



Associate of Science Nursing (RN)



Graduating Class May 2022

Student Information and Application Packet

Helena College University of Montana Associate of Science Nursing Registered Nurse

Revised January 20, 2023

Educational Program

The Associate of Science Registered Nursing (ASRN) program is approved by the Montana State Board of Nursing and is accredited through ACEN. The College is also accredited by the Northwestern Commission on Colleges and Universities. After prerequisite coursework is completed, the Helena College Registered Nurse program consists of four consecutive semesters. The actual course work for the Associate of Science Nursing program is competency-based and has the primary goal to prepare graduates with the knowledge, skills, and values to enter the direct care workforce.

This is a limited enrollment program. Student cohort size is limited by the availability of lab and clinical space. Because of this, the application process is competitive and program applicants are accepted based on criteria found in this packet. Should the number of qualified applicants exceed the available spaces, not all qualified applicants will be accepted.

Students commit to a full week at Helena College each week they are in class or at a clinical for the fall and spring semesters. This program, while very exciting, is **extremely fast-paced and challenging**. There are many tests, quizzes, and assignments each week to complete prior to class/clinical outside of class time. A good rule of thumb is that for every class hour, at least 3 hours in preparation or in the completion of assignments will be needed.

Program Expenses

Registered Nursing Students will be required to obtain a laptop computer with camera and mic, ATI program software, personal equipment and supplies, purchase uniforms, pay fees, and pay for transportation to clinical experience sites. Cost for background check and compliance tracking is also a student expense. If needed, students should begin planning early for financial aid to meet their educational needs.

Admission to Helena College University of Montana

Students must be admitted to the college prior to submission of the Associate of Science Nursing Program application and be in good academic standing with the institution. Therefore, no applications will be reviewed unless the applicant applies first to the college and the official transcripts are reviewed by the Registrar.

Acceptance to Helena College requires a completed admissions application file. An application to the college may be obtained by visiting the campus, calling the College (406) 447-6900, or applying online at http://helenacollege.edu/admissions_enrollment

All transfer work has to be from a regionally accredited institution and official transcripts are required to be on file with Helena College's Registrar Office.

Eligibility for Admission into the Associate of Science Nursing Program

ALL ELIGIBILITY FORMS AND DOCUMENTS ARE ENCLOSED IN THE APPLICATION PACKET.

Admission to the Helena College ASRN program is competitive. Meeting eligibility requirements does not guarantee admission. The RN program standards and requirements in relation to the grading scale and attendance are more rigorous and stricter than general college requirements. This increased level of expectation is necessary to prepare students for the NCLEX RN exam and to ensure graduates are prepared for professional employment in the nursing field.

LPN TO RN BRIDGE: For applicants currently licensed as LPN wishing to continue education to the RN program. Complete the ASRN application and follow the application requirements. LPNs must complete 12 months full-time work experience prior to applying to the RN program. LPNs will take the NLN NACE Fundamentals exam rather than the TEAS. See Nursing Program director for information on credit for prior learning assessment.

To be eligible to apply for admission into the Associates of Science Nursing RN Program, applicants must have:

- Evidence of admission to Helena College, a completed admissions file and be in good academic standing.
- Completed all prerequisite coursework with a “C” (not C-) grade or higher, and a minimum overall prerequisite GPA of 2.75.
 - The average competitive GPA for students admitted during the last three admission cycles is 3.68, 3.65, and 3.75. The GPA range has been from 3.36 to 4.00.
 - Prerequisite coursework can be taken at other institutions, but it is the applicant’s responsibility to confirm those courses are equivalent to the program’s prerequisites and are transferable to this institution.
 - Regarding Transferable Courses – send official transcripts to Registrar’s Office. Attach unofficial copies to application.
- Taken the TEAS and received a 70 or higher. Average competitive TEAS scores ranged between 77.3 and 88.7 for students admitted in the past few sessions. TEAS may not be taken more than 4 times.
 - Currently licensed practical nurses (LPNs) will take the NACE Foundations of Nursing exam (in lieu of TEAS) and score 70% or higher to be eligible to apply. NACE may be retaken once.
- Applicants must score minimum 60 points on application to be eligible to apply. See Application Scoring Criteria worksheet and rubric.
- All requirements stated on the application.

Applications for a **fall 2023 start** will be DUE to the nursing office by **May 15, 2023 5:00 pm**.

Completed program application packets may be hand delivered to the Nursing Department in Helena College, delivered to the Helena College Cashier, mailed directly to the College, or submitted online.

Late applications will not be accepted.

Please submit all application items as a completed packet. Incomplete applications may result in disqualification. We are not responsible for any late, lost, or missing information.

| | | |
|---|---|--|
| <p>CONTACT INFORMATION</p> <p>Program Assistant Nursing Department Room 112 406.447.6985</p> | <p>MAILING ADDRESS</p> <p>Helena College University of Montana Attention: ASRN Nursing Program 1115 N Roberts Helena, MT 59601</p> | <p>SUBMIT ONLINE</p> <p>Completed Applications may be submitted by the due date and time to: nursingapplications@helenacollege.edu</p> |
|---|---|--|

It is the applicant’s responsibility to ensure that all requirements are met by the established deadline. Deadlines, guidelines, and policies apply equally to all students; thus, there can be no exceptions.

Helena College Associate of Science Nursing Program does not maintain a waiting list. Applicants must reapply each semester.

Notification of Acceptance

Students will be notified of acceptance into the program via email to the email provided on the application. Accepted students must notify the Nursing Department of their intent to accept their admission, by the date indicated on the acceptance notification email. Accepted students should plan on attending the mandatory Nursing Orientation and students new to Helena College will be required to register for and attend New Student Orientation.

Accepted students will be required to provide proof of CPR certification (BCLS with AED for Healthcare providers), current immunizations (please see application for list of all required immunizations), and background check before the beginning of the semester. This information will be uploaded by the student into their own account with Castlebranch for compliance tracking. The student is responsible for the cost related to the compliance tracking (\$35.00). A negative 2-step tuberculin test PPD (at least one week apart) is required. A Negative QuantiFERON TB gold test is acceptable in lieu of the PPD. Flu shots are required annually, and CPR must be updated every 2 years. **Covid19 vaccine is highly recommended.** Helena College Nursing follows the vaccination policies and requirements of our clinical partners.

Helena College Nursing is not able to guarantee clinical placements for students who are not compliant with clinical agency requirements. If a clinical agency requires vaccination for its employees, as a student learner, you will not be allowed in the facility for clinical learning unless you comply with facility guidelines. If you cannot complete clinicals, you will not be able to meet the course learning objectives and, therefore, cannot successfully pass the course. We are committed to your education and hope that any clinical compliance issues can be resolved at a future date. We will make every effort to facilitate your successful re-entry into the Helena college nursing program to complete your degree. However, because of space limitations, we cannot guarantee placement nor re-entry at a particular time.

Nursing Program Policy: Student Background Checks

To promote patient safety and decrease institutional liability, most clinical agencies require students to have cleared a background check before they will permit the students in the clinical setting. To meet these requirements, the program requires that the check be done prior to starting the program.

- Background checks are done at the student's expense (\$67.00). Students with background checks that reveal a finding will be evaluated individually to determine whether they will be eligible for clinical placement and state licensure for their respective degree program.
- Students are required to go to castlebranch.com for their background check. **Do not do this before you are accepted into the program.** Information will be provided after acceptance to program.

Equal Opportunity Policy

Helena College University of Montana is committed to the provision of equal opportunity for education, employment, and participation in all College programs and activities without regard to race, color, religion, national origin, creed, service in the uniformed services (as defined in state and federal law), veteran status, gender, age, political ideas, marital or family status, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation.

Associate of Nursing Curriculum

PREREQUISITE COURSEWORK

The following courses must be completed **prior to admission into the Registered Nursing Program**. All prerequisite work must be completed with a minimum grade of C (not a C-) in each course and a minimum cumulative GPA in prerequisite coursework of 2.75. Grades in prerequisite courses are a major factor in ranking applications for program acceptance. Students are allowed to retake up to two prerequisite courses and the most recent verifiable grade will be used for scoring GPA.

| Pre-requisites 14 credits | | |
|---------------------------|-------------------------------|---------|
| Course Number | Course Name | Credits |
| BIOH 201 | Anatomy & Physiology with Lab | 4 |
| M 121 | College Algebra | 3 |
| CHMY 121 | General Chemistry with Lab | 4 |
| WRIT 101 | College Writing I | 3 |

ASRN PROGRAM COURSEWORK AFTER FORMAL ACCEPTANCE

Once enrolled in the Registered Nursing program, a minimum of a C in all courses is required to continue in the program. In all courses, students must achieve a grade of 78% or higher for each course, lab, and clinical. Students must pass all classes, each semester, in order to progress to the next semester. Regarding embedded Gen Ed classes (A&P II, Intro to Psychology, Sociology, and Microbiology), grading will be based on the college (not nursing) grading scale.

The courses for the program are required and are laid out in the following sequence:

| Semester 1 15 credits | | |
|--------------------------------------|---|---------|
| Course # | Course Name | Credits |
| BIOH 211 | Anatomy & Physiology with Lab II | 4 |
| NRSG 230 | Nursing Pharmacology | 3 |
| NRSG 231 | Nursing Pharmacology Lab | 2 |
| NRSG 232 | Foundations of Nursing | 3 |
| NRSG 233 | Foundations of Nursing Lab | 3 |
| Semester 2 14 credits | | |
| Course # | Course Name | Credits |
| NRSG 256 | Pathophysiology | 3 |
| NRSG 234 | Health and Illness of Adult Nursing I | 3 |
| NRSG 235 | Health and Illness of Adult Nursing I Clinical | 2 |
| NRSG 236 | Health and Illness of the Childbearing Family | 2 |
| NRSG 237 | Health/ Illness of Childbearing Family Clinical | 1 |
| PSYX 100 | Introduction to Psychology | 3 |
| Semester 3 15 Credits | | |
| Course # | Course Name | Credits |
| NRSG 244 | Health and Illness of Adult Nursing II | 3 |
| NRSG 245 | Health and Illness of Adult Nursing II Clinical | 2 |
| NRSG 254 | Health and Wellness of Mental Health Nursing | 3 |
| NRSG 255 | Health /Wellness Mental Health Clinical | 1 |
| NRSG 246 | Health and Illness of Child and Family Nursing | 2 |
| NRSG 247 | Health /Illness of Child /Family Nursing Clinical | 1 |
| SOCI 101 | Introduction to Sociology | 3 |
| Semester 4 14 Credits | | |
| Course # | Course Name | Credits |
| NRSG 259 | Health and Illness of Adult Nursing III | 3 |
| NRSG 260 | Health and Illness of Adult Nursing III Lab | 1 |
| NRSG 261 | Health and Illness of Adult Nursing III Clinical | 2 |
| NRSG 266 | Managing Client Care for the RN | 2 |
| NRSG 267 | Managing Client Care for the RN Clinical | 2 |
| BIOM 250 | Microbiology with Lab | 4 |
| Total ASRN Program Credits 72 | | |

Application Points Rubric*

See page 8 Application Criteria Worksheet

| Category | | | | | | Score (Whole Points) |
|--|------------------------------------|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|----------------------|
| 1. ATI TEAS Exam Score -or- NLN NACE Exam Score 10-25 points | 87-100 25 points | 81-86 20 points | 76-80 15 points | 70-75 10 points | | |
| 2. GPA in core pre-requisite courses 30-50 points Worksheet is verified against transcripts; Requests for substitutions are approved by the Nursing Program Director | Range 3.65-4.0 50 points | Range 3.5-3.64 45 points | Range 3.25-3.49 40 points | Range 3.0-3.24 35 points | Range 2.75-2.99 30 points | |

*PLEASE RETAIN PAGES 1 THROUGH 6 FOR YOUR RECORDS AND SUBMIT APPLICATION PAGES 7-12.

APPLICANT INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Mailing Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Cell Phone: () _____

Helena Student ID: _____ Email: _____

Have you ever attended an LPN or RN Program? Yes No If yes, where? _____

Reason for leaving? _____

Have you taken any of the prerequisite more than twice? Yes No

If yes, which ones and when? _____

- Max of 2 prerequisite retakes allowed.
- For applicants who have taken courses more than once, the most recent verifiable grade will be used for scoring/ GPA calculations

Application Requirements

The items listed below are required and must be submitted with your application for you to be considered for program entry. Applications missing any of the items listed below will be declined.

- Initial Admission to Helena College – letter of acceptance, or student number on unofficial transcripts
- All transfer courses *officially evaluated and accepted* prior to application deadline.
- Completion of pre-requisite coursework with proof of grades (copy of transcripts)
- Copy of TEAS Test current within two years of applying. (For LPN to RN students, copy of NLN NACE results).
- Physical Form Part I, Statement of Functional Abilities and Physical Form Part II completed within last 3 months
- Immunization Records: Childhood immunizations (Polio, DPT, MMR); Hep A; Hep B (series of 3); COVID19 vaccination recommended; current Flu shot (seasonal), Varicella vaccination or titer; For students unable to locate childhood records or other records, titers and/or boosters are required.
- A negative 2-step tuberculin test (at least one week apart), negative QuantiFERON TB gold, or negative chest x-ray indicating no active disease.
- Flu vaccine is *required* to be completed each fall. COVID19 vaccine is strongly recommended (some clinical partners require Covid vaccine).

APPLICATION DEADLINES

Applications to the AS Registered Nursing Program are accepted twice per year for fall and spring starts. To be considered for admission for **Fall 23** Semester applications are DUE **May 15, 2023, 5:00 pm** Turn completed applications in to Nursing Office or mail to Attention: Nursing Department, 1115 North Roberts Street, Helena, MT 59601. Questions? Call 406-447-6985. Applications are also accepted by email at: nursingapplications@helenacollege.edu

**Nursing department is not responsible for items late or lost in mail.

APPLICATION CRITERIA WORKSHEET

Please fill in the chart below **to the best of your knowledge** and submit proof of grades with application. If you are currently taking a required pre-requisite course and will not receive a grade in that course before the application deadline, please indicate “current” status in the chart below. As soon as your final grade becomes available, submit proof of final grade to Nursing Department to be attached with your application.

Points and GPAs will be calculated by the Program Director and grade points will be calculated using the current catalog criteria which includes +/- weighing. Multiply grade by Credits = points. Divide by 14 = GPA

(A) = 4 (A-) = 3.7 (B+) = 3.3 (B) = 3 (B-) = 2.7 (C+) = 2.3 (C) = 2

| Pre-Requisite Course | Currently Taking | Grade | Credits | Calculations | *Points Possible |
|--|------------------|--|---------|--|---------------------------|
| Anatomy & Physiology w/ Lab BIOH 201 | | | 4 | | |
| College Algebra M 121 | | | 3 | | |
| College Writing WRIT 101 | | | 3 | | |
| General & Inorganic Chemistry w/ lab CHMY 121 | | | 4 | | |
| Total Calculation Score | | | | | |
| Prerequisite GPA : Divide total calculated score by 14: | | | | | |
| Prerequisite GPA points earned*: (see application points rubric) | | | | | 30-50 |
| TEAS Score: | | TEAS points earned*: (see application points rubric) | | | 10-25 |
| Extra Points (optional): | | | | | Extra points as listed |
| <ul style="list-style-type: none"> • COLS 101: +1 • Prior work experience: +1 <ul style="list-style-type: none"> ○ Work experience 12 months /full time (CNA, LPN, CMA, EMT, paramedic, or Military medical experience—other work experiences at the discretion of Nursing program director). Letter from supervisor confirming work experience required with application. • Completed embedded co-requisite courses: <ul style="list-style-type: none"> ○ BIOH 211 (A&P II w/lab): +1 ○ BIOM 250 (Micro with lab): +1 • Previous Degree: AS/AA= +1; BS/BA or higher= +2 | | | | | |
| In case of a tie, we will consider the next criteria: First: Grade in BIOH 201; Second: Grade in CHMY; Third: Veteran Service with proof | | | | Total = Minimum 60 points to apply | |

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PHYSICAL EXAMINATION FORM PART I (TO BE FILLED OUT BY STUDENT)

Last Name _____ First Name _____ Middle Initial _____

Primary Phone _____ Message Phone _____

Student ID _____ Date of Birth _____

Emergency Contact: _____ Phone _____

PERSONAL MEDICAL HISTORY: If your response to any of the following is YES, please provide additional details.

| Yes | No | |
|-----|----|--|
| | | Has there been any significant medical illness, injury, weight loss in the past 12 months |
| | | Are you taking any medication? If yes, please list: |
| | | Are you under a physician’s care for continuing medical problems |
| | | Have you been an in-patient in a hospital in the last 12 months |
| | | Have you ever had an accident that resulted in a disabling injury |
| | | Have you ever had a fractured bone (list and date) |
| | | Have you ever had a surgical operation (list and date) |
| | | Any history of a concussion, blackout, fainting, convulsion, recurrent dizzy spells, heat exhaustion/heat stroke |
| | | Do you wear eyeglasses, contact lenses, dentures, or a hearing aid |
| | | Do you have any allergies to medications, food or the environment (list) |
| | | Are you missing any organs or other body parts |
| | | Do you have a history of high blood pressure, heart disease, irregular heart rate, palpitations, diabetes, thyroid condition, liver or kidney problems |
| | | Any history of sudden death in your family (under age 50) |
| | | Have you ever failed a physical exam for military service, employment, insurance, or athletic competition |

LIFESTYLE QUESTIONS

| YES | NO | |
|-----|----|---|
| | | Do you smoke |
| | | Do you exercise regularly |
| | | Do you drink alcohol or take medication to relieve stress |
| | | Do you have a problem with your weight |
| | | Do you go for routine medical/dental checkups |
| | | Have you ever gone for cancer screening |
| | | Is your immediate family in good health |
| | | Have you or a member of your family ever been a victim of a violent crime |
| | | Have you used the emergency room for routine medical problems |

Health Insurance: Private Insurance _____ Medicaid _____ Student Health Insurance _____

ALL INFORMATION ON THIS PHYSICAL EXAMINATION FORM IS CONFIDENTIAL AND CANNOT BE RELEASED WITHOUT A STUDENT’S WRITTEN CONSENT.

The above information is complete and correct to the best of my knowledge. I authorize the release of this information and results of this examination to Helena College Nursing Department.

Signature of Student _____ Date _____

STATEMENT of FUNCTIONAL ABILITIES

****To be completed by student and reviewed by healthcare provider****

Helena College Nursing Department requires each student to be able to regularly perform the following activities:

1. Stand for long periods of time
2. Work at a fast pace for long periods of time
3. Lift heavy objects (25 pounds or more) three or more times a day
4. Speak clearly and distinctly
5. Respond appropriately to stressful situations (physically, emotionally and mentally)
6. Communicate effectively with patients, patients' families, physicians and staff
7. Hear vital signs with stethoscope to assess blood pressure, heart rate, and lung, vascular and abdominal sounds; hear the telephone
8. Hear the patient calling for help
9. Hear beepers, alarms, etc., requiring quick responses
10. Read very fine or small print on medication containers, read physician's orders
11. See nurse call/emergency light
12. Visually assess the patient appropriately
13. Read monitors and other equipment
14. Demonstrate manual dexterity to don sterile gloves and gown
15. Demonstrate manual dexterity to prepare medications aseptically (i.e.: IV, PO, and IM)
16. Demonstrate manual dexterity using sterile technique (i.e.: insert catheters, IV needles, etc.)
17. Demonstrate the ability to utilize equipment needed to carryout patient care
18. Demonstrate the ability to move in small spaces in emergency situation

If you are unable to perform any of these activities, *please circle the number of the ones which you cannot perform.* The Nursing Department will review and consult with you.

Your signature below indicates that you have read and understand the "Functional Abilities" requirements and can perform them unless otherwise indicated.

Print Student Name _____

Student Signature _____ Date: _____

HELENA COLLEGE – DEPARTMENT OF NURSING EDUCATION

PHYSICAL EXAMINATION FORM PART II (TO BE COMPLETED BY PRIMARY HEALTH PROVIDER)

| | | | | | |
|---|-----------|---------------------------------|--------------------------------|---------------|--------------|
| Height | ___ / ___ | Vision: Glasses: Yes ___ No ___ | Contact lenses: Yes ___ No ___ | Right 20/ ___ | Left 20/ ___ |
| Weight | ___ lbs | Blood Pressure | Pulse | Resp | |
| Lab work/ diagnostics (if indicated by health provider): HB/HCT _____ UA _____ EKC (if over 40) _____ Other _____ | | | | | |

Significant Medical History

Significant Family History

Are there abnormalities in the following?

| | Yes | No | Describe |
|----------------------------|-----|----|----------|
| Head, Ear, Nose, or Throat | | | |
| Respiratory | | | |
| Cardiovascular | | | |
| Gastrointestinal | | | |
| Hernia | | | |
| Eyes | | | |
| Genitourinary | | | |
| Musculoskeletal | | | |
| Metabolic / Endocrine | | | |
| Neuropsychiatric | | | |
| Skin | | | |
| Allergies | | | |

Depression screening: Yes ___ Score ___ No ___

Is this person pregnant: Yes ___ No ___

Do you have any recommendations regarding the care of this student? Yes ___ No ___

If yes, describe _____

Is the student currently under treatment for any medical or emotional condition? Yes ___ No ___

If yes, describe _____

Is this student physically/emotionally capable to be in the nursing program? Yes ___ No ___

Restrictions / precautions (See Statement of functional abilities):

Provider Name / Clinic

Provider Signature

Date