



Competence...Caring...Compassion
Associate Degree Nursing (ADN) Program

Campbellsville/ Harrodsburg

Pre-Admission Conference Handbook

Dr. Michele Dickens, Ph.D., MSN, RN
Dean of School of Nursing

Dr. Michael Wayne Rager, Ph.D., DNP, MSN, FNP-BC, APRN, CNE
Interim Director of Regional Nursing Programs

1 University Dr.
UPO 800
Campbellsville, KY 42718

1150 Danville Rd.
Harrodsburg, KY 40330

Revised & Reviewed August, 2020

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CAMPBELLSVILLE UNIVERSITY MISSION STATEMENT

Campbellsville University is a comprehensive, Christian institution that offers non-credit technical programs, along with certificates, associates, undergraduate and graduate programs. The university is dedicated to academic excellence solidly grounded in the liberal arts that fosters personal growth, integrity and professional preparation within a caring environment. The university prepares students as Christian servant leaders for life-long learning, continued scholarship by linking discovery research to knowledge at the doctoral level, and active participation in a diverse, global society.

CORE VALUES

- To foster academic excellence through pre-professional certificates, associates, baccalaureate, and graduate programs through traditional, technical, and online systems
- To achieve academic excellence through rigor and relevancy in undergraduate, master's and doctoral level programs
- To provide an environment conducive for student success
- To value diverse perspectives within a Christ-centered community
- To model servant leadership and effective stewardship

ASSOCIATE DEGREE NURSING MISSION STATEMENT

The mission of the nursing program at Campbellsville University is to motivate students to think critically through knowledge and experience. Our nursing students and graduates will uphold the dignity of all persons and respect diversity, lead and empower others through Christian service, and promote health through innovative, holistic care.

ASSOCIATE DEGREE NURSING PHILOSOPHY

In congruence with the mission of Campbellsville University to foster academic excellence through pre-professional certificates, associates, baccalaureate, and graduate programs through traditional, technical, and online systems, the School of Nursing plans to develop an Associate Degree in Nursing (ADN) program for the Harrodsburg campus in Harrodsburg, KY. The program will serve students in the Harrodsburg and surrounding areas who wish to enter the nursing profession as a registered nurse. Stakeholders in surrounding counties have requested a nursing program for this community in order to meet the needs for a pre-professional program to develop nurses for the burgeoning nursing shortage. This is consistent with the mission of the CU School of Nursing.

ASSOCIATE DEGREE NURSING

END OF PROGRAM STUDENT LEARNING OUTCOMES (EPSLOs)

1. Plan and implement evidence-based, holistic care to clients and their families across the lifespan, using the nursing process and clinical reasoning.
2. Perform therapeutic nursing interventions competently, proficiently and professionally.
3. Model effective and therapeutic communication techniques with clients, families, and members of the interprofessional team to coordinate client-centered care.
4. Develop effective teaching plans to empower clients and their families through health promotion and disease prevention/management.
5. Advocate for clients using caring and compassionate behaviors within a culturally, ethnically, and socially diverse society.
6. Exhibit accountability and integrity in nursing practice within the legal and ethical parameters of the profession.
7. Evaluate the need for continued self-growth to improve one's own nursing practice and the profession through scholarship, fellowship, and Christian Servant Leadership.

ADMISSION CRITERIA

Admission to the School of Nursing at Campbellsville University is a selective process based on objective data determined from the student's academic records. Admissions will occur bi-annually.

The Academic Standards Committee meets at least twice annually and more frequently as deemed necessary to evaluate prospective student data and to review evidence-based practice issues related to the Admissions process.

The School of Nursing currently admits up to 25 qualified students. Acceptance is dependent upon School of Nursing resources, faculty, and seat availability. Applicant ranking is a "Tiered System" in the following order:

- 1) Admission to Campbellsville University with all required documents must be provided.
- 2) Completeness of Application. (See attachment).
- 3) GPA scores in the six prerequisite courses (3.0 and above). (First time Applicants)
- 4) NLN Pre-Licensure Examination Scores (100 points and above)
- 5) Practical Nursing License or SRNA Certification (active and in good standing)
- 6) Number of repeated pre-requisite courses.
- 7) GPA of 2.80-2.99 in the six prerequisite courses (First time Applicants)
- 8) Repeating students with GPA in the six prerequisite courses (3.0 and above)
- 9) Repeating students with GPA in the six prerequisite courses (2.80-2.99)

Tiered Ranking System

Tier 1, or Priority Placement List, will have priority placement within the School of Nursing. Tier 1 ranking will include 1-4 above received by the semester application deadline.

Tier 2, or the Alternate List, will consist of students who have a GPA is 2.99-2.8, failed to submit a complete application, or who are requesting readmission into the program due to a failure in a core nursing course. This course may have been here or another school of nursing.

Note* If a first-time applicant with a high GPA fails to submit a complete application, students with a lower GPA or those seeking readmission with a complete application will take priority in placement.

After tiered ranking, the criteria for selection of candidates to the School of Nursing at Campbellsville University are:

- 1) Completeness of selected prerequisite courses: Anatomy and Physiology I, Anatomy and Physiology II, Medical Microbiology, Freshman Composition I, General Psychology, and College Math. Campbellsville University offers these courses in both spring and fall semesters. Further, an acceptable equivalent course from another accredited college or university may be transferred. Students are encouraged to maintain as high a score in these classes in order to achieve a competitive GPA for their application.
- 2) Completion of PNL, GPA scoring, NLN Examination, and SRNA Certifications
 - Cumulative GPA of 3.0 in the six (6) pre-requisites
 - A minimum score of 100 on the NLN exam. Prior to admission, all applicants must complete the NLN Pre-licensure Exam, offered at various times throughout the academic year. Students may access information about the exam on the Campbellsville University School of Nursing website or by contacting the School of Nursing.
 - Prior to enrollment, verification/confirmation obtained of an unencumbered Practical Nursing License or an active SRNA certification on the KY Board of Nursing-website.
- 3) Repeated Pre-Requisites- Students seeking admission may only attempt pre-requisite courses twice (W, WA, WF, D or below count as an attempt). Other circumstances, such as Audit, will require documentation from the student and the Course Instructor of the audited course for review by Academic Standards Committee.
- 4) Repeating Students- Once placement ranking is complete for first time applicants, ranking for students seeking readmission occurs. (See Admissions-Selective Ranking and Criteria Policy).
- 5) Application to the University and the School of Nursing- Students must apply to Campbellsville University for admission and then complete an application for the School of Nursing. Official transcripts of courses taken must be sent to the Admissions Department. The School of Nursing will accept unofficial transcripts included with-the nursing application by May 15 or November 15.
- 6) Letters of Reference (a maximum of two letters will be accepted). Letters from faculty and staff of the CU School of Nursing are prohibited. Acceptable letters are typed on letterhead from an employer, a pastor, the leader of a civic group(s), and a representative of a professional organization(s).

Complete applications to the School of Nursing include:

- School of Nursing Application & Application Fee
- Copy of Driver's License
- Copy of Social Security Card
- Copy of all required immunizations per Clinical Facility Guidelines in accordance with CDC recommendations. Applicants receive this list during the Pre-Admission Conference.
- CPR Certification from the American Heart Association

- Proof of active SRNA, unencumbered Practical Nurse License, or proof of enrollment in an SRNA course
- Certificate of Coverage from Medical Insurance Company
- Physical Examination
- 2 Letters of Recommendation
- Submission of unofficial transcripts that reflect enrollment of pre-requisite courses. The student must submit an unofficial transcript with final grades upon completion of courses.
- Skills Checklist/Skills Competency- LPN or transferring students from another nursing program must submit verification of all skills performed in previous nursing program(s).

All applications, received by the specified deadline, must contain the items listed above to be complete. Applications that are incomplete, late, or are missing any of the required items, are ineligible for admission. Applicants with ineligible applications will be encouraged to provide all required items by the deadline (May 15 or November 15). If completion by the deadline is not possible, applicants will be encouraged to re-apply for the following semester.

Acceptance is not official until results of drug/alcohol screening, Criminal Background and applicable screenings are complete and reviewed by the Dean of the School of Nursing. When this is completed and reviewed an official statement of acceptance will be sent via email to the student. If issues are noted the Dean of the School of Nursing will council any student who is denied official acceptance based on Criminal Background or applicable screening results.

Admission for Transfer Students or Licensed Practical Nurses

Admission for transfer students or Licensed Practical Nurses to Campbellsville University School of Nursing will be determined upon the Admission Criteria Policy requirements. The Academic Standards Committee for the School of Nursing will review all applications received by May 15 and November 15-for admission to the School of Nursing.

Upon receipt of application, the Academic Standards Committee, all transfer students from another nursing program or a Licensed Practical Nurse will be ranked according to the “Tiered Ranking System” (see Tiered Ranking System below). Students requesting admission, or transfer, must meet the following criteria:

1. Admission to Campbellsville University with all required documents must be provided.
2. Completeness of Application (all required items: background checks, copy of all required immunizations per Clinical Facility Guidelines in accordance with CDC recommendations, etc.
3. GPA scores in the six prerequisite courses (3.0 and above). (First time Applicants)
4. NLN Pre-Licensure Examination Scores (100 points and above)
5. SRNA Certification/Practical Nurse License (active and in good standing)
6. GPA of 2.80-2.99 in the six prerequisite courses (First time Applicants)
7. Repeating students with GPA in the six prerequisite courses (3.0 and above)
8. Repeating students with GPA in the six prerequisite courses (2.80-2.99)
9. Students seeking admission may only attempt prerequisite courses twice
10. NLN PAX- RN composite score of 100 or greater
11. Transfer Application Form/ Letter completed by the Dean of previous nursing program.

12. If unsuccessful in a previous nursing course/program, then enrollment in NUR 099; Strategies and Opportunities for success in Nursing.
13. Students seeking admission may only attempt prerequisite courses, which includes: Anatomy and Physiology I, Anatomy and Physiology II, Medical Microbiology, Freshman Composition I, General Psychology, and College Math (or an acceptable equivalent course from another college or university).
14. Submission of transferring transcripts, competencies and/or skills checklist from previous nursing program or school of nursing must be submitted with verification of completion.
15. If you are an LPN or transfer student, you need to provide verification of all skills performed in your previous program. This may be in the form of a skills checklist with a step-by-step procedure for performing the skill. If this documentation is not available the student candidate will be required to return demonstrate all School of Nursing skills taught up to the point in which you begin at CU School of Nursing.

Transfer Students from another RN Program

Any core-nursing course that a transfer student completed more than 2 years ago will not be accepted for transfer. Core nursing courses completed within a 2 year timeframe will require the applicant to take a HESI exam for each course to be transferred. Medical Surgical Nursing courses must be completed within the Campbellsville University School of Nursing Program. The applicant must score a 900 or greater on each HESI exam to determine placement in the nursing program. All core nursing courses to be transferred will be reviewed by the Dean of the nursing program for equivalent content.

Licensed Practical Nurses

Likewise, Licensed Practical Nurses may only test out of NUR 100 Fundamentals of Nursing. The applicant must take a Fundamentals HESI Examination and score 900 or greater to determine placement within the RN Program.

Tiered Ranking System

Tier 1, or Priority Placement List, will have priority placement within the School of Nursing. Tier 1 ranking will include 1-4 above received by the semester application deadline.

Tier 2, or the Alternate List, will consist of students who have a GPA is 2.99-2.8, failed to submit a complete application, or who are requesting readmission into the program due to a failure in a core nursing course. This course may have been here or another school of nursing.

APPROXIMATE COST OF THE ASSOCIATE DEGREE NURSING (ADN) PROGRAM

Tuition and room/board refunds are calculated on the basis of the student's official withdrawal date. Fees are not refundable. Room & Board is refunded 100% the first week only; thereafter, refunds are prorated based on the number of days/weeks the dorm is occupied by the student. No refund will be given after the 5th week. Once the withdrawal period is over, any student who withdraws from the University will be held responsible for tuition, fees and room/board charges in full. Please

investigate the financial effects of withdrawal before you make a decision. Please see full details regarding refunds in the Campbellsville University Catalog. Each student is responsible for their own supplies and transportation to and from clinical sites.

Cost Item	SEMESTER 1	SEMESTER 2	SEMESTER 3	SEMESTER 4
TUITION	\$12,450.00	\$12,450.00	\$12,450.00	\$12,450.00
ROOM/BOARD	\$4850.00	\$4850.00	\$4850.00	\$4850.00
TECHNOLOGY FEE	\$150.00	\$150.00	\$150.00	\$150.00
STUDENT ACTIVITY FEE	\$100.00	\$100.00	\$100.00	\$100.00
BOOKS	\$700.00	\$650.00	\$575.00	\$300.00
* COURSE FEE*	\$661.00*	\$305.00*	\$335.00*	\$715.00*
UNIFORMS/LAB COATS	\$150.00 APPROXIMATE COST	N/A	N/A	N/A
SHOES	\$75.00	N/A	N/A	N/A
WATCH WITH SECOND HAND	\$30.00	N/A	N/A	N/A
IMMUNIZATIONS/CPR CERTIFICATE/TB SCREENING	COST VARIES DEPENDING ON SOURCE	RENEWAL FEES VARY	RENEWAL FEES VARY	RENEWAL FEES VARY
LAPTOP	COST VARIES	N/A	N/A	N/A
PERSONAL HEALTH INSURANCE	COST VARIES DEPENDING ON SOURCE	RENEWAL FEES VARY	RENEWAL FEES VARY	RENEWAL FEES VARY
GRADUATION FEE	N/A	N/A	N/A	\$100.00
PINNING COSTS (HAT, LAMP, AND PIN)	N/A	N/A	N/A	\$65.00
CLINICAL PARKING FEES/NAME BADGES FEES	VARIES BY SITE	VARIES BY SITE	VARIES BY SITE	VARIES BY SITE
LICENSURE/ NCLEX FEES	N/A	N/A	N/A	\$350.00

Course Fees- Course Fees include a Skills Pack, HESI Testing, Case Study and Adaptive Quizzing Package, Drug Screening, Student Liability Insurance, Background, Fraud, Abuse and Neglect Screenings, Immunization and Compliance Tracker for 1st, 2nd and 3rd semesters. 2nd and 3rd semesters do not have the charge of Skills Packs. 4th semester course fees have an additional fee for the HURST-NCLEX Review. Transfer Students entering the 2nd Semester will have an additional fee of \$240.00 for a Nursing Skills Pack.

MANDATORY REPORTING OF CRIMINAL CONVICTIONS

Kentucky law requires that licensed/credentialed individuals report criminal convictions to the Kentucky Board of Nursing within ninety (90) days of the conviction, KRS 314.109.

Kentucky Board of Nursing Administrative Regulation 201 KAR 20:370 also requires applicants to report criminal convictions and states what must be submitted when reported.

KENTUCKY BOARD OF NURSING
312 WHITTINGTON PKY, SUITE 300
LOUISVILLE KY 40222-5172
1-800-305-2042 OR 502-429-3300
<http://kbn.ky.gov>

What criminal convictions must I report to the Kentucky Board of Nursing?

The Kentucky Nursing Laws require that **ALL** misdemeanor and felony convictions occurring in Kentucky or any other state, regardless of when they occurred, must be reported to the Kentucky Board of Nursing (KBN). Federal and military convictions must also be reported. Any person licensed/credentialed by the KBN shall, within ninety (90) days of entry of the final judgment, notify the KBN in writing of any misdemeanor or felony criminal conviction in this or any other jurisdiction. Upon learning of any failure to notify the KBN under this section, the KBN may initiate disciplinary action.. Traffic related **misdemeanors**, with the exception of Driving Under the Influence (DUI), conviction(s) do not have to be reported.

What is the Board's definition of a conviction?

KRS Chapter 314.011(21) defines a conviction as the following: (a) An unvacated adjudication of guilt; (b) Pleading no contest or nolo contendere or entering an Alford plea; or (c) Entering a guilty plea pursuant to a pretrial diversion order; Regardless of whether the penalty is rebated, suspended, or probated. You should contact the court to determine whether the above definition of conviction applies to you.

How do I know whether I've been convicted of a crime?

You have been convicted if you have pled guilty to, entered an Alford plea or Nolo Contendre plea, have entered into a pre-trial diversion program or were found guilty of a criminal offense in any court. You should contact the court to determine whether the conviction was a violation, misdemeanor or felony offense.

What if my charge was dismissed?

You are not required to report charges that have been dismissed by the court. You may be required to provide records verifying the conviction(s) have been dismissed if requested.

Do I report convictions when I was a juvenile?

Juvenile convictions that occurred when you were under the age of 18 do not need to be reported unless you **were convicted as an adult.**

How will my conviction be reviewed?

There are three methods of criminal conviction review:

1. Staff Member Review
2. Board Member Review
3. Credentials Review Panel

A determination will be made to request additional information, request a personal interview with you or approve/deny your application (for applicants by examination denial of your application will prohibit you from being allowed to take the NCLEX examination in Kentucky).

How long will it take for my conviction to be reviewed?

It may take up to three or more months to review your information. You may be contacted by mail if additional information is needed.

Will my conviction make me ineligible for a nursing license?

Not necessarily. The statute states that the KBN may take action on criminal convictions that bear directly on an individual's qualifications or ability to practice nursing. The regulation clarifies that the type of convictions referred to are those that involve dishonesty, substance abuse, sexual offenses, breach of trust, danger to the public safety, or physical harm or endangerment.

Can I be denied licensure?

Yes. The KBN can deny a license for criminal conviction(s).

What if I am denied licensure, what can I do?

- You may request a formal hearing before a KBN hearing panel. Your request must be in writing:
- o You will be notified of the date, time, and location of the hearing
 - o You may bring legal counsel
 - o The panel will make a recommendation regarding the approval or denial of your application for licensure.

Will a denial of licensure be on my permanent KBN record?

Yes. Denial of licensure is a formal disciplinary action. The denial will be published in the KBN Connection and reported to the National Council of State Boards of Nursing Disciplinary Data Bank.

What if the KBN previously reviewed my conviction?

Attach a letter of explanation to the application to inform the KBN about previous conviction reviews.

What documents do I need to submit to the Board when reporting my conviction(s)?

For felony conviction(s):

- o Submit a letter of explanation for each conviction
- o Provide certified/attested copy of court records

For misdemeanor conviction(s) and (DUI) conviction(s) five (5) years old or less:

- o Submit a letter of explanation for each conviction
- o Provide certified/attested copy of court records

For misdemeanor conviction(s) and (DUI) conviction(s) over five (5) years old:

- o No additional documentation required beyond the report of each conviction unless requested by the Board

When do I send the information to the KBN?

The letter of explanation and certified/attested copy of the court record must accompany your letter of self-report and/or your application.

What is the letter of explanation?

The letter of explanation is a personally written summary of the events that led to your conviction. It gives you the opportunity to tell what happened and to explain the circumstances that led to your conviction.

Where do I get the certified copy of the court record?

You should contact the court clerk in the county where the conviction occurred to obtain a certified/attested copy of the court record. The certification/attestation verifies the conviction, date of the conviction and the judgment entered against you.

What if the court can't find a record of my conviction?

If a court record has been "purged" or expunged, you may submit a statement from the court to affirm that the physical record no longer exists. This statement will be accepted in lieu of the court record.

What additional information may be requested from me?

The most frequently requested information is proof of compliance with a court ordered alcohol education/treatment program or of successful completion of a court ordered probation.

Do I report a conviction that has been appealed?

You should report the appealed conviction to the KBN, unless the conviction has been reversed and vacated by the appellate court.

Will the KBN verify my criminal history?

Yes. The KBN requires a state and federal criminal history search on applicants. The record search is NOT the official court record. Discrepancies related to criminal convictions or failure to report a criminal conviction will delay the processing of the application.

What if I fail to report a conviction(s)?

Failing to report a conviction on your application, or failing to report a conviction within ninety (90) days of entry of the final judgment is a violation of the nursing law and you could be subjected to disciplinary action. In some situations the Board may issue a consent decree. A consent decree is not "formal" disciplinary action taken by the Board. The consent decree will consist of the applicant/licensee paying a civil penalty to the Board before the license is issued and/or the investigation is lifted.

Source: <https://kbn.ky.gov/conprotect/Documents/cvbroch.pdf>
04/11; 6/11; 1/16; 12/17



COMPETENCE....CARING....COMPASSION

APPLICATION FOR ADMISSION TO THE SCHOOL OF NURSING (Associate Degree Nursing Program)

- **All Associate Degree Nursing Program Applications are due by May 15th for Fall admission consideration and due by November 15th for Spring admission consideration** (*Exception, copy of NLN Prelicensure Score Report, proof of SRNA certification, and/or transcripts must be submitted to the Associate Degree Nursing Program Secretary by 8:00 a.m. EST on August 1st for Fall admission consideration and December 15th for Spring admission consideration*).
- Applicants are responsible for making sure that all required information listed on the checklist is attached to the following application.
- A non-refundable application fee of \$10.00 is due at the time of application.
- Please assure that all items listed on the checklist are complete and attached to the application. Incomplete applications will be denied.
- In addition to submitting an application for admission consideration to the School of Nursing an application must also be submitted to apply for admission and with admission granted to Campbellsville University with either a high school diploma or G.E.D.

Campbellsville
UNIVERSITY 
School of Nursing
Associate Degree Nursing (ADN) Program

APPLICATION FOR ADMISSION TO THE SCHOOL OF NURSING

Student Identification Number _____ Birth Date _____

Social Security Number _____ Drivers License Number _____

Name _____
(First) (Middle) (Maiden) (Last)

Address _____
(Street) (City) (State) (Zip)

Telephone (____) _____ (____) _____
(Cell) (Home)

CU student E-mail Address _____

NLN Score _____

A minimum score of 100 on the National League for Nursing (NLN) Prelicensure Examination.

List all schools you have attended including Campbellsville University:

Have you ever been convicted of a felony ___? If yes please explain in an attached letter.

I have been informed of the KY Board of Nursing policy regarding convictions. _____
(Initial)

In order to be considered for admission or to be retained in the program after admission all applicants should possess:

- Sufficient visual acuity, such as needed in the accurate preparation and administration of medications, and for the observation necessary for patient assessment and nursing care.
- Sufficient auditory perception to receive verbal communication from patients and members of the health team and to assess health needs of people through the use of monitoring devices such as cardiac monitor, stethoscope, IV infusion pumps, etc.
- Sufficient gross and fine motor coordination to respond promptly and to implement the skills, including the manipulation of equipment, required in meeting health needs.
- Sufficient communication skills (speech, reading, writing) to interact with individuals and to communicate their needs promptly and effectively, as may be necessary in the individual's interest.
- Sufficient intellectual and emotional functions to plan and implement care for individuals.

I CERTIFY THAT THE INFORMATION HEREIN IS COMPLETE AND FACTUALLY ACCURATE. I UNDERSTAND THAT MY ADMISSION MAY BE CANCELLED IF ANY INFORMATION IS FOUND TO BE FALSE OR INTENTIONALLY OMITTED.

APPLICANT SIGNATURE _____ DATE _____

Campbellsville UNIVERSITY



School of Nursing

Associate Degree Nursing (ADN) Program

APPLICANT CHECKLIST

The following requirements must be completed and/or submitted in order to be considered for admission into the School of Nursing. It is the applicants' responsibility to ensure that all documents are completed and/or submitted by the deadlines provided. Failure to comply with the following requirements will jeopardize your admission opportunity into the program. **All Associate Degree Nursing Program Applications are due by May 15th for Fall admission consideration and due by November 15th for Spring admission consideration** (Exception, copy of NLN Prelicensure Score Report, proof of SRNA certification, and/or transcripts must be submitted to the Associate Degree Nursing Program Secretary by 8:00 a.m. EST on August 1st for Fall admission consideration and December 15th for Spring admission consideration).

Please submit the following items to the Associate Degree Nursing Program Secretary in a sealed envelope and in the following order with this completed checklist:

- Copy of Driver's License**
- Copy of Social Security Card**
- Copy of Certificate of Coverage from Medical Insurance Company**
- Copy of CPR Certification**

Current CPR Certification by the American Heart Association for Healthcare Providers Basic Life Support (BLS).

- Proof of SRNA or LPN Completion (validation print out from Kentucky Board of Nursing website)**

Prior to enrollment, verification/confirmation obtained of an unencumbered Practical Nursing License or an active SRNA certification on the KY Board of Nursing-website. If completing SRNA over Summer or Fall Semester, applicant must provide proof of enrollment. Practical Nursing License or SRNA Certification (active and in good standing) required.

- Submission of Transferring Competencies/Skills Checklist from Previous Nursing Program/School**

If you are an LPN or transfer student, you need to provide verification of all skills performed in your previous program. This may be in the form of a skills checklist with a step-by-step procedure for performing the skill. If this documentation is not provided, you may be required to return demonstrate all nursing skills taught up to the point in which you begin at CU School of Nursing.

- Completed Physical Form**

Copy of all Immunizations

Required immunizations are up-to-date

- a) *MMR-Measles, Mumps, & Rubella- proof of 2 vaccines or positive antibody titers on all 3 components*
- b) *Varicella-proof of 2 vaccines or a positive antibody titer*
- c) *Hepatitis B- proof of 3 vaccines **and** a positive antibody titer*
- d) *TB skin test-proof of 2-step TB skin test or blood test. If positive results-provide a chest x-ray report with the TB Screening Form.*
- e) *Tetanus, Diphtheria & Pertussis (Tdap)-proof of vaccine administered within the past 10 years*
- f) *Influenza-proof of vaccine must be for the current flu season (not applicable for fall admission)*
- g) *Polio-proof of 3 vaccines or a positive antibody titer*

Copy of National League for Nursing (NLN) Prelicensure Examination Report

A minimum score of 100 on the NLN exam. Prior to admission, all applicants must complete the NLN Pre-licensure Exam, offered at various times throughout the academic year. Students may access information about the exam on the Campbellsville University School of Nursing website or by contacting the School of Nursing.

Letters of Reference

Letters from faculty and staff of the CU School of Nursing are prohibited. Acceptable letters are typed on letterhead from an employer, a pastor, the leader of a civic group(s), and a representative of a professional organization(s). (a minimum and maximum of two letters will be accepted).

Submission of Unofficial Transcripts

Unofficial Transcripts that reflects all pre-requisite grades. If currently enrolled in a pre-requisite course, please provide proof of enrollment through an unofficial transcript.

Submission of Final Unofficial Transcripts

All final pre-requisite course grades from the respective semester must be submitted to the Associate Degree Nursing Program secretary by 8:00 a.m. EST on August 1st for Fall admission consideration and December 15th for Spring admission consideration. All course grades must be submitted in the form of an unofficial transcript.

I have signed and completed the School of Nursing Application.

I have paid the \$10.00 non-refundable application fee.

I understand that orientation at the beginning of each semester is mandatory and I agree to attend as part of my admission and continued enrollment into the program. The Orientation will be held on _____ and _____.

By signing below, I agree that I have provided the above requirements by the required deadline and agree to submit any remaining final unofficial transcripts, *NLN Prelicensure Score Report*, *proof of SRNA certification* by the deadlines specified above. I understand that if I fail to complete or submit any of the above-mentioned requirements that my application will not be accepted.

Applicant Signature _____ **Date** _____



Associate Degree Nursing (ADN) Program

STUDENT INFORMATION SHEET

Please Print Clearly/Legibly

Student Name _____
(First) (Middle) (Maiden) (Last)

Student ID Number _____

Social Security Number _____

Date of Birth _____

Address _____
(Street) (City) (State) (Zip)

Primary Telephone Number (____) _____

Cellular Telephone Number (____) _____

Emergency Contact Name _____ **Telephone Number** (____) _____

2nd Emergency Contact Name _____ **Telephone Number** (____) _____

Student Email Address (CU) _____

Latex Allergy YES NO **Glove Size** _____(Sterile) _____(Exam)



Associate Degree Nursing (ADN) Program

STUDENT NAME BADGE ORDER FORM

Please Print Clearly/Legibly

First Name _____

Last Name _____



Immunization/Certification Requirements

Measles, Mumps & Rubella (MMR)

-There must be documentation of one of the following:

- 2 vaccinations or
- Positive antibody titers for all 3 components (lab reports required OR physician verification of results).

Varicella (Chicken Pox)

-There must be documentation of one of the following:

- 2 vaccinations or
- Positive antibody titer (lab report required OR physician verification of results).

Hepatitis B

-There must be documentation of the following:

- 3 vaccinations **and**
- Positive antibody titer (lab report required).

TB Skin Test

-There must be documentation of one of the following:

- 2 step TB Skin (must be completed on provided screening form)
- Blood Test (lab report required) and TB screening form
- If positive results, provide a clear Chest X-Ray (lab report required)

Tetanus, Diphtheria & Pertussis (Tdap)

-There must be documentation of a Tdap booster within the past 10 years.

CPR Certification

-Must be the American Heart Association for Healthcare Providers Basic Life Support (BLS) course. Card must be front and back and signed.

Influenza

-Submit documentation of influenza vaccine. Required to have current immunization on file (Not applicable for fall admission)

Physical Examination

-Form attached.

Polio

-Submit documentation of your completed primary series. There must be record of at least 3 vaccinations or Titers are acceptable.

STATE REGISTERED NURSE AIDE (SRNA)/Licensed Practical Nurse (LPN)

-Copy of validation print out obtained from Kentucky Board of Nursing website. Prior to enrollment, verification/confirmation obtained of an unencumbered Practical Nursing License or an active SRNA certification on the KY Board of Nursing-website. If completing SRNA over Summer or Fall Semester, applicant must provide proof of enrollment. Practical Nursing License or SRNA Certification (active and in good standing) required.

Certificate of Coverage (COC)

-Certificate of Coverage from Medical Insurance Company. This form must list the initial enrollment date and must list that you are currently covered. The certificate must not list any other dependent or policy holders name, DOB or personal information. Please black out this if listed. This cannot be the Insurance card it must be a certificate of coverage or proof of enrollment. Copies of Insurance cards will **NOT** be accepted.

Drug and Alcohol Screening

-As a condition of admission and continuance in the Nursing Program, students are required to submit to drug and alcohol testing prior to the beginning of each semester and any other time as required for a clinical placement. Further, students may also be tested where there is a reasonable suspicion that they may be impaired or otherwise under the influence of drugs or alcohol. Finally, students are subject to random drug and alcohol testing to be conducted at the discretion of the University. A positive drug or alcohol test may result in an applicant being denied admission into the Nursing Program; a student being denied placement at a clinical site; a student being required to successfully complete a drug or alcohol rehabilitation program (which is approved by the Dean of the School of Nursing) and meet other required conditions to be eligible to continue in the program or be considered for re-enrollment; and enrollment; and/or expulsion from the Nursing Program. The Dean of the School of Nursing shall make the final decision regarding appropriate action to be taken against an applicant or student as a result of a positive drug and alcohol test.

Applicant Signature _____ **Date** _____



Patient name (Patient Label)

Department for Public Health
Tuberculosis Prevention and Control Program

REPORT OF TUBERCULOSIS SCREENING

Date _____ Name _____ DOB _____

TO WHOM IT MAY CONCERN:

The above-named individual has been evaluated by _____ (Name of Health Department/ Facility)

A tuberculin skin test (TST) was given on _____ (read within 48-72 hours after administration) and was read on _____ results _____ mm. Interpretation of results: Positive ____ Negative ____.

A Blood Assay for Mycobacterium tuberculosis (BAMT) was drawn on _____ Results: Positive ____ Negative ____ Indeterminate ____ Borderline ____ Brand of BAMT: QuantiFERON-TB Gold Plus ____ or T-SPOT.TB ____

A TST or a BAMT are not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

The individual has a history of a positive TST and/or a positive BAMT (latent TB infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

The individual either is currently receiving or has completed adequate medication for a positive TST or a positive BAMT (latent TB infection), and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

The individual had a chest x-ray on _____ that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active TB disease, a repeat film is not indicated at this time.

Based on the available information, the individual can be considered free of tuberculosis in a communicable form.

Signature _____ Date _____ (MD, APRN, PA, RN)

Address _____ Phone _____



Patient name (Patient Label)

Department for Public Health
Tuberculosis Prevention and Control Program

REPORT OF TUBERCULOSIS SCREENING

Date _____ Name _____ DOB _____

TO WHOM IT MAY CONCERN:

The above-named individual has been evaluated by _____
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A Blood Assay for Mycobacterium tuberculosis (BAMT) was drawn on _____
Results: Positive ____ Negative ____ Indeterminate ____ Borderline ____
Brand of BAMT: QuantiFERON-TB Gold Plus ____ or T-SPOT.TB ____

A TST or a BAMT are not indicated at this time due to the absence of symptoms suggestive of
active tuberculosis, risk factors for developing active TB or known recent contact exposure.

The individual has a history of a positive TST and/or a positive BAMT (latent TB infection). Follow-up
chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

The individual either is currently receiving or has completed adequate medication for a positive TST or a
positive BAMT (latent TB infection), and a chest x-ray is not indicated at this time.
The individual has no symptoms suggestive of active tuberculosis disease.

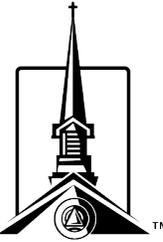
The individual had a chest x-ray on _____ that showed no evidence of active
tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active
TB disease, a repeat film is not indicated at this time.

Based on the available information, the individual can be considered free of tuberculosis
in a communicable form.

Signature _____ Date _____
(MD, APRN, PA, RN)

Address _____ Phone _____

Campbellsville UNIVERSITY



School of Nursing

PHYSICAL EXAMINATION

Name: _____ Date: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____

Vision: R 20/ _____ L 20/ _____ Glasses/Contacts: Pupils Equal Unequal

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
APPEARANCE			
SKIN			
EYES/EARS/NOSE			
THROAT/OROPHARYNX			
LYMPH NODES			
HEART			
PULSES			
LUNGS			
ABDOMEN			
GENITALIA/HERNIA			
MUSCULOSKELETAL			
NECK			
BACK			
SHOULDER/ARM			
ELBOW/FOREARM			
WRIST/HAND			
HIP/THIGH			
KNEE			
LEG/ANKLE			
FOOT			

Student is cleared to participate in clinical activities

Student is cleared to participate in clinical activities after completing evaluation/rehabilitation for:

Student is not cleared for clinical activities. Reason _____

Recommendations:

Name of Provider _____ Date _____

(print/type)

Address _____

Provider Signature _____ MD/DO/NP/PA-C

Laptop Requirements

All students are to have a properly functioning laptop (Windows or Macintosh) that can be brought to campus for computerized testing purposes. Chromebooks and iPads may not be compatible with some programs/applications utilized in the program of nursing; therefore, such devices should not be purchased in lieu of a Windows or Macintosh laptop computer. The full functionality of this laptop on the testing date(s) will be the student's responsibility and includes but is not limited to: fully charged battery, back up battery, virus protection, and audio/video capabilities.

Additional requirements may be added per the instructor and/or proctors request prior to testing. Instructors will not be responsible for technical support and/or maintenance issues with the student's electronic device. The minimum laptop/equipment required include:

-  2 GB Free HDD Space
-  4GB RAM required and 8 GB recommended
-  CPU equivalent to Intel i3 2+ GHZ
-  MAC OS (10.13, 10.14, 10.15)
-  Windows 10 (Version 1809 or 1903 only)
-  2 Mbps upload internet speed (for home use)
-  Wi-Fi access (wireless)
-  Webcam
-  Microphone
-  Personal audio capabilities (Earbuds/headphones)
-  Microsoft Office 365
-  Adobe Acrobat Reader
-  Current version of Adobe Flash player
-  Current Versions of Microsoft Internet Explorer, Firefox, and Google Chrome (different programs/assignments may require the use of different browsers)
-  Jump Drive/Flash Drive

Laptop Resources

Connecting to Wi-Fi- TigerWifi

Campbellsville University has wireless internet access available. Students will need a wireless capable device and abide by the Acceptable Use Policy. All students, faculty and staff must register their device through the registration portal before they can connect to TigerWifi. Please note, TigerWifi is for students, faculty, and staff; you will only have access to Tiger Net using TigerWifi. You will experience optimal Wi-Fi access using TigerWifi.

Connecting to Wi-Fi- TigerWifi is to be used by students, faculty and staff for optimal WIFI access and for access to TigerNet. CUGUEST is for guest of CU and has limited access (you cannot connect to TigerNet through CUGUEST). TigerSecure is for CU owned equipment.

Passwords could be different at the learning center. Please check with the faculty member for the specific password for your site.

Register your device (each semester you must register your device)

1. Select TigerWifi under your Wi-Fi options.
2. Open your web browser.
3. A Campbellsville University Web access page will appear.
4. Accept the Terms by selecting the box at the bottom.
5. Enter your Id# and TigerNet pin to log in, which will then register your device so that you are able to utilize TigerWifi and permit you to then be connected.

Microsoft Office 365

As a student, faculty or staff you have access to Microsoft Office 365.

1. Go to www.office.com/getOffice365
2. Type in your Campbellsville University email and click "Get Started"
3. Sign into your Campbellsville University email
4. Click the red text box "Install Now"
5. Save the executable file
6. After the download is complete, run the executable file
7. Type in your Campbellsville University email and then type in your password to activate Microsoft Office 365

Contact the IT department at cuithelpdesk@campbellsville.edu, if assistance is required

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CA/N) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM (www.lrc.ky.gov). PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)
(Institution/Group Home/Emergency)
- Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member
(Required by KRS 160.380)
- Private, Parochial, or Church School Employee or Student Teacher
(Permitted by KRS 160.151)
- Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)
- Michelle P. Waiver (Required by 907 KAR 1:835)
- Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
- Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
- Children's Advocacy Center (Required by 922 KAR 1:580)
- Court Appointed Special Advocate (CASA) (Required by KRS 620.515)
- Personal Care Attendant (Required by 910 KAR 1:090)

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname/other) (last)

Sex: ___ Race: _____ Date of Birth: _____

Social Security/Individual Taxpayer Identification #: _____

Date of Initial Hire: _____

Present Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.



CENTRAL REGISTRY CHECK

A credit or debit card payment in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment.

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check

Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization for Disclosure of Protected Information, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____

E-MAIL ADDRESS: _____

RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

No reportable incident found in accordance with 922 KAR 1:470

Substantiated child abuse found on the registry Date of substantiated finding: _____

Substantiated child neglect found on the registry Date of substantiated finding: _____

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights Yes No

A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON _____ **BY** _____



Associate Degree Nursing Program

Pre-Admission Conference Handbook Acknowledgement

Applicants Name: _____

Semester Applying for: Spring 2021 Fall 2021 Spring 2022

Note: The Harrodsburg Location only begins a class during the Fall Semester.

Location Applying to: Campbellsville Harrodsburg

By signing this form, I am verifying that I have attended the Pre-Admission Conference for the entire time on ____/____/____. Also, verifying that I have received the Pre-Admission Conference Handbook provided at this conference, have read and understand, had an opportunity to ask questions and those questions have been answered completely to my satisfaction, and understand that I am responsible to comply with all areas of this handbook when applying for admission to the Associate Degree Nursing Program at the Campbellsville University School of Nursing. I also agree to periodically review the Pre-Admission Conference Handbook while preparing my application materials and prior to submitting them to ensure all documents required are submitted to the designated individual/department during the designated time frame.

Applicants Signature

Date

Witness Signature

Date

To be Placed in Applicants File