



# Southwestern Michigan College Nursing (LPN-RN) Program Application

## Application Checklist

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Complete the Full Checklist BEFORE submitting.

### Forms to Be Signed

- \_\_\_\_\_ Cover Sheet and Acknowledgement of Application Guidelines
- \_\_\_\_\_ Application to Begin Nursing (RN) Program
- \_\_\_\_\_ Health Record – Physicians Form
- \_\_\_\_\_ Health Record – Applicants Form

### Other Required Documentation

- \_\_\_\_\_ Copy of Driver's License
- \_\_\_\_\_ Proof of U.S. citizenship, legal permanent residence, or valid non-immigrant status that permits study in the United States or Valid DACA Approval.

\*Acceptable documentation:

- **U.S. Citizenship** - birth certificate, passport, certificate of naturalization
- **Legal Permanent Residence** - permanent resident card (green card)
- **Non-Immigrant Status** - I-20 Certificate of Eligibility for F-1 students or visa stamp + I- 94 record or I-797 Approval Notice for Change of Status + I-94 record
- **DACA** - I-797 Approval notice for consideration of Deferred Action of Childhood Arrivals.

### Other Requirements

\_\_\_\_\_ SMC Student ID picture taken. This may be done at the Dowagiac Campus in the Student Activity Center or at the Niles Campus Main Office



# Southwestern Michigan College School of Nursing and Health Services – LPN-RN

## Cover Sheet and Acknowledgement of Application

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Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Uniform Top Size: \_\_\_\_\_

Uniform Bottom Size: \_\_\_\_\_

Circle one: Men's/Unisex      Women's

### General Guidelines

Please read and understand the following before filling out the nursing application.

- No incomplete applications will be accepted.
- The Kaplan Admission Exam must be completed prior to turning in your application. Kaplan expires in one year from the date test was taken.
- All complete applications must be turned into the Nursing and Health Services Office. The Nursing and Health Services Office will review your application for completeness.
- In order to complete your application in time, it is recommended that the nursing application be started AT LEAST 2 months before its due date.
- EDUC 120 is required for degree completion. It is recommended this course be taken prior to admission to the nursing program or during the first semester of the nursing program.

### Application Due Dates

Nursing Admission Semester Start	Application Due Date	Kaplan Due Date
Fall Cycle Admission (September Start)	June 1	July 1
Spring Cycle Admission (January Start)	November 1	December 1

### Bloodwork for Antibody Status Profile

If you are unable to provide proof of immunizations for measles, mumps, rubella, hepatitis B, and chickenpox you may submit your "Antibody Status Profile", also known as titers. You can ask your healthcare provider to order an antibody status profile, or you can visit the nearest LabCorp or AnyLabNow center to get titers drawn without a healthcare provider's orders. It may take up to one month to get titer results. If your titer reads "absent" for any of the above listed vaccinations, you will need to make an appointment to get your vaccines. Most vaccines are available at your local pharmacy.

### Reading your Antibody Status Profile

*Absent* means, you do not have immunity to the disease and you must get another vaccination. *Present* means, you do have immunity to the disease and you do not need another vaccination. Read your report before turning it in, just because you have had the vaccination in the past does not mean you still have immunity. If your titers read "absent", you must provide proof of updated immunizations.

## Hepatitis B Vaccination Series

Hepatitis B is a series of injections that must be started prior to the beginning of the clinical sequence (students must have the first injection of the series prior to admission). If no previous dose or cannot document previous vaccination should receive either a 2-dose series of Heplisav-B at 0 and 1 month or a 3-dose series of either Engerix-B, PreHevbrio, Recombivax HB or Twinrix at 0,1, and 6 months, (Twinrix prevents Hepatitis A and B). It is recommended that students test for Hepatitis B Surface Antibody 1-2 months after final dose to ensure immunity to Hepatitis B.

## TB tests

There are two options for the required TB test. Regardless of the option you choose, the test is only valid for one year.

- The TB skin test is also called the Mantoux tuberculin skin test (TST). A TB skin test requires two visits with a health care provider.
  - On the first visit the test is placed; on the second visit the health care provider reads the test.
  - The TB skin test is performed by injecting a small amount of fluid (called tuberculin) into the skin on the lower part of the arm.
  - A person given the tuberculin skin test must return within 48 to 72 hours to have a trained health care worker look for a reaction on the arm.
  - (Source: <https://www.cdc.gov/tb/topic/testing/tbtesttypes.htm>)
- A QuantiFERON Gold TB Test is the other option accepted by the nursing program. This test is a blood test and requires a one-time visit to your doctor or lab.
- Chest x-rays are not accepted unless you have a positive blood or skin test in the past.

## Tetanus

Current proof of tetanus vaccination is required. The vaccination expires in 10 years.

## Covid-19

Proof of Covid-19 vaccination/s per CDC guidelines is required.

## MMR (Measles, Mumps, Rubella)

Two vaccinations are required. Vaccines can be a combined MMR vaccination, however if individualized vaccines are submitted you must submit two vaccines for measles, two vaccines for mumps, and two vaccines for rubella. The MMR vaccine should be administered according to the following schedule:

Vaccine 1: Birth or anytime

Vaccine 2: At least one month after vaccine 1.

If an applicant is pregnant, a titer is completed as part of prenatal care. If the titer is non-immune or equivocal during the pregnancy, the rubella vaccination is waived until the pregnancy ends, at which time the student has 60 days to provide proof of vaccination.

## Chicken Pox (Varicella)

Two vaccinations are required or a signed waiver providing history of disease in place of the vaccination will be accepted. The varicella vaccine should be administered according to the following schedule:

Vaccine 1: Birth or anytime

Vaccine 2: At least one month after vaccine 1.

**You must provide proof of immunity at nursing orientation. Bring your immunization records or titers with you to orientation.**

## Criminal Background Check and Drug Screen

Upon admission to the Nursing Program, all students are subject to a comprehensive criminal background check. The Nursing Program follows the State of Michigan 's Workforce Background Check, Public Acts 26, 27, 28, and 29 of 2006, as they relate to the types of crimes and their implications to employment suitability in health/adult foster care facilities and agencies. The Nursing Program uses Castle Branch to run background checks on all those admitted into the nursing program. If you have any questions regarding the background check please reach out to the Nursing and Health Services office at [nhs@swmich.edu](mailto:nhs@swmich.edu).

The SMC Nursing Program enforces a zero-tolerance drug policy; including the use of marijuana. All students are required to pass a drug screen prior to starting the Nursing Program. If a student tests positive for marijuana, the student will not be allowed to continue in the Nursing Program.

Instructions for criminal background check and drug screen will be provided at nursing orientation.

**CPR**

Current proof of CPR certification is required before the semester starts. We only accept American Heart Association BLS Provider Certification or Red Cross BLS for Health Care Providers. Students must complete a hands-on class. No online CPR courses will be accepted. Contact the Nursing and Health Services Office if interested in taking CPR class on campus at SMC.

Signature of Acknowledgement of Application Guidelines: \_\_\_\_\_

## Nursing Uniform Order Form

Student Name: \_\_\_\_\_

N Number: \_\_\_\_\_

Please Circle:

Men's/Unisex

Womens

Shirt Size: \_\_\_\_\_

Pant Size: \_\_\_\_\_

Jacket Size: \_\_\_\_\_



**Women's Size Chart**

SIZE	XXS	XS	S	M	L	XL	2XL	3XL	4XL	5XL
	00/0	2/4	6/8	10/12	14/16	18/20	22/24	26/28	30/32	34/36
<b>BUST</b>	31-32	33-34	35-36	37-39	40-43	44-47	48-51	52-55	56-59	60-63
<b>WAIST</b>	24-25	24-25	26-27	28-30	31-34	35-38	39-42	43-46	47-50	51-54
<b>HIP</b>	33-34	35-36	37-38	39-41	42-45	46-49	50-53	54-57	58-61	62-65

**Men's \ Unisex Size Chart**

Size	XS	S	M	L	XL	2XL	3XL	4XL	5XL
<b>Chest</b>	32-34	35-37	38-40	42-44	46-48	50-52	54-56	58-60	62-64
<b>Waist</b>	24-26	27-29	30-32	34-36	38-40	42-44	46-48	50-52	54-56
<b>Hip</b>	32-34	35-37	38-40	42-44	46-48	50-52	54-56	58-60	62-64

Sample uniforms are available at the Southwestern Michigan College Bookstore. If you are unsure of your size, please visit the bookstore to try on the sample sizes.

2 uniform tops, 2 uniform bottoms and 1 uniform jacket will be ordered in your size.



# Southwestern Michigan College School of Nursing and Health Services – LPN-RN

## Nursing Program Application

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Complete and return to the Nursing Department and Electronic signatures are not accepted

### NAME

Last: \_\_\_\_\_ First: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

### LOCAL ADDRESS

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_ SMC EMAIL: \_\_\_\_\_@swmich.edu

NON-SMC EMAIL: \_\_\_\_\_

**Prerequisites and Grades Earned** \*Include courses in progress and If transferred, use a "T"

### L.P.N– A.D.N. (Registered Nursing for LPNs)

Course	Grade	Semester Taken
BIOL 214		
BIOL 215		
ENGL 103		
NURS 167		
PSYC 101		

### Which Semester do you wish to begin Nursing?

1st Choice (List Year)

- Fall (Sept) \_\_\_\_\_ Spring (Jan) \_\_\_\_\_

2nd Choice (List Year)

- Fall (Sept) \_\_\_\_\_ Spring (Jan) \_\_\_\_\_

Please Initial the below statement: \_\_\_\_\_

**\*\*NOTE:** Prerequisites may only be repeated once to be considered for admittance to the nursing program

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Nursing Program – LPN-RN Health Record/ Physician's Form

**TO THE PHYSICIAN:** The applicant has been asked to complete the history on the attached copy. Please review for accuracy. Using the following form please make the necessary examinations. This information will be used in the best interest of the applicant and patient safety. This applicant is being considered for a health occupation; therefore, we are concerned about physical stamina. 58900 Cherry Grove Rd, Dowagiac, MI 49047

Applicant's Name: \_\_\_\_\_

Ht \_\_\_\_\_ Wt \_\_\_\_\_ BP \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_

**Check Each Item**

	Normal	Abnormal	Nature of Abnormality
Skin			
Head/ Neck/ Thyroid			
Eyes/Vision			
Ears/Hearing			
Nose/Sinuses/Mouth			
Throat/Nodes			
Chest/Breasts			
Lungs			
Heart			
Abdomen			
Extremities/Joints			
Vascular			
Neuro/Reflexes			
Mental Status			

**Test, Immunization or Proof of Immunity** - Must be submitted with Nursing (LPN-RN) application.

Is this applicant subject to any physical limitations? No \_\_\_\_\_ Yes \_\_\_\_\_

Explain, if yes \_\_\_\_\_

Additional comments regarding the applicant's physical and/or mental health?

\_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_



# Southwestern Michigan College School of Nursing and Health Services – LPN-RN

## Nursing Program Health Record/ Applicant’s Form

INSTRUCTIONS TO THE APPLICANT: This form must be completed, signed and returned to The Nursing Office. All information is confidential and should be as complete as possible. This information will be used in the best interest of the applicant and patient safety. 58900 Cherry Grove Rd, Dowagiac, MI 49047

Please PRINT IN INK or TYPE. You should complete this form. Your physician should complete the other form. Please make sure that you and your physician sign in the proper places.

### PART ONE—TO BE COMPLETED BY THE APPLICANT

DATE \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Sex M  F  DOB \_\_\_\_\_ Student ID \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Current Phone number (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

Current Medications \_\_\_\_\_

Current conditions under MD’s Care \_\_\_\_\_

Sensitivities or Allergies \_\_\_\_\_

Physical Impairments \_\_\_\_\_

Do you have a lifting weight restriction-if yes, please explain.

### History

Have you had the following	No	Yes	If Yes, Explain
Tuberculosis			
Diabetes			
Epilepsy			
Cancer			
Asthma			
Heart Disease			
High Blood Pressure			
Eye or Ear Problems			
Shortness of Breath			
Kidney Disease			
Fainting or Dizzy Spells			
Color Blindness			
Contact Lenses			
Severe headaches			
Anxiety Reactions			

### NEXT PAGE



**PAGE 2 of Health Record/ Applications Form**

PRINT name of physician who will perform your examination:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

To the best of my knowledge, the above information is correct. I understand that misinformation may result in dismissal.

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



Dear Applicant/Student:

Effective July 1, 2024, the U.S. Department of Education requires post-secondary institutions to attest that programs preparing students for licensure satisfy the educational requirements in:

- The state in which the institution is located;
- The state in which the student is located at the time of initial enrollment, or the state where the student attests they intend to seek employment.

Federal Regulation 34 CFR 668.14(b)(32)(ii)

Southwestern Michigan College has determined the Associate of Applied Science in Nursing program does meet licensure/certification requirements in Michigan, Indiana and Maryland.

Southwestern Michigan College has not yet determined the Associate of Applied Science in Nursing program meets licensure/certification requirements in states other than Michigan, Indiana and Maryland. For a determination of a state's licensure/certification requirements, please submit a request to Melissa Kennedy, Dean of Nursing and Health Services at [mkenney03@swmich.edu](mailto:mkenney03@swmich.edu) or 269-782-1241.

I attest that I intend to seek employment in the state of \_\_\_\_\_ and understand the above information related to licensure in that state.

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
N Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Southwestern Michigan College School of Nursing and Health Services

## RN Admission/File Review Form

APPLICANT \_\_\_\_\_

Banner# \_\_\_\_\_

SMC Email \_\_\_\_\_

Date Turned In \_\_\_\_\_

### APPLYING FOR:

- Fall \_\_\_\_\_
- Spring \_\_\_\_\_
- 10 SMC Credits
- Spring \_\_\_\_\_

### PREREQUISITES:

	Grade/Semester
ENGL 103	_____
BIOL 214 (B- or above)	_____
CHEM 100	_____
MATH 127	_____
PSYC 101	_____
BIOL 215	_____

### POINT CALCULATION

<u>Grade</u>	<u>Credits</u>	<u>Points</u>					<u>Xs taken</u>
_____	_____ ENGL 103	_____	X	3	=	_____	_____
_____	_____ BIOL 214 (B- or above)	_____	X	4	=	_____	_____
_____	_____ BIOL 215	_____	X	4	=	_____	_____
_____	_____ MATH 127	_____	X	4	=	_____	_____
_____	_____ PSYC 101	_____	X	3	=	_____	_____
_____	_____ NURS 167	_____	X	2	=	_____	_____
						Subtotal	/20 _____ = _____

\_\_\_\_\_ Kaplan Admission Score (minimum 60% overall)

### FILE DOCUMENTATION:

- Nursing Application \_\_\_\_\_ 1yr exp
- Medical Form \_\_\_\_\_ 1yr exp
- Limitations: \_\_\_\_\_
- Driver's License or State Issued ID
- Citizenship (BC, I-20, PR, Passport)

### IMMUNIZATIONS: Must be less than expiration or titers to prove immunity

TB \_\_\_\_\_ 1yr exp

Chicken Pox (v) \_\_\_\_\_

Tetanus \_\_\_\_\_ 10yr exp

CPR \_\_\_\_\_ 2yr exp

Measles (m) \_\_\_\_\_

Covid-19 Vaccine \_\_\_\_\_

Mumps \_\_\_\_\_

Rubella (gm) \_\_\_\_\_

Hepatitis B \_\_\_\_\_

## To be filled out by Nursing Office Only.