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Associate Degree Nursing Online Advising Session Certificate of Completion

APPLICANT NAME (Please Print): _____

DATE OF VIEWING: _____

EMAIL ADDRESS: _____

RN Program Campus you are applying for:

I, _____ have listened to the online Advising Session and have read the Program Admission packet for program application. I understand the requirements for the selective admission process to the Associate Degree Nursing program for the Maysville Community and Technical College.

I am aware of the following topics pertaining to the Associate Degree Nursing program:

*Application
*Selective Admission Process
*Pre-requisites
*Criminal Background Check & Drug Screening
*Health Screenings and Immunizations
*Approximate Program Costs
*KBN Criminal Conviction Brochure & KBN Crime Conviction Procedure Acknowledgement form
*Readmission Process
*Technical Standards
*Campus Selection Form

_____ _____
Applicant Signature Today's Date

PREADMISSION CONFERNCE VERIFCATION CODE:_____

THIS IS THE CODE FROM THE ONLINE PREADMISSION CONFERENCE THAT PROVES YOU WATCHED THE PROGRAM.

MAYSVILLE COMMUNITY & TECHNICAL COLLEGE

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MAYSVILLE COMMUNITY & TECHNICAL COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

STATEMENT OF UNDERSTANDING

Student Name:	
Program:	Associate Degree Nursing R.N. Program
College:	Maysville Community & Technical College

As a student of this program, I agree to the rules, regulations, policies and procedures as stated below.

1. The program requires a period of assigned, guided clinical experiences either in the college or other appropriate facility in the community.

2. For educational purposes and practice on "live" models, I will allow other students to practice procedures on me and I will practice procedures on them under the guidance and direct supervision of my instructor. The nature and educational objectives of these procedures have been fully explained to me. No guarantee or assurance has been given to me by any representative of the college as to any problem that might be incurred as a result of these procedures.

3. These clinical experiences are assigned by the instructor for their educational value and thus no payment (wages) will be earned or expected.

4. It is understood I will be a student within the clinical facilities that affiliate with my college and will conduct myself accordingly. I will follow all required and published personnel policies, standards, philosophy, and procedures of these agencies. I will agree, at my own expense, to obtain all health screenings, immunizations, criminal background checks, and drug screenings as required by the affiliating agency.
5. I have been provided a copy of, read, and agree to adhere to the college's policies, rules, and regulations related to the program for which I am applying.
6. I understand that information regarding a patient or former patient is confidential and may be used only for clinical purposes within an educational setting according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
7. I understand the educational experiences and knowledge gained during the program do not entitle me to a job; however, if all educational objectives and licensure requirements are successfully attained, I will be qualified for a job in this occupation.
8. I understand any action on my part inconsistent with the above understandings may result in suspension of training.
9. I understand that I am liable for my own medical and hospitalization expenses.
10. I understand that I will be accountable for my own actions; therefore, I will carry a minimum $1,000,000/$3,000,000 **(or a greater amount of _____ as required by the Facility)** limited professional liability insurance during the clinical phase of the program.

I have read and understand each term above, and agree to abide by this statement of understanding.

To be signed by legal guardian if applicant is a minor.

Student Signature:	
Date:	

As the legal guardian of the student named above, I agree to the above conditions.

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MAYSVILLE COMMUNITY & TECHNICAL COLLEGE

ASSOCIATE DEGREE NURSING R.N. PROGRAM

TECHNICAL STANDARDS

Nursing at the technical level involves the provisions of direct care for individuals and is characterized by the application of verified knowledge in the skillful performance of nursing functions. Therefore, in order to be retained in the program, all applicants should possess

1. sufficient visual acuity, such as is needed in the preparation and administration of medications, and for the observation necessary for patient assessment and nursing care.

2. sufficient auditory perception to receive verbal communication from patients and members of the health care team and to assess health needs of people through the use of monitoring devices such as cardiac monitors, stethoscopes, IV infusion pumps, doptones, fire alarms, etc.

3. sufficient gross and fine motor coordination to respond promptly and to implement the skills, including the manipulation of equipment, required in meeting health needs.

4. 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 interests.

5. sufficient intellectual and emotional functions to plan and implement care for individuals.

If you need special accommodations to meet the above standards, please contact Ms. Ginger Clarke Associate Dean of Health Sciences/Nursing Program Administrator, Associate Degree Nursing Program, Maysville Campus, or Ms. Lori Gaunce, Registrar/Admissions Officer, at (606) 759-7141.

I have read and understand the technical standards outlined above.

Student Signature _____

Student Name (please print) _____

Student ID No. _____ Date _____

Ms. Ginger Clarke, R.N., M.S.N.
Nursing Program Administrator
Maysville Campus
Maysville Community & Technical College
1755 US Highway 68
Maysville, KY 41056

Rev. 08/26/2020

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MAYSVILLE COMMUNITY & TECHNICAL COLLEGE

ASSOCIATE DEGREE NURSING PROGRAM

KBN CRIME CONVICTION PROCEDURE ACKNOWLEDGEMENT

The Kentucky Board of Nursing requires that all prospective Nursing students and/or enrolled nursing students be aware of the established procedures an individual must complete if he/she has been convicted of a crime (includes felony and misdemeanor, except traffic violations). The following must be completed

1. The individual may:
   a. write a letter to the Executive Director of the Board of Nursing requesting a hearing and explaining the circumstances of the crime.
   b. request that official copies of the charges, conviction, and penalty be sent to the Executive Director of the Kentucky Board of Nursing.
   c. submit additional information as requested.

2. A hearing will be scheduled:
   a. if the charges were of such nature as to be related to the occupation of nursing.
   b. if the penalty imposed has been fulfilled. A hearing will not be scheduled for an individual on parole or probation.

3. The Board of Nursing will consider:
   a. the nature of the offense and its relationship to the occupation of nursing.
   b. the activities of the individual since the crime was committed.

4. The Board of Nursing will give reasonable assurance that:
   a. the individual will not be permitted to take the State Board Test Pool Examination if he/she completes a Nursing Program.
   b. the individual will be permitted to take the State Board Test Pool Examination if there are no further problems and the Nursing Program is successfully completed.

Please sign and date to prove your understanding of the procedure.

_____ _____

Signature Date

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Maysville Community & Technical College — **STUDENT DATA FORM**

Associate Degree Nursing Program — **Pre-Admission Conference**

Date _____

PERSONAL INFORMATION

Name (Last, First, MI)							
Address (Street, City, State, Zip)	Street/P O Box			City		State	Zip
Phone – Cell				County of Residence			
Phone – Home							
DOB		Sex		Student ID No.		KCTCS EMAIL	
ENGLISH SECOND LANGUAGE							

STUDENT RACE/ETHNICITY FOR KBN REPORTING

AMERICAN INDIAN/ALASKA NATIVE	
ASIAN	
BLACK/AFRICAN AMERICAN	
CAUCASIAN/WHITE	
HISPANIC/LATINO	
OTHER	

EMERGENCY CONTACT

Name	
Relationship	
Telephone	

PLEASE CHECK (√) THE APPROPRIATE RESPONSE

All Students		I am here for informational purposes only.
New Students		I am here to fulfill the criteria for consideration of admission to the Associate Degree Nursing Program in the _____ Semester, _____..
Practical Nurses		I am here to fulfill the criteria for consideration of admission to the Associate Degree Nursing Program as a Licensed Practical Nurse in the _____ Semester, _____.
Re-Admit Students		I am here to fulfill the criteria for consideration of re-admission to the Associate Degree Nursing Program in the _____ Semester, _____.

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MAYSVILLE COMMUNITY & TECHNICAL COLLEGE

ASSOCIATE DEGREE NURSING R.N. PROGRAM

NURSING CARE WORK EXPERIENCE DOCUMENTATION FORM*

***NOTE: *PRIVATE DUTY SITTING* IS NOT AN ACCEPTABLE ACTIVITY. EXPERIENCE MUST BE EARNED FROM A FACILITY WITH A HUMAN RESOURCES DEPARTMENT OR FROM COMPLETION OF CLINICAL ROTATION AS PART OF A CREDIT COURSE.**

SECTION 1. STUDENT NAME

Applicant Name	Student ID #

SECTION 2. WORK EXPERIENCE (With Payment) or STUDENT CLINICAL EXPERIENCE (Course Requirement)

Work Experience (check all that apply)

□ LPN	□ Nurse Aide	□ Medical Receptionist
□ Paramedic	□ Patient Care Sitter	□ Other _____
□ Nurse Aide Clinical Experience	□ Nursing Student Experience	

SECTION 3. TIME DEVOTED TO WORK EXPERIENCE

Amount of Time Devoted to Work Experience. List Dates and Times Applicant Attended.

From Date	To Date	# Days/Week Worked	# Hours/Day Worked

Total *MONTHS* Applicant Completed Work Experience at Your Facility _____

Signature	**Signature**
_____ Work Experience Supervisor or Employer	_____ Applicant
_____ Facility	
_____ Date	_____ Date

SECTION 4. COMMENTS

Additional Comments You Wish to Make About Applicant

_____

_____

WORK EXPERIENCE FORM MUST BE SUBMITTED BY MAY 31. IF SUBMITTED AFTER THIS DATE, POINTS FOR WORK EXPERIENCE WILL NOT BE AWARDED.

Ms. Ginger Clarke, R.N., M.S.N.
Nursing Program Administrator
Maysville Campus
Maysville Community & Technical College
1755 US Highway 68
Maysville, KY 41056

Rev. 08/26/2020

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Associate Degree Nursing Online Application Campus Selection Form

APPLICANT NAME (Please Print): _____

Please choose campus you wish to attend in rank order.
Maysville, Licking Valley, or Montgomery

First Choice _____

Second Choice _____

Third Choice _____

Please note that you will only be chosen for one campus. We will take your order of preference into consideration.

You will be required to send a packet for each campus you are applying for.

_____ _____
Applicant Signature Today's Date

MAYSVILLE COMMUNITY & TECHNICAL COLLEGE