AULTMANCOLLEGE

BSN PROGRAM APPLICANT CHECKLIST

This checklist includes important steps that must be completed to be eligible for admission into the BSN Program. If you have any questions, our staff will be happy to assist you. The steps on this checklist must be completed and returned by their listed due dates.

STEP 1 – ACCEPTANCE PACKET DUE: APRIL 1, 2020

- ☐ **COMPLETE** and **RETURN** Program Reservation Form
- ☐ **SUBMIT** $100 Reservation Fee
- ☐ **COMPLETE** and **RETURN** Demographic Form
- ☐ **COMPLETE** and **RETURN** Fair Credit Reporting Act Disclosure Form

STEP 2 – ENTRANCE REQUIREMENTS DUE: APRIL 15, 2020

- ☐ **Two-step TB (Tuberculosis) test**
  - o Documentation of two-step TB skin test – followed by one-step every year after
    - ▪ This test involves 2 injections and 2 reads
    - ▪ 7-21 days apart
  - o You may obtain these tests free of charge through the Aultman College Health Services Nurse; their phone number is 330-363-9371. If you do not have the area checked within the time frame or are non-compliant with any component of the two-step TB and it has to be repeated, a $15 per step fee will be charged.

- ☐ **Basic Life Support for Health Care Providers CPR Course**
  - o You must submit a signed copy of the certification card by the deadline listed above.
  - o Aultman College Corporate & Community Education (ACCE) offers BLS courses; additional information is attached.

DISCLAIMER: Students whose programs require *clinical* experiences must complete and pass a background check with fingerprinting, drug screen, and immunization verification prior to clinical placement. Students who fail to meet these requirements will not only be ineligible to participate in clinical experiences but also may be ineligible to complete the program.

Students whose programs require *fieldwork* experiences may be required, at the discretion of the field site, to complete and pass a background check with fingerprinting, drug screen, and immunization verification prior to field placement. Students who fail to meet these requirements are subject to program rules stipulating eligibility requirements for field placement and program completion.

Be advised that failure to meet discipline-specific state board standards for background checks with fingerprinting and urine drug screens can preclude students from 1) acceptance into certain clinical/field experiences, and/or 2) eligibility to sit for licensure exams and become licensed by those boards. It is the student's responsibility to contact the appropriate state licensure board to determine standards required for credentialing, licensing, and/or employment in the student's field of study.

AULTMANCOLLEGE

SUMMER 2020

BACHELOR OF SCIENCE IN NURSING
PROGRAM RESERVATION FORM

If you accept admission into the BSN Program, please complete and return this form along with the $100 non-refundable reservation fee. The reservation fee is required to hold your seat in the program for the semester. **The reservation form will not be accepted without the reservation fee.**

Payment may be made by:

- A check payable to Aultman College
- A credit card in the main office or over the phone at 330-363-6347
- Cash

Return to: AULTMAN COLLEGE
ATTN: ADMISSIONS
2600 SIXTH STREET SW
CANTON, OH 44710

FORMS & FEE MUST BE RETURNED BY:
APRIL 1, 2020

_____
NAME   DATE

_____
ADDRESS   CITY   STATE   ZIP

_____
E-MAIL   PHONE NUMBER

ACCEPTING PROGRAM ADMISSION

_____ I **accept** admission.

DECLINING PROGRAM ADMISSION

_____ I **decline** admission. Please let us know why you are declining admission: _____

_____

_____

Signature_____ Date _____

AULTMANCOLLEGE

DEMOGRAPHIC FORM

NAME:

_____
(LAST)   (FIRST)   (MIDDLE INITIAL)   (PREVIOUS NAMES)

ADDRESS:

_____
(NUMBER & STREET)   (APT. NO.)   (CITY)   (STATE)   (ZIP)   (COUNTY)

TELEPHONE: _____   **EMAIL:** _____

DATE OF BIRTH: **SOCIAL SECURITY NUMBER:**   **DID YOU FILE A FAFSA?**

☐ YES   ☐ NO   ☐ I PLAN TO

_____   _____
(MM/DD/YYYY)   (###-##-####)

RACE: WHAT IS YOUR RACE? SELECT ONE CATEGORY TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.

☐ NON-RESIDENT ALIEN   ☐ ASIAN, NON-HISPANIC
☐ HISPANIC   ☐ NATIVE HAWAIIAN OR ANOTHER PACIFIC ISLANDER
☐ BLACK OR AFRICAN AMERICAN, NON-HISPANIC   ☐ TWO OR MORE RACES, NON-HISPANIC
☐ WHITE, NON-HISPANIC   ☐ UNKNOWN
☐ AMERICAN INDIAN OR ALASKA NATIVE, NON-HISPANIC

GENDER: ☐ MALE   ☐ FEMALE   ☐ OTHER   **MARITAL STATUS:** ☐ SINGLE   ☐ MARRIED   ☐ OTHER

EMERGENCY CONTACT PERSON:

_____
(NAME/RELATIONSHIP)   (TELEPHONE)

ARE YOU A VETERAN: **PLEASE SELECT WHICH BRANCH OF THE MILITARY YOU HAVE SERVED IN, IF ANY?**
☐ NO   ☐ YES   ☐ ARMY   ☐ NAVY   ☐ AIR FORCE   ☐ MARINES   ☐ COAST GUARD

HIGHEST LEVEL OF EDUCATION COMPLETED:
☐ CURRENT HIGH SCHOOL STUDENT   ☐ TECH PREP PROGRAM   ☐ BACHELOR'S DEGREE
☐ HIGH SCHOOL DIPLOMA   ☐ 1 YEAR OR LESS OF COLLEGE   ☐ MASTER'S DEGREE
☐ GED / HIGH SCHOOL EQUIVALENCY   ☐ 2 YEARS OR MORE OF COLLEGE   ☐ DOCTORATE DEGREE
☐ NON-HIGH SCHOOL GRADUATE   ☐ 4 YEARS OR MORE OF COLLEGE   ☐ CERTIFICATION/LICENSE

PLEASE INDICATE ANY CERTIFICATION(S) OR LICENSE(S) YOU CURRENTLY HOLD THAT MIGHT PERTAIN TO HEALTH CARE:
_____
_____
_____
_____
_____
_____
_____

ARE YOU A FIRST-GENERATION COLLEGE STUDENT?   **ARE YOU AN AULTMAN HEALTH FOUNDATION EMPLOYEE?**

☐ YES   *A FIRST-GENERATION COLLEGE STUDENT IS THE FIRST IN HIS/HER FAMILY   ☐ YES, IN _____
☐ NO   (MOTHER, FATHER, OR SIBLINGS) TO COMPLETE A COLLEGE EDUCATION.   ☐ NO

_____   _____
STUDENT'S SIGNATURE   **DATE**

FAIR CREDIT REPORTING ACT DISCLOSURE

In conjunction with my application to a program in Aultman College, I understand that I must submit to and bear the cost of a criminal background check and fingerprinting. I understand that this check will be conducted by VerifyStudents.com, a Division of Corporate Screening Services, Inc (CSS).

I hereby authorize VerifyStudents.com to procure a report, from BCI, FBI, or both regarding criminal background. I understand this report may include information regarding my credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I understand that if an adverse decision affecting my acceptance or continuation in any program at Aultman College, based in whole or in part on a report obtained by VerifyStudents.com, which will be provided with a copy of the report and a written summary of my consumer rights under the Fair Credit Reporting Act.

_____

NAME (PLEASE PRINT)

_____

SIGNATURE

_____

DATE

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AULTMANCOLLEGE

BASIC LIFE SUPPORT (BLS)

It is a requirement of this program that you be CPR certified with a Basic Life Support (BLS) for Health Care Providers course through the American Heart Association.

- If you are already certified through the American Heart Association, please submit a signed copy of your current CPR Certification Card by the date listed on the first page of this packet.

- If you are not already CPR certified through the American Heart Association, you must complete their approved Basic Life Support (BLS) for Healthcare Providers course.

IS THERE A COURSE HERE I CAN TAKE?

Aultman College Corporate & Community Education (ACCE) does offer healthcare-focused community education and training courses at an affordable price. ACCE strives to provide exceptional customer service and personalized instruction that focuses on the individual needs of each learner.

HOW MUCH IS IT?

The course offered through ACCE is a 4-hour course for $55. All the materials are included. There is a list of available course dates listed on the website listed below.

HOW CAN I REGISTER?

Visit ACCE's website at **http://www.aultmancollege.com/community-ed** or feel free to call at **330-363-6181**.

WHERE DO I SUBMIT MY CPR CERTIFICATION?

MAIL: Aultman College
       ATTN: Vanessa Kleinhenz
       2600 Sixth Street SW
       Canton OH 44710

EMAIL: vanessa.kleinhenz@aultman.com

FAX: 330-580-6654

PLEASE NOTE: the American Heart Association has 20 days to issue CPR cards following course attendance. Plan your class accordingly to receive, sign, and submit a copy of your card by the deadline.