Campbellsville UNIVERSITY
School of Nursing

Competence…Caring…Compassion

Associate Degree Nursing (ADN) Program
Associate of Applied Science in Nursing (AASN)

Campbellsville/ Harrodsburg

Pre-Admission Conference Handbook

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

Accreditation Commission for Education in Nursing (ACEN) Disclosure

Effective March 8, 2023, the associate program at Campbellsville University at the Bennett-Smith School of Nursing in Campbellsville, Kentucky, and at the Conover Educational Center (CEC) in Harrodsburg, Kentucky, is a candidate for initial accreditation by the Accreditation Commission for Education in Nursing.
This candidacy status expires on March 8, 2025.
Accreditation Commission for Education in Nursing (ACEN)
3390 Peachtree Road NE, Suite 1400
Atlanta, GA 30326
(404) 975-5000
View the public information disclosed by the ACEN regarding this candidate program on the ACEN's website.
http://www.acenursing.com/candidates/candidacy.asp

Campbellsville Mailing Address & Contact Information	Harrodsburg Mailing Address & Contact Information
1 University Drive UPO 800	1150 Danville Road
Campbellsville, KY 42718	Harrodsburg, KY 40330
Office: 270-789-5155	Office: 859-605-1389 ext. 9012
Fax: 270-789-5329	Fax: 859-605-9978

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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

ADN/AASN 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 value diverse perspectives, lead and empower others through Christian service, and promote health through innovative holistic care.

ADN/AASN
END OF PROGRAM STUDENT LEARNING OUTCOMES (EPSLOs)

1. Plan 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. Demonstrate 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.

    Participate in practices to promote a professional identity toward scholarship, fellowship, effective stewardship, 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 based upon the campus location.

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) HESI Admission Assessment (A^2) Pre-Licensure Exam (cumulative score of 75%)
5) Practical Nursing License, PCT, 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 at 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 (Practical Nursing License,) GPA scoring, HESI Admission Assessment Exam (A^2), and SRNA and or Patient Care Technician (PCT) Certifications

- Cumulative GPA of 3.0 in the six (6) pre-requisites
- Cumulative score of 75% on the HESI Admissions Assessment (A2) Pre-Licensure examination. Applicants may take the above exam up to two times per admission period, not to exceed four times in a year. Results are valid for 2 calendar years form the time of exam. Students applying for fall admissions should take the exam from November 16th-May 15th, and students applying for spring admission should take the exam from May 15th-November 16th.
- Prior to enrollment, verification/confirmation obtained of an unencumbered Practical Nursing License, PCT certificate or an active SRNA certification certificate 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.

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. 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 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) by the Academic Standards Committee and 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. HESI Admission Assessment (A2) Pre-Licensure Examination
5. PCT or 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 will occur. Any transfer student who was previously unsuccessful in another RN program is made aware that being unsuccessful in the other program counts as the first attempt and must be successful in all other core nursing courses.
13. Students seeking admission may only attempt pre-requisite courses twice (W, WA, WF, D or below count as an attempt,) 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 the first attempt 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.

Students transferring after being unsuccessful in a prior RN Program are enrolled in NUR 099 and counseled that the previous program counts as their first attempt.

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 pass on the first attempt with a score of 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 ADN/AASN 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.

Approximate cost of the ADN/AASN can be located in the School of Nursing Student Handbook, as well as the School of Nursing website at:

https://www.campbellsville.edu/academics/programs/nursing/

* Course Fees*- Course Fees include a Skills Pack, HESI Testing, Case Study and Adaptive Quizzing Package, Drug Screening, Student Liability Insurance, Background, Clinical 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 $437.00 for a Nursing Skills Pack and Name Tag.

† Regional rates- PCH-Per Credit Hour. Tuition is subject to federal and state funding opportunities, but not to main campus institutional aid. †

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 contendre 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

Campbellsville UNIVERSITY
School of Nursing

COMPETENCE…. CARING…. COMPASSION

APPLICATION FOR ADMISSION TO THE SCHOOL OF NURSING (ADN/AASN)

- **All ADN/AASN Program Applications are due by May 15th for Fall admission consideration and due by November 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 $25.00 is due at the time of application. Application fee is payable through the following website: http://commerce.cashnet.com/campbellsvstore

- The applicant must apply and be accepted to Campbellsville University prior to submitting an application to the School of Nursing.

Campbellsville UNIVERSITY
School of Nursing
ADN/AASN Program

APPLICATION FOR ADMISSION TO THE SCHOOL OF NURSING

Student Identification Number _____ Birth Date _____

Social Security Number_____ Driver's License Number_____

Name_____

        (First)   (Middle)   (Maiden)   (Last)

Address_____

        (Street)   (City)   (State)   (Zip)

Telephone (___)_____ (___)_____

          (Cell)   (Home)

CU student E-mail Address_____

Alternate (Personal) Email Address_____

HESI® Admission Assessment Exam (A^2) Cumulative Score:_____

List all schools you have attended including Campbellsville University along with any former

nursing programs:

_____

_____

_____

Have you ever been convicted of a felony or misdemeanor___?

    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

ADN/AASN Program Transfer Applicant Form

Name:	ID Number:
School Name:	Telephone:
Dates Enrolled: Start _____/_____ **Month Year**	Last Attendance: Start _____/_____ **Month Year**

I request that the following information be provided to Campbellsville University Associate Degree Nursing/Associate of Applied Science in Nursing program. I do(initial)/I do not(initial) waive my right under the Buckley Amendment to inspect this reference which will be filed in my student record.

_____   _____
Signature   Date

To Be Completed by the Nursing Program Dean:

The above student has applied for admission to the Associate Degree Nursing/Associate of Applied Science in Nursing program at Campbellsville University and requested the following information be provided to Campbellsville University School of Nursing.

-Was the student's performance satisfactory in all areas while in your program?   ☐Yes   ☐No

If No, please indicate any deficiencies by checking the appropriate category(ies) below:

- Nursing theory grade below passing
- Clinical performance unsatisfactory
- Withdrew from course(s) in which performance was deficient at the time of withdrawal
- Other (please describe)

_____
_____

-Did this student apply for readmission to your program?   ☐Yes   ☐No _____
-Is this student eligible for readmission to your program?   ☐Yes   ☐No _____

If not eligible for readmission, please list reason(s):

_____
_____

-Please comment on your opinion of the applicant's potential for success:

_____
_____
_____

_____   _____
Signature   Date

Please return this form to Campbellsville University School of Nursing, 1 University Drive, UPO 800, Campbellsville, 42718

Campbellsville
UNIVERSITY
School of Nursing

Associate Degree Nursing (ADN) Program / Associate of Applied Science in Nursing (AAS)

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/Associate of Applied Science in Nursing Program Applications are due by May 15th for Fall admission consideration and due by November 15th for Spring admission consideration**

Please submit the following items to the Associate Degree Nursing/Associate of Applied Science Program as attachments where prompted in DocuSign in the following order with this completed checklist:

- **Copy of Current Driver's License**
- **Copy of Social Security Card**
- **Copy of Certificate of Coverage from Medical Insurance Company**
    - o *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 information 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.*
- **Copy of Current American Heart Association BLS Healthcare Provider CPR Certification**
- **Proof of Current SRNA, or PCT, or LPN Completion (validation print out from KBN Website)**
    - o *Prior to enrollment, verification/confirmation obtained of an unencumbered Practical Nursing License or an active SRNA certification on the KY Board of Nursing-website, or PCT certificate. Practical Nursing License, PCT, or SRNA Certification (active and in good standing) required.*
- **Completed physical form within 1 year of application deadline**
- **Complete Immunizations Report form with the following up to date immunizations recorded (*See pg. 22 for required Immunization Report Form*):**
    - o *MMR-Measles, Mumps, & Rubella- proof of 2 vaccines*
        - ▪ *Proof of two vaccinations are required. If shot records are unavailable and vaccination is not recommended by Healthcare Provider, then proof of immunity by lab results (titer) is acceptable.*

- *Varicella-proof of 2 vaccines*
  - *Proof of two vaccinations are required. If shot records are unavailable and vaccination is not recommended by Healthcare Provider, then proof of immunity by lab results (titer) is acceptable.*
- *Polio- proof of vaccines*
  - *Proof of vaccination is required. If shot records are unavailable and vaccination is not recommended by Healthcare Provider, then proof of immunity by lab results (titer) is acceptable.*
- *Hepatitis B- Initial Series and Positive Hepatitis B Surface Antibody Titer (HBsAb lab report required.)*
  - *If HBsAb is at least 10 mIU/mL (positive,) the person is immune. No further serologic testing or vaccination is recommended.*
  - *If HBsAb is less than 10 mIU/mL (negative,) the person is not protected from hepatitis B virus (HBV) infection and should receive another 2-dose or 3-dose series of HepB vaccine on the routine schedule, followed by HBsAb testing 1-2 months later.*
  - *A person whose HBsAb remains less than 10 mIU/mL after 2 complete series is considered a "non-responder." *www.vaccineinformation.org*
- Tetanus, Diphtheria & Pertussis *(Tdap)-proof of vaccination within the past 10 years.*
- Influenza-*proof of vaccine* must be obtained no earlier than September and no later than October 1st.

- **Copy of COVID-19 Vaccination Reporting Status- Must include copy of one of the following:**
  - Copy of COVID-19 Vaccination Cards
  - Copy of Religious Exemption Form and CU Waiver & Release Form
  - Copy of Medical Exemption Form and CU Waiver & Release Form
- **Copy of Tuberculosis Screening: Documentation of current Blood Assay (BAMT)**
  - *Copy of TB Blood Assay lab report and School TB form included in packet. Please note, students may be required to obtain an updated test prior to clinical placements.*
- **Copy of the HESI Admission Assessment (A²) Pre-Licensure Examination**
  - *Cumulative score of 75%. Prior to admission, all applicants complete the HESI Admission Assessment 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.*
- **Receipt for submission of CAN-Central Registry Check Report (Non-Refundable)**
  - *Please refer to Campbellsville University School of Nursing Website under Applying to the School of Nursing, for the direct link to CANS website and instructions on completing.* https://www.campbellsville.edu/academics/programs/nursing/
- **Completion of NurseTim Student Success 6-Pack.**
  - *Please refer to Campbellsville University School of Nursing Website under Applying to the School of Nursing for direct link to NurseTim and instructions on completing. You will need to attach proof of all 6 course completion certifications.*
- **Receipt for submission of a Pre-Admissions Background Check (Non-Refundable)**
  - *Please refer to Campbellsville University School of Nursing Website under Applying to the School of Nursing for the direct link to background check website and instructions on completing.*

- **Submission of Unofficial Transcripts**
  - o *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.*
- **Reviewed and signed the Drug and Alcohol Screening Requirements (Form Attached)**
- **I have signed and completed the School of Nursing Application.**
- **I have paid the $25.00 non-refundable application fee.**
- **I understand that orientation is mandatory at beginning of each semester, and is required as part of my admission and continued enrollment into the program.**

Transfer Applicants Only:

- **ADN/AAS Program Transfer Applicant Form**
- **Submission of Transferring Competencies/Skills Checklist from Previous Nursing Program**
  - o *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.*

LPN Applicants Only:

Campbellsville University LPN Graduates:
- **Submission of Transferring Competencies/Skills Checklist from Previous Nursing Program**
  - o *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.*

Non-Campbellsville University LPN Graduates:
- **Documentation of 6 months of full-time employment as an LPN**
- **Submission of Transferring Competencies/Skills Checklist from Previous Nursing Program**
  - o *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.*

International Applicants Only:

- **International Students Only- Official English Competency Document**
  - o *Every non-immigrant visa-holding applicant whose native language is other than English must present official evidence of writing and reading competency in the English language by means of one of the following:*

Measurement Tool	TOEFL IBT (Measures reading, listening, speaking, and writing skills)	IELTS	Duolingo	TOEFL PBT
SON Minimum Required Score	84 (Speaking score: 26)	6.5 (Speaking 6)	105	600

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, 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**_____

Campbellsville UNIVERSITY
School of Nursing

ADN/AASN STUDENT INFORMATION SHEET

Please Print Clearly/Legibly

Student Name_____
(First)   (Middle)   (Maiden)   (Last)

Student ID Number: _____ **Social Security Number:** _____

Driver's License #: _____ **Expiration Date:** _____ **State of Residence:** _____

Date of Birth (MM/DD/YYYY): _____ **Gender (select one):** ☐Female ☐Male

Student Race/Ethnicity (select one): _____

☐ American Indian/Alaskan Native   ☐ Black/African American   ☐ Hispanic/Latino

☐ Asian   ☐ Caucasian/White   ☐ Other

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

Primary Telephone Number (____)_____ **Cellular Telephone Number** (____)_____

1st Emergency Contact Name _____ **Telephone Number** (____)_____

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

Student Email Address (CU): _____@students.campbellsville.edu

Alternate (Personal) Email Address: _____

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

Campbellsville UNIVERSITY
School of Nursing

Nursing Uniform Order Form

Student Name: _____ Date: _____

CU ID#: _____ Cell Phone: _____

CU Email: _____@students.campbellsville.edu

Campus (Circle One):   Campbellsville   Harrodsburg

Item/Brand	Description	Size		Color
		Male/Female	**XS – 5XLG**	
Landau	Warm-Up Jacket			Steel
Landau	Warm-Up Jacket			White
Meridy's	Scrub Top			White
Meridy's	Scrub Pants			White
BE707	School of Nursing Armband	**One Size Fits All**		
ADN/AASN Students Only: BE01RNWC PN Students Only: BE01PNWC	Program Armband	**In the box below, circle which program you are entering:**		
		ADN/AASN	PN	

Campbellsville
UNIVERSITY
School of Nursing

ADN/AASN Student Name Badge Form
Please Print Clearly/Legibly

Preferred Name: _____

(first name only)

Campbellsville UNIVERSITY

School of Nursing

Drug and Alcohol Screening Requirements

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** _____

Hepatitis B Requirements

For consideration and admission to the School of Nursing, students are required to submit proof of:

Initial Hepatitis B vaccination series (3 doses)	**and**	**Hepatitis B Surface Antibody Titer (HBsAb)**

*ONLY the Surface Antibody Titer will be accepted. Titers of other kinds are incorrect and will not be accepted.

Although students are not required to have Hepatitis B immunity prior to acceptance, efforts to reach immunity must be met in order to meet facility requirements for clinical placement.

If you are applying to the School of Nursing and you:

1. Have Proof of initial Hepatitis B vaccination series (3 doses) **and** Hepatitis B Surface Antibody Titer is **Positive (Immunity)**

    - No further action is needed. All immunity requirements have been met.

2. Have Proof of initial Hepatitis B vaccination series (3 doses) **and** Hepatitis B Surface Antibody Titer is Negative **(Non-Immunity)**

    - Follow up with your healthcare provider as soon as possible to begin steps to reach Hepatitis B immunity. Based on CDC guidance your provider will recommend either:

        1. 2 Hepatitis B Adult Boosters (2 separate doses)

            or

        2. Repeat Hepatitis B Series (3 separate doses)

    - Once you have completed either 2 adult boosters or a repeat adult series, you will repeat a Hepatitis B Surface Antibody Titer.

        - If your repeat Hepatitis B Surface Antibody Titer is **Positive**, no further action is required.

        - If your repeat Hepatitis B Surface Antibody Titer is still **Negative**, you are then considered a "non-responder" per CDC guidelines, and no further action is required.

3. **DO NOT** Have Proof of initial Hepatitis B vaccination series.

    - If Titer is **Positive (Immunity)**, no further action is required.

    - If Titer is **Negative (Non-Immunity)**, Follow the steps above from process B.

Therefore, if your Hepatitis B Surface Antibody Titer is currently Negative, it is recommended to be proactive and follow up with your provider as soon as possible to begin steps towards reaching immunity in order to meet facility requirements prior to beginning your nursing course.

Campbellsville UNIVERSITY
School of Nursing

Immunization Report for Campbellsville University School of Nursing

Required for entrance into School of Nursing and placement at Clinical Sites

Student Name: _____

               (Last)   **(First)**   **(Middle Initial)**   **(Maiden)**

Address: _____

            (Street)   **(City)**   **(State)**   **(Zip)**

Date of Birth: _____

DATES IMMUNIZATIONS WERE ADMINISTERED (Month/Day/Year)

Polio

OPV   **#1**___/___/___   **#2**___/___/___   **#3**___/___/___   **#4**___/___/___

IPV   **#1**___/___/___   **#2**___/___/___   **#3**___/___/___

*Titer ONLY if applicable:*_____Date of Titer: ____ Proof of Immunity: Yes or NO – Lab report must be attached

MMR (Measles, Mumps, Rubella) #1___/___/___   **#2**___/___/___

*Titer ONLY if applicable:*_____Date of Titer: ____ Proof of Immunity: Yes or NO – Lab report must be attached

VARICELLA   **#1**___/___/___   **#2**___/___/___

*Titer ONLY if applicable:*_____Date of Titer: ____ Proof of Immunity: Yes or NO – Lab report must be attached

Tdap   **#1**___/___/___

HEPATITIS B

Infant Series **#1**___/___/___   **#2**___/___/___ **#3**___/___/___   **OR** Adult dose **#1**___/___/___ **#2**___/___/___

AND   **Hepatitis *B* Surface Antibody (HBsAb) titer**

Date of Titer: ____ Proof of Immunity: Yes or NO – Lab report must be attached

_____   _____

Signature of Provider Verifying dates of Immunizations from Official Health Records   **Date**

_____   _____

Provider's Printed Name & Title   **Provider's Phone Number**

_____

Name and Address of Provider's Practice Location

Department for Public Health
Tuberculosis Prevention and Control Program

REPORT OF TUBERCULOSIS SCREENING FORM

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 _____ (read within 48–72 hours after administration) and 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: Address:

_____   _____

(MD, APRN, PA, RN)

Date: _____

_____

Phone: _____

_____

TB-3
(07/2018)

FITNESS FOR DUTY

CLASSROOM & CLINICAL CLEARANCE

Campbellsville
UNIVERSITY
School of Nursing

To participate in lab, simulation, and clinical activities, all students must be capable of meeting the physical and mental duties that are essential components to maintaining a safe environment. Prior to participating in any lab, simulation, or clinical activities, students who develop or present an illness or condition that may limit or change activity while enrolled in a nursing program must provide written clearance from their licensed healthcare provider using the following Fitness for Duty Classroom & Clinical Clearance form.

SECTION 1: TO BE COMPLETED BY THE **STUDENT**

Student Name: _____ **Student ID:** _____

Nursing Program/Campus: ☐ ADN Campbellsville ☐ ADN Harrodsburg ☐ Practical Nursing

Student, please review the Fitness for Duty requirements outlined on the following page in Section 2 before signing that you agree to the following:

- By signing this agreement, I understand that the information on this form or the form itself may be provided to clinical affiliate sites as required for institutional approval.
- By signing this agreement, I affirm that I meet the physical and mental duties listed on this form that is required to participate in any lab, simulation, or clinical activities, and maintain a safe environment.
- By signing this agreement, I confirm that my healthcare provider has been provided the physical and mental duties listed on this form in order to provide a complete and accurate Fitness for Duty examination, in order to identify any physical or mental limitations that could prevent me from performing the listed required duties.

Student Signature _____ **Date of Student Signature**

SECTION 2: TO BE REVIEWED/COMPLETED BY **STUDENT** & **LICENSED HEALTHCARE PROVIDER**

Classroom and clinical involvement for nursing students can require up to 8-10 hours of daily participation in the classroom setting or clinical facility setting. Students are expected to complete nursing care activities comparable to that of a staff nurse with the supervision of their clinical instructor.

Therefore, the following requirements must be met to ensure Fitness for Duty for student participation in lab, simulation, and clinical activities in all nursing program settings:

	Functional/Ability Category	Requirement	Examples of Necessary Activity
Physical/Motor Abilities	☐ Student <u>DOES</u> demonstrate or possess the listed requirements and examples of necessary activities **HCP Initials**(initial) ☐ Student <u>DOES NOT</u> demonstrate or possess the listed requirements and examples of necessary activities **HCP Initials**(initial)	Demonstrate physical abilities to execute gross motor skills, physical endurance, and strength to safe patient care.	Assisting with patient care procedures such as ambulation of patients, administering CPR, turning and lifting patients, and providing care in confined spaces, such as treatment room or operating suite. Use fine motor skills and dexterity for activities such as keyboard data entry, setting physiologic monitors, and measuring medication dosages in syringes. Use gross body movements such as bending, stooping, reaching, balancing, crawling, crouching, kneeling, climbing, standing, sitting, running, walking, and repetitive movements. Ability to lift, carry, push, or pull objects up to 25 pounds.

	Functional/Ability Category	Requirement	Examples of Necessary Activity
Sensory Abilities	☐ Student <u>DOES</u> demonstrate or possess the listed requirements and examples of necessary activities **HCP Initials**(initial) ☐ Student <u>DOES NOT</u> demonstrate or possess the listed requirements and examples of necessary activities **HCP Initials**(initial)	Demonstrates sensory abilities to understand speech, hearing, reading, and writing to monitor and assess patients.	Sensory abilities are sufficient to hear alarms, auscultate sounds, and communications with others. Visual acuity to read calibrations on 1 cc syringe, assess color (e.g., cyanosis, pallor, identify color of body fluids, etc.). Tactile ability to palpate pulses, feel skin temperature, palpation veins, etc.
Cognitive/Mental Abilities	☐ Student <u>DOES</u> demonstrate or possess the listed requirements and examples of necessary activities **HCP Initials**(initial) ☐ Student <u>DOES NOT</u> demonstrate or possess the listed requirements and examples of necessary activities **HCP Initials**(initial)	Demonstrate required cognitive and mental health wellness to participate in patient care.	Possess cognitive and mental health wellness to critically think, and to assimilate and analyze information to effectuate a timely and appropriate decision amid multiple distractions. Must be able to memorize, analyze, synthesize, and transmit information throughout up to 8-12 work periods. Gives verbal directions to or follows verbal directions from others.

SECTION 3: TO BE COMPLETED BY **LICENSED HEALTHCARE PROVIDER**

Please indicate your recommendations regarding (Student's Name) ability to perform the physical and mental duties required for classroom and clinical settings in outlined in Section 2. The student must be free of any restrictions or limitations that could jeopardize the health & safety of the student, the faculty, and/or their potential client(s) in the clinical setting.

(initial)I find the above-named student Fit for Duty with **NO** restrictions or limitations in the classroom or clinical setting.

(initial)I find the above-named student Fit for Duty **WITH** the following restrictions or limitations:

_____

_____

_____

(initial)I find the above-named student **NOT** Fit for Duty; may be reconsidered after:

_____

_____

_____

Provider Printed Name/Credentials: _____

(MD, DO, APRN, PA)

Provider Specialty & Office: _____

Provider Address & Contact Number: _____

Provider Signature: _____ **Signature Date:** _____

# Campbellsville University Immunization Exemption Waiver and Release Form

By signing this waiver, I acknowledge that I may be placing myself and others at risk of serious illness should I contract a disease that could have been prevented through proper vaccination. I release Campbellsville University, its Board members, employees and students from any and all claims connected with an outbreak or threatened outbreak of disease or other public health immunization emergency on campus or in clinical settings. Additionally, I understand that I may be required to leave campus in such situations until such situations have been resolved.

_____   _____

Student Signature   Date

_____

Student Name Printed

_____

Date of Birth
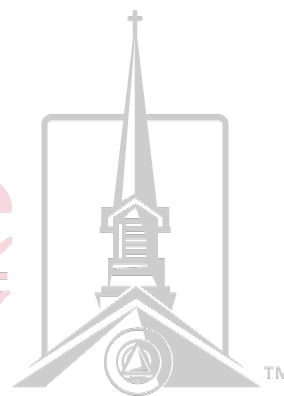
Campbellsville
UNIVERSITY
School of Nursing

Medical Exemption Immunization Form

Student Name: _____ **Date of Birth (MM/DD/YYYY):** _____

All exemption requests must include the following information from your provider:

- The specific vaccine(s) requested for exemption are: _____

- A written and signed statement by a licensed, treating medical provider, certifying the need for a medical exemption*, **_which must include at least one of the following for any vaccine(s) for which an exemption is requested:_**

  ☐The applicable CDC contraindication for the vaccine(s):

  _____

  _____

  ☐The applicable contraindication found in the manufacturer's package insert for the vaccine(s):

  _____

  _____

- A statement that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the vaccine(s):

  _____

  _____

  _____

- Duration of exemption for vaccine(s) ☐**permanent**   or   ☐**temporary**

  If temporary, expiration date of exemption for vaccine(s): _____

Provider Name: _____

Practice Name: _____

Practice Address: _____

Practice Telephone Number: _____

Provider License Number & State: _____

Provider Signature: _____ **Date Signed:** _____

Campbellsville UNIVERSITY
School of Nursing

Religious Exemption Request of Epidemic-Related Vaccine

Student Name: _____ Student Date of Birth (MM/DD/YYYY): _____

Student Email: _____ CU Student ID#: _____

Student Phone Number:_____

Type of Vaccination Requesting Exemption: _____

COVID-19 can cause severe respiratory illness, kidney and liver damage, blood clots, and even death. COVID-19 is easily spread to family members. Some people have continued to have long-term health issues after COVID-19 infections. I understand the risks associated with the refusal of this vaccine. _(initial)_

I understand and agree that this refusal does not make me exempt from employer/school-mandated vaccination. I may still be excluded from work or school for up to three (3) weeks, or until the risk period ends. _(initial)_

Due to my religious held belief, I object to receiving the required immunizations selected above. I am aware that if I change my mind, I can rescind this objection and obtain the immunization. _(initial)_

I understand the risks of non-vaccination and have had an opportunity to discuss this with my physician. If I am approved for an exemption, I release Campbellsville University, its trustees, officers, employees, students and vendors from any resulting injury or illness. I agree to submit to COVID-19 testing as mandated by Campbellsville University. In the event of a contagion outbreak or if I contract a vaccine-preventable disease, I understand that I may be excluded from campus, required to quarantine, or be subject to other precautionary measures. I certify that the information I have provided is accurate and complete.

Additional information about COVID-19 immunizations and reduced or no cost immunization services is available from the local health department (LHD) in each county.

In the event that the local health department (LHD) or state health department (KDPH) declares an outbreak of COVID-19 or a COVID-19 variant for which proof of immunity cannot be provided, I understand and agree that I may be excluded from work or school for up to three (3) weeks, or until the risk period ends.

_____   _____
Student Signature   _Date (MM/DD/YYYY)_

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 8GB 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
- Microsoft Office 365
- Personal Audio Capabilities (Earbuds/Earphones)
- 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
- USB Port

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 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

Campbellsville UNIVERSITY

School of Nursing

ADN/AASN Nursing Program

Pre-Admission Conference Handbook Acknowledgement

Applicants Name: _____

Semester Applying for: Fall _____ **Spring** _____

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/ Associate of Applied Science in 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**

To be Placed in Applicants File