



CROWN COLLEGE

Nursing Department

Office: 952-446-4482 Fax: 952-446-4489 E-mail: nursing@crowncollege.edu

Application for BSN-Prelicensure Acceptance

Deadline for submission is Friday, February 1, 2019 by 4:00pm CST

Final acceptance is sent June 2019.

Conditional acceptance prior to June does not guarantee final acceptance.

Name _____ Student ID _____

Semester/Year to start junior Nursing classes ("Fall 2018") _____

Home Address: _____

Email: _____ Cell: _____

In this application, you are declaring your intent to be considered for acceptance to the Crown College Nursing Department, having met the minimum requirements listed on page 2 of this document. Space may be limited; not all qualified applicants are guaranteed acceptance. Notification of conditional acceptance will begin April 1st. Please note that receipt of a conditional acceptance letter does not assure final acceptance into the program. FINAL acceptance will be announced on or around June 1st. All notifications will be sent via email and/or U.S. Postal Service.

Applicant's Signature _____ Date _____

NOTE: By signing above, the applicant releases Crown College, its employees, consultants/contractors, and all individuals involved in providing or collecting data, from any responsibility related to perceived/actual harm or damages as a result of this application and verification process. The applicant agrees to waive all rights to artifacts submitted, data collected, and scores assigned for the purposes of establishing priority in the acceptance process. The applicant understands that they may only receive their standing on the waiting list and not any other data such as scores, reviewers' comments or acceptance priority.

Has met minimum acceptance requirements YES _____ NO _____

Has addressed Priority Criteria, as applicable YES _____ NO _____

Approved _____ Not approved _____ (explanation attached) *Conditionally approved _____

*Condition(s) to be met: _____

Chair of Nursing Signature _____ Date _____

Nursing Application Minimum* Requirements

Please use the following checklist to ensure you have everything completed and submitted with your application, including health forms.

Note: These minimum requirements do not include the (optional) items relating to “Priority Criteria” on page 3 of this document.

1. Achieve a cumulative GPA of at least 2.75, pending spring grades. GPA will be calculated based on all current and previous college-level coursework.
2. Complete all prerequisite courses with a grade of C+ or higher, pending spring grades, and with no prerequisite course being taken more than twice.
3. Complete standardized pre-admission testing (Kaplan Admission Test), administered through the Nursing Department, at or above the threshold determined by the Nursing Department.
4. Be recommended for acceptance to the Nursing Department by one person outside of the Crown College Nursing Department.
5. Proof of current certification in Basic Life Support (BLS) for Health Care Provider through <i>Red Cross</i> or <i>American Heart Association</i> .
6. Provide reasonable assurance that you will receive a clear background check prior to starting clinicals by submitting the Nursing Department’s “Background Disclosure” form.
7. Demonstrate a level of personal health consistent with safe nursing practice as determined in a physical examination.
8. Must provide <u>one</u> of the following negative TB test results within the past 12 months: <ul style="list-style-type: none">• Two-step Mantoux if you have had no prior Mantoux within past 12 months• Single-step Mantoux along with proof of prior Mantoux within past 12 months• QuantiFERON®–TB Gold In-Tube test (QFT-GIT) or T-SPOT®.TB test (T-Spot)• Clear chest x-ray within past 5 years for those who have had a positive reading
9. Provide documentation for rubella, rubeola, Hepatitis B series, mumps, varicella, Tetanus and Pertussis. May opt to provide proof of immunity via titer (blood draw).
10. Comply with all policies and procedures of the most current <i>Nursing Department Student Handbook</i> and the most recent edition of the <i>Crown College Catalog</i> (including Christian Service).

Paperwork To Be Submitted with Application (Nursing will verify other requirements at a later date.)

- BSN-Prelicensure Application
- Background Information Form
- Recommendation Letter (may also be sent directly from your reference by application due date)
- Copy of BLS Card
- Immunization Record
- Physical Exam Documentation
- TB Result(s)

BSN-Prelicensure Program Acceptance Policy

This policy will guide the Crown College Nursing Department in selecting students from a pool of applicants for the BSN-Prelicensure program. The purpose of this policy is to select students who will most likely succeed in meeting the mission and goals of Crown College and the Nursing Department.

Application Deadlines - Applications for acceptance to the Crown College Nursing Department will be available the beginning of November for students wishing to enroll in the junior class the following fall. The application can be found on the Crown College Nursing Department web site. Completed applications will be due by the first Friday of February each year at 4:00 pm CST. In the event of inclement weather (campus is closed per school policy), the deadline will be extended to the next school

day at 4:00 p.m. CST. The application, in its entirety, must be in the Nursing Department Office. Crown College is not responsible for lost/stolen mail or packages (whether or not Crown College campus mail is involved). Late applications will automatically be moved to the Category 3 pool of applicants, below.

Applicants will be placed in the following categories for consideration, based on the number of credits successfully completed at Crown College and whether or not the application was received by the due date.

Category	Criteria
1	Students who completed 36 or more credits at Crown College and met the application due date.
2	Students who completed 12 to 35.5 credits at Crown College and met the application due date.
3	Students who completed fewer than 12 credits at Crown College and/or did not meet the application due date.

Students in Category 1 will be considered before students in Category 2, and students in Category 3 will be considered last. Regardless of student category, all Nursing Department acceptance criteria (per the most recent edition of the Nursing Student Handbook) must be met to be accepted into the nursing program.

Notification of Decision – The Crown College Nursing Department will send all notifications pertaining to nursing application and acceptance via official Crown College e-mail.

April 30 – Students in Categories 1 and 2 will be notified of conditional acceptance with final acceptance pending completion of all remaining acceptance criteria. Students in Category 3 will be notified of their current standing. Students in Category 3 will not receive provisional acceptance notification.

June 1 – Students in all 3 Categories will be notified of either final acceptance, conditional acceptance, waiting list eligibility or final non-acceptance.

Waiting List Eligibility - The waiting list will be comprised of qualified applicants who were not accepted into the Nursing Department due to seat limitations. The rank on the waiting list will be based on the same categories listed above.

Non-Acceptance to the Crown College Nursing Department - Any student that is not accepted into the nursing program may reapply for acceptance in any future year. Reapplication or previous application is not considered in the acceptance process.



CROWN COLLEGE

8700 College View Drive, St. Bonifacius, MN. 55375

NURSING STUDENT PHYSICAL EXAM

TO BE COMPLETED BY PHYSICIAN WITHIN 6 MONTHS OF APPLICATION TO NURSING

Student's Name _____ Birth Date _____

HT _____ WT _____ BP _____

Glasses _____ Yes _____ No

Vision R _____ L _____

Contact Lenses _____ Yes _____ No

MEDICAL EXAM

Ears ___ Normal ___ Abnormal _____

Mouth ___ Normal ___ Abnormal _____

Throat ___ Normal ___ Abnormal _____

Thyroid ___ Normal ___ Abnormal _____

Lungs ___ Normal ___ Abnormal _____

Cardiac ___ Normal ___ Abnormal _____

Abdomen ___ Normal ___ Abnormal _____

Hernia ___ Normal ___ Abnormal _____

Skin ___ Normal ___ Abnormal _____

Neuro ___ Normal ___ Abnormal _____

MUSCULOSKELETAL

Neck ___ Normal ___ Abnormal _____

Back/Spine ___ Normal ___ Abnormal _____

Shoulder ___ Normal ___ Abnormal _____

Duck Walk ___ Normal ___ Abnormal _____

Elbow ___ Normal ___ Abnormal _____

Ankle/Feet ___ Normal ___ Abnormal _____

Wrist ___ Normal ___ Abnormal _____

Toe/Heel ___ Normal ___ Abnormal _____

Quad ___ Normal ___ Abnormal _____

Hands ___ Normal ___ Abnormal _____

LIFTING RESTRICTION _____

OTHER RESTRICTION _____

I hereby certify that _____ has been evaluated in the areas indicated above to be physically fit to participate in nursing education and preparation.

Physician's Signature

Printed Name

Date

I do not know of any existing physical condition(s) or health reason(s) that would preclude my participation in nursing education and preparation.

Student's Signature

Date

Crown College Nursing Department
BACKGROUND DISCLOSURE FORM

Circle One

- | | | |
|---|-----|----|
| 1. Have you ever been convicted of: | Yes | No |
| A. A violation of any Federal, State or Local law relating to the use, manufacture, or distribution/dispensing of controlled substances, alcohol or other drugs? | | |
| B. Any offense, misdemeanor or felony (except for minor traffic violations) in any state? | | |
| 2. Have you ever been terminated, demoted, or otherwise disciplined in the scope of your practice as a health care professional or student? | Yes | No |
| 3. Have you ever been denied a license, registration, or permit to practice in any regulated health occupation in ANY state or country? | Yes | No |
| 4. Has any disciplinary action ever been taken against you with regard to any health-related license, certification, registration or permit that you hold or have held in ANY state or country? | Yes | No |

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true and complete and correct.

Signature _____ Date _____

If you answered "yes" to any question, please provide a written explanation. You will be contacted by a representative of the Crown College Nursing Department for follow-up.

For a complete listing of disqualifying crimes or conduct that would prohibit background clearance through the MN Department of Human Services, please visit <https://www.revisor.mn.gov/statutes/?id=245C.15>