



**Baton Rouge Community College
Technical Diploma in Practical Nursing**

**PRACTICAL NURSING PROGRAM
APPLICATION PACKET**

**INCOMPLETE OR
LATE APPLICATIONS
WILL NOT BE
ACCEPTED**

Application for Spring 2022 Admission
will be accepted **October 1st – November 1st 2021**

**RETURN COMPLETED APPLICATION IN PERSON OR 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 by mail must be postmark by
December 1, 2021**

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

It is the policy of Baton Rouge Community College not to discriminate on the basis of age, sex, race, color, religion, national origin or disability in its educational programs, activities or employment policies.

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 all applicants to practical nursing programs to complete an *Evaluation for Admission to a Practical Nursing Program* form. 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 reserves the right to deny admission based on information obtained in the criminal background check.

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 from the Office of Enrollment Services, or 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 to 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 permanent address and electronically to the 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-**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/enrollment.

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. 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 Thursday, January 7, 2022**, time, and location to be announced.
4. **COVID-19 vaccination will be required in order for you to complete clinicals.**
5. Applicants admitted must submit the above required information by the established deadline (date, time and location to be announced).

RETURN COMPLETED APPLICATION IN PERSON TO:

Department of Practical Nursing Acadian Campus
3250 N. Acadian Thwy St., Baton Rouge, LA 70805



Do Not Mail

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NURSING APPLICATION

INDICATE STATUS	APPLICATION REQUIREMENTS (1-8 New Students) (1-10 Transfer Students and Requests for Readmission)
<input type="checkbox"/> Yes / <input type="checkbox"/> No	1. Registered as student with BRCC
<input type="checkbox"/> Yes / <input type="checkbox"/> No	2. Official sealed High School Transcripts or GED demonstrating completion
<input type="checkbox"/> Yes / <input type="checkbox"/> 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
<input type="checkbox"/> Complete <input type="checkbox"/> In-progress <input type="checkbox"/> Complete <input type="checkbox"/> In-progress	4. Completion of Prerequisite course HNUR 1215 1214, or course in progress
<input type="checkbox"/> Complete <input type="checkbox"/> In-progress	5. Completion of Prerequisite course HNUR 1225, or course in progress
<input type="checkbox"/> Yes / <input type="checkbox"/> No	6. Certified copy of birth certificate, US Passport, or permanent resident card.
<input type="checkbox"/> Yes / <input type="checkbox"/> No	7. State/criminal background check
<input type="checkbox"/> Yes / <input type="checkbox"/> No	8. Have you been the subject of disciplinary action by any state agency?
<input type="checkbox"/> Yes / <input type="checkbox"/> 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.
<input type="checkbox"/> Yes / <input type="checkbox"/> 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.
<input type="checkbox"/> Yes / <input type="checkbox"/> 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.
<input type="checkbox"/> Yes / <input type="checkbox"/> No	12. Health History Physical Examination completed by applicant (form attached)
<input type="checkbox"/> Yes/ <input type="checkbox"/> No	13. Physical Examination & Technical Performance Standard form completed by Physician
<input type="checkbox"/> Yes / <input type="checkbox"/> No	14. Typed, single page explanation about why you have chosen to become a practical nurse.
<u>Readmits/Transfers only</u> <input type="checkbox"/> Yes / <input type="checkbox"/> No	15. <u>If transferring into program List name(s) of school(s) attended and provide official transcripts</u>

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 <input type="checkbox"/> Male F <input type="checkbox"/> Female
Racial / Ethnic Group <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> 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 require a medical release from your health care provider. Attached? Yes N/A
 My signature indicates I have no injury or illness and am able 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*

REQUIRED IMMUNIZATION / LABS	DATE	RESULTS / COMMENTS
<input type="checkbox"/> Mumps Titer*		
<input type="checkbox"/> Measles Titer*		
<input type="checkbox"/> Rubella Titer*		
<input type="checkbox"/> Varicella Titer*		
<input type="checkbox"/> Tetanus Vaccine – dated within last 10 years		
<input type="checkbox"/> Hepatitis B Vaccine Series* Dates of vaccination		
<input type="checkbox"/> 1 st Shot		
<input type="checkbox"/> 2 nd Shot		
<input type="checkbox"/> 3 rd Shot		
<u>Or</u> Date and result of Hepatitis B Vaccine Titer*		
<input type="checkbox"/> TB Skin Test*		
If TB skin test was positive was treatment received? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If TB test was positive was chest x-ray done? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Flu Vaccine (as per seasonal requirements). Show document		
Urine Drug Screen* 9 Panel (include copy of printed results)		

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 PERFORMANCE 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