstrates a commitment to professional growth, continuous learning, and self-development.

#### **SELECTION PROCESS**

#### For Nursing Students Crowder College, All campus locations

- 1. Applicant files are reviewed for submission of required application materials (See PROCEDURE FOR APPLICATION).
- 2. Applicants will be selected for admission based on the following criteria as submitted with the application packet:
  - a) ACT scores or equivalent SAT score
  - b) Grade Point Average
  - c) An Active LPN and IV certification (required prior to admission).
  - d) GED Scores (if applicable)
  - e) Reference Scores/Sciences Completed/College Degrees/Work Experience/Community Service/Kaplan Admissions Exam Score

#### **Kaplan Admissions Exam**

As part of the application process you are required to take a Kaplan Admissions Exam. The exam is 91 questions, testing on reading, math, writing, and science abilities. It is timed exam and you will have 165 minutes to take the exam. You must turn in your completed nursing application before you can take this exam. Once you have turned in your application, the nursing program coordinator will enroll you in the exam. The exam will be offered on the following dates:

July 31 at 9:00am

August 13 at 9:00am

If you are NOT able to take this exam on either one of the dates you may register to take the exam by following the directions below. It is recommended to do this on a computer and not on a mobile device.

- 1. Go to registerblast.com/crowder
- 2. Choose a group, select Nursing-Kaplan Admissions Exam
- 3. Then continue to select the options available on the website.

If you need assistance with the registerblast.com please contact Daina Grace at 417-455-5433

#### ASSOCIATE OF SCIENCE IN NURSING

#### **General Information**

- 1. The Crowder College Nursing Program is fully approved by the Missouri State Board of Nursing and has been granted initial accreditation by the Accreditation Commission for Education in Nursing (ACEN).
- 2. Crowder College is an Equal Opportunity/Affirmative Action educational/employment institution and is nondiscriminatory relative to race, religion, color, national origin, sex, age, and qualified disabled. Crowder College is committed to providing educational opportunities to all qualified students regardless of their economic or social status. The Director of Human Resources, Newton Hall, coordinates compliance efforts with federal and state EO rules and regulations. Coordinator, Office of Disability Services, McDonald Hall, is designated for the Americans with Disabilities Act as it pertains to students.
- 3. Graduation from the nursing program does NOT guarantee eligibility to take the licensure exam. Eligibility is determined on an individual basis by the State Board of Nursing based on the Missouri Nursing Practice Act section 335.066.
- 4. To apply to take the NCLEX-RN (licensure exam), the applicant must be at least 19 years of age and have successfully completed the basic professional curriculum in an approved school of nursing.
- 5. The following services are available to nursing students: guidance and counseling, full service library, job placement, academic advisement, academic resource center, tutoring, student organizations, computer labs, residence halls, and financial assistance including grants, scholarships, and work-study opportunities.
- 6. Students who withdraw may be eligible for refunds if they have followed official procedures. If the student has paid college costs and officially withdraws, tuition will be refunded according to the Crowder College refund policy after all charges have been applied to the account. If college costs have been partially or fully paid by financial aid, the refund will be returned to that financial aid source first. Any remainder will be returned to the student.
- 7. Curriculum Plan: See attached suggested curriculum plan.
- 8. Approximate costs are attached.

# Cassville & Neosho Curriculum Plan - Level II LPN Bridge Students Based On Acceptance to the Program

Pre-Requisites: Must be completed prior to the Fall Semester Microbiology (BIO 220) - 5 credit hours Anatomy & Physiology I (BIO 152) -5 credit hours Anatomy & Physiology II (BIO 252) - 5 credit hours

| Spring/Summer Semester Ho  | ours                  |
|--|-----------------------|
| College Orientation Transition 200   | 1                     |
| Transition 200   | 2                     |
| Chemistry 101, 104, or 111   | 5                     |
| TOTAL  | 8                     |
| Fall Semester  Nursing Interventions III ADN 260  Nursing Concepts II ADN 263  Clinical III ADN 267  Communications 104  Approved Math Course  Psychology 101                            | 2<br>3<br>3           |
| TOTAL  | 18                    |
| Spring Semester  Nursing Interventions IV ADN 279  Psychosocial Nursing ADN 272  Clinical IV ADN 277  English 101  History 106, 107 or Political Science 103  Humanities Elective  TOTAL | 2<br>3<br>3<br>3<br>3 |
| *Prequisites required  | 58                    |

## Approximate Cost List: Level II Students Neosho-McDonald County (in-district) – Nevada-Cassville (out-of-district)

Nursing Degree (excluding 39 hours of General Education Courses) approximate costs are listed below and are subject to change. The following cost list is for the Nursing program only.

| <b>Summer 2018</b> |  |
|--------------------|--|
| \$ 210.00          | Tuition In-District (\$328.00 out-of-district, \$446.00 international) Nursing courses only                            |
| 36.00              | Technology/Facility Use Fee (\$18.00 per credit hour)  |
| 130.00             | Course Fee (Kaplan fee, lab supplies, simulation fee, etc.)  |
| 300.00             | Physical & Immunizations (Hepatitis B vaccine, Varicella Vaccine, MMR and/or titers, Flu, TB)                          |
| \$ 696.00          | \$814.00 (out-of-district) \$932.00 (international)  |
| <u>Fall 2018</u>   |  |
| \$ 445.00          | Tuition in-district (\$1476.00 out-of-district \$2007.00 international) Nursing courses only.                          |
| 500.00             | Clinical Fee   |
| 198 .00            | Technology/Facility Use Fee (\$18.00 per credit hour)  |
| 475.00             | Course Fee (includes drug screen, malpractice, student nurse association fee, Kaplan fee, lab supplies, and simulation |
|                    | fee)   |
| 30.00              | Exam Soft  |
| 150.00             | Supplies   |
| 650.00             | Books  |
| 100.00             | Miscellaneous  |
| \$3,257.00         | \$3,788.00 (out-of-district) \$4,319.00 (international)  |
| Spring 2019        |  |
| \$ 840.00          | Tuition in-district, (\$1312.00 out-of-district \$1,784.00 international) Nursing courses only                         |
| 500.00             | Clinical Fee   |
| 108.00             | Technology/Facility Use Fee (\$18.00 per credit hour)  |
| 75.00              | Books  |
| 30.00              | Exam Soft  |
| 885.00             | Course Fee (includes drug screen, Kaplan fee, lab supplies, and simulation fee)  |
| 100.00             | Miscellaneous  |
| 300.00             | NCLEX-RN Testing and Licensure Fees  |
| 35.00              | Cap and Gown Fee   |
| \$2,969.00         | \$3,441.00 (out-of-district) \$3913.00 (international)   |

Total approximate cost of program: \$6,922.00 In-district, \$8,043.00 Out of--District, \$9164.00 International (Nursing only-does not include general education courses). In-district charges apply to property-tax paying residents of Newton and McDonald Counties (they pay taxes that support Crowder College). All other Missouri residents pay out of district charges. Those who have not lived in Missouri for at least one year, or do not have a "Crowder Connections" scholarship, must pay out-of-state rates. Tuition increases and other fees are subject to change. All costs are estimated.

#### END OF PROGRAM STUDENT LEARNING OUTCOMES

Upon completion of the Associate Degree Nursing Program, the graduate will demonstrate the ability to:

- 1. Practice safe care, minimizing risk of harm to clients and providers through individual performance.
- Advocate for clients with recognition that the client is the source of control and full partner in providing compassionate and coordinated care, reflecting respect for the dignity and uniqueness of others.
- 3. Work competently within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision making to achieve quality client care.
- 4. Utilize clinical judgment built on evidence-based practice in order to evaluate client outcomes and improve quality of care.
- 5. Use information and technology to communicate, manage knowledge, prevent errors, and support clinical judgment.
- 6. Demonstrate professionalism in the role of the nurse, which includes maintaining high legal and ethical standards.

#### **Required Functional Abilities**

In order to complete the Crowder College Nursing Program, the student must be able to demonstrate the following:

#### 1. Fine and Gross Motor Skills:

Sufficient to move freely, maintain balance. Manipulate small objects, lift 25 lbs, move 50 lbs, and demonstrate appropriate body strength.

#### 2. Visual Acuity:

Sufficient to accurately see close objects within 20 inches away and distant objects up to 20 feet.

#### 3. Auditory Abilities:

Sufficient to hear faint sounds of various pitches and tones.

#### 4. Physical Stamina:

Sufficient to perform nursing care for 12 hours.

#### 5. Intact:

Sensory functions necessary for physical assessment.

#### 6. **Reading:**

Ability at 10<sup>th</sup> grade level or above and demonstrate math abilities sufficient to perform dosage calculations.

#### 7. Demonstrate Empathy:

Emotional stability sufficient to handle stress. Demonstrate accountability and responsibility and provide emotional support to clients.

#### 8. Analytical Thinking:

Purposeful outcome directed thinking that aims to make decisions based on sound evidence or critical thinking analytical skills in the use of nursing process.

#### 9. Therapeutic Relations:

Establish therapeutic relationships with clients, peers and interdisciplinary team members.

#### 10. Communicate Effectively:

In oral and written modes.

#### Missouri Revised Statutes Chapter 335 Section 335.066.1

August 28, 2016

## Denial, revocation, or suspension of license, grounds for, civil immunity for providing information--complaint procedures.

- <u>335.066</u>. 1. The board may refuse to issue or reinstate any certificate of registration or authority, permit or license required pursuant to chapter 335 for one or any combination of causes stated in subsection 2 of this section or the board may, as a condition to issuing or reinstating any such permit or license, require a person to submit himself or herself for identification, intervention, treatment, or rehabilitation by the impaired nurse program as provided in section <u>335.067</u>. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.
- 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate of registration or authority, permit or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:
- (1) Use or unlawful possession of any controlled substance, as defined in chapter 195, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by sections <u>335.011</u> to 335.096;
- (2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to sections 335.011 to 335.096, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;
- (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to sections 335.011 to 335.096 or in obtaining permission to take any examination given or required pursuant to sections 335.011 to 335.096;
- (4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;
- (5) Incompetency, gross negligence, or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by chapter 335. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;

- (6) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including, but not limited to, the following:
- (a) Willfully and continually overcharging or overtreating patients; or charging for visits which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;
- (b) Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation;
- (c) Willfully and continually performing inappropriate or unnecessary treatment, diagnostic tests, or nursing services;
- (d) Delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience, or licensure to perform such responsibilities;
- (e) Performing nursing services beyond the authorized scope of practice for which the individual is licensed in this state;
- (f) Exercising influence within a nurse-patient relationship for purposes of engaging a patient in sexual activity;
- (g) Being listed on any state or federal sexual offender registry;
- (h) Failure of any applicant or licensee to cooperate with the board during any investigation;
- (i) Failure to comply with any subpoena or subpoena duces tecum from the board or an order of the board;
- (i) Failure to timely pay license renewal fees specified in this chapter;
- (k) Violating a probation agreement, order, or other settlement agreement with this board or any other licensing agency;
- (1) Failing to inform the board of the nurse's current residence;
- (m) Any other conduct that is unethical or unprofessional involving a minor;
- (7) Violation of, or assisting or enabling any person to violate, any provision of sections <u>335.011</u> to <u>335.096</u>, or of any lawful rule or regulation adopted pursuant to sections <u>335.011</u> to 335.096;
- (8) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;
- (9) Disciplinary action against the holder of a license or other right to practice any profession regulated by sections <u>335.011</u> to <u>335.096</u> granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;
- (10) A person is finally adjudged insane or incompetent by a court of competent jurisdiction;

- (11) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by sections <u>335.011</u> to <u>335.096</u> who is not registered and currently eligible to practice pursuant to sections <u>335.011</u> to <u>335.096</u>;
- (12) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;
- (13) Violation of any professional trust or confidence;
- (14) Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;
- (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;
- (16) Placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health-related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency;
- (17) Failure to successfully complete the impaired nurse program;
- (18) Knowingly making or causing to be made a false statement or misrepresentation of a material fact, with intent to defraud, for payment pursuant to the provisions of chapter 208 or chapter 630, or for payment from Title XVIII or Title XIX of the federal Medicare program;
- (19) Failure or refusal to properly guard against contagious, infectious, or communicable diseases or the spread thereof; maintaining an unsanitary office or performing professional services under unsanitary conditions; or failure to report the existence of an unsanitary condition in the office of a physician or in any health care facility to the board, in writing, within thirty days after the discovery thereof;
- (20) A pattern of personal use or consumption of any controlled substance unless it is prescribed, dispensed, or administered by a provider who is authorized by law to do so;
- (21) Habitual intoxication or dependence on alcohol, evidence of which may include more than one alcohol-related enforcement contact as defined by section 302.525;
- (22) Failure to comply with a treatment program or an aftercare program entered into as part of a board order, settlement agreement, or licensee's professional health program.
- 3. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate, or permit.

- 4. For any hearing before the full board, the board shall cause the notice of the hearing to be served upon such licensee in person or by certified mail to the licensee at the licensee's last known address. If service cannot be accomplished in person or by certified mail, notice by publication as described in subsection 3 of section 506.160 shall be allowed; any representative of the board is authorized to act as a court or judge would in that section; any employee of the board is authorized to act as a clerk would in that section.
- 5. An individual whose license has been revoked shall wait one year from the date of revocation to apply for relicensure. Relicensure shall be at the discretion of the board after compliance with all the requirements of sections 335.011 to 335.096 relative to the licensing of an applicant for the first time.
- 6. The board may notify the proper licensing authority of any other state concerning the final disciplinary action determined by the board on a license in which the person whose license was suspended or revoked was also licensed of the suspension or revocation.
- 7. Any person, organization, association or corporation who reports or provides information to the board of nursing pursuant to the provisions of sections <u>335.011</u> to 335.259\* and who does so in good faith shall not be subject to an action for civil damages as a result thereof.
- 8. The board may apply to the administrative hearing commission for an emergency suspension or restriction of a license for the following causes:
- (1) Engaging in sexual conduct \*\* as defined in section <u>566.010</u>, with a patient who is not the licensee's spouse, regardless of whether the patient consented;
- (2) Engaging in sexual misconduct with a minor or person the licensee believes to be a minor. "Sexual misconduct" means any conduct of a sexual nature which would be illegal under state or federal law;
- (3) Possession of a controlled substance in violation of chapter 195 or any state or federal law, rule, or regulation, excluding record-keeping violations;
- (4) Use of a controlled substance without a valid prescription;
- (5) The licensee is adjudicated incapacitated or disabled by a court of competent jurisdiction;
- (6) Habitual intoxication or dependence upon alcohol or controlled substances or failure to comply with a treatment or aftercare program entered into pursuant to a board order, settlement agreement, or as part of the licensee's professional health program;
- (7) A report from a board-approved facility or a professional health program stating the licensee is not fit to practice. For purposes of this section, a licensee is deemed to have waived all objections to the admissibility of testimony from the provider of the examination and admissibility of the examination reports. The licensee shall sign all necessary releases for the board to obtain and use the examination during a hearing; or
- (8) Any conduct for which the board may discipline that constitutes a serious danger to the health, safety, or welfare of a patient or the public.

- 9. The board shall submit existing affidavits and existing certified court records together with a complaint alleging the facts in support of the board's request for an emergency suspension or restriction to the administrative hearing commission and shall supply the administrative hearing commission with the last home or business addresses on file with the board for the licensee. Within one business day of the filing of the complaint, the administrative hearing commission shall return a service packet to the board. The service packet shall include the board's complaint and any affidavits or records the board intends to rely on that have been filed with the administrative hearing commission. The service packet may contain other information in the discretion of the administrative hearing commission. Within twenty-four hours of receiving the packet, the board shall either personally serve the licensee or leave a copy of the service packet at all of the licensee's current addresses on file with the board. Prior to the hearing, the licensee may file affidavits and certified court records for consideration by the administrative hearing commission.
- 10. Within five days of the board's filing of the complaint, the administrative hearing commission shall review the information submitted by the board and the licensee and shall determine based on that information if probable cause exists pursuant to subsection 8 of this section and shall issue its findings of fact and conclusions of law. If the administrative hearing commission finds that there is probable cause, the administrative hearing commission shall enter the order requested by the board. The order shall be effective upon personal service or by leaving a copy at all of the licensee's current addresses on file with the board.
- 11. (1) The administrative hearing commission shall hold a hearing within forty-five days of the board's filing of the complaint to determine if cause for discipline exists. The administrative hearing commission may grant a request for a continuance, but shall in any event hold the hearing within one hundred twenty days of the board's initial filing. The board shall be granted leave to amend its complaint if it is more than thirty days prior to the hearing. If less than thirty days, the board may be granted leave to amend if public safety requires.
- (2) If no cause for discipline exists, the administrative hearing commission shall issue findings of fact, conclusions of law, and an order terminating the emergency suspension or restriction.
- (3) If cause for discipline exists, the administrative hearing commission shall issue findings of fact and conclusions of law and order the emergency suspension or restriction to remain in full force and effect pending a disciplinary hearing before the board. The board shall hold a hearing following the certification of the record by the administrative hearing commission and may impose any discipline otherwise authorized by state law.
- 12. Any action under this section shall be in addition to and not in lieu of any discipline otherwise in the board's power to impose and may be brought concurrently with other actions.
- 13. If the administrative hearing commission does not find probable cause and does not grant the emergency suspension or restriction, the board shall remove all reference to such emergency suspension or restriction from its public records. Records relating to the suspension or restriction shall be maintained in the board's files. The board or licensee may use such records in the course of any litigation to which they are both parties. Additionally, such records may be released upon a specific, written request of the licensee.

- 14. If the administrative hearing commission grants temporary authority to the board to restrict or suspend the nurse's license, such temporary authority of the board shall become final authority if there is no request by the nurse for a full hearing within thirty days of the preliminary hearing. The administrative hearing commission shall, if requested by the nurse named in the complaint, set a date to hold a full hearing under the provisions of chapter 621 regarding the activities alleged in the initial complaint filed by the board.
- 15. If the administrative hearing commission refuses to grant temporary authority to the board or restrict or suspend the nurse's license under subsection 8 of this section, such dismissal shall not bar the board from initiating a subsequent disciplinary action on the same grounds.
- 16. (1) The board may initiate a hearing before the board for discipline of any licensee's license or certificate upon receipt of one of the following:
- (a) Certified court records of a finding of guilt or plea of guilty or nolo contendere in a criminal prosecution under the laws of any state or of the United States for any offense involving the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense involving fraud, dishonesty, or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;
- (b) Evidence of final disciplinary action against the licensee's license, certification, or registration issued by any other state, by any other agency or entity of this state or any other state, or the United States or its territories, or any other country;
- (c) Evidence of certified court records finding the licensee has been judged incapacitated or disabled under Missouri law or under the laws of any other state or of the United States or its territories.
- (2) The board shall provide the licensee not less than ten days' notice of any hearing held pursuant to chapter 536.
- (3) Upon a finding that cause exists to discipline a licensee's license, the board may impose any discipline otherwise available.

## CROWDER COLLEGE NURSING PROGRAM

#### **Reference Questionnaire**

| cant has chosen this to | be a confidential    | non-co               | onfidential          | reference.                 |                        |  |  |  |  |
|-------------------------|----------------------|----------------------|----------------------|----------------------------|------------------------|--|--|--|--|
| and complete opinion    | will be most helpfu  | II. Please return    | this completed       | d form as soon as          | possible.              |  |  |  |  |
| ong have you known th   | is individual and in | what capacity        | ?                    |                            |                        |  |  |  |  |
|                         |                      |                      |                      |                            |                        |  |  |  |  |
| your experience with t  | his individual pleas | se rate him/her      | in the followin      | g areas as they pe         | ertain to              |  |  |  |  |
| practice of nursing.    |                      |                      |                      |                            |                        |  |  |  |  |
|                         | Very Strong          | Strong               | Some                 | Insufficient               | Strong                 |  |  |  |  |
|                         | evidence<br>skill is | evidence<br>skill is | evidence<br>skill is | evidence for<br>or against | evidence               |  |  |  |  |
|                         | present              | present              | present              | skill                      | skill is no<br>present |  |  |  |  |
|                         | 4                    | 3                    | 2                    | 1                          | 0                      |  |  |  |  |
| Communication           |                      |                      |                      |                            |                        |  |  |  |  |
| Communication           |                      |                      |                      |                            |                        |  |  |  |  |
| Coping                  |                      |                      |                      |                            |                        |  |  |  |  |
|                         |                      |                      |                      |                            |                        |  |  |  |  |
| Commitment to<br>Task   |                      |                      |                      |                            |                        |  |  |  |  |
| C                       |                      |                      |                      |                            |                        |  |  |  |  |
| Conflict<br>Management  |                      |                      |                      |                            |                        |  |  |  |  |
|                         |                      |                      |                      |                            |                        |  |  |  |  |
| <b>Problem-Solving</b>  |                      |                      |                      |                            |                        |  |  |  |  |
|                         |                      |                      |                      |                            |                        |  |  |  |  |
| Organization &          |                      |                      |                      |                            |                        |  |  |  |  |
| Planning                |                      |                      |                      |                            |                        |  |  |  |  |
|                         |                      |                      |                      |                            |                        |  |  |  |  |
| Grooming                |                      |                      |                      |                            |                        |  |  |  |  |
| Dunck-s 154             |                      |                      |                      |                            |                        |  |  |  |  |
| Punctuality             |                      |                      |                      |                            |                        |  |  |  |  |
|                         |                      |                      |                      | <u> </u>                   |                        |  |  |  |  |
| d you recommend this p  | person for the nurs  | ing program?         | Yes                  | No                         |                        |  |  |  |  |
| tional Comments: (use   | hack if necessary)   |                      |                      |                            |                        |  |  |  |  |

## CROWDER COLLEGE NURSING PROGRAM

#### **Reference Questionnaire**

| asc com   | plete this referen  | ce form, which                                 | pertains to                               | (Appl                                   | icant Name)   |   |  |  |  |  |
|-----------|---|--|---|---|---|---|--|--|--|--|
| honest an | applicant has chosen this to be a confidential non-confidential reference. onest and complete opinion will be most helpful. Please return this completed form as soon as possible.  Iow long have you known this individual and in what capacity? |  |   |   |   |   |  |  |  |  |
|           | experience with this e of nursing.  | individual please                              | rate him/her in                           | the following                           | areas as they pert                                  | ain to  |  |  |  |  |
|           |   | Very Strong<br>evidence<br>skill is<br>present | Strong<br>evidence<br>skill is<br>present | Some<br>evidence<br>skill is<br>present | Insufficient<br>evidence for<br>or against<br>skill | Strong<br>evidence<br>skill is not<br>present |  |  |  |  |
|           |   | 4  | 3   | 2                                       | 1   | 0   |  |  |  |  |
|           | Communication   |  |   |   |   |   |  |  |  |  |
|           | Coping  |  |   |   |   |   |  |  |  |  |
|           | Commitment to<br>Task   |  |   |   |   |   |  |  |  |  |
| ]         | Conflict<br>Management  |  |   |   |   |   |  |  |  |  |
|           | Problem-Solving   |  |   |   |   |   |  |  |  |  |
| •         | Organization &<br>Planning  |  |   |   |   |   |  |  |  |  |
|           | Grooming  |  |   |   |   |   |  |  |  |  |
|           | Punctuality   |  |   |   |   |   |  |  |  |  |
| Would yo  | ou recommend this p   | erson for the nurs                             | ing program?                              | Yes                                     | No  |   |  |  |  |  |
| Addition  | al Comments: (use b   | oack if necessary)                             |   |   |   |   |  |  |  |  |
| ıte:      | Sig   | gnature/Title:                                 |   |   |   |   |  |  |  |  |

## CROWDER COLLEGE NURSING PROGRAM

#### **Reference Questionnaire**

| ease complete this referen  | ce form, which                                 | pertains to:_                             |   | icant Name)   |   |  |  |  |  |
|---|--|---|---|---|---|--|--|--|--|
| applicant has chosen this to be a confidential non-confidential reference.  nonest and complete opinion will be most helpful. Please return this completed form as soon as possible.  How long have you known this individual and in what capacity? |  |   |   |   |   |  |  |  |  |
| From your experience with this the practice of nursing.   | individual please                              | rate him/her in                           | the following                           | areas as they per                                   | tain to                                       |  |  |  |  |
|   | Very Strong<br>evidence<br>skill is<br>present | Strong<br>evidence<br>skill is<br>present | Some<br>evidence<br>skill is<br>present | Insufficient<br>evidence for<br>or against<br>skill | Strong<br>evidence<br>skill is not<br>present |  |  |  |  |
|   | 4  | 3   | 2                                       | 1   | 0   |  |  |  |  |
| Communication   |  |   |   |   |   |  |  |  |  |
| Coping  |  |   |   |   |   |  |  |  |  |
| Commitment to<br>Task   |  |   |   |   |   |  |  |  |  |
| Conflict<br>Management  |  |   |   |   |   |  |  |  |  |
| Problem-Solving   |  |   |   |   |   |  |  |  |  |
| Organization &<br>Planning  |  |   |   |   |   |  |  |  |  |
| Grooming  |  |   |   |   |   |  |  |  |  |
| Punctuality   |  |   |   |   |   |  |  |  |  |
| Would you recommend this po   | erson for the nurs                             | ing program?                              | Yes                                     | No  |   |  |  |  |  |
| Additional Comments: (use b   | ack if necessary)                              |   |   |   |   |  |  |  |  |
| nte: Sig  | nature/Title:                                  |   |   |   |   |  |  |  |  |