Program Overview
The Associate of Applied Science Degree Nursing program is approved by the Oregon State Board of Nursing. This two-year program is designed to train highly skilled nurses. Clinical settings include hospitals, nursing homes and health care agencies in Linn and Benton counties. Upon completion of program and the general education requirements students will be eligible to apply for an Associate of Applied Science degree and to take the National Council Licensing Examination for Registered Nurse licensing (NCLEX-RN). For more information see http://www.linnbenton.edu/nursing.

Admission
The Nursing Program accepts one class per year beginning Fall Term. It is your responsibility to be informed and adhere to all requirements, procedures and deadlines as they may change from year to year. New applicants as well as applicants from previous years must complete the following application process. Admission to the program is based on the point system and NOT a first-come, first-served basis. All minimum application requirements must be met and application materials must be submitted at the same time.

Resident Points
Residents of the Linn-Benton Community College (LBCC) District will receive 5 Resident Points. To receive Priority Admission points, you must establish residency at least 90 days prior to the first day applications are accepted each year. To determine whether or not you live at such an address (whether you rent or own), please refer to your property tax statement, or inquire at your county tax assessor’s office. Some addresses at or near the Linn or Benton county lines, though inside the county lines, may not be within the LBCC District. NOTE: Not all student Visas allow students to claim USA permanent residential status and/or be admitted to this program. International students need to consult LBCC’s International Admissions to see if they are eligible to apply.

Estimated Program Cost: $13,300 – $14,500 (subject to change)

Application Dates: Begin accepting online applications: March 16, 2015, midnight
(Neither early nor late applications will be accepted.)
Online application deadline: March 27, 2015, midnight

Winter Term Transcript Deadline: April 6, 2015, 5:00 PM

Points Letters: Emailed to your LBCC email account the week of April 27, 2015

Proctored Written Experiential Assessment: Saturday, May 16, 2015 (See page 9 for more info)

Admission Decision: Emailed to your LBCC email account the week of May 25, 2015

Mandatory Orientation: June 2015 at LBCC Albany Campus

Post-Admission Requirement Deadline: July 2015 (see last page)

Class Selection Process
Selection for the program will occur in May. If you satisfy the Minimum Application Requirements then you will be considered a qualified applicant. If you do not satisfy the Minimum Applications Requirements your application will be denied. Points are only calculated for qualified applicants. The number of points that determine admission varies based on each year’s applicant pool. Only qualified applicants will be admitted to the program.

NOTE: In order to be considered for admission, applicants to this program must be without Admission Limitations (see next page).
Admission Limitations

► Application Completion: Students must show proof of completing all Minimum Application Requirements. Failure to do so may result in application denial.

► Academic Standing: Students must be in Good Standing academically at LBCC during the entire application and admissions process to be admitted to this program. To view your status log in to WebRunner, click on “Student”, click on “Registration”, and then click on “Check Your Registration Status”. For additional information on how LBCC determines Academic Standing go to: http://www.linnbenton.edu/admissions1.

► Financial Standing: Students must be in Good Standing financially at LBCC during the entire application and admissions process to be admitted to this program. Use the directions noted under Academic Standing to view whether you have Holds on your account.

► Student Conduct: Students must be in Good Standing with Student Services during the entire application and admissions process to be admitted to this program. Use the directions noted under Academic Standing to view whether you are currently in Good Standing.

NOTE Regarding Financial Aid:
The Federal Financial Aid standards and policies regarding Satisfactory Academic Progress (SAP) are not identical to the college’s standards which determine your Academic Standing.

To view your current SAP status log in to WebRunner, click on “Financial Aid”, then click on “Your Financial Aid Status”. Select “academic progress” to view additional information regarding your status. Poor Financial Aid SAP status will not limit your potential admission into this program, but may severely affect your funding options. To find out more about how Financial Aid SAP at LBCC is determined go to: http://www.linnbenton.edu/financial-aid/academic-standards

Civil Rights

► LBCC Statement of Nondiscrimination: LBCC prohibits unlawful discrimination based on race, color, religion, ethnicity, use of native language, national origin, sex, sexual orientation, marital status, disability, veteran status, age, or any other status protected under applicable federal, state, or local laws. (For further information http://po.linnbenton.edu/BPsandARs/ ) Board Policy P1015

► Persons Responsible for Coordinating Title II (ADA reasonable accommodations), Title IX (gender discrimination), and Section 504 (discrimination against individuals with disabilities – a civil rights issue):
  Affirmative Action Officer: Scott Rolen, 541-917-4425
  ADA Coordinator (Students): Carol Raymundo, 541-917-4690
  ADA Coordinator (Employees/Applicants): Kathy Withrow, 541-917-4420
  Title IX Coordinator: Lynne Cox, 541-917-4848

► Discrimination/Harassment Complaint Process: If you feel you have been discriminated against in any interaction at Linn-Benton Community College or have been harassed by another person while at LBCC please contact us immediately based on the following:
  A student complaint about another student:
  Contact: Lynne Cox, 541-917-4848, coxly@linnbenton.edu
  A student complaint about an LBCC staff member:
  Contact: Scott Rolen, 541-917-4425, rolens@linnbenton.edu
  An LBCC staff member complaint about another staff member or student:
  Contact: Scott Rolen, 541-917-4425, rolens@linnbenton.edu

This information can be found at http://www.linnbenton.edu/current-students/administration-information/policies/equal-opportunity
2015 Nursing Minimum Application Requirements:
All applicants must meet the minimum application requirements listed below by the supplemental documentation deadline. If you satisfy the requirements you will be considered a qualified applicant. All supplemental documentation (also listed below) must be submitted/postmarked (c/o LBCC Special Admissions) in a sealed envelope within 2 business days of completing your online application. Failure to do so may result in your application being denied. Once supplemental documentation is submitted, new materials may not be added.

All Minimum Application and Point Courses must be completed with a grade of “C” or better at a regionally accredited institution. Courses must be completed prior to when applications are accepted. Course equivalencies are considered on a case by case basis and are not guaranteed. Official transcripts showing proof of coursework not completed at LBCC must be in a sealed envelope from the institution(s) where the transfer course(s) were completed, and may be sent ahead of your application.

☐ Prior to the day applications open, if you have ever been an LBCC student, log in to WebRunner to view your Academic, Financial, Student, and Financial Aid statuses (see Admission Limitations on page 2)
☐ Complete the ONLINE Application for Admission (see next page).
☐ Complete the LBCC Computerized Placement Test (CPT) for reading or petition to have it waived with previous approved course work from a regionally accredited institution.
☐ If submitting non-LBCC transcripts, complete the Transfer Evaluation Form at www.linnbenton.edu/forms; select “Yes, use to waive for placement test” if you also want your transcripts evaluated for that consideration
☐ Submit all applicable supplemental documentation to the Albany LBCC Admissions department in a sealed envelope with your legal name, the program title and your student number written on the front:
  — Special Admission fee: Submit payment of the non-refundable, one-time $80 Nursing application fee ($50 if you are or have been a full time LBCC student; Nursing Alternates will not be charged the fee again). Failure to pay this fee will result in your application being denied
  — Background Check Release: Submit the completed Criminal Background Check (CBC) Release Agreement
  — Compliancy: Complete and submit the Statement of Understanding and Compliance
  — Residency: Submit proof of your official residency for 90 days prior to March 16, 2015 by completing the Request to Establish Residency Status form along with supporting documentation.
  — Writing: WR 121 – English Composition
  — Biology: BI 231 – Anatomy & Physiology 1; NOTE: BI112 and MTH65 are pre-requisites for BI231 at LBCC.
  — Oregon CNA: Submit proof of your unencumbered Oregon Certified Nursing Assistant certification; must be valid through June 1, 2015.
  — Points: If applicable, submit all proof of point related coursework and/or experience.

Petition Process: To petition for an exception to a minimum course requirement complete a Petition to Waive Minimum Admission Requirement to a Special Admissions Program form (available through LBCC Admissions). Failure to complete petition requirements and deadlines will result in the application being denied. Not all petitions are approved.

Licensing
The Oregon State Board of Nursing reviews applicants for RN licensure upon completion of LBCC's nursing program and is responsible for ensuring that approved applicants meet certain criteria regarding issues of substance abuse and criminal histories. Specific questions regarding these issues should be directed to them; (971)673-0685.

Application Questions
Lorraine Lara, Academic Planning Assistant
541-917-4923
lorraine.lara@linnbenton.edu
2015 Nursing
Online Application Information

When applying for the Nursing Program you are required to apply online. Applications will open online on March 16, 2015 at midnight. Online applications receive an automatic time/date stamp. The online application deadline is March 27, 2015 at midnight. Neither early nor late application will be considered.

LBCC Students: Log in to your WebRunner account, select the “Student” tab, select “Admissions”, select “Apply with an Online Application”, and then follow the process below beginning at step 6.

New Students: Students who have never been fully admitted to LBCC must begin at step 1.

1. Go to the web page http://webrunner.linnbenton.edu/admit_home.htm
2. Create an Admission Application by clicking the “I Want to Earn a Degree or Certificate” button
3. Create a Login ID: ______________
4. Create and verify a PIN: ______________
5. Click “Login”
6. Select “Nursing” from the Application Type drop down options (See NOTE below)
7. Click “Continue”
8. Select “Fall 2015” from the Admission Term drop down options
9. Enter at least your first and last name into the appropriate boxes
10. Complete all the online application checklist items before submitting:
   ✓ Name (legal name)
   ✓ Permanent Address
   ✓ Mailing Address if different
   ✓ Personal Information
11. Once all checklist items are completed, submit your application by selecting “Application is complete”

NOTE: If you are applying within the application dates noted above but are unable to view this program on the Application Type list, create a new application by starting at Step 1 and creating a new Login ID and password.

REMEMBER:
The Nursing application fee and the supplemental documentation must be submitted/postmarked in a sealed envelope in entirety to the Albany LBCC Admissions department (c/o LBCC Special Admissions) within 2 business days of submitting your online application. Submit all documentation you believe is necessary to satisfy the application requirements. Failure to do so will result in losing any Residency Priority status and may result in your application being denied. You may NOT add new information once submitted.

Tips: 1 Date of Birth (DOB) and Social Security Numbers (SSN) are used to help ensure applications are not mismatched between LBCC applicants with the same names. This information is very useful, but is optional for the purposes of this online application.
2 Once you submit your application a time/date stamp will be applied electronically. If additional information is needed to process your application, the original stamp will remain and you will be contacted by a staff member from the Admissions department. Failure to provide accurate information will result in your application being delayed and may result in it being denied.
Statement of Understanding and Compliance

Initial:

___ I understand that communication from LBCC regarding my application to this program will be made using my LBCC student email account (if I have never been admitted to nor registered for a class at LBCC, I give LBCC permission to contact me via the email address I provided with my application).

___ I have read, understand and agree to uphold those policies put forth in LBCC’s and my host college’s Students Rights and Responsibilities Handbook, including the Standard of Student Conduct located at www.linnbenton.edu/studentrights.

___ I have read and understand my civil rights as a student at LBCC.

___ I have read and understand the information on page 2 regarding Admission Limitations and Financial Aid SAP.

___ I have read this Nursing Bulletin and understand that it is my responsibility to be aware of and comply with all requirements by the deadlines specified in the bulletin.

___ I understand that only the forms included in this Nursing Bulletin may be used, however, they may be copied if more than one of the same form is needed.

___ I understand some occupational health hazards include, but are not limited to, heavy lifting, exposure to bodily fluids and the use of latex gloves and masks; therefore, I will meet with the Nursing advisor if I feel I have any risk factors to consider.

___ I understand that it is my responsibility to prove my residency by supplying the appropriate documentation, regardless of how long I have lived at my current address.

___ I understand that, if admitted, I will be required to complete and pass all post-admission requirements and meet all deadlines as set by the program in the Admission letter in order to remain admitted in the program.

___ I understand that my social security number (SSN) will be matched against the US Department of Health & Human Services list of individuals who are barred from any participation in federally funded health programs. If on the list, I am not eligible to participate in this program.

___ I understand that, if admitted, I will be required to complete and pay for the LBCC approved criminal background check. The results will determine, in part, my eligibility to be in the program but does not guarantee I will be eligible to be licensed or employed in this field.

___ I understand that, if admitted, I will be required to pay for and submit for review proof of the required immunizations/medical screens, physical exam and CPR certification as per the Admission letter. It will be my responsibility to keep all immunizations and CPR certifications up to date during the duration of the program. ONLY AMERICAN HEART ASSOCIATION’S HEALTHCARE PROVIDER CPR WILL BE ACCEPTED.

___ I understand that if I am suspected of or known to have a communicable disease which may be transmitted under normal nursing activities, I will be required to have documentation of medical treatment prior to participating in clinical/lab assignments.

___ Student Drug Testing Notification: Cooperating with the drug testing policies of any work experience, clinical or cooperative teaching site is a condition for continued enrollment in the course and/or related academic program. A student may be required to comply with the non-LGCC site’s policy. Testing may be random and unannounced or conducted when reasonable beliefs that work behavior may be the result of the presence of a drug. The presence, as determined by the program approved test procedures, of prescription or non-prescription drugs, controlled substances or cannabis may result in immediate dismissal from the work site and disenrollment from the course and/or related academic program if the course is a requirement for program completion. The student may be subject to appropriate disciplinary action for violating the Standards of Conduct as outlined in the LBCC Students Rights and Responsibilities and the host institution’s code of student conduct.

___ I understand that, if admitted, it will be my responsibility to attend the mandatory orientation on the date and time noted in my Admission letter in order to keep my seat in the program.

___ I understand that, if admitted, I must maintain a minimum “C” grade in all required Nursing and General Education courses as listed on the graduation worksheet for the year I enter the program, and courses must be taken in the specified sequence.

___ I understand that, if I wish to grant a third party (employer, TAA, CSC, spouse, etc) access to information regarding my application status, grades, etc, I must complete and submit the Disclosure Authorization form available at www.linnbenton.edu/forms or update this information through WebRunner.

Applicant’s Signature ___________________________________________ Date ____________________

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2 The Oregon State Board of Nursing reviews applicants for RN licensure upon completion of LBCC’s nursing program and is responsible for ensuring that approved applicants meet certain criteria regarding issues of substance abuse and criminal histories. Specific questions regarding these issues should be directed to: 17938 SW Upper Boones Ferry Rd. Portland, OR, 97224, (971)673-0685.
RESIDENCY INFORMATION REQUIRED FOR SPECIAL ADMISSIONS PROGRAMS

For admission to special programs, a resident is defined as someone who established permanent residency 90 days before the first day applications are accepted for that program. Permanent residence is defined as the home a person intends to return to after any absence, and in which one’s dependents reside for an unlimited period of time. You must complete the residency information below and provide at least one document from Category 1 AND one document from Category 2 to prove your permanent residency status.

**NOTE:** Not all student Visas allow students to claim USA permanent residential status and/or be admitted to this program. International students need to consult International Admissions to see if they are eligible to apply. Go to [http://www.linnbenton.edu/international-students](http://www.linnbenton.edu/international-students) for more information.

**CATEGORY 1** (One of below)
- Rent receipts with your name, resident address, and dates of occupancy for the period of time in question. (Rental agreements are not acceptable.)
- Notarized affidavit substantiating your permanent residency for the period of time in question.
  (Applicants cannot complete the Affidavit for Residency for themselves.)
- Documents proving your own Oregon property and that the property is your permanent residence.

**CATEGORY 2** (One of below)
- Oregon driver’s license
- Oregon vehicle registration with your resident address.
- Oregon state income tax return (for previous year) with resident address.
- Verification of local bank account showing resident address.
- Oregon voter registration.
- Oregon Hunting/Fishing license.

ALL documents must have your name and permanent address for the period of time in question. The address on these documents must agree with the permanent address on your application form or the previous addresses you have listed below.

**COMPLETE THE INFORMATION BELOW**

Name ___________________________ Phone ___________________________

ID # or SS# ___________________________

Program for which you are requesting to establish your residency ___________________________

Please list all addresses you have lived at for the time period involved (see the special admissions bulletin for the time period).

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<th>Street</th>
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List the two documents you are submitting to verify your permanent address.

Category 1 ___________________________ Category 2 ___________________________

The above information is a true and accurate statement of my residency.

_________________________________________    Date
STATE OF OREGON
COUNTY OF ______

I, __________________________________________, being first duly sworn, state the following:
(Landlord certifying residency)

That __________________________________________ has lived at
(student's name and ID #)
______________________________________________________________
(street, city, state)

since ____________________________ .
(date first at above address)

By affixing my signature, I hereby affirm that this information is accurate and correct. I further state
that my statement is not for any fraudulent purpose.

________________________________________
(date) (signature of Landlord certifying residency)

NOTARIZATION: Subscribed and sworn before me this _____ day of _____ , 20_______

________________________________________
Notary Public for the State of Oregon
My Commission expires:

6500 Pacific Blvd SW  Albany, Oregon 97321  (541) 917-4812
CRIMINAL BACKGROUND CHECK (CBC) RELEASE AGREEMENT

NAME: ___________________________________  PROGRAM: ___________________________________

SSN: ___________________________________  PHONE: ___________________________________

E-MAIL: ___________________________________  ______________

STUDENT ADDRESS: ____________________________________  City: ____________________  State:  ZIP: ______________

I understand, if admitted, I will be required to process a LBCC approved criminal background check, including verification of non-exclusion from federal Health & Human Services Office of Inspector General’s (HHS OIG), for continued admission to my chosen program. The criminal background information is compiled from and processed by various third party sources through CertifiedBackground.com. LBCC does not guarantee, or assume any responsibility for the accuracy of the information obtained from CertifiedBackground.com, or other sources, and shall not be liable for any losses or injuries now or in the future resulting from or relating to the information provided by them.

I understand the reports may include specific and personal information about my character, general reputation and background. I authorize LBCC to report whether my background checks are “clear” or “not clear” (meaning the reports show reportable incidents, or exclusions) to external clinical or practicum sites. I understand this will be done in order to place me in a clinical practicum or work experience situation. I understand this is the sole use and purpose of this information and that LBCC will otherwise keep this information confidential in compliance with rules regarding the privacy of student records, Fair Credit Reporting Act and other applicable regulations. I also understand that if my CBC is “not clear,” I may appeal the LBCC determination. I authorize Linn-Benton Community College (LBCC) to use any of my personal information, including social security number (SSN) and date of birth (DOB), required to further process my CBC.

I understand and acknowledge these background checks are not being used to determine my general admission to LBCC, they do not guarantee eligibility for clinical placement, licensure or employment in my chosen field of study. If the CBC results prevent me from being placed in a clinical or practicum experience, I acknowledge I will not be admitted to the program and my space will be given to the next eligible applicant. I agree to run a true and accurate report based on my personal history that will include all counties I have resided in. I acknowledge some licensing boards, or employers, may require more extensive reports.

I acknowledge and agree I have a responsibility to self-disclose and notify the program coordinator in writing if my criminal background or HHS OIG status changes at any time between this date and the date of my program completion. I understand any falsification, misrepresentation, or omission of required information may result in immediate removal from the program and disciplinary action may be taken. If admitted and subsequently any exclusion found by the HHS OIG or convicted of a crime that will disqualify me from clinical placement or licensure, I understand I will be disqualified from continuing in the program.

If I am charged with a crime, but not convicted, I may be subject to significant disruption in my clinical placement (and overall progression through the program) if the clinical site requires the charge be resolved as a condition of continuing in that placement. The college cannot control the factors a clinical site may use to restrict a student from its premises. It may be necessary for LBCC personnel to consult with clinical site personnel on matters related to past, or pending, criminal charges; my signature below is my consent to such consultations.

I have read and understand this release agreement and the Fair Credit Reporting Act information located at http://www.ftc.gov/bcp/menus/consumer/credit/rights.shtm, and agree to hold LBCC, its officers, agents and employees harmless from any liability resulting from the use of the information requested.

By my signature I agree to the above terms.

________________________________  __________________________________________
Student Signature                                                                             Date

Questions? Contact Dorothy Moran at dorothy.moran@linnbenton.edu
The Admissions Office must receive all materials related to points in the sealed envelope with your supplemental materials for Minimum Application Requirements. All Minimum Application and Point Courses must be completed with a grade of “C” or better at a regionally accredited institution. Courses/degrees must be completed prior to when applications are accepted. Course equivalencies are considered on a case by case basis and are not guaranteed. Official transcripts showing proof of coursework not completed at LBCC must be in a sealed envelope from the institution(s) where the transfer course(s) were completed, and may be sent ahead of your application. Only college level courses may count towards points.

**Resident Points**: (5 pts max)
- Residents of the Linn-Benton Community College (LBCC) Tax District will receive 5 Resident Points. (see page 1)

**Alternate Points**: (2 pts max)
- 2014 Alternates for the Nursing Program who were not offered an opportunity to enter the program, submitted their Alternate Commitment Form by the deadline, and received a minimum of 20 points will be awarded 2 points.

**Grade Based**: Points scale: A=4, B=3, C=2. (32 pts max)
Only the first two course completion attempts will be considered toward this application. Consult your advisor about possible consequences of repeating courses you have previously passed.
- BI231 Anatomy/Physiology 1
- BI232 Anatomy/Physiology 2
- BI233 Anatomy/Physiology 3
- BI234 Microbiology
- Medical Terminology 1 (2 credits)
- NFM225 Nutrition or NUTR 225 from OSU
- PSY215 Developmental Psychology
- WR123 Research Writing

1 Courses listed as 2013 Nursing Program graduation requirements; subject to change.
2 Must have been completed after September 29, 2010.

**College Level Education**: (4 pts max)
If currently receiving financial aid, consult an advisor about possible consequences of earning a degree.
- Associates (1 pt max)
- Bachelors (1 pt max)
- Masters (1 pt max)
- PhD./Ed.D (1 pt max)

**Work Experience**: (4 pts max)
- Current unencumbered LPN license or Employment as a CNA for at least 480 hours within the last year (4 points)
  Submit either a copy of your LPN license or the completed Experience Verification Form for CAN work experience.

**Proctored Written Experiential Assessment**: (5.00 pts max)
The top 75 ranked qualified applicants* will be invited to complete the proctored Written Experiential Assessment (WEA) designed to evaluate applicants’ non-cognitive attributes which contribute to being a good healthcare professional. Qualified applicants will be ranked based on their point totals. Invitations will be sent via email to the applicants who rank in the top 75. Qualified applicants who do not rank in the top 75 will receive an email informing them they have not been selected for the WEA portion of the application process and will receive their alternate status. Questions will not be shared prior to the date of the proctored WEA. The proctored WEA will be held on Saturday, May 16, 2015, and additional information will be available soon on the Nursing webpage (www.linnbenton.edu/nursing) at that time as well.

**NOTE**: * Ties between applicants with the same point totals will be broken based upon the applicants’ (a) number of points for Work Experience, then (b) accumulative points received for BI231, BI232, BI233, and WR123.
#### Work Experience Verification Form

Note to applicant: Be sure to fill in necessary information in the boxed area before sending this form to your former or current employer. Work experience must be verified using this form. Please duplicate this form as needed.

Dear Human Resources,

I am in the process of making application to the Nursing program offered by Linn-Benton Community College. The application process requests verification of employment as a CNA for 480 hours within the last year from one or more locations.

The following information may be helpful in locating my records:

- **my name while employed with your facility/company**
- **dates employed with facility/company**

With my signature, I authorize the college to contact the individuals listed on this form to verify the information provided.

<table>
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<tr>
<th>Student Signature</th>
<th>Date</th>
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This portion is to be completed by Human Resources. Be sure to completely fill out. Incomplete forms will not be given consideration in the application process.

A. Has the above applicant worked for pay as a CNA for the hours noted on this form? (check one)  □ Yes   □ No

B. Dates of Service _____________ to _____________

   mm/dd/yy     mm/dd/yy     Total Hours Worked

C. Supervised by ______________________________________

   Name    Title    Phone

D. Name of Medical Facility/Company: ______________________________________

   Address ______________________________________

   Signed ______________________________________

   Human Resources Representative/Supervisor    Date    Phone
2015 Nursing Post Admission Requirements

Please do not turn in proof of the items listed below with your Supplemental Materials. Applicants who receive an Admission email and Alternates 1-10 for this program will be required to complete all the tasks listed in their admission letter by the deadlines given to keep their seats in the program. All necessary instructions to do so will be provided with the admission email. The requirements and estimated costs listed below are subject to change:

ADMITTED STUDENTS & ALTERNATES 1-10 ONLY...

Complete in order to keep your seat in the program:

1) Confirmation: Submit the commitment form confirming your desire to remain admitted in the program.
2) Email: Admitted students will be required to use their LBCC student email while in the program.
3) Mandatory Orientation: Attend the mandatory orientation.
4) Criminal Background Check (CBC): Complete the LBCC approved CBC. Information will be provided with your letter of admission (estimated cost is $60; NOT included in program cost estimate).
5) Health and Training Documentation: Electronically submit the appropriate immunization records, physical exam and CPR documentation. Only the 3rd in the HepB series will be accepted after the deadline stated in your admission letter (estimated review cost is $35; cost of immunizations, physical and CPR certification varies; NOT included in program cost).
a. Hepatitis B* – positive titer (blood test) or 3 dose series
b. MMR (Measles, Mumps, Rubella)* – positive titer or 2 dose series
c. Varicella (Chicken Pox)* – positive titer or 2 dose series
d. Tdap (Tetanus, Diphtheria and Pertussis)* – 1 dose within last 10 years
e. TB (Tuberculosis) Skin Test (PPD)* – Negative PPD within last 12 months and repeated annually
f. Physical Exam – Submit the program approved Physical Exam Form completed by a M.D., D.O., or RNP.
g. CPR – Submit proof of current CPR certification; ONLY AMERICAN HEART ASSOCIATION’S HEALTHCARE PROVIDER CPR WILL BE ACCEPTED. Students with any other CPR certification will be denied. CPR certification must be kept current for the duration of the program.

*Documentation: Proof of vaccination/medical screening must be a copy of an official immunization card/copy of an original immunization/medical screening document. Documentation must include: 1) Your name, 2) Date of Birth, 3) Agency or provider administering the injection, test, etc, 4) Name of injection, test, etc and results, if applicable, 5) Date of injection, test, etc, 6) Signature, official stamp or letterhead of your provider.
6) Drug Testing: Complete and pass a drug test (estimated cost: $45; NOT included in program cost estimate). Instructions will be provided with your admission letter.

NOTE: Courses listed on the Point System page under “Grade Based” are required for the Associates of Applied Science in Nursing degree. Nursing courses must be completed in sequence. Courses are subject to change.