

<p><b>Office use only</b>  Date received _____  Initials _____</p>
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## Practical Nursing Program Application

I understand that I am applying for the Spring 2018 Practical Nursing program to be held on the Brown Campus in Mt. Orab.

**PLEASE USE INK AND PRINT. Notifications will be sent via the SSCC email address indicated below; all students will receive a response.** Notify the Nursing Department of any changes after submission.

Name \_\_\_\_\_  
(Last)
(First)
(Middle)
(Other names used)

Address \_\_\_\_\_  
(Street)
(City)
(State)
(Zip)

SSCC Email address (print legibly) \_\_\_\_\_  
*We are not responsible for illegible or incorrect email addresses. A response may not be received by student.*

SS# or ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

High School/GED \_\_\_\_\_ Graduation date/GED date \_\_\_\_\_

List any Colleges or Post Secondary Schools Attended (regardless of relevance to nursing)  
 \_\_\_\_\_  
 \_\_\_\_\_

List any healthcare work experience \_\_\_\_\_  
 \_\_\_\_\_

Have you attended any NRSNG, NURS (other than 1107) or PRAC classes at SSCC previously? \_\_\_ Yes \_\_\_ No  
 If yes, you must also complete a Nursing Program Reentry Application, available from the Nursing Office.

Have you tested or trained as a nursing assistant? \_\_\_ Yes \_\_\_ No

Why do you believe you would be successful in the Nursing program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**All required documentation as noted in the Nursing Information Packet is attached.**

*I certify that the above information is correct and complete to the best of my knowledge and belief. I understand and agree that misrepresentation, falsification or omission of material fact may be cause for rejection of my application or for termination after acceptance into the program.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

SSCC does not discriminate against applicants, employees, or students on the basis of race, color, creed, religion, age, sex, marital status, veteran status, national origin, ancestry, citizenship, gender identity, sexual orientation, or disability. Questions about this should be directed to the Title IX Coordinator, 100 Hobart Drive, Hillsboro, OH 45133; (937) 393-3431. Accommodations for persons with disabilities may be made through the Section 504 Coordinator, 100 Hobart Drive, Hillsboro, OH 45133; (937) 393-3431.

# Nursing Student Responsibilities

I understand that if admitted to the SSCC Nursing Program, I will have the following responsibilities:

1. Gain nursing and scientific knowledge needed to provide care at the beginning nurse practice level.
2. Demonstrate ability to fulfill the required technical requirements defined in the Technical Standards Policy available at <https://www.sccc.edu/academics/certificate/practical-nursing.shtml>.
3. Obtain and utilize the technology requirements for the Nursing program: Desktop, laptop, or tablet running Windows 7 or later or Mac OSX 10.8 or later. Not all required software/online resources will work with Android or iOS. High speed internet must be accessible.
4. Care for patients of all ages, ethnic, social backgrounds with various and unique health care needs.
5. Arrive at all learning experiences prepared to begin before time scheduled.
  - a. Clinical days of week may vary including weekends.
  - b. Hours for the clinical will vary.
  - c. Travel may involve long distances.
  - d. Secure a reliable source of transportation.
6. Devote up to 12 hours a day to my education, including reading, group study, and clinical preparation.
  - a. Plan for minimum study time of 3 hours for every hour in class.
7. Spend a minimum of 20-30 hours a week in the classroom, lab, or clinical setting.
  - a. Attend simulation lab and clinical sessions scheduled at times in addition to published schedule.
8. Develop a personal plan to address my personal, work, and educational needs.
  - a. Understand clinical group assignments may not be posted until 14 days following the end of the previous term.
  - b. Dedicate the allotment of time needed for quality study time. The amount of time must address personal learning styles and needs.
9. Develop a nursing knowledge base and utilize the information while making nursing judgements. Exam testing will assess the application of what is learned during the current and past semesters
  - a. Read and develop some understanding of course content before attending each class.
  - b. Understand nursing faculty will facilitate learning. However, it is my responsibility to learn the knowledge needed to meet the course requirements.
10. Participate in courses utilizing various teaching modalities. Some modalities will better meet my needs while others will better meet the needs of the others in the student group.
11. Cope with differences of student groups/faculty/staff members.
  - a. Collaborate with others
  - b. Work as a team.
  - c. Understand others will not think and act as I do.
12. Demonstrate a desire to continually improve.
13. Maintain patient and personal safety at all times.
14. Follow the timelines, guidelines, policies, and standards established by the course and/or program.
15. Seek to be a professional.
16. Communicate clearly.
  - a. Request clarification when needed.
17. Successfully complete the NCLEX licensure exam and obtain state licensure.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Revised 12/2016