



# Southwestern Michigan College Nursing (RN) Program Application

## Application Checklist

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Complete the Full Checklist BEFORE submitting.

### Forms to Be Signed

\_\_\_\_\_ Cover Sheet and Acknowledgement of Application Guidelines

\_\_\_\_\_ Application to Begin Nursing (RN) Program

\_\_\_\_\_ Health Record – Physicians Form

\_\_\_\_\_ Health Record – Applicants Form

### Other Required Documentation

\_\_\_\_\_ Copy of Driver's License

\_\_\_\_\_ Proof of U.S. citizenship, legal permanent residence, or valid non-immigrant status that permits study in the United States or Valid DACA Approval.

\*Acceptable documentation:

- **U.S. Citizenship** - birth certificate, passport, certificate of naturalization
- **Legal Permanent Residence** - permanent resident card (green card)
- **Non-Immigrant Status** - I-20 Certificate of Eligibility for F-1 students or visa stamp + I- 94 record or I-797 Approval Notice for Change of Status + I-94 record
- **DACA** - I-797 Approval notice for consideration of Deferred Action of Childhood Arrivals.



# Southwestern Michigan College School of Nursing and Health Services - RN

## Cover Sheet and Acknowledgement of Application

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Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Uniform Top Size: \_\_\_\_\_

Uniform Bottom Size: \_\_\_\_\_

Circle one: Men's/Unisex    Women's

### General Guidelines

Please read and understand the following before filling out the nursing application.

- No incomplete applications will be accepted.
- The Kaplan Admission Exam must be completed prior to turning in your application. Kaplan expires in one year from the date test was taken.
- All complete applications must be turned into the Nursing and Health Services Office. The Nursing and Health Services Office will review your application for completeness.
- In order to complete your application in time, it is recommended that the nursing application be started AT LEAST 2 months before its due date.
- EDUC 120 is required for degree completion. It is recommended this course be taken prior to admission to the nursing program or during the first semester of the nursing program.

### Application Due Dates

Nursing Admission Semester Start	Application Due Date
Fall Cycle Admission (September Start)	June 1
Spring Cycle Admission (January Start)	November 1

### Bloodwork for Antibody Status Profile

If you are unable to provide proof of immunizations for measles, mumps, rubella, Hepatitis B, and chicken pox you may submit your "Antibody Status Profile", also known as titers. You can get your titers drawn at Ascension Borgess Lee or they can be ordered by your primary care provider. Allow for one month to get titer results. Refer to the last page of this application for Ascension Borgess Lee Titer directions. If your titer reads "absent" for any of the above listed vaccinations, you will need to make an appointment to get your vaccines. Most vaccines are available at your local pharmacy.

### Reading your Antibody Status Profile

*Absent* means, you do not have immunity to the disease and you must get another vaccination. *Present* means, you do have immunity to the disease and you do not need another vaccination. Read your report before turning it in, just because you have had the vaccination in the past does not mean you still have immunity. If your titers read "absent", you must provide proof of updated immunizations.

## Hepatitis B Vaccination Series

Hepatitis B is a series of injections that must be started prior to the beginning of the clinical sequence (students must have the first injection of the series prior to admission). If no previous dose or cannot document previous vaccination should receive either a 2-dose series of Heplisav-B at 0 and 1 month or a 3-dose series of either Engerix-B, PreHevbrio, Recombivax HB or Twinrix at 0,1, and 6 months, (Twinrix prevents Hepatitis A and B). It is recommended that students test for Hepatitis B Surface Antibody 1-2 months after final dose to ensure immunity to Hepatitis B.

## TB tests

There are two options for the required TB test. Regardless of the option you choose, the test is only valid for one year.

- The TB skin test is also called the Mantoux tuberculin skin test (TST). A TB skin test requires two visits with a health care provider.
  - On the first visit the test is placed; on the second visit the health care provider reads the test.
  - The TB skin test is performed by injecting a small amount of fluid (called tuberculin) into the skin on the lower part of the arm.
  - A person given the tuberculin skin test must return within 48 to 72 hours to have a trained health care worker look for a reaction on the arm.
  - (Source: <https://www.cdc.gov/tb/topic/testing/tbtesttypes.htm>)
- A QuantiFERON Gold TB Test is the other option accepted by the nursing program. This test is a blood test and requires a one-time visit to your doctor or lab.
- Chest x-rays are not accepted unless you have a positive blood or skin test in the past.

## Tetanus

Current proof of tetanus vaccination is required. The vaccination expires in 10 years.

## Covid-19

Proof of Covid 19 vaccination/s per CDC guidelines is required.

## MMR (Measles, Mumps, Rubella)

Two vaccinations are required. Vaccines can be a combined MMR vaccination, however if individualized vaccines are submitted you must submit two vaccines for measles, two vaccines for mumps, and two vaccines for rubella. The MMR vaccine should be administered according to the following schedule:

Vaccine 1: Birth or anytime

Vaccine 2: At least one month after vaccine 1.

If an applicant is pregnant, a titer is completed as part of prenatal care. If the titer is non-immune or equivocal during the pregnancy, the rubella vaccination is waived until the pregnancy ends, at which time the student has 60 days to provide proof of vaccination.

## Chicken Pox

Two vaccinations are required or a signed waiver providing history of disease in place of the vaccination will be accepted. The varicella vaccine should be administered according to the following schedule:

Vaccine 1: Birth or anytime

Vaccine 2: At least one month after vaccine 1.

**You must provide proof of immunity at Nursing Orientation. Bring your immunization records or titers with you to orientation.**

## Criminal Background Check and Drug Screen

Upon admission to the Nursing Program, all students are subject to a comprehensive criminal background check. The Nursing Program follows the State of Michigan 's Workforce Background Check, Public Acts 26, 27, 28, and 29 of 2006, as they relate to the types of crimes and their implications to employment suitability in health/adult foster care facilities and agencies. The Nursing Program uses Viewpoint to run background checks

on all those admitted into the nursing program. If you have any questions regarding the background check please reach out to the Nursing and Health Services office at [nhs@swmich.edu](mailto:nhs@swmich.edu).

The SMC Nursing Program enforces a zero-tolerance drug policy; including the use of marijuana. All students are required to pass a drug screen prior to starting the Nursing Program. If a student tests positive for marijuana, the student will not be allowed to continue in the Nursing Program. A medical marijuana card does not exempt students from this policy.

Instructions for criminal background check and drug screen will be provided at nursing orientation.

**CPR**  
Current proof of CPR certification is required before the semester starts. We only accept American Heart Association BLS Provider Certification or Red Cross BLS certification. Contact the Nursing and Health Services Office if interested in taking CPR class on campus at SMC.

Signature of Acknowledgement of Application Guidelines:

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## Uniform Size Chart

# cherokee®

### Women's Size Chart

SIZE	XXS	XS	S	M	L	XL	2XL	3XL	4XL	5XL
	00/0	2/4	6/8	10/12	14/16	18/20	22/24	26/28	30/32	34/36
BUST	31-32	33-34	35-36	37-39	40-43	44-47	48-51	52-55	56-59	60-63
WAIST	24-25	24-25	26-27	28-30	31-34	35-38	39-42	43-46	47-50	51-54
HIP	33-34	35-36	37-38	39-41	42-45	46-49	50-53	54-57	58-61	62-65

### Men's \ Unisex Size Chart

Size	XS	S	M	L	XL	2XL	3XL	4XL	5XL
Chest	32-34	35-37	38-40	42-44	46-48	50-52	54-56	58-60	62-64
Waist	24-26	27-29	30-32	34-36	38-40	42-44	46-48	50-52	54-56
Hip	32-34	35-37	38-40	42-44	46-48	50-52	54-56	58-60	62-64



# Southwestern Michigan College School of Nursing and Health Services - RN

## Nursing Program Application

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Complete and return to the Nursing Department and Electronic signatures are not accepted

### NAME

Last: \_\_\_\_\_ First: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

### LOCAL ADDRESS

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_ SMC EMAIL: \_\_\_\_\_@swmich.edu

NON-SMC EMAIL: \_\_\_\_\_

**Prerequisites and Grades Earned** \*Include courses in progress and If transferred, use a "T"

### A.D.N. (Registered Nursing)

Course	Grade	Semester Taken
BIOL 214		
CHEM 100		
ENGL 103		
MATH 127		
PSYC 101		

NOTE: There is a 5-year limit on all Math and Science Courses

### Which Semester do you wish to begin Nursing?

1st Choice (List Year)

- Fall (Sept) \_\_\_\_\_ Spring (Jan) \_\_\_\_\_

2nd Choice (List Year)

- Fall (Sept) \_\_\_\_\_ Spring (Jan) \_\_\_\_\_

Please Initial the below statement: \_\_\_\_\_

\*\*NOTE: Prerequisites may only be repeated once to be considered for admittance to the nursing program

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Nursing Program - RN Health Record/ Physician's Form

**TO THE PHYSICIAN:** The applicant has been asked to complete the history on the attached copy. Please review for accuracy. Using the following form please make the necessary examinations. This information will be used in the best interest of the applicant and patient safety. This applicant is being considered for a health occupation; therefore, we are concerned about physical stamina. 58900 Cherry Grove Rd, Dowagiac, MI 49047

Applicant's Name: \_\_\_\_\_

Ht \_\_\_\_\_ Wt \_\_\_\_\_ BP \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_

**Check Each Item**

	Normal	Abnormal	Nature of Abnormality
Skin			
Head/ Neck/ Thyroid			
Eyes/Vision			
Ears/Hearing			
Nose/Sinuses/Mouth			
Throat/Nodes			
Chest/Breasts			
Lungs			
Heart			
Abdomen			
Extremities/Joints			
Vascular			
Neuro/Reflexes			
Mental Status			

**Test, Immunization or Proof of Immunity** – Must be submitted with Nursing (RN) application.

Is this applicant subject to any physical limitations? No \_\_\_\_\_ Yes \_\_\_\_\_

Explain, if yes \_\_\_\_\_

Additional comments regarding the applicant's physical and/or mental health?

\_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_



# Southwestern Michigan College School of Nursing and Health Services - RN

## Nursing Program Health Record/ Applicant's Form

INSTRUCTIONS TO THE APPLICANT: This form must be completed, signed and returned to The Nursing Office. All information is confidential and should be as complete as possible. This information will be used in the best interest of the applicant and patient safety. 58900 Cherry Grove Rd, Dowagiac, MI 49047

Please PRINT IN INK or TYPE. You should complete this form. Your physician should complete the other form. Please make sure that you and your physician sign in the proper places.

### PART ONE—TO BE COMPLETED BY THE APPLICANT

DATE \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

DOB \_\_\_\_\_ Student ID \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Current Phone number (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

Current Medications \_\_\_\_\_

Current conditions under MD's Care \_\_\_\_\_

Sensitivities or Allergies \_\_\_\_\_

Physical Impairments \_\_\_\_\_

Do you have a lifting weight restriction-if yes, please explain.

### History

Have you had the following	No	Yes	If Yes, Explain
Tuberculosis			
Diabetes			
Epilepsy			
Cancer			
Asthma			
Heart Disease			
High Blood Pressure			
Eye or Ear Problems			
Shortness of Breath			
Kidney Disease			
Fainting or Dizzy Spells			
Color Blindness			
Contact Lenses			
Severe headaches			
Anxiety Reactions			

### NEXT PAGE



**PAGE 2 of Health Record/ Applications Form**

PRINT name of physician who will perform your examination:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

To the best of my knowledge, the above information is correct. I understand that misinformation may result in dismissal.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



# Southwestern Michigan College School of Nursing and Health Services

## Antibody Status Profile

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A five-titer test, the Antibody Status Profile, is being done in conjunction with Ascension Borgess-Lee Hospital in cooperation with the Michigan Department of Public Health. This lab test covers titer levels for: Measles (Rubeola), Mumps, Rubella, Varicella zoster (chicken pox), and Hepatitis B.

Any nursing or allied health student needing the five-titer test can utilize the following procedure. No appointments are necessary but the individual may wait depending on current situations in the laboratory. Walk-ins are processed on a first come, first serve basis. Please make sure to bring your driver's license with you.

### PROCEDURE

1. Please go to the Patient Registration at Ascension Borgess-Lee Hospital at 420 West High Street, Dowagiac, MI.
2. Identify yourself as a SMC nursing or allied health student. Ask for the 5-Titer test or Antibody Status Profile.
3. Pay \$36.00 in cash. Students receiving funding from Michigan Works must first obtain an approved check. If this check is not available, the student must pay. Payment is in cash; correct change is preferred.
4. You will receive a receipt to take to the Laboratory. The sample will then be obtained. The sample and forms will be sent to the Michigan Department of Community Health by Ascension Borgess-Lee Hospital for processing.
5. The lab results will be sent to the student listed on the top of the form. Students are to provide the School of Nursing and Allied Health with a copy of the results.

**STUDENTS:** Ascension Borgess-Lee Hospital is providing the college with the opportunity to reduce the cost of enter school. Please avoid early morning hours when they are very busy. If they cannot provide services because of patient load, please comply with their request to return at a more appropriate time. Thank you!

**LABORATORY HOURS:** Monday through Friday 8:00 am to 6:00 pm. Call 269-783-3020 with any questions.

**NOTE:** Lab hours and prices are subject to change without notice.