

APPLICATION CHECK LIST

Level I: Nevada 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.

YOUR APPLICATION WILL NOT BE PROCESSED IF ANYTHING IS MISSING.

_____ **Signed Application for Admission**

_____ **\$40.00 (non-refundable) Application fee** Cash, Check or Money Order made payable to Crowder College. This fee must accompany the application. *This is a separate fee from the application fee to Crowder College for college admission.*

_____ **\$10.00** If you choose to apply to the McDonald County campus as second choice you must fill out a McDonald County application and send it to that campus with the \$10.00 fee.

_____ **Copy of all College transcripts MUST BE INCLUDED WITH APPLICATION.** (It can be an unofficial copy if you attend Crowder College or already have submitted an official copy to Crowder College)

_____ **Completed (3) reference forms from non relatives in sealed envelopes with signature of reference across the back seal of envelope**

_____ **Copy of ACT or (converted SAT), score of 19 or above (must include printout with application)**

_____ **Copy of any certifications or licenses (healthcare related)**

_____ **Copy of Active Certified Nursing Assistant, CMA, RMA or EMT Certification or Paramedic License required prior to admission.**

_____ **Signed Criminal History Record Disclosure Consent**

_____ **Completed personal information form for Criminal Background Check**

_____ **Completed Mo VECBS WAIVER AGREEMENT AND STATEMENT**

_____ **Completed Community Service (please include dates)**

_____ **Completed Family Care Safety Registry (Include printed report)**



NURSING PROGRAM

Campuses at Cassville, Neosho, Nevada and McDonald County

To: Applicants of the Crowder College Level I Program
Nevada Campus

From: Maryanna Perry MSN, APRN
Nursing Program Coordinator, Nevada Campus

Date: October 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 must be submitted by February 15, 2019.**

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 score, and a GPA of 2.75 or above. February 9, 2019** is the last national ACT test date that the ACT can be taken and still receive the results before the nursing application deadline. You may go to www.actstudent.org or contact Student Services for an ACT registration packet.
- **An Active Missouri Certified Nursing Assistant, CMA, RMA or EMT Certification or Paramedic License is required prior to admission.**
- **Completed Family Care Safety Registry.** You must go to www.dhss.mo.gov website to register if you have not previously registered.

Anatomy & Physiology I **must be completed** before starting the nursing program in August. Anatomy & Physiology II is required before entering the second semester of nursing (Spring 2020). Microbiology is required before entering the third semester of nursing (Fall 2020).

Thank you for your interest in the Crowder College Nursing Program. If you have any questions, don't hesitate to call our nursing department (Nevada campus) at 417-667-0518 or email nursingnevada@crowder.edu I look forward to receiving your application.

Best Wishes

Maryanna Perry
Enclosure: Application

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 of 19 or above
- (e) signed Criminal Records Check form
- (f) copy of any certifications or license relating to the medical field
- (g) An Active Missouri Certified Nursing Assistant, CMA, RMA or EMT Certification or Paramedic license (required prior to admission).
- (h) Completed Family Care Safety Registry
- (i) 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 www.crowder.edu for a general college application.

All nursing application materials are to be submitted to the **Nursing Department**, Crowder College, 600 W. Edwards Place, Nevada, MO 64772 if applying to Nevada Campus. If you have questions, feel free to contact the Nevada nursing department office at 417-667-0518 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 or higher on the required core 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. An Active Missouri Certified Nursing Assistant, CMA, RMA or EMT Certification or Paramedic License or enrollment in a class that will be completed prior to beginning the nursing program.
 - E. Completed Anatomy and Physiology I before beginning the program in August with a “C” or higher.
 - F. Complete Kaplan Entrance Exam.

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-Nevada Campus
Application for Admission
Associate Degree of Nursing with BSN Articulation Track

Which school do you plan to attend to complete your Bachelor of Science in Nursing Degree?

_____ Central Methodist University _____ Missouri Southern State University _____ Hannibal LaGrange University
_____ Missouri State University _____ University of Missouri-Columbia _____ Chamberlain College of Nursing
(Dual enrollment is available for MSU)
_____ University of Arkansas _____ Saint Luke's College of Health Science _____ Other

Please type or print legibly:

Name: _____
 (last) (first) (middle) (maiden)

Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Telephone Number: _____

Telephone Number to leave message if unable to reach at above number: _____

E-Mail address: _____

Crowder Student ID # _____

Have you previously applied to the Crowder College registered nursing program? _____ Yes _____ No

If yes, which campus? _____

If applying to multiple campuses, which campus is your first choice to attend?

_____ Nevada _____ McDonald County

Have you previously attended any nursing program? _____ Yes _____ No

If yes, where _____

Please mark all licensures or certifications that you have in the medical field:

LPN _____ CNA _____ CMA _____ RMA _____ EMT _____ Paramedic _____ CPR _____

Other (please name) _____

You must also attach a copy of certificate or license when submitting application

I. Have you ever committed an act described in section 2 of the State of Missouri Nursing Practice Act Missouri Statues? (see attached). _____ Yes _____ No

If yes, please explain on an attached sheet.

II. Education: List high school or GED and all college (including classes currently in):

<u>Name of School</u>	<u>Address</u>	<u>From</u>	<u>To</u>	<u>Degree or Hours Earned</u>

III. Occupational Experience-list all employment within the past 10 years, start with last date of employment (employers may be contacted for references).

<u>Employer</u>	<u>Address</u>	<u>Type of Work</u>	<u>From</u>	<u>To</u>	<u>Phone #</u>

IV. I do hereby certify that the information provided on this application is complete and correct to the best of my knowledge under penalty of perjury.

V. I understand that any question answered in a false manner will result in the application being void and therefore not considered. I understand that I will not be considered for admission into the nursing program until I have completed the application process as outlined in the application information sheet.

Signature (written)

Signature (printed)

**CROWDER COLLEGE NURSING PROGRAM
CRIMINAL HISTORY RECORDS DISCLOSURE CONSENT**

As a requirement of the Crowder College Nursing Program application process, in response to the House Bill 1362, I consent to the release of my criminal history records to the Crowder College Nursing Program. The Crowder College Nursing Program will consider material contained in my criminal history solely for the purposes of determining my suitability for the position of student nurse for which I applied. I do not authorize release of information for any purposes beyond the program admission decision. I understand that a prior conviction may not necessarily disqualify me for admission into the program, but will be a factor which may be considered before acceptance into the program.

Signed: _____

Date: _____

Witness: _____

This does not have to be notarized, just signed by an individual that has witnessed your signature.

Are you on the disqualification list for the Department of Social Services? ___ Yes ___ No

By execution of the application, I do hereby authorize Crowder College or its representatives to verify all information contained within this application, and do waive any privilege I may have as to confidentiality to Crowder College or its representatives, and do authorize any agency - -educational, health, or law enforcement - - to furnish to Crowder College or its representatives the information necessary to validate the information contained upon my nursing application including a background check for criminal record if any.

Signature of Applicant

Date Submitted

*Application cannot be processed without your signature in ink

ACCESS TO RECORDS INFORMATION 10/93

“The Family Educational Rights and Privacy Act of 1974”, Public Law 93-380 as amended and signed into law by President Ford on December 31, 1974, states that enrollees have the right to examine confidential files. It also states that they may waive this right if they do so desire.

The law provides that references may be either confidential or non-confidential at the option of the registrant. The registrant has the option to inspect the references in a non-confidential file. Confidential references are those which the registrant has waived the right to see.

Please consider the following in making a decision to have confidential or non-confidential references.

- 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. Writer 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**

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**I have elected:** \_\_\_\_\_ **A confidential file**

\_\_\_\_\_ **A non-confidential file**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**







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

**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).

I, the undersigned, hereby authorize Crowder College  
*Name of Authorized Recipient (AR)*

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 crime(s) and the particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: V07300002

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

**Please list and describe below any community service that you have done in the last 5 years (please include dates).**

## **Crowder College Mission Statement**

Building a civil, serving, literate, learning community of responsible citizens.

### **Crowder College Nursing Mission**

The nursing program of Crowder College aims to provide a quality nursing education which will enrich and inspire personal growth of citizens in the four state area and beyond.

### **Crowder College Nursing Philosophy**

#### **Definition of a Nurse**

A nurse is a professional who subscribes to high ethical standards to provide quality, safe, and patient-centered care. The nurse uses clinical judgment which is built on evidence-based practice. A nurse serves as an advocate for individuals, families, and communities. A nurse is a lifelong learner, seeking excellence in autonomous and collaborative practice.

#### **Role of the Associate Degree Nurse**

At the completion of the associate degree program, the nurse is able to provide safe and competent care based on a firm foundation in current evidence based practice. A generalist nurse provides compassionate and collaborative care to individuals, families, and communities in a variety of settings. The roles of the nurse include client advocacy, health promotion, disease prevention and care of the sick. Nurses also participate as leaders in shaping health care policy and quality of care.

#### **Nursing Education Philosophy**

A conceptual framework will be utilized to teach patient centered care that is evidence based with a focus on safety and quality. The Crowder nursing faculty ascribe to adult learning theory in a conceptual learning environment. The adult learner:

- is self-directed and autonomous
- utilizes knowledge and life experiences
- is goal directed
- is relevancy-oriented
- is practical
- encourages collaboration

Conceptual learning centers on understanding broader principles or ideas that can be applied to a variety of health and illness exemplars. Conceptual learning is a means to develop deeper learning and clinical reasoning and judgment.

In addition, our nursing graduates will have the option of pursuing a baccalaureate degree in nursing through a seamless transition into other educational programs.

## References

International Council of Nurses. (2017). Retrieved from [www.icn.ch/who-we-are/icn-definition-of-nursing/](http://www.icn.ch/who-we-are/icn-definition-of-nursing/)

National League for Nursing. (2017). *NLN competencies for graduates of nursing programs*. Retrieved from <http://www.nln.org/professional-development-programs/competencies-for-nursing-education/nln-competencies-for-graduates-of-nursing-programs>

Pullagurla, A. (2014). *Instructional design: Six top facts about adult learning theory*. Retrieved from <https://elearningindustry.com/6-top-facts-about-adult-learning-theory-every-educator-should-know>

Quality and Safety Education for Nurses. (2014). *Competencies*. Retrieved from [qsen.org/competencies/](http://qsen.org/competencies/)

Rev. 8.11.17

Committee: Dr. C. Dalton, L. Evans, S. R. Wilson

**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 Certified Nursing Assistant, CMA, RMA or EMT Certification or Paramedic license (required prior to admission).
  - d) GED Scores (if applicable)
  - e) Reference Scores /Sciences Completed/College Degrees/Work Experience/Community Service/Kaplan Entrance Exam Score

**TRANSFER POLICY**

Transfer students may be accepted at the end of the first semester of the nursing program pending space available. Transfer students must have:

1. A composite ACT score of 19 or higher.
2. A GPA of 2.75 or higher on the required general education courses.
3. Transcripts showing achievement of a “C” or better in courses equivalent to Nursing Concepts I, Clinical I and Nursing Interventions I (syllabi may be requested from equivalent courses).
4. Letter from Director of nursing program regarding status of withdrawal or reason for transfer.
5. Sign a Release of Information form for previous school records.
6. Successful completion with a grade “C” or better in courses equivalent to:  
Anatomy and Physiology I and II.
7. Active CNA, CMA, RMA or EMT certification, or Paramedic license is required

The student will be asked to:

1. Complete transfer application
2. Submit a \$40.00 application fee.
3. Submit official copies of college transcript.
4. Submit an official copy of ACT scores or equivalent SAT score.
5. Submit an official copy of high school diploma or GED.
6. Submit three references that can be contacted.
7. Take any required exams and score a passing grade.

## **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 a 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:

February 19<sup>th</sup> at 9:30

February 26<sup>th</sup> at 9:30

## 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.
5. 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.

**Associate of Science in Nursing**  
**Suggested Plan of Study**  
Based On Acceptance to the Program

**Program Prerequisites:** Anatomy & Physiology I (BIOL 152) – 5 credit hours  
Active CNA, CMA, RMA or EMT certification or Paramedic license  
All general education courses must be completed by both Level I & Level II students.

| <i>First Semester</i> |                                                   | <i>Hours</i> |
|-----------------------|---------------------------------------------------|--------------|
| NURS 111              | Health Concepts IA (1 <sup>st</sup> 8 weeks)      | 3            |
| NURS 171              | Professional Concepts I (1 <sup>st</sup> 8 weeks) | 1            |
| NURS 112              | Health Concepts IB (2 <sup>nd</sup> 8 weeks)      | 3            |
| NURS 141              | Pharmacology I (2 <sup>nd</sup> 8 weeks)          | 2            |
| BIOL 252              | Human Anatomy & Physiology II                     | 5            |
| COLL 101              | College Orientation                               | 1            |
| <b>Total</b>          |                                                   | <b>15</b>    |

| <i>Second Semester</i>      |                                                    | <i>Hours</i> |
|-----------------------------|----------------------------------------------------|--------------|
| NURS 121                    | Health Concepts IIA 1 <sup>st</sup> 8 weeks)       | 4            |
| NURS 142                    | Pharmacology II (1 <sup>st</sup> 8 weeks)          | 1            |
| NURS 122                    | Health Concepts IIB (2 <sup>nd</sup> 8 weeks)      | 4            |
| NURS 172                    | Professional Concepts II (2 <sup>nd</sup> 8 weeks) | 1            |
| BIOL 220                    | Microbiology                                       | 5            |
| Approved Mathematics Course |                                                    | 3            |
| <b>Total</b>                |                                                    | <b>18</b>    |

| <i>Third Semester</i> |                                                     | <i>Hours</i> |
|-----------------------|-----------------------------------------------------|--------------|
| NURS 211              | Health Concepts IIIA (1 <sup>st</sup> 8 weeks)      | 4            |
| NURS 241              | Pharmacology III (1 <sup>st</sup> 8 weeks)          | 1            |
| NURS 212              | Health Concepts IIIB (2 <sup>nd</sup> 8 weeks)      | 4            |
| NURS 271              | Professional Concepts III (2 <sup>nd</sup> 8 weeks) | 2            |
| PSYC 101              | Gen Psych – OR – SOC 101                            | 3            |
| COMM 104              | Fundamentals of Speech                              | 3            |
| <b>Total</b>          |                                                     | <b>17</b>    |

| <i>Fourth Semester</i>       |                                              | <i>Hours</i> |
|------------------------------|----------------------------------------------|--------------|
| NURS 221                     | Health Concepts IV (1 <sup>st</sup> 8 weeks) | 3            |
| NURS 242                     | Pharmacology IV (1 <sup>st</sup> 8 weeks)    | 1            |
| NURS 290                     | Nursing Capstone (2 <sup>nd</sup> 8 weeks)   | 2            |
| ENGL 101                     | English Composition                          | 3            |
| HIST 106, 107– OR – PLSC 103 |                                              | 3            |
| <b>Total</b>                 |                                              | <b>12</b>    |

**TOTAL HOURS REQUIRED 67**



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

**Nursing Degree (excluding 31 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.**

**First Semester**

|                  |                                                                                                                         |
|------------------|-------------------------------------------------------------------------------------------------------------------------|
| \$ 945.00        | Tuition in-district (\$1485.00 out of district \$2016.00 international) Nursing courses only.                           |
| 150.00           | Clinical Fee                                                                                                            |
| 126.00           | Technology/Facility Use Fee (\$18.00 per credit hour)                                                                   |
| 400.00           | Course Fee (includes drug screen, malpractice, student nurse association fee, Kaplan fee, lab supplies, simulation fee) |
| 30.00            | ExamSoft                                                                                                                |
| 70.00            | Uniforms (must have 1 uniform, 1 white lab coat)                                                                        |
| 45.00            | White Shoes                                                                                                             |
| 50.00            | Watch with Second Hand                                                                                                  |
| 150.00           | Supplies                                                                                                                |
| 10.00            | Clinical ID and Patch                                                                                                   |
| 400.00           | Books                                                                                                                   |
| <u>300.00</u>    | Physical & Immunizations (Hepatitis B vaccine, Varicella Vaccine, MMR and/or titers, Flu, TB)                           |
| <b>\$2676.00</b> | <b>\$3216.00 (out-of-district) \$3747.00 (international)</b>                                                            |

**Second Semester**

|                  |                                                                                               |
|------------------|-----------------------------------------------------------------------------------------------|
| \$ 1050.00       | Tuition in-district (\$1650.00 out of district \$2240.00 international) Nursing courses only. |
| 500.00           | Clinical Fee                                                                                  |
| 162.00           | Technology/Facility Use Fee (\$18.00 per credit hour)                                         |
| 400.00           | Course Fee (includes drug screen, lab supplies, simulation fee)                               |
| 30.00            | ExamSoft                                                                                      |
| 150.00           | Supplies                                                                                      |
| <u>175.00</u>    | Books                                                                                         |
| <b>\$2467.00</b> | <b>\$3067.00 (out-of-district) \$3657.00 (international)</b>                                  |

**Third Semester**

|                  |                                                                                                                         |
|------------------|-------------------------------------------------------------------------------------------------------------------------|
| \$ 1155.00       | Tuition in-district (\$1815.00 out of district \$2464.00 international) Nursing courses only.                           |
| 500.00           | Clinical Fee                                                                                                            |
| 162.00           | Technology/Facility Use Fee (\$18.00 per credit hour)                                                                   |
| 500.00           | Course Fee (includes drug screen, malpractice, student nurse association fee, Kaplan fee, lab supplies, simulation fee) |
| 30.00            | ExamSoft                                                                                                                |
| 150.00           | Supplies                                                                                                                |
| <u>200.00</u>    | Books                                                                                                                   |
| <b>\$2697.00</b> | <b>\$3357.00 (out-of-district) \$4006.00 (international)</b>                                                            |

**Fourth Semester**

|                  |                                                                                              |
|------------------|----------------------------------------------------------------------------------------------|
| \$ 630.00        | Tuition in-district, (\$990.00 out-of-district \$1344.00 international) Nursing courses only |
| 500.00           | Clinical Fee                                                                                 |
| 144.00           | Technology/Facility Use Fee (\$18.00 per credit hour)                                        |
| 75.00            | Books                                                                                        |
| 900.00           | Course Fee (includes drug screen, Kaplan fee, lab supplies, and simulation fee)              |
| 30.00            | ExamSoft                                                                                     |
| <u>35.00</u>     | Cap and Gown Fee                                                                             |
| <b>\$2314.00</b> | <b>\$2674.00 (out-of-district) \$3028.00 (international)</b>                                 |

**Total approximate cost of program: \$10,154 In District, \$12,314.00 Out-of-District, \$14,438 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. Tuition increases are subject to change**

|                            |                 |                                               |
|----------------------------|-----------------|-----------------------------------------------|
| <b>Fees for Licensure:</b> | \$ 200.00       | NCLEX-RN Fee                                  |
|                            | 45.00           | State Board Licensure Fee (subject to change) |
|                            | 55.00           | Fingerprinting                                |
|                            | <u>10.00</u>    | Transcript Release Fee                        |
|                            | <b>\$310.00</b> |                                               |

## 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.
2. 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.

### References

Missouri State Board of Nursing. (2014). *20 CSR 2200-2: Minimum standards for approved programs of professional nursing*.

National League for Nursing. (2017). *Competencies for graduates of nursing programs*.

Retrieved from: <http://www.nln.org/professional-development-programs/competencies-for-nursing-education/nln-competencies-for-graduates-of-nursing-programs>

Quality and Safety Education for Nurses. (2014). *QSEN competencies*. Retrieved from <http://qsen.org/competencies/pre-licensure-ksas/>

## **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.

**335.066. Denial, revocation, or suspension of license, grounds for, civil immunity for providing information — complaint procedures.**

1. The board may refuse to issue or reinstate any certificate of registration or authority, permit or license required pursuant to this chapter\* 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 monitoring by the intervention program and alternative program as provided in section [335.067](#). 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](#), by the federal government, or by the department of health and senior services by regulation, regardless of impairment, 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 [335.011 to 335.096](#). A blood alcohol content of .08 shall create a presumption of impairment;

(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 this chapter\*. 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;

(j) 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;

(l) Failing to inform the board of the nurse's current residence within thirty days of changing residence;

(m) Any other conduct that is unethical or unprofessional involving a minor;

(n) A departure from or failure to conform to nursing standards;

(o) Failure to establish, maintain, or communicate professional boundaries with the patient. A nurse may provide health care services to a person with whom the nurse has a personal relationship as long as the nurse otherwise meets the standards of the profession;

(p) Violating the confidentiality or privacy rights of the patient, resident, or client;

- (q) Failing to assess, accurately document, or report the status of a patient, resident, or client, or falsely assessing, documenting, or reporting the status of a patient, resident, or client;
- (r) Intentionally or negligently causing physical or emotional harm to a patient, resident, or client;
- (s) Failing to furnish appropriate details of a patient's, client's, or resident's nursing needs to succeeding nurses legally qualified to provide continuing nursing services to a patient, client, or resident;
- (7) Violation of, or assisting or enabling any person to violate, any provision of sections [335.011 to 335.096](#), or of any lawful rule or regulation adopted pursuant to sections [335.011 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 [335.011 to 335.096](#) 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 [335.011 to 335.096](#) who is not registered and currently eligible to practice pursuant to sections [335.011 to 335.096](#);
- (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 intervention or alternative program for substance use disorder;
- (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 or any substance which requires a prescription unless it is prescribed, dispensed, or administered by a provider who is authorized by law to do so or a pattern of abuse of any prescription medication;
- (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;
- (23) Failure to submit to a drug or alcohol screening when requested by an employer or by the board. Failure to submit to a drug or alcohol screening shall create the presumption that the test would have been positive for a drug for which the individual did not have a prescription in a drug screening or positive for alcohol in an alcohol screening;
- (24) Adjudged by a court in need of a guardian or conservator, or both, obtaining a guardian or conservator, or both, and who has not been restored to capacity;
- (25) Diversion or attempting to divert any medication, controlled substance, or medical supplies;
- (26) Failure to answer, failure to disclose, or failure to fully provide all information requested on any application or renewal for a license. This includes disclosing all pleas of guilt or findings of guilt in a case where the imposition of sentence was suspended, whether or not the case is now confidential;
- (27) Physical or mental illness, including but not limited to deterioration through the aging process or loss of motor skill, or disability that impairs the licensee's ability to practice the profession with reasonable judgment, skill, or safety. This does not include temporary illness which is expected to resolve within a short period of time;
- (28) Any conduct that constitutes a serious danger to the health, safety, or welfare of a patient or the public.

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 [335.011 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 [566.010](#), 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.

(L. 1975 S.B. 108 § 12, A.L. 1981 S.B. 16, A.L. 1995 S.B. 452, A.L. 1999 H.B. 343, A.L. 2007 H.B. 780 merged with S.B. 308, A.L. 2013 H.B. 315, A.L. 2018 H.B. 1719)

# CROWDER COLLEGE NURSING PROGRAM

## Reference Questionnaire

*Please place in sealed envelope with signature across the seal and return to the applicant to be submitted with their application.*

Please complete this reference form, which pertains to: \_\_\_\_\_  
(Applicant Name)

The applicant has chosen this to be a confidential \_\_\_\_\_, non-confidential \_\_\_\_\_ reference.  
An honest and complete opinion will be most helpful. Please return this completed form as soon as possible.

1. How long have you known this individual and in what capacity?
  
2. From your experience with this individual please rate him/her in the following areas as they pertain to the practice of nursing.

|                                        | Very Strong<br>evidence<br>skill is<br>present<br><br>4 | Strong<br>evidence<br>skill is<br>present<br><br>3 | Some<br>evidence<br>skill is<br>present<br><br>2 | Insufficient<br>evidence for<br>or against<br>skill<br><br>1 | Strong<br>evidence<br>skill is not<br>present<br><br>0 |
|----------------------------------------|---------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------|
| <b>Communication</b>                   |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Coping</b>                          |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Commitment to<br/>Task</b>          |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Conflict<br/>Management</b>         |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Problem-Solving</b>                 |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Organization &amp;<br/>Planning</b> |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Grooming</b>                        |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Punctuality</b>                     |                                                         |                                                    |                                                  |                                                              |                                                        |

3. Would you recommend this person for the nursing program?    Yes \_\_\_\_\_ No \_\_\_\_\_

4. Additional Comments: (use back if necessary)

Date: \_\_\_\_\_ Signature/Title: \_\_\_\_\_

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|----------------------------------------|---------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------|
| <b>Communication</b>                   |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Coping</b>                          |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Commitment to<br/>Task</b>          |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Conflict<br/>Management</b>         |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Problem-Solving</b>                 |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Organization &amp;<br/>Planning</b> |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Grooming</b>                        |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Punctuality</b>                     |                                                         |                                                    |                                                  |                                                              |                                                        |

3. Would you recommend this person for the nursing program?    Yes \_\_\_\_\_ No \_\_\_\_\_

4. Additional Comments: (use back if necessary)

Date: \_\_\_\_\_ Signature/Title: \_\_\_\_\_

# CROWDER COLLEGE NURSING PROGRAM

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**1. How long have you known this individual and in what capacity?**

**2. From your experience with this individual please rate him/her in the following areas as they pertain to the practice of nursing.**

|                                        | Very Strong<br>evidence<br>skill is<br>present<br><br>4 | Strong<br>evidence<br>skill is<br>present<br><br>3 | Some<br>evidence<br>skill is<br>present<br><br>2 | Insufficient<br>evidence for<br>or against<br>skill<br><br>1 | Strong<br>evidence<br>skill is not<br>present<br><br>0 |
|----------------------------------------|---------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------|
| <b>Communication</b>                   |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Coping</b>                          |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Commitment to<br/>Task</b>          |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Conflict<br/>Management</b>         |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Problem-Solving</b>                 |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Organization &amp;<br/>Planning</b> |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Grooming</b>                        |                                                         |                                                    |                                                  |                                                              |                                                        |
| <b>Punctuality</b>                     |                                                         |                                                    |                                                  |                                                              |                                                        |

**3. Would you recommend this person for the nursing program?**    Yes \_\_\_\_\_ No \_\_\_\_\_

**4. Additional Comments: (use back if necessary)**

**Date:** \_\_\_\_\_ **Signature/Title:** \_\_\_\_\_