



SCHOOL OF NURSING

Application Checklist

Name of Student: _____

Student ID Number: _____

Intended Term of Entry: _____

- Declaration of Intent Completed
- Self-Evaluation Completed
- Clinical Student Disclosure Statement Completed
- Assured Access to Computer Completed
- Unofficial Transcript from LSSU
- Unofficial Transcripts for all transfer credits (attached)
- Copy of current RN license
- Background Check
- Copy of Immunizations
- Copy of CPR Card

Academic Advisor/Dean (signature)

Date

✂-----

Received By (signature): _____



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Student Signature: _____

DECLARATION OF INTENT FOR ADMISSION TO RN to BSN PROGRAM

****Please attach a copy of your RN license****

I, _____
(print) First Name Middle Name Last Name Maiden Name or other names used

wish to have my student file(s) evaluated for admission to the Lake Superior State University BSN Program that I have noted above. By signing my name below, I attest to the accuracy of the information provided in this application packet and am aware that the School of Nursing will begin the screening process.

Student Signature: _____ Date: _____

LSSU/Local Address: _____

Best Telephone Number to Contact Me: _____ E-Mail Address: _____

Permanent Address: _____

LSSU Student ID #: _____

If you have attended other universities/colleges, please list them below.

<u>Educational History</u>	<u>Date(s) of Attendance</u>
High School: _____	_____
College(s)/University(ies) _____	_____
_____	_____
_____	_____
_____	_____



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Self-Evaluation for Admission to the Nursing Programs at LSSU

Student Name: _____ ID: _____ Date: _____

1. These personal attributes are critical for all nursing students at LSSU. Please rate yourself on each of the following Characteristics:

Characteristic	Rating			
	Excellent	Good	Fair	Poor
Punctuality	Excellent	Good	Fair	Poor
My level of preparation for performance	Excellent	Good	Fair	Poor
My level of follow through with commitments	Excellent	Good	Fair	Poor
Oral communication skills	Excellent	Good	Fair	Poor
Written communication skills	Excellent	Good	Fair	Poor
Social Appropriateness	Excellent	Good	Fair	Poor
Dependability	Excellent	Good	Fair	Poor
Integrity	Excellent	Good	Fair	Poor
Common Sense	Excellent	Good	Fair	Poor
Quality of work	Excellent	Good	Fair	Poor
Judgment	Excellent	Good	Fair	Poor
Initiative	Excellent	Good	Fair	Poor
Accountability	Excellent	Good	Fair	Poor

2. What specific strengths do you have that make you a good candidate for LSSU’s nursing program?

3. In the table below, list the name of all faculty members (preferably LSSU faculty members) you have had in all courses taken and provide their phone number.

Course	Faculty Member	Phone Number

4. By signing the line below, I am allowing the School of Nursing Application Committee to contact any faculty I have had.

Student Signature: _____ Date: _____

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Clinical Student Disclosure Statement - To Be Retained by the Educational Institution

Student Name: _____ Date of Birth: _____

Educational Institution Name: _____

Training Program: _____

- I certify that I have not been convicted of a crime or offense that prohibits me from being granted clinical privileges in a long-term care setting as required by P.A. 27, 28 and 29 of 2006 within the applicable time period prescribed by each time.

Signature of Student

Date

- I certify that I have not been the subject of an order or disposition under the Code of Criminal Procedure dealing with findings of “not guilty by reason of insanity” for any crime.

Signature of Student

Date

- I certify that I have not been the subject of a state or federal agency substantiated findings of patient or residential neglect, abuse or misappropriation of property or any activity that caused my nurse aide certification to be “flagged”.

Signature of Student

Date

- I have listed below all offenses for which I have been convicted, including all terms and conditions of sentencing, parole and probation and any substantiated finding of patient or resident neglect, abuse or misappropriation of property.

Signature of Student

Date

Conviction/Offense	Date of Conviction/Finding	City	State	Sentence	Date of Discharge

- I certify that I have reviewed the list of prohibited offenses as defined in P.A. 27, 28 and 29, and that the above list of my convictions and/or substantiated findings of patient or resident neglect, abuse or misappropriation of property (if any) is true, correct and complete to the best of my knowledge. I also understand that if the information is not accurate or complete, my clinical privileges will be withdrawn immediately. I understand that the facility or educational program denying my privileges based on information retained through a background check is provided immunity from any action brought by a student due to decision to remove clinical privileges.

Signature of Student

Date



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Assured Access to Computer Agreement

There may be times in the course of your nursing program that coursework will be offered to you in an online format. To assure your success with this medium, it is essential for you to have appropriate access to the following:

The **Assured Access to Computer Agreement (AACA)** requires the following:

- Reliable access to a computer with minimum system requirements* and the Internet when taking online courses
- Students who do not own a computer must be prepared to allocate time for working in campus computer labs, libraries, or any public or private use venue.
- The AACA does not assume students will purchase computers, but it does require reliable access to them for purposes of online assignments and interaction.

Please sign below to affirm that you have read and understand the **Assured Access to Computer Agreement (AACA)** and that you have assured access to a computer and the Internet.

I have read and understand the AACA, and I affirm that I have assured access to a computer and the Internet.

Name (Print): _____

Signature: _____

LSSU E-mail address _____

* Contact LSSU's IT Department 906.635.6677 for current minimal computer, internet and hardware requirements.