



Associate of Science Nursing (RN)

THIS APPLICATION IS FOR STUDENTS WHO DO NOT CURRENTLY HAVE
A LPN LICENSE.



Graduating Class May 2019

Student Information and Application Packet

*Helena College University of Montana Associate of Science Nursing Registered
Nurse*

Revised June 12, 2020

EDUCATIONAL PROGRAM

The associate of science nursing 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 workforce.

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 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

The Registered Nursing Students will be required to obtain ATI computer program, personal equipment and supplies, purchase uniforms, pay fees, and pay for transportation to field experience sites. If needed, students should begin planning early for financial aid to meet their educational needs.

Estimated Resident Program Cost

Please refer to current catalog.

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://umhelena.edu/admissions_enrollment/default.aspx

ELIGIBILITY FOR ADMISSION INTO THE ASSOCIATE OF SCIENCE NURSING PROGRAM

All eligibility forms and documents are enclosed in the Application Packet.

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

- Show that they have been admitted to Helena College, have a completed admissions file and are in good academic standing.
- Completed all prerequisite coursework with a “C” grade or higher, and a minimum overall prerequisite GPA of 2.75. 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.
- Taken the TEAS and received a 70 or higher. (Sign up and pay at the cashier’s office)
- Regarding Transferable Courses – send official transcripts to Registrar’s Office. Attach Copies to application

- All requirements stated on the application.
- 2 page application paper (see rubric)

PROGRAM ADMISSION PROCESS

The Associate of Science Nursing Program reviews application packets and uses established admissions criteria to rank applicants for admission. The Application Evaluation form used is enclosed. Criteria for selection emphasize academic performance in prerequisite courses and the TEAS. All prerequisite courses must be taken prior to submission of an application. The TEAS is offered twice a semester. Students may be taking prerequisite classes when turning in an application, the applications will be scored when all grades are final. **Summer classes are not completed in time for the Fall start.** In addition, the applicant is required to write a 2 page paper on “Why I am choosing Nursing as a career”. Please see the attached rubric for scoring guidelines. The purpose of this paper is to assure all students can write a paper using APA format.

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.

The Nursing Department accepts applications once a year for both Fall and Spring Semester starting the last Monday in April thru the second Monday in May each year. Completed program application packets may be hand delivered to the Nursing Department Administrative Associate at the College or mailed to the College.

Please send all application items as a completed packet. Items sent separately and at random are easily lost or misfiled. We are not responsible for any late, lost or misfiled information.

<p>Contact Information Administrative Associate, Nursing Department Room 107 406.447.6985</p>

<p>Mailing address Helena College University of Montana Attention: Associate of Science Nursing Program 1115 N Roberts Helena, MT 59601</p>
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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

Accepted students will be required to provide proof of CPR certification, background check, current negative Tuberculosis test and flu shot, before the beginning of their semester. Flu shots and TB tests are required yearly, CPR is updated every 2 years.

Accepted students should plan on attending the mandatory Nursing Global Orientation (date and time included in second letter) of their semester, and Students new to Helena College will be required to register for and attend the School's Orientation as well.

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. 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.

APPLICATION SCORING

- Students are required to have taken the TEAS test and passed with a score of 70 or higher.
- Only students in Good Academic Standing will be eligible for program acceptance.
- For applicants who have taken courses multiple times, the most recent verifiable grade will be used for scoring/GPA calculations.
- Points and GPAs will be calculated by the Program Director and grade points will be calculated using the current catalog criteria which includes +/- weighing.

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

- 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.

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.

Semester 1 Pre-requisites 14 credits		
Course Number	Course Name	Credits
BIOH 201	Anatomy & Physiology with Lab	3 Didactic + 1 Lab
M 121	College Algebra	3 Didactic

CHMY 121 & 122	General Chemistry with Lab	3 Didactic ♦ 1 Lab
WRIT 101	College Writing I	3 Didactic

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% and receiving a passing grade for each clinical. Students must pass all classes, each semester, in order to progress to the next semester. In regards to embedded Gen Ed classes (eg A&P II, Intro to Psychology) 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 2 15 credits		
Course Number	Course Name	Credits
BIOH 211	Anatomy & Physiology with Lab II	3 Didactic ♦ 1 Lab
NRSG 230	Nursing Pharmacology	3 Didactic
NRSG 231	Nursing Pharmacology Lab	2 Lab
NRSG 232	Foundations of Nursing	3 Didactic
NRSG 233	Foundations of Nursing Lab	3 Lab
Semester 3 14 credits		
Course Number	Course Name	Credits
NRSG 256	Pathophysiology	3 Didactic
NRSG 234	Health and Illness of Adult Nursing I	3 Didactic
NRSG 235	Health and Illness of Adult Nursing I Clinical	2 Clinical
NRSG 236	Health and Illness of the Childbearing Family	2 Didactic
NRSG 237	Health and Illness of the Childbearing Family Clinical	1 Clinical
PSYX 100	Introduction to Psychology	3 Didactic
Semester 4 15 Credits		
Course Number	Course Name	Credits
NRSG 244	Health and Illness of Adult Nursing II	3 Didactic
NRSG 245	Health and Illness of Adult Nursing II Clinical	2 Clinical
NRSG 254	Health and Wellness of Mental Health Nursing	3 Didactic
NRSG 255	Health and Wellness of Mental Health Nursing Clinical	1 Clinical
NRSG 246	Health and Illness of Child and Family Nursing	2 Didactic
NRSG 247	Health and Illness of Child and Family Nursing Clinical	1 Clinical
SOCI 101	Introduction to Sociology	3 Didactic
Semester 5 14 Credits		
Course Number	Course Name	Credits
NRSG 259	Health and Illness of Adult Nursing III	3 Didactic
NRSG 260	Health and Illness of Adult Nursing III Lab	1 Lab
NRSG 261	Health and Illness of Adult Nursing III Clinical	2 Clinical
NRSG 266	Managing Client Care for the RN	2 Didactic
NRSG 267	Managing Client Care for the RN Clinical	2 Clinical
BIOL 250/251	Microbiology with Lab	3 Didactic ♦ 1 Lab
Total ASRN Program Credits 72		

Associate Degree Registered Nursing Program Application

New Curriculum – No Nursing Credentials

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

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

Helena College Student ID: _____ Email: _____

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

If yes, which ones and when? _____

Your preference for semester to start in Fall Spring

This is not a guarantee you will be accepted or that you will get your preference, but we will take into consideration your choice.

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
	Physical Form I and II completed within last 3 months
	Immunization Records: Current Flu shot (seasonal), Current TB test. Childhood immunization: Polio, Hep B, Hep A, proof of Varicella disease or vaccination, MMR, DTP/TDAP. -Get a blood test to show immunity if no record of vaccine. Flu and TB are yearly requirements. Current = within 1 year of applying.
	Application paper on “Why I am choosing Nursing as a career” in APA format – see rubric.

Application Deadline

Applications to the Registered Nursing Program will be accepted once a year in the Spring beginning the last Monday of April through second Monday in May.

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 will not be accepted electronically.

You can fill in the chart below to the best of your knowledge, but it is not necessary. Please do submit proof of grades with the 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	Points
Anatomy & Physiology w/ Lab BIOH 201/202			4	
College Algebra M 121			3	
College Writing WRIT 101			3	
General & Inorganic Chemistry CHMY 121			3	
General & Inorganic Chemistry lab CHMY 122			1	
	Total Points =			
Prerequisite GPA	Total Points divided by 14 =			
	GPA divided by 4.0 = %			
	TEAS Score =			
	Total =			
	Total ÷ 2 =			
Taken at least 3 prerequisite courses from HC: +1 pt Micro w/Lab completed: 1 pt A&P II completed: 1 pt Application APA formatted paper: 1 pt				
Total Extra Points =		All Total =		
In case of a tie, these are the considerations in order, if the first does not break the tie we will consider the next criteria: First: Grade in BIOH 201 Second: Grade in CHMY 121 Third: Additional Educational Degree Fourth: Veteran service with proof				

HELENA COLLEGE – DEPARTMENT OF NURSING EDUCATION
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 causing 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

LIFE STYLE 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 _____

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 ____ <div style="text-align: center;">Right 20/____ Left 20/ ____</div> Weigh ____ lbs ____ ounces. Blood Pressure _____ mmHG Pulse ____ Resp ____ Lab work (if indicated by health provider): HB/HCT _____ <div style="text-align: center;">UA _____</div> <div style="text-align: center;">Other _____</div> Recommended for students over 40 years of age: EKG _____

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 capable to be in the nursing program? Yes ____ No ____

Restrictions / precautions: _____

Name / Clinic

Date

Physicians Signature