



SCHOOL OF NURSING
Application for Admission and Re-admission to the
Clinical Portion of the Certificate in Practical Nursing Program

Practical Nursing Program Entrance Requirements

The School of Nursing complies with the BMCC policy of equal opportunity (see BMCC Catalog). Qualified applicants are admitted without discrimination regarding race, color, national origin or ancestry, gender, age, religion, height, weight, marital status, sexual preference, veteran status, or disability (reasonable accommodations will be made within the Americans with Disabilities Act guidelines).

Admission Sequence: Students may be admitted to the College at any point but may not be admitted to the nursing program until they have fulfilled all pre-nursing course requirements.

Entrance Requirements for Pre-Licensure PN Program

To provide adequate clinical experience and to comply with State Board of Nursing requirements, a limited number of students are admitted each year. Therefore, applicants must provide evidence of academic preparation and demonstrate an ability to progress within the curriculum. For entrance into the practical nursing program, the following requirements must be met:

1. Completion of High School with an overall GPA of 2.3, or a comparable GED composite score, or a 2.0 GPA in college course work. GPAs are computed on academic courses only.
2. Acceptance for admission to Bay Mills Community College (Applications may be obtained by contacting the Admissions Office).
3. Successful completion of BI 107 & MA 104 with a C or higher
4. Applicants will be required to complete a critical thinking exam as determined by the Practical Nursing Committee.
5. Transfer students will be evaluated on an individual basis. Only those courses in which the student received a grade of "C" or better are transferable.

Students must submit a Practical Nurse Program Application to the director of nursing office by the fourth Friday in May to be considered for admission into the Fall semester of the program.

For the admission process, the School of Nursing will accept the highest grade of the FIRST two attempts for each of the prerequisite courses, regardless of where they are taken or how many attempts are made.

- a. "Good academic standing" at time of admission to the Practical Nursing Program per BMCC academic standards.
- b. Current application is completed in its entirety by due date, including:
 - i. Unofficial transcripts for any transfer credits
 - ii. Background check completed.
- c. Academic achievement of a 2.0 or higher.
 - i. Successful completion of prerequisite courses BI107 and MA 104 with a C or higher
- d. Completion of clinical permit (done in NU 113). Clinical Permit includes:



- i. Evidence of current CPR certification through the American Heart Association (BLS for Health Care Provider).
 - ii. Current immunization record.
 - iii. Clean drug screen including marijuana (THC).
- e. A maximum of 16 students will be admitted to the program each admission cycle.



Practical Nursing Program Progression Requirements

To progress in the practical nursing program, students must:

1. Achieve a grade of 75% or better in each course in the nursing curriculum. Courses must be taken in sequence. If you fail or withdraw from a course, you will need to apply for readmission to the program and must repeat that course before continuing to the next course in the sequence. Readmission will depend on clinical space available.
2. Adhere to the policies of the college and the School of Nursing.
3. Demonstrate a pattern of safe clinical practice commensurate with your educational training.
4. Satisfactorily complete the nursing program within three years from the time of enrollment in the first nursing course. A lapse in progression of the normal practical nursing student schedule requires readmission to the program. Students who have withdrawn from the program for a period of one year or longer may have to repeat previously taken courses.

The student is required to maintain the following for the School of Nursing:

- a. Knowledge of content in this Practical Nursing Program Student Handbook
- b. Tuberculin test results cannot expire during the program.
- c. Record of signed Body Fluid Exposure and Protection, Chemical Dependence Policy, Confidentiality forms and Criminal Background Policy.
- d. CPR certification cannot expire during the program.
- e. Initial physical examination by Healthcare Provider of choice conducted.
- f. Flu vaccination per CDC guidelines for vaccination of health care workers.
- g. A grade of C or better in all nursing and nursing support courses.
- h. Grading Policy for Clinical Courses and Progression:
 - i. Nursing is an evidence-based applied science program. All nursing students must demonstrate competence in both the theory and clinical components of each clinical course before progressing to the next level of our program.
 - ii. As determined by the BMCC School of Nursing faculty, final grades cannot be determined for the course until after both the exam and clinical components have been evaluated separately. These two key components must meet the following criteria:
 - i. a minimum of 75% non-rounded exam average for the theory component
 - ii. "Satisfactory" for the clinical component.

If the above criteria are not met:

Students have the option of continuing to attend the non-clinical components of the course and complete course activities including exams. The student's grade will then be determined based on the points earned at the time of the clinical failure but not higher than a C. Once it is determined that exam and clinical component requirements have both been met for the course, scores earned on other graded activities (as determined by the course coordinator and outlined in the syllabus) will be added to the student's earned exam grades so that a final course grade can be determined using the BMCC Department of Nursing Grading Scale below:



Directions for Students

1. Students who have completed all pre-nursing courses or will complete prior to the anticipated clinical start date need to complete this application packet. **NOTE:** Application to the nursing program also requires a minimum cumulative grade point average of 2.0 in the pre-nursing courses, must have good academic standing with the college (a grade of C or better must be, or have been, earned in each of the pre-nursing courses).

2. Students must submit a criminal background check and have a clear record in order to visit clinical sites. Please follow these directions to get your fingerprinting completed to turn in results with your application.

-Visit: www.identogo.com. Select the "State Fingerprinting". Follow prompts for State Fingerprinting. Schedule a "New Appointment".

-Agency ID: xxxxxx-Fingerprint Reason: CPE-NCPA National Child Protection Act (PL 103-209).

-Select the zip code from where test will be administered. Sault Ste Marie: 49783

-Follow prompts and fill in your personal information.

-Bring proof of registration with registration ID and a government issued picture ID to your appointment.

-Bring the LIVESCAN Fingerprint Request form with you to the appointment.

Results are emailed to the School of Nursing. Please check to make sure we have received your results when you turn in your application.

3. Students must make an appointment with their academic advisor to verify eligibility and complete application forms.

4. Students will bring to their appointment with their academic advisor:

- a. Completed *Declaration of Intent*
- b. An unofficial copy of BMCC transcript
- c. Unofficial copies of all transcripts from other universities or colleges including AP scores
- d. Completed *Clinical Student Disclosure Statement*
- e. Current Immunization record (copy)
- f. Valid CPR Certification Card (copy) American Heart Association – Basic Life Support
- g. LIVESCAN Request for Fingerprinting form
- h. Clear drug screen including marijuana (THC).

5. Students will be responsible for providing any needed additional documentation (for example, proof of enrollment in current coursework at other institutions).

6. The student will submit the completed documents to the Director of Nursing office no later than 5pm on: TBD. ****Application packets containing missing documentation will not be considered for acceptance into the nursing Program****

****Applicant selection to the program is based on a composite score using GPA for prerequisite courses and completeness of application packet. The top 16 applicants will be selected for the clinical cohort****



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Community College

Name of Student: _____

Student ID Number: _____

Semester Applying for: _____

- ☐ Declaration of Intent Completed
- ☐ Course Load Worksheet Completed
- ☐ Clinical Student Disclosure Statement Completed
- ☐ **Copy** of Immunization Records (See attached list of required immunizations)
- ☐ **Copy** of BLS / CPR Card
- ☐ Unofficial Transcript from BMCC
- ☐ Unofficial Transcripts for all transfer credits
- ☐ Clear drug testing including Marijuana (THC)
- ☐ LIVESCAN Print Request Form (completed and signed by Livescan Operator)

Academic Advisor (signature) Date



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Community College

DECLARATION OF INTENT FOR ADMISSION TO: Certificate in Practical Nursing

I, _____

(print) **First Name Middle Name Last Name Maiden Name (if applicable)** or other names used wish to have my student file(s) evaluated for admission to the Bay Mills Community College LPN Program. By signing my name below, I attest to the accuracy of the information provided in this application packet and am aware that the School of Nursing will begin the screening process.

Student Signature: _____ Date: _____

BMCC/Local Address: _____

Best Telephone Number to Contact Me: _____

E-Mail Address: _____

Permanent Address: _____

BMCC Student ID #: _____

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

Educational History _____

Date(s) of Attendance _____

High School: _____

College(s)/University(ies) _____

Do you currently hold or have you held any professional certifications (ie: Edu, EMS, LPN, CNA)? YES NO

If yes, please name the certification and jurisdiction _____

Have you maintained this certification? YES NO

If no, was the loss of certification involuntary? YES NO

Have you practiced with this certification within the last 5 years? YES NO

Please describe



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

Student Name: _____ Date of Birth: _____

Educational Institution Name: _____

Training Program: _____

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

Signature of Student Date

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

Signature of Student Date

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

Signature of Student Date

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

Signature of Student Date

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



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

Signature of Student

Date



Immunization Requirements

Must have up-to-date immunization or show evidence of immunity via a blood titer.

*****Immunization/Test Records must be submitted*****

*****no later than the first day of class*****

___ Measles, Mumps, Rubella (MMR)

Status/Comments: _____

___ Varicella (Chicken Pox)

Status/Comments: _____

___ Hepatitis B

Status/Comments: _____

___ Tuberculosis (TB) Two-Step Skin Test

Status/Comments: ***See Note below** _____

___ dap/Td

Status/Comments: _____

___ Influenza (Flu)

Status/Comments: _____

___ Covid-19

Status/Comments: _____

******You must submit a copy of your immunization record along with this document.** You can request a copy of your immunization record via your physician/provider, local health department, or through the [Michigan Care Improvement Registry](#)



Why is the 2-step TB skin test needed?

Booster Phenomenon: the reason for the for 2-step TB skin test

Some people infected with *M. tuberculosis* may have a negative reaction to the TST if many years have passed since they became infected. They may have a positive reaction to a subsequent TST because the initial test stimulates their ability to react to the test. This is commonly referred to as the “booster phenomenon” and may incorrectly be interpreted as a skin test conversion (going from negative to positive).

For this reason, the “two-step method” is recommended at the time of initial testing for individuals who may be tested periodically (e.g., health care workers).

What is the procedure for 2-step TB skin test?

Both step 1 and step 2 of the 2 step TB skin test must be completed within 28 days. See the description below.

STEP 1

Visit 1, Day 1 Administer first TBST following proper protocol A dose of PPD antigen is applied under the skin

Visit 2, Day 3 (or 48-72 hours after placement of PPD) The TBST test is read

- Negative - a second TBST is needed. Retest in 1 to 3 weeks after first TBST result is read.
- Positive - consider TB infected, no second TBST needed; the following is needed: - A chest X-ray and medical evaluation by a physician is necessary. If the individual is asymptomatic and the chest X-ray indicates no active disease, the individual will be referred to the health department.

STEP 2

Visit 3, Day 7-21 (TST may be repeated 7-21 days after first TB skin test is read) A second TST is performed: another dose of PPD antigen is applied under the skin

Visit 4, 48-72 hours after the second TST placement The second test is read.

- Negative - consider person not infected.



- Positive - consider TB infection in the distant past. - The individual is referred for a chest X-ray and evaluation by a physician. An asymptomatic individual whose chest X-ray indicates no active disease will be referred to the health department.

Course Sequence

The School of Nursing at Bay Mills Community College offers a certificate program for practical nursing. The certificate program will prepare the graduate for immediate employment in the role of licensed practical nurse. Graduation from this program meets the eligibility requirement for writing the State licensing examination (NCLEX-PN) for practical nurses. An example of the full-time curriculum for the certificate program will be shown on the following page.

Certificate Program for Practical Nursing Course Description: The certificate of practical nursing provides students with the necessary skills and training to provide safe and competent care to patients and qualifies students to write the required licensure examinations for practical nursing. Course work can be completed in 3 semesters of full-time study.

Example of Course Sequence:

Prerequisites (10-14 credits)

BI107 Human Biology	4 CR
MA 104 Math and Metrics	3 CR

Semester One

NU 102 Drugs and Dosages	3 CR
NU 104 Intro to Practical Nsg	2 CR
NU 112 Health Appraisal	4 CR
NU 113 Fundamentals of Nsg	6 CR

Semester Two

NU 201 Med-Surg Practical Nsg	6 CR
SI112 Medical Terminology	3 CR
PY 214 Developmental Psych	3 CR

Semester Three

NU 202 Legal & Ethical Issues in Practical Nrs.	2 CR
NU 205 Mat-Child Practical Nsg	6 CR
NU 206 Ambulatory Care Practical Nsg	6 CR



Course Load Worksheet

Student Name: _____ Student Number: _____ Date: _____

Instructions to student: Bring this form along with a copy of your current unofficial transcripts (from BMCC **and** other institutions) to your academic advisor, and then work with him or her to complete the information below.

1. Required Prerequisite Courses

Course Number & Title	CR	(B)MCC or (T)ransfer	Letter Grade	Office use leave blank
BI107 – HB	4			
MA104 M&M	3			
GPA MINIMUM 2.0	7			

2. Additional support courses Already Taken

Course Number & Title	CR	(B)MCC Or (T)ransfer	Grade

3. Current Semester Course Work

Course Number & Title	CR	(B)MCC Or (T)ransfer	Grade