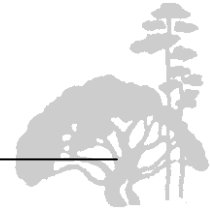


Bainbridge College

ADN Program



The Associate Degree in Nursing Program (ADN Program) at Bainbridge College welcomes applications from all qualified individuals who wish to pursue an Associate of Science Degree in Nursing. Admission to the ADN program is a highly competitive process with a limited number of spaces available. Students are chosen from applicants who have completed the application requirements by the established deadline and are based on a point system that includes GPA, preadmission test scores, and a on site interview. Fifty applicants with the strongest academic credentials will be selected.

Please complete the admission application packet and return to ADN Program with a postmark date of no later than June 1st 2009. All required information must be included for the application to be considered. Please see the Student Application Check sheet form included in this packet to insure that you have submitted the items that are required by June 1st, 2009

Students will be ranked in order, utilizing criteria for selection that is included in this packet. Notification of acceptance will be made by mail prior to August 5th 2009.

The TEAS placement exam is required prior to June 1st, 2009 to be considered for August admission. Please contact the Testing and Career Development Center at (229) 248-2579 to schedule an appointment. You will be required to bring a picture I.D. and a check made out to Bainbridge College (or cash) in the amount of \$25.

The Faculty and Staff of the Associate Degree in Nursing Program are excited about your interest in our program, and wish you luck in the application process. If you have any questions regarding the application or program, please call 229-243-6485.

Best Wishes!

ADN Program Director, Faculty and Staff
Bainbridge College ADN Program
Associate Degree Nursing Program

ASSOCIATE DEGREE NURSING
Admission Standards for Associate Degree in Nursing August 2009

Minimum admission standards for the program include:

1. Complete the application process for admission to Bainbridge College
2. Any student who provides false information on the Nursing Program application will be excluded from admission or if accepted into the ADN program will be terminated.
3. Must not have failed two nursing courses within the last 5 yrs at any nursing school
4. A student will not be eligible to enter the BC ADN program if they have failed a core class twice within the last 3 years.
5. Have completed successfully all developmental classes for degree level programs.
 - Have earned a minimum grade point average of 2.5 on required core courses for the ADN program.
6. Human Anatomy and Physiology and Microbiology courses must have taken within five (5) years of ADN Program entry date.
7. **Students must have completed the following core classes with a C or higher prior to applying to the ADN Program:**
 - BIOL 2111 – Human Anatomy & Physiology
 - ENG 1101 English Composition I
 - CSCI 1000 – Computer Fundamentals
 - PSYC 1100 – Introduction to Psychology **OR**
 - PSYC 2103 – Psychology of Human Development

Students may take the following classes in conjunction with the ADN Nursing Program:

BIOL 2112 – Human Anatomy & Physiology
BIOL 2115 – Microbiology
ENG 1102 – English Composition II
COMM 1100 – Human Communication
HIST 2111 or HIST 2112 – United States History
POLS 1101 – American Government

**** [All core classes must be completed prior to entering the final semester, NURS 2050, Advanced Nursing Concepts]**

**** The ADN nursing program is both a challenging and rewarding educational experience and requires time and dedication. Therefore, it is recommended that the student complete all core classes or a majority prior to beginning the ADN program.

8. Take the TEAS nursing entrance examination with satisfactory scores. The following scores must be achieved to meet criteria for possible admission:

Reading	65
English	65
Math	60
Science	60

9. Have successfully completed The Regents' Reading Skills (RGTR 0198) and Regents' Writing Skills (RGTE 0199) prior to ADN Program Admission

The following documents are required to complete the application packet for the Associate Degree Nursing Program:

- Nursing Program Student Application received by June 1st 2009
- College Transcripts
- Must have taken the TEAS at the BC Testing Center by June 1st 2009 or provide documentation of TEAS completion within the past year.

Students, who meet the minimum admission standards, should complete the application packet and submit, postmarked no later than June 1st 2009

The application packet will be found to be incomplete if all required information is not submitted by stated deadline.

***** All incomplete applications or applications received after the deadline will not be considered. *****

The selection process will begin upon receipt of all completed applications by the deadline date.

Selection Criteria

All **complete** applications, submitted by the deadline, will be reviewed. The following criteria will be utilized to rank the applicants by a composite sum. As stated above, admission to the program is competitive and the number of students is limited by the number of faculty and clinical facilities available.

Applicant scores will be ranked from highest to lowest using the attached selection criteria. Notification of acceptance will be made by mail by August 5, 2009.

**Bainbridge College
Associate Degree in Nursing Program
Selection Criteria for August 09 Admission**

I

Course	Points Available	Points Awarded
*ENGL 1101	A=3; B=2; C=1; D= -1; F= -2	
ENGL 1102	A=3; B=2; C=1; D= -1; F= -2	
*BIOL 2111/2111L	A=6; B=4;C=2; D= -1; F= -2	
BIOL 2112/2112L	A=6; B=4;C=2; D= -1; F= -2	
BIOL 2115/2115L	A=6; B=4;C=2; D= -1; F= -2	
CSCI 1000	A=3; B=2; C=1; D= -1; F= -2	
*PSYC 1101 OR PSYC 2103	A=3; B=2; C=1; D= -1; F= -2	
POLS 1101	A=3; B=2; C=1; D= -1; F= -2	
HIST 2111 OR HIST 2112	A=3; B=2; C=1; D= -1; F= -2	
*COMM 1100	A=3; B=2; C=1; D= -1; F= -2	
TOTAL	Maximum points=39	

* Classes must be completed prior to admission

II

TEAS Score: Must meet minimum requirements.

Additional points will be allotted for the following TEAS scores:

66-75 – 2 points

76-85 – 3 points

86-95 – 4 points

96-100 – 5 points

TEAS Score	Scores	Points
Reading		
English		
Math		
Science		

Interview Scores

III

Applicant Characteristics	Points Allotted: Range 1-3
Professional Characteristics	
Communication Skills	
Commitment to Nursing Profession	
Self motivation and Determination	

Criteria I	
Criteria II	
Criteria III	
Final Total	

Example Scoring Rubric for Interview Process (maximum points -12)

Applicant Characteristics	Important Considerations	Above Average 3 points	Average 2 points	Below Average 1 point
Professional Characteristics	Impression created by dress, grooming, and personal hygiene			
Communication Skills	Able to express self clearly, and respond appropriately to questions			
Commitment to ADN program	Ability to make time commitment to school with work schedule and family responsibility			
High level of self motivation and determination	Portrays motivation, enthusiasm, and determination to enter ADN program			

Bainbridge College
ADN Program
Estimated Cost of Attendance

Tuition & College Fees per Semester

	In State	Out of State	
12+ Hours	\$734	\$2,936	
Student Activity Fee			\$ 38
Technology Fee			\$ 75/semester

ADN Program Fees

Application:

Basic Physical Exam	\$40-\$60
PreCheck Criminal Background and Drug Screen	\$100.00
Hepatitis B vaccine (under age 19- cost \$42) over 19	\$135
Hepatitis Titer	\$18
Tetanus Shot (within 10 years)	\$18
TB skin test	\$18
MMR (required for all BC students)	\$18
Health Insurance	90.00 or higher
Estimated Books	\$1250 (total)
Malpractice	
Insurance	\$30.00/yr
Testing Fee	45/semester
Skills Lab Kit	\$ 45
Uniform, shoes, lab coat (2 each)	\$220
Equipment Kit	\$50
(Stethoscope, bandage scissors, penlight)	
Watch with second hand	\$ 30
Miscellaneous Sophomore Expenses	\$600
(Nursing School pin, graduation fee, RN licensure application, examination, review course)	

***Costs of transportation to clinical facilities will vary and are the responsibility of the student**

Bainbridge College
Associate Degree in Nursing (ADN) Program
Student Application (Due by June 1st 2009)

Please Print or Type
Date: _____

Name: _____
 Last First Middle Maiden

Permanent Address: _____
 Street/P.O. Box City State Zip

Home Phone Number: _____ Work Phone Number: _____

The above information will be used for communicating with you. Please immediately report all changes in name, address, or telephone number directly to the Nursing Department (229) 248-2530.

(Please note that if you made a D or an F in 2 nursing courses in the last five years at any school, you are not eligible for admission into the Bainbridge College ADN program.)

Have you ever attended an ADN or BSN program at another school? Yes No

If yes, where? _____ Date: _____

Did you receive a (D) or a (F) in any nursing course at this college or another college?
Yes No

If yes, are you eligible for readmission to nursing at that college? Yes No

Please elaborate on previous ADN or BSN program attendance: _____

Do you possess current licensure as a health care provider? Yes No
If yes, what state? _____

Current and previous work experience: _____

I understand and agree that I will be bound by Bainbridge College's regulations as published in the college catalog and the nursing student handbook.

I understand that an official copy of my transcripts must be attached to this application for submission

I understand that by completing this application, I am not guaranteed admission into the program.

I understand that a Criminal Background Check is required as part of the application process and information obtained will be provided to contracted clinical facilities as requested.

I certify that the information given in this application is complete and accurate and understand that any misrepresentation of facts may result in immediate dismissal from the nursing program.

Applicant's Signature Date

**Bainbridge College
Associate Degree in Nursing Program
Student Release and Responsibility Notification
(Due by June 1st 2009)**

- I understand that if I am admitted to the ADN program, I must submit, a completed Health History/Physical Exam, Immunization Record, TB Skin Test and/or Chest X-Ray by the stated date. I understand that if I do not obtain the recommended vaccinations, I must provide physician documentation that states the reason for deferral. I understand that if I do not submit this information in its entirety that I will be withdrawn from the Associate Degree in Nursing program classes.
- I understand that if I am admitted to the ADN program , I am responsible for all personal health care expenses including expenses resulting from accident or sickness, illness or injury while I am engaged in learning experiences required by Bainbridge College Associate Degree Nursing Program. I also give permission for emergency treatment to be rendered to me if necessary. I understand that Bainbridge College, the nursing program, and /or the clinical site are not responsible for any expenses incurred.
- I understand that if I am admitted to the ADN program, it is my responsibility, throughout the program, to keep my immunizations, TB skin testing, and CPR current. I agree to inform my instructors or the program director of any health problem that could possibly affect my performance and the welfare of my clients in the clinical area.
- I understand that if I am admitted to the ADN program , I must complete a Drug Screen and Physical exam semester (due date to be announced at orientation)
- I understand that I if admitted to the ADN program, that I will procure and maintain health insurance and liability insurance coverage throughout the entire length of the nursing program. If my insurance policy should change, I will notify the Bainbridge College Associate Degree in Nursing Program, in writing, of the change.

Signed this _____ day of _____, 20__

Student Name

Student Signature

Sworn to and subscribed to me this _____ day of _____, 20__

Signature of Notary Public

**Associate Degree in Nursing Program
Student Medical History
(Due by the first day of class for accepted ADN applicants)**

The following information should be completed by the student and reviewed by a physician, physician's assistant, or nurse practitioner.

Name: _____ DOB: _____

Allergies (Foods, Medications, Latex etc.): _____

Routine Medications: _____

Hospitalizations or Surgery (Please include dates): _____

Past Medical History

Problem	Current	Past	None	Problem	Current	Past	None
Vision				Back			
Hearing				Ulcer			
Dizziness				Arthritis			
Headaches				Stroke			
Allergies/Hay Fever				Tobacco Use			
Asthma				Heart Murmur			
Bronchitis				Mitral Valve Prolapse			
Thyroid Disorder				Shortness of Breath			
Heart Disease				Chest pain			
High Blood Pressure				Peripheral Vascular Disease			
Diabetes				Mental Illness			
Frequent Infections				STD			
Heart Palpitations				Chicken Pox/Shingles			
Rheumatic Fever				Hepatitis			
Scarlet Fever				Hernia			
Chronic Rashes				Prosthesis			
Bleeding Disorder				Substance Abuse			
Cancer				Other?			
Seizures							

Please include dates and treatments you may have received for any of the above medical history you answered current or past: _____

Physical Examination

Height _____ Weight _____ BP ____ / ____ Pulse _____
Resp _____ Temp _____

System	Normal	Abnormal Findings
Cardiovascular		
Respiratory		
Ears, Nose and Throat		
Abdominal		
Musculoskeletal		
Integumentary		
Neurological		

Please elaborate on any abnormal findings: _____

In your opinion, is this applicant mentally and physically capable of participating in an Associate Degree Nursing (RN) Program and/or working in a health care facility? Yes
 No If no, why? _____

Student Signature/Date

MD, DO, PA, or NP Signature ONLY

Date: _____

Bainbridge College
Associate Degree in Nursing Program
Immunizations and Tuberculin Skin Test
(Due by the first day of class for accepted ADN applicants)

Name: _____ DOB: _____

Please have the below record of Immunizations and TB Skin Test Completed by a Physician, Physician's Assistant, Nurse Practitioner, or Public Health Official

Hepatitis B

Date _____ Hepatitis B Vaccine #1 Administered by: _____

Date _____ Hepatitis B Vaccine #2 Administered by: _____

Date _____ Hepatitis B vaccine #3 Administered by: _____

OR

Date _____ Hepatitis B Titer (Please provide copy of lab results)

If student declines the Hepatitis B series he or she must sign the declination form provided in this packet and securely attach to this form.

Measles-Mumps-Rubella (MMR)

Date _____ MMR Vaccine #1 Administered by: _____

Date _____ MMR Vaccine #2 Administered by: _____

OR

Date _____ MMR Titer (Please provide copy of lab results)

Varicella

Date _____ Varicella vaccine #1 Administered by: _____

Date _____ Varicella Vaccine #2 Administered by: _____

OR

Date _____ Varicella Titer (Please Provide copy of lab results)

Tetanus

Date _____ Tetanus Booster Administered by: _____

Tuberculin Skin Test

Date/Results _____ Tuberculin Skin Test
If positive, please provide copy of Radiologist's report of Chest X-Ray

Signature of MD, DO, PA, NP, Public Health Official Date

**Bainbridge College
Associate Degree in Nursing Program
Hepatitis B Vaccine**

I hereby decline the Hepatitis B vaccination. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B. I understand that Bainbridge College assumes no liability for a student who contracts hepatitis and who has elected not to receive the Hepatitis B Vaccine. If, in the future, I want to become vaccinated with the Hepatitis B Vaccine, I can receive the series at that time. I am declining the Hepatitis B vaccine for the following reason:_____

Print Student Name

Student Signature

Date