Baton Rouge Community College
Technical Diploma in Practical Nursing

PRACTICAL NURSING PROGRAM APPLICATION PACKET

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED

Applications for Fall 2024 will be accepted for admission
May 8, 2024 – June 15, 2024

RETURN COMPLETED APPLICATION IN PERSON OR PLACE IN DROP BOX NO LATER THAN 12:00 PM TO JEAN DORSEY
AT THE SELECTED LOCATION:

DIVISION OF NURSING AND ALLIED HEALTH
3250 N Acadian Thwy E, 2ND Floor, Rm C252 Baton Rouge, LA 70805

Applications returned through the mail will not be accepted

Please make sure you keep a copy of all documents submitted with the application

For additional information, please contact:
PRACTICAL NURSING PROGRAM
(225) 359-9233 BRCC Acadian Campus

PROGRAM INFORMATION

Graduation from Baton Rouge Community College (BRCC) Practical Nursing Program provides eligibility for students seeking licensure through the Louisiana State Board of Practical Nurse Examiners (LSBPNE) as a Licensed Practical Nurse (LPN). The LPN is educated as a generalist who delivers health care to individuals, families and groups and has competencies related to the profession of nursing. The LPN may be employed in a variety of acute, chronic, and community-based health care settings. Licensed Practical Nurses function within their legal scope of practice and use professional standards of care in illness care and health promotion activities for clients and families across the life span. The Practical Nursing Degree provides the graduate with an educational foundation for articulation into an ASN or BSN program to continue your study of nursing.

The Louisiana State Board of Practical Nurse Examiners requires an *Evaluation for Admission to a Practical Nursing Program* form completed for all applicants by the practical nursing coordinator. Candidates for program admission must "not be currently serving under any court-imposed order of supervised probation, work-release, school release or parole in conjunction with any felony conviction(s), plea agreement or any agreement pursuant to the Louisiana Code of Criminal Procedure, Article 893." In addition, BRCC and Louisiana State Board, reserves the right to deny admission based on information obtained in the criminal background check. See attached pre-eligibility determination instructions from Louisiana State Board.

In order to be eligible for admission to the practical nursing program, the applicant must be admitted to Baton Rouge Community College (BRCC). The college application is available online at http://www.mybrcc.edu. The Practical Nursing Program application packet and all supporting documents must be received by the designated deadlines. **Applicants will not be considered for admittance into the Practical Nursing Program until all required documents have been submitted and the applicant's file is complete.** A copy of the application and all supporting documents should be retained by the applicant. All correspondence will be sent to the applicant's electronically email address provided. **Admission to the Practical Nursing program is competitive and will be based on the following criteria: 1) Accuplacer OR ACT placement test scores 2) GPA obtained in two prerequisite courses required 3) number of required prerequisite courses completed at BRCC.**
It is important to note that simply meeting requirements for admission to the nursing program does not guarantee admission.

APPLICATION PROCESS

STEP 1 BATON ROUGE COMMUNITY COLLEGE ADMISSION REQUIREMENTS-This is a selective admission program. In order to be considered for admission to the practical nursing program you must be admitted to Baton Rouge Community College. If you are not already a BRCC student you must complete and meet the BRCC admission requirements through the website @ www.mybrcc.edu. FYI-if were enrolled in the day fundamentals, you will be in my day program if evening fundamentals, evening program.

STEP 2 DEPARTMENT OF PRACTICAL NURSING ADMISSION REQUIREMENTS- New Student

1. Applicant must have completed and met the BRCC PN admission placement test scores (Accuplacer or ACT).
2. Applicant must have obtained a grade of 80% or higher, or have credit for prior learning scores of 80% or higher or be currently in the process of taking the prerequisites below:
   a. HNUR 1214 Practical Nursing Fundamentals
   b. HNUR 1225 Anatomy and Physiology for Healthcare
3. Transcripts from other colleges must be submitted directly to the Practical Nursing Program Office. This applies when applicant wishes to obtain credit for pre-nursing courses taken at another school.

DOCUMENTS TO BE SUBMITTED WITH APPLICATION

1. Sealed copy of high school transcript or GED completion, and Accuplacer OR ACT placement test scores.
2. If an applicant has taken a prerequisite course at another school, official transcripts must be provided. Transcripts should be sent directly to the BRCC Practical Nursing Program.
3. Certified copy of birth certificate, U.S. passport, or permanent resident card.
4. State criminal background check report "right to review" from the Louisiana State Police (cannot be older than 90 days). Right to Review Disclosure and Authorization Forms attached. Note fees required. You will receive two sets of fingerprints during the right to review. Please keep fingerprints for acceptance into the program.
5. Completed Health History/Physical Examination form included in the application packet.
6. Students must create a Viewpoint Screening account at (www.viewpointscreening.com). If you have questions or need assistance you can chat with a representative on how to setup an account and place an order.
7. Typed, single page explanation about why you have chosen to become a practical nurse.

STEP 3 IF ACCEPTED to the Program

1. **All** applicants will be notified of admission status (Admitted or Denied).
2. Students admitted to the practical nursing program will receive an acceptance letter and additional information regarding the following required items:
   a. Two sets of fingerprint cards, Louisiana State Police and FBI Criminal Background Check forms maybe obtain from LSBPNE website. Payment of $39.25 made to Louisiana State Police either by credit/debit card or money order.
   b. One $50.00 payment submitted through Louisiana State Board of Practical Nurse Examiners (LSBPNE) website
3. Students who accept the offer for admission **must** attend a **MANDATORY Pre-Admission Practical Nursing Orientation Session,** time and location to be announced at a later date.
4. **COVID-19 vaccinations maybe required by clinical facilities. Also, clinical sites are not required to offer exemptions to students. Baton Rouge Community College does not supersede the department or facility site COVID policy.**
5. Applicants admitted must submit the above required information by the established deadline (date, time and location to be accepted).

RETURN COMPLETED APPLICATION IN PERSON TO:
Department of Practical Nursing Acadian Campus
3250 N. Acadian Thwy St., Baton Rouge, LA 70805

Do Not Mail

Applications accepted through May 8, 2024-June 15 ,2024
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NURSING APPLICATION

INDICATE STATUS	APPLICATION REQUIREMENTS (1-8 New Students) (1-10 Transfer Students and Requests for Readmission)
____Yes / ____No	1. Registered as student with BRCC
____Yes / ____No	2. Official sealed High School Transcripts or GED demonstrating completion. **Must be in a sealed envelope.**
____Yes / ____No	3. ACT/Accuplacer scores provided and meet admission requirements and are no more than 5 years old for ACT and no more than 3 years old for accuplacer
____Complete ____In-progress ____Complete ____In-progress	4. Completion of Prerequisite course HNUR 1214, or course in progress 5. Completion of Prerequisite course HNUR 1225, or course in progress
____Yes / ____No	6. Certified copy of birth certificate, US Passport, or permanent resident card. **Bring original to verify authentication of certificate do not bring a copy.**
____Yes / ____No	7. Louisiana State/criminal background check in addition to the viewpoint background check.
____Yes / ____No	8. Have you been the subject of disciplinary action by any state agency?
____Yes / ____No	9. Have you ever been arrested? Year, date and summary of the incident? If you answered yes attach court documents related to arrest. **Should you require additional space to respond to this question attach a separate sheet of paper to this form**.
____Yes / ____No	10. Are you currently on parole? If you answered yes to this question you are not allowed to enter the HNUR or PN Program. Should you require additional space to respond to the question attach a separate sheet of paper to this form.
____Yes / ____No	11. Do you have any charges, arrest or court dates pending? If you answered yes, please provide a date of the arrest, an explanation of the incident and attach documents related to these charges.
____Yes / ____No	12. Health History Physical Examination completed by applicant (form attached).
____Yes/ ____No	13. Physical Examination & Technical Performance Standard form completed by Physician Drug test must be completed through **Viewpoint Screening (www.viewpointscreening.com)**
____Yes / ____No	14. Typed, single page explanation about why you have chosen to become a practical nurse.
Readmits/Transfers only ____Yes / ____No	15. If transferring into program List name(s) of school(s) attended and provide official transcripts

MAKE SURE ALL APPLICATIONS REQUIREMENTS ARE ATTACHED.

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Mailing Address	City / State	Zip Code
Home Phone Number ( )	Cell Phone Number ( )	
E-Mail Address	Student ID Number	

Additional Information you would like to provide:

I would like to apply for admission to the practical nursing program. I understand that any attempt on my part to falsify or exclude information is cause for disqualification of my application and / or dismissal from the practical nursing program. I hereby certify that all information presented is true to the best of my knowledge.

Student Signature _____ Date _____.

Received by _____ Date _____ Time _____.

HEALTH HISTORY AND PHYSICAL EXAMINATION

HEALTH HISTORY to be completed by applicant

Last Name	First Name	Middle Name

Student ID (Banner) #	Date of Birth (Month / Day / Year)	Gender M ❑ Male F ❑ Female

Racial / Ethnic Group
❑ Asian ❑ American Indian ❑ African American ❑ Hispanic/Latino ❑ Pacific Islander ❑ Caucasian ❑ Other

Mailing Address	City / State	Zip Code

Home Phone Number ( )	Cell Phone Number ( )	E-Mail Address

Emergency Contact (Name / Relationship)	Emergency Contact Number ( )

Have you ever been treated, ***or*** are you receiving treatment for any of the following conditions -mark all that apply and comment below.

YES*	NO	Condition	YES*	NO	Condition	YES*	NO	Condition
		Alcohol/Substance Abuse			Diabetes			Orthopedic Disorder
		Allergies: Food			Eating Disorder			Seizure Disorder
		Allergies: Medication			Emotional Disorder			Social Disorder
		Asthma			Heart Disorder			Trauma
		Back Injury / Disorder			Hearing Disorder			Tuberculosis
		Blood Disorder			Intestinal Disease			Vision Disorder
		Cancer			Kidney Disease			Pregnancy

***Provide dates and an explanation for "yes" responses in the space provided below**. *
Please use additional paper if needed to fully explain your 'yes' answers.

Explanations / Other:

List Surgical History:

List Routine Medications:

All pre-existing medical conditions (for ex. pregnancy, back issues etc.) require a medical release from your health care provider. Attached? ❑ Yes ❑ N/A

My signature indicates I have no injury or illness and amble to meet technical performance standards. I will notify the program head of health changes. I understand that falsification, omission, or misrepresentation of health and abilities may result in dismissal from BRCC nursing and allied health programs.

APPLICANT SIGNATURE_____ **DATE**_____

PHYSICAL EXAMINATION

Last Name:	First Name:	Middle Initial:

System	NORMAL	ABNORMAL	COMMENTS
General Health			
Cardiovascular			
Endocrine			
Extremities			
HEENT			
Gastrointestinal			
Neurologic			
Respiratory			
Reproductive			
Skeletal			
Skin			
Urinary			

B/P	Pulse	Resp	Temp	Weight	Height

IMMUNIZATION DOCUMENTATION: Please attach copies of immunization records and lab results of titer's*

REQUIRED IMMUNIZATION and LABS	DATE	RESULTS / COMMENTS
❑ **Mumps Titer***		
❑ **Measles Titer***		
❑ **Rubella Titer***		
❑ **Varicella Titer***		
❑ **Tetanus Vaccine** – dated within last 10 years		
❑ **Hepatitis B Vaccine Series*** Dates of vaccination		
❑ **1st Shot**		
❑ **2nd Shot**		
❑ **3rd Shot**		
Or Date and result of Hepatitis B Vaccine Titer* **Students may be required to update, accept or received additional vaccines if Indicate necessary by titer's results.**		
❑ **TB Skin Test***		
If TB skin test was positive was treatment received? ❑ **No** ❑ **Yes**		
If TB test was positive was chest x-ray done? ❑ **No** ❑ **Yes**		
Flu Vaccine (as per seasonal requirements). **Show document**		
Urine Drug Screen* 9 Panel **(must complete through Viewpoint)**		

Does the student have any physical, medical or mental conditions that would impede their ability to provide safe and competent care of patients in a health care environment? ❑ No ❑ Yes (please comment below)
Health Care Provider Comments:

Examining Health Care Provider: _____ **Date:** _____

Health Care Provider office / address contact information:

TECHNICAL PERFOMANCE STANDARDS

Students enrolled must demonstrate the ability to meet the following technical/performance standards while receiving classroom and clinical instruction as outlined in the course syllabus.

1. Read and communicate orally and in writing using the English language.
2. Hear with or without auditory aids to understand normal speaking voice without viewing the speaker's face.
3. Visually, with or without corrective lenses, observe changes in resident/patient/client's condition and actively participate in the learning process.
4. Utilize stamina, strength and psychomotor coordination necessary to perform routine nurse assistant/aide procedures at floor and bed level.
5. Demonstrate use of gross and fine motor skills necessary to provide independent, safe and effective nurse assistant/aide care.
6. Solve basic care problems and apply critical thinking skills while providing safe and efficient patient care.
7. Interact with individuals/families/groups from various socioeconomic and cultural backgrounds.
8. Function in a multi-stressor environment while adhering to legal/ethical guidelines of the college, program, regulatory, and clinical agencies.

Comments:

I attest this student can meet the technical/performance standards:

Examining Health Care Physician/Provider: _____ Date: _____

Signature required

PRE-ELIGIBILITY DETERMINATION

A new law (La. R.S. 37:33) was passed that allows individuals with criminal backgrounds to request a pre-application eligibility determination prior to entering an educational program. See below:

§33. License; pre-application eligibility determination

A.(1) An individual convicted of a crime may request at any time, including before obtaining any required education or training, that an entity issuing licenses to engage in certain fields of work pursuant to state law determine whether the individual's criminal conviction disqualifies the individual from obtaining a license issued or conferred by the licensing entity.

(2) An individual making such a request shall include any identifying information required by the licensing entity and details of the individual's criminal conviction, including any information relevant to the factors provided in R.S. 37:2950.

B.(1) Not later than forty-five days after receiving a request in accordance with this Section, the licensing entity shall inform the individual whether, based on the criminal record information submitted, the individual is disqualified from receiving or holding the license about which the individual inquired. Any suspension of legal deadlines by executive order shall apply to this Subsection.

(2) An individual making such a request may seek a criminal background check at the time of a pre-application eligibility determination. In such cases, the licensing entity shall inform the individual of a disqualifying determination within forty-five days of receipt of the criminal background check report.

(3) A determination made pursuant to this Section is binding upon a licensing authority unless, at the time a full application for a license is submitted, the applicant has been subsequently convicted of a crime, has pending criminal charges, or has previously undisclosed criminal convictions.

C. Any decision made pursuant to this Section shall be made in accordance with R.S. 37:2950.

Acts 2014, No. 809, §1, eff. June 19, 2014; Acts 2017, No. 262, §1; Acts 2022, No. 486, §1.

If you would like to request one, you can just email john@lsbpne.com with a request and include your complete criminal history, disposition of same, details surrounding the charges, etc.

Viewpoint Screening (updated 5/1/2024

As part of your admission criteria, it is mandatory to submit documents with your application and to create a Viewpoint Screening account to manage your health requirements. **It is mandatory to make sure all health requirements are submitted and updated in Viewpoint prior to the first day of class of each semester**.

Within Viewpoint's system, you will initially be required to purchase the Health Portal and Background Check. (Viewpoint calls this "placing your order.")

The Health Portal is $20 plus $15 for a background check. **This mandatory background check does not replace any required State or FBI *Criminal* Background check(s).**

It is also mandatory to submit a drug screen order at a cost of $40 through the portal. Viewpoint has an agreement with Quest Diagnostics, students must utilize this vendor.

For more detailed instructions about creating an account, see below:

1. To get started with Viewpoint Screening, visit the following web site:

   Viewpointscreening.com/Baton Rouge

2. From there click on "Start Your Order."

3. Select your program and package information.

4. Enter your information (name, DOB, etc.)

5. Use your BRCC email address or personal email. You will be unable to log in or receive communications from Viewpoint Screening if your email address is not valid.

   Once you have purchased the Health Portal and Background Check, you will receive a confirmation email containing a password. Use this information to log into your account and review other instructions. You will need this password to view your background check report.

   After you have placed your order, you will begin to receive get emails notifying you of specific documents required for uploading. After creating your account, log into www.viewpointscreening.com.

7. Click on Health Portal to view your specific requirements. As you complete your requirements, you can begin to upload documents.

8. Click on the "Upload document" button next to each requirement and select the correct file type to upload. All uploaded documents are typically reviewed within 24 hours. If your document is not in compliance or approved, you will receive an email from Viewpoint notifying you why the documents are not acceptable. This information can be found within the 'Student Messages" section of your account

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If you have any additional questions, please contact Viewpoint Screening via email studentsupport@viewpointscreening.com. or by online chat.