We are no longer accepting applications to this program for Fall 2009.
This admission packet is for informational purposes only and all its information is subject to change. The admission packet for Fall 2010 will be available for download on June 30, 2009.

Information for Prospective Applicants:

Thank you for your interest in the LPN to RN Program. This application packet contains important information about admission requirements, the admission process, and program requirements. PLEASE READ THE FOLLOWING INFORMATION CAREFULLY AND RETAIN IT FOR FUTURE REFERENCE. Admission to the LPN to RN Program is highly competitive. It is your responsibility to assure that you accurately understand the information in this packet and follow it accordingly. If you do not submit a completed application as described in Section 1 of this packet, your application will not be processed and it will be returned to you.

Section 1: Minimum Requirements to apply to the LPN to RN Program
This section outlines the items that are required in order to apply to the LPN to RN Program. Once they are complete, you can submit your application.

Important Notes:

ALL of these items have to be completed. None of the items can be in progress (i.e. you are still working on completing the item). For example, it is not acceptable that you are enrolled in a chemistry course now or are scheduled for the CNET exam but haven’t taken it yet. Although this may cause you to submit your completed application later than you had hoped, this is the requirement.

We strongly recommend that you submit your items in person so that we can review them with you to make sure that your application items are complete. You can mail the items to us (see application form for address). However, if any of the required items are incomplete/missing, your application material will not be processed. We will mail it back to you and the mailing time may negatively impact your ability to submit your material within the priority consideration time period.

1. NSCC Admissions Application and Residency Form for Fall 2009.
This must be completed for the year in which you are applying. Therefore, if you have previously submitted an application, it does not count. You must complete a new application and residency form, regardless of whether you are a new student or a current student. Application and Residency forms are available in the Enrollment Center in Danvers and Lynn or on our web site:
http://www.northshore.edu/enroll/index.html

2. Successful completion (pass) of communications and math proficiency.
You may achieve proficiency in a number of ways: CPT testing (call 978-762-4000 ext. 4376 for hours of testing), a previous degree, transfer credit, CNET scores etc. Specific information about proficiency is available on our website http://www.northshore.edu/programs/basic.html.

3. High school transcript or GED score report
If the Enrollment Office already has this on file, please let us know this when you submit the other required items listed in this section.
4. **Official transcripts from all Colleges previously attended**
   You must submit the following:
   - An official transcript with proof of graduation from a practical/vocational school approved by the Massachusetts State Board of Nursing. LPNs who have not graduated from a school approved by the Massachusetts State Board of Nursing will be evaluated on a case-by-case basis and are required to take the Excelsior College tests in Fundamentals of Nursing and Maternal-Child Health Nursing. This is in addition to other Colleges/Universities that you may have attended.
   - Proof of completion of the following College level courses or their equivalents must be submitted. If comparable courses were taken at another College or University, you must submit an official copy of your transcript(s). Please note that you must have earned a grade of “C” or better in order to transfer a comparable course into NSCC.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course code @ NSCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy &amp; Physiology 1 &amp; 2</td>
<td>BIO103 and BIO104 with a grade of C or better (whether taken at NSCC or another college/university)</td>
</tr>
<tr>
<td>Human Growth &amp; Development</td>
<td>PSY118</td>
</tr>
<tr>
<td>Introductory (General) Psychology</td>
<td>PSY102</td>
</tr>
<tr>
<td>Composition 1</td>
<td>CMP101</td>
</tr>
<tr>
<td>Composition 2 Elective</td>
<td>CMP104-150</td>
</tr>
</tbody>
</table>

If the Enrollment Office already has these items on file, please indicate this when you submit the other required items listed in this section. Please note that an informational interview may be required by the Department Chairperson.

5. **Overall Grade Point Average (GPA) of 2.0 or better (High School or College)**

6. **Copy of valid license as an LPN from the Commonwealth of Massachusetts.**

7. **Completed LPN Employer reference form** (included in the packet)

8. **Completed Self Assessment of Clinical Skills** (included in the packet). The LPN applicant completes this document.

9. **Nurse Education Program Admissions Questionnaire**
   This must be completed for the year in which you are applying. Therefore, if you have previously submitted a questionnaire, it does not count. You must complete the questionnaire in this packet.

10. **Verification Form**
    The Nurse Education Student Handbook is available in North Shore Community College’s Library Reference section on the Danvers and Lynn Campus. You need to read the Student Handbook in its entirety and sign the Verification Form in this packet. Also, the Verification Form has a section indicating that you have read the information in this packet in its entirety.

11. **Proof of at least 6 months employment as an LPN within 1 year prior to application**
12. **Algebra, Biology and Chemistry at the High School or College level with a C or better**

For your convenience, the following is a listing of NSCC’s courses that can be taken to fulfill these requirements. Please Note: The courses that are bolded will also meet course requirements within the nurse education program.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Code(s) @ NSCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algebra</td>
<td>MAT091 (or its equivalent or a higher level course)</td>
</tr>
<tr>
<td>Chemistry</td>
<td>CHE101, CHE103, or CHE114</td>
</tr>
<tr>
<td>Biology</td>
<td></td>
</tr>
<tr>
<td>Anatomy and Physiology</td>
<td>BIO103, BIO104</td>
</tr>
<tr>
<td>Other Biology Courses to meet requirement</td>
<td>BIO101, BIO102, BIO108, BIO110</td>
</tr>
</tbody>
</table>

13. **Attendance at a mandatory information meeting, held by the Nurse Education Department.**

A schedule of upcoming Information Sessions is listed in this packet.

**Section 2: Application Dates**

When you have the items listed above in Section 1, this constitutes a *completed application* and you can submit these items to the Enrollment Center on the Danvers or Lynn Campus.

- We will begin accepting *completed applications* on September 22, 2008.
- *Completed applications* received by January 14, 2009 will receive preferred consideration.
- *Completed applications* received after January 14, 2009 will be considered on a space available basis or for wait list status.

Applicants will be admitted for sophomore status based on space availability. A waiting list will also be established for LPN sophomore candidates. Once the Program is filled, as well as the wait list, no further applications will be accepted. When applications are closed, notification will appear on the Nurse Education Program’s web page that can be accessed at [http://www.northshore.edu/departments/index.php](http://www.northshore.edu/departments/index.php) Select Nurse Education.

- If an applicant applies by January 14, 2009, the applicant will receive written notification of his/her admission decision by May 4, 2009. If offered admission, a $100.00 deposit will be required to secure your acceptance to the Nurse Education Program. All LPNs who are accepted to the Nurse Education program for sophomore status will be required to take the "Nurse Education Directed Study" (NSG140) course during the summer session prior to entrance. Completion of NSG140 will allow the student to apply for advanced standing credit for first year nursing courses.

**Section 3: Preferences for Admission**

In addition to the minimum requirements in Section 1, additional consideration will be given to:

- The quality of the questionnaire (e.g. word processing, correct grammar/spelling, accuracy and completeness of answers)
- Earned Certificate or Degree from a College or University that is accredited by a national accrediting agency recognized by the U.S. Secretary Of Education.
- Grade Point Average for college courses such as Algebra, Biology, Chemistry, Anatomy and Physiology, and/or other Biology courses, Composition 1 & 2, Introduction to Psychology and Human Growth and Development.
Section 4: Additional Important Information

1. The Nurse Education Program will accept approximately 60 students for Fall 2009. This includes students who enter the Nurse Education Program as freshmen and those who enter as sophomores. LPN applicants will be admitted for sophomore status based on space availability which is limited. The decision in response to your application will be "accepted to Nurse Education" or "waiting list for Nurse Education" or "accepted to another program at the College."

2. Transfer credit will be granted for comparable courses taken at a College or University that is accredited by a national accrediting agency recognized by the U.S. Secretary Of Education in which grades of "C" or better were earned, provided the courses are equivalent and an official transcript has been received. Please note, only Anatomy and Physiology courses and Microbiology courses have time limits that affect transferability as follows:

   Transfer credit for Anatomy and Physiology and Microbiology courses must be completed with a C or better within 10 years of the date of entry into the Nurse Education Program. If these courses were completed more than ten years from the date of entry into the Nurse Education Program, then the student must also pass the Excelsior College Examination with a cut off score equivalent to a "C" or better at NSCC (www.excelsior.edu or 888-647-2388) or take the course again and earn a C or better.

   Transfer credit for Microbiology courses that were completed fewer than ten years from the date the student enters the Nurse Education program, will be transferred into NSCC as long as a grade of "C" or better was earned, provided the course is equivalent and an official transcript has been received. If the Microbiology course was taken more than ten years from when the student enters the Nurse Education Program, the student must repeat the Microbiology course to meet graduation requirements.

   Please note: Anatomy and Physiology courses and Microbiology courses that are not eligible to meet graduation requirements, will still be transferred in accordance with College policy for use in another Program should the student ever decide to change to a program with no time limits on courses.

3. Working as a Nurse is physically, mentally, and emotionally demanding. Applicants who are offered admission must document their ability to perform all essential tasks with or without reasonable accommodation in order to begin the professional courses. A list of those essential tasks is in this packet under the section entitled, “Technical Standards for The Nurse Education Program”. For those applicants offered admission, you will be sent and will need to sign the Technical Standards form (a copy is included in this packet for your review as part of the admission application process).

4. All students must document immunity to Hepatitis, Measles, Mumps, Rubella, and Varicella (Chicken Pox) (immunity demonstrated by positive blood titer or 2 immunizations); tetanus/diphtheria immunization within the last 10 years; and results of a TB (Mantoux) test (must be done in June or July prior to start of academic program and annually) in order to begin the professional courses. Students without immunity must be immunized prior to beginning the Nurse Education program. If you are accepted to the Program, a Health Packet will be mailed to you and must be completed by your physician or nurse practitioner AS SOON AS POSSIBLE, but no later than July 10, 2009.

5. If you are accepted to the Program, then you MUST attend a Mandatory Orientation/Registration day scheduled for Thursday, May 14, 2009.

6. During the program, students are responsible for their own transportation to a variety of clinical facilities (which may or may not be accessible by public transportation).

7. Prior to beginning clinical placements, students must subscribe to Student Liability Insurance.

8. Prior to beginning clinical placements, students must document that they have CPR certification at the health provider level.

9. All Nurse Education students will be required to undergo a Criminal Offender Record Information (CORI) and/or Sex Offender Record Information (SORI) check. Depending on the contents of student’s CORI or SORI, participation in clinical, internship, or field placement course(s) may be denied and this will result in dismissal from the Nurse Education program.
10. In order to practice Nursing in Massachusetts, individuals must obtain a license, which according to law requires that individuals must graduate from an approved program of Nurse Education, apply to the Board of Registration in Nursing, be of good moral character, pass a licensure examination, and pay the appropriate fee. The license application requires individuals to answer specific questions about disciplinary actions (if any), other licenses (if any), and felony/misdemeanor convictions (if any). Individuals may need to submit documentation in accordance with the Board’s Good Moral Character Licensure Requirement Information Sheet. After reviewing information submitted by an applicant, the Board will determine whether the applicant meets the statutory requirement of “good moral character.” For additional information, refer to the Board’s web site at: www.state.ma.us/reg/board/rn.

Thank you for your interest in the Nurse Education Program at NSCC and for your careful attention to the information provided in this packet. Please retain this letter for future reference.

Sincerely,

Maryanne Atkinson
Maryanne Atkinson, RT(R), R.N., M.Ed.
Coordinator of the Enrollment Centers
MASSACHUSETTS COMMUNITY COLLEGES - IN-STATE TUITION ELIGIBILITY FORM

Last Name __________________________________________ First Name __________________________ MI _______

Street Address ____________________________ City _______________ State ______ Zip Code __________

SSN# or Student I.D. Number __________________________ Date of Birth ______________________

Are you a U.S. Citizen? _______Yes _______ No. If not, please complete the following:

Are you a Permanent Resident?  _____Yes _____No (If yes, list alien registration number:_____________________

If you are not a U.S. Citizen or Permanent Resident, please state your Visa or immigration status in detail: __________
_____________________________________________________________________________________________

Please check the in-state or reduced tuition eligibility category that applies to you:

_____ I have been a Massachusetts resident for six (6) continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, I possess at least 2 of the following documents, which I shall present
to the institution upon request. These documents* are dated within one (1) year of the start date of the academic
semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right
to make any additional inquiries regarding the applicant's status and to require submission of any additional
documentation it deems necessary. Please check-off those documents you possess as proof of your intent to
remain in Massachusetts.

___Valid Driver's license ___Utility bills* ___Employment pay stub*
___Valid Car registration ___Voter registration* ___State/Federal tax returns* 
___Mass. High School Diploma ___Signed lease or rent receipt* ___Military home of record*
___Record of parents’ residency for unemancipated person* ___Other ________________

_____ I am an eligible participant in the New England Board of Higher Education’s Regional Student Program.

_____ I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.

Certification of Information

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect
information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Applicant Signature: _________________________________________________ Date __________

Parent/Guardian Signature (Applicant is Under 18 Years Old): ______________________ Date __________

FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS BOX

I have reviewed the above information in order to determine this individual’s eligibility to receive the in-state tuition rate.
Based on my review I have determined that this individual:

_____ IS eligible for the in-state tuition rate.

_____ IS NOT eligible for the in-state tuition rate.

_____ I am unable to make a determination at this time. The following additional information has been requested
from the applicant:

Authorized College Personnel: _____________________________ Date __________
To the student: As you complete this form please consider your physical and mental/attitudinal ability to meet the Technical Standards associated with the health professions program that you are about to enter. Please carefully consider the General Job Description as you evaluate your ability to meet the Technical Standards specified. Contact the Nurse Education Program at (978) 762-4156, if you require more specific information about the physical and mental/attitudinal requirements of the program.

**General Job Description**: Assess patients using critical thinking in decision-making. Provide physical and emotional care to clients. Apply principles of therapeutic communication and teaching appropriately.

<table>
<thead>
<tr>
<th>PHYSICAL</th>
<th>Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIFT: clients, equipment</td>
<td>F</td>
</tr>
<tr>
<td>CARRY: equipment, objects</td>
<td>F</td>
</tr>
<tr>
<td>KNEEL: to perform CPR, work with clients, assist clients who fall</td>
<td>O</td>
</tr>
<tr>
<td>STOOP/BEND/ TWIST assist in ADL; perform transfers, operate low level equipment</td>
<td>F</td>
</tr>
<tr>
<td>BALANCE: safely maintain while assisting clients in ambulation, and transfer</td>
<td>C</td>
</tr>
<tr>
<td>CROUCH: to locate and plug in equipment</td>
<td>O</td>
</tr>
<tr>
<td>REACH: to adjust equipment, to guard patient, to reach supplies</td>
<td>F</td>
</tr>
<tr>
<td>HANDLE: equipment such as syringes, Bp cuffs, IV infusions</td>
<td>F</td>
</tr>
<tr>
<td>DEXTERITY: to perform gross motor skills, manipulate and fine tune knobs, dials, blood pressure cuffs, equipment, scales and stretchers</td>
<td>F</td>
</tr>
<tr>
<td>PUSH/PULL: wheelchairs, stretchers, patients, Hoyer lifts</td>
<td>F</td>
</tr>
<tr>
<td>WALK: for extended periods of time and distances over a normal work day</td>
<td>C</td>
</tr>
<tr>
<td>STAND: for extended periods of time</td>
<td>C</td>
</tr>
</tbody>
</table>

**TACTILE**

<table>
<thead>
<tr>
<th>Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICAL</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td><strong>LIFT:</strong> clients, equipment</td>
</tr>
<tr>
<td><strong>PALPATE:</strong> pulses, skin texture, bony landmarks,</td>
</tr>
<tr>
<td><strong>DIFFERENTIATE:</strong> between temperature and pressure variations</td>
</tr>
<tr>
<td><strong>VISUAL</strong></td>
</tr>
<tr>
<td><strong>READ:</strong> numbers, letters, cursive writing in fine and other print in varying light levels</td>
</tr>
<tr>
<td><strong>DETECT:</strong> changes in skin color, client’s facial expressions, swelling, atrophy, forms of non-verbal communication (gestures)</td>
</tr>
<tr>
<td><strong>OBSERVE</strong> client and environment in order to assess conditions or needs.</td>
</tr>
<tr>
<td><strong>SEE</strong> BP manometer, small print on vials, syringes, dials and gauges.</td>
</tr>
<tr>
<td><strong>COMMUNICATION</strong></td>
</tr>
<tr>
<td><strong>SPEAK:</strong> in English language in clear, concise manner; to communicate with clients, families, significant others and the health care team</td>
</tr>
<tr>
<td><strong>RESPOND:</strong> to client with communication disorders (aphasia, hearing loss), or those who use ESL</td>
</tr>
<tr>
<td><strong>COMPREHEND:</strong> oral and written language, including health care terminology in order to communicate with clients, families, significant others, health care providers, and community</td>
</tr>
<tr>
<td><strong>WRITE:</strong> in English, clearly, legibly; for charts, computer input of data</td>
</tr>
<tr>
<td><strong>AUDITORY</strong></td>
</tr>
<tr>
<td><strong>HEAR:</strong> heart sounds, breath sounds, client distress sounds, machine timer bells and alarms; verbal directions and requests from health care team and clients</td>
</tr>
<tr>
<td><strong>MENTAL/COGNITIVE</strong></td>
</tr>
<tr>
<td>Function safely, effectively, and calmly under stressful situations.</td>
</tr>
<tr>
<td>Remain alert to surroundings, potential emergencies; respond to client situations, i.e. falls, burns, pain, change</td>
</tr>
<tr>
<td>PHYSICAL</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>LIFT: clients, equipment</td>
</tr>
<tr>
<td>in physical status.</td>
</tr>
<tr>
<td>Integrate information, and make decisions based on pertinent data, in a</td>
</tr>
<tr>
<td>collaborative manner.</td>
</tr>
<tr>
<td>Interact effectively and appropriately with clients, families,</td>
</tr>
<tr>
<td>supervisors, and co-workers of the same or different cultures with</td>
</tr>
<tr>
<td>respect, politeness, tact, collaboration, teamwork, discretion.</td>
</tr>
<tr>
<td>Communicate an understanding of basic principles of supervision, ethics,</td>
</tr>
<tr>
<td>confidentiality.</td>
</tr>
<tr>
<td>Display basic interpersonal skills necessary to interact in situations</td>
</tr>
<tr>
<td>requiring close, personal contact.</td>
</tr>
<tr>
<td>Display attitudes/actions consistent with the ethical standards of the</td>
</tr>
<tr>
<td>profession.</td>
</tr>
<tr>
<td>Maintain personal hygiene consistent with close personal contact</td>
</tr>
<tr>
<td>associated with client care.</td>
</tr>
<tr>
<td>Maintain composure while managing multiple tasks simultaneously</td>
</tr>
<tr>
<td>Prioritize multiple tasks</td>
</tr>
</tbody>
</table>

*Performance Level: O = occasionally 50-74%; F = frequently 75-89%; C = constantly 90-100%

*Applicants who are offered admission must document their ability to perform all essential tasks with or without reasonable accommodation in order to begin the professional courses. A list of those essential tasks is listed above. For those applicants offered admission, you will be asked to self certify by signing the Technical Standards which are included in the Health Forms packet that you will be required to complete no later than July 9, 2009.
NURSE EDUCATION PROGRAM ADMISSIONS QUESTIONNAIRE - FALL 2009
LPN to RN Option

This questionnaire is NOT an application for admission. Instructions Page 1: Please complete this page by printing all of your answers. Attach additional sheet(s) if needed or submit a resume (make sure your name is on each additional sheet).

Name: ____________________________________________ Soc Sec #: ______________________
Last     First      MI
Address:____________________________________________________________________________
Day Time Phone: (____)_______________________ Evening Phone: (____)_____________________
Cell Phone: (____)_________________________________ Email: ____________________@__________________

Are you an LPN from an NLNAC accredited School of Nursing or a practical nursing program approved by the Massachusetts Board of Registration in Nursing?   Yes ☐  No ☐

Please PRINT all answers (or attach a word processed resume):

<table>
<thead>
<tr>
<th>Your current job:</th>
<th>Employer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td>Duties and Responsibilities:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prior job(s)</th>
<th>Employer/Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td>Duties and Responsibilities:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Related Experiences or Site Visits</th>
<th>Employer/Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td>Duties and Responsibilities:</td>
</tr>
</tbody>
</table>

Please proceed to the next page and follow the instructions.
Instructions page two: Please provide grammatically correct answers to the following questions. Spelling counts. The answers should be word processed and submitted on a separate page(s). Make sure your name is on each of the page(s) submitted.

1. **How do you plan to manage your academic commitments and your other commitments while enrolled in the Program?** How are you planning to balance your life and academic responsibilities so as to optimize your chances to be successful in this rigorous Program.

2. **What is your view of the role of the Nurse in healthcare?**
   Please provide examples of the duties and responsibilities of a nurse.

3. **Describe how your life experiences have enhanced your knowledge of yourself and nursing?**
   Describe how your life/work experiences and extracurricular, and/or volunteer activities contributed to choosing the nursing profession.

4. **What are your academic and professional goals?**
   What are the educational requirements to become a Nurse? What are the career opportunities for advancement within the Nursing profession and what are the educational requirements for such advancements? How does this relate to your personal values and goals?

5. **Describe a challenging personal or work situation.** How did you manage the situation? What did you learn from the situation?
MANDATORY INFORMATION SESSIONS
FOR LPN-RN APPLICANTS TO THE NURSE EDUCATION PROGRAM

LPN-RN applicants to the Nurse Education Program are required to attend an information session to learn more about the admissions process and the program. Please come prepared to ask questions. This information should enable you to make a more informed decision about the Nurse Education Program.

Information Sessions are held in The Health Professions and Science Building on the Danvers Campus. The application packet can be obtained in the Enrollment Center in Danvers or Lynn or on the website on the Nurse Education Program’s web page, which can be accessed at http://www.northshore.edu/departments/index.php
Select Nurse Education and then click on the Nurse Education Application Packet link.

ALL SESSIONS HELD AT DANVERS CAMPUS
HEALTH PROFESSIONS BUILDING

Room 110 DH

Thursday, January 29, 2009       10:15 am – 11:15 am
Wednesday, February 26, 2009    10:15 am – 11:15 am
Thursday, April 2, 2009         10:15 am – 11:15 am
# NURSE EDUCATION PROGRAM

## LPN Employer Reference Form

**Date:** ______________________

**LPN Employee Name:** ______________________________________________

**Employer/Facility:** ______________________________________________

**Dates of Employment:** ______________________________________________

**Position Held:** ____________________________________________________

**Number of Hours/Week:**______________________________________________

### Evaluation Criteria

<table>
<thead>
<tr>
<th>1. Reliability</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Clinical Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Communication Skills</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Potential for Program Success</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Optional

**Additional Comments:**

**Signature:** ________________________________________________________________

**Title:** ________________________________________________________________
LPN to RN Option Self-Assessment of Skills  (to determine Preparedness for Advanced Standing)

The following section is to be completed by the applicant.

### Clinical Skills

<table>
<thead>
<tr>
<th>Competent performance with:</th>
<th>Skilled</th>
<th>Skills Need Update</th>
<th>Unfamiliar with Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital signs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic lung sounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel sounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peripheral pulses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intake &amp; Output</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration of PO meds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration of SC, IM and ID medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration of IV fluids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calculation of IV flow rates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calculation of divided doses</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Communication Skills

<table>
<thead>
<tr>
<th>Competent performance with:</th>
<th>Skilled</th>
<th>Skills Need Update</th>
<th>Unfamiliar with Skill</th>
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</thead>
<tbody>
<tr>
<td>Communicate therapeutically with clients at all levels of development</td>
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<tr>
<td>Use clear concise pertinent and correctly written communication</td>
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<tr>
<td>Document information according to legal and agency standards</td>
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</table>

### Nursing Process:

<table>
<thead>
<tr>
<th>Competent performance with:</th>
<th>Skilled</th>
<th>Skills Need Update</th>
<th>Unfamiliar with Skill</th>
</tr>
</thead>
</table>
Theoretical Basis of Practice

<table>
<thead>
<tr>
<th>Understands the Current Foundations of Nursing Principles including:</th>
<th>Skilled</th>
<th>Skills Need Update</th>
<th>Unfamiliar with Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Asepsis</td>
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<tr>
<td>Surgical Asepsis</td>
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<tr>
<td>Standard Precautions</td>
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<tr>
<td>Body Mechanics</td>
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<tr>
<td>Hazards of Immobility</td>
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<td></td>
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<tr>
<td>Principles of Rest and Sleep</td>
<td></td>
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<tr>
<td>Chain of Infection</td>
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<tr>
<td>Principles of Elimination</td>
<td></td>
<td></td>
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<tr>
<td>Principles of Care for the Surgical Client</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Principles of Fluid Balance</td>
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</table>

* Students who took Maternal Child Nursing greater than seven years ago and do not have current skills in the care of clients in the maternal child setting are encouraged to take Maternal Child Nursing (MCN 102) or a similar review course.

I acknowledge that I answered the above questions truthfully and to the best of my ability.

Applicant’s Signature: ___________________________________________________________

Date: _________________________________________________________________________
Verification Form
LPN-RN Option

Please read and sign both the “Student Handbook” and “Application Packet” section.

Student Handbook
I, ________________________________, have read the Nurse Education Student
please print name
Handbook (located in the Library on the Danvers or Lynn Campus) in its entirety. I acknowledge that it is
my responsibility to assure my understanding of the content by seeking further information from an
Academic Advisor and/or other College personnel.

Signature: ________________________________ Date: _________________________

Application Packet
I, ________________________________, have read the Nurse Education Program
please print name
Application Packet in its entirety and had any questions answered completely by an Academic Advisor or
other College personnel. I acknowledge that it is my responsibility to assure my understanding of the
content by seeking further information from an Academic Advisor and/or other College personnel.

Signature: ________________________________ Date: _________________________
Checklist for Applying to the Nurse Education Program  
LPN to RN Option

Use this form to help you organize your application to the Nurse Education Program LPN to RN Option.

YES (place “check” next to complete items)

_____ NSCC Admissions Application and Residency Form for Fall 2009
_____ Successful completion (pass) of communications and math proficiency
_____ High school transcript or GED score report

_____ Official transcripts from all Colleges previously attended (including LPN school)
_____ Overall Grade Point Average (GPA) of 2.0 or better (High School or College)
_____ Copy of valid license as an LPN from the Commonwealth of Massachusetts

_____ Completed LPN Employer reference form

_____ Completed Self Assessment of Clinical Skills

_____ Proof of at least 6 months employment as an LPN within 1 year prior to application

_____ Algebra, biology and chemistry with a “C” or better, high school or college level

_____ Nurse Education Program Admissions Questionnaire

_____ Verification Form

_____ Attendance at a mandatory information meeting, held by the Nurse Education Department

When all the items are checked “yes”, submit these items to the Enrollment Center. You can either drop these items off to the Enrollment Centers on the Lynn or Danvers Campus, or mail these items to 1 Ferncroft Road, P.O. Box 3340, Danvers, MA 01923-0840. We strongly recommend that you drop the items by as previously stated on the first page of this packet.