

**MCNEESE STATE UNIVERSITY: COLLEGE OF NURSING****APPLICATION TO CLINICAL NURSING COURSES - BACHELOR DEGREE**

Box 90415, Lake Charles, LA 70609-0415 337/475-5821, FAX 475-5925

**DIRECTIONS & RESPONSIBILITIES:**

1. It is your responsibility to read and understand the **Admission, Application, Transfer, Retention/Progression, and Dismissal Policies** listed in the appropriate catalog according to when you declared Nursing as your major. Your clinical application GPA is determined by the curriculum in place in the appropriate catalog. If you have questions regarding your curriculum, please seek advisement during posted advisement hours.
2. **You must:**
  - \_\_\_\_\_ a. Pick up the **Louisiana State Board of Nursing (LSBN) fingerprint packet** in Suite 205. The fee for submitting the completed **Louisiana State Board of Nursing (LSBN) fingerprint packet is \$62.50** (Money Order or Cashier Check only) made payable to LSBN. You must return the **Louisiana State Board of Nursing (LSBN) fingerprint packet** along with your clinical application to Suite 205. Do not mail this on your own.
  - \_\_\_\_\_ b. Pay the **A2 Test fee of \$33.00** at the cashier's office. (A2 Scores from other universities/colleges will not be accepted). If you are approved through the Office of Services for Students with Disabilities to receive extended time for the A2 exam, you **MUST** notify us of this at the time you sign up for your A2 test session. Failure to do this will result in taking the exam during the published scheduled time frame without time and a half privileges. **DO NOT WAIT** to sign up for your A2 session. There are limited seats per testing session and once they are full, we will not be adding more seats or another testing session.
  - \_\_\_\_\_ c. Pay the **Nursing Application fee of \$30.00** at the cashier's office. The A2 and application fees may be paid together. The cashier's office accepts checks or cash. **These fees are non-refundable. Attach a copy of your receipt to your application showing that these fees have been paid.**
  - \_\_\_\_\_ d. Meet the **application deadline** posted at the top of the page. **NO applications will be accepted after the date, and incomplete applications will not be processed.**
  - \_\_\_\_\_ e. Attach a **copy of your CPR card** that must be either American Heart Association – Healthcare Provider; or Red Cross Professional Rescuer. No online CPR course cards will be accepted. If you are enrolled in a CPR course but have not completed it upon application deadline, you must submit documentation of course enrollment. Upon completion of the course, you must submit a copy of your CPR card. If you have not received your official card by the time applications are due, but you have completed the course, you must submit documentation of course completion. Upon receipt of your CPR card, you must submit a copy to add to your application received. It is the student's responsibility to verify that they attended the correct class. The student will be responsible for contacting the issuing agency and requesting documentation that the course attended is the equivalent of either Healthcare Provider or Professional Rescuer.
  - \_\_\_\_\_ f. Attach a **copy of PPD skin test**. An official copy of the result is required. This includes the provider's name, date of the test and results. If you have tested positive in the past, you must submit documentation of treatment, chest X-ray or other items which confirm a noninfectious state. International students who receive BCG are still required to have a PPD skin test. Students who have a positive PPD will be required to provide proof of follow-up treatment, as well as complete a TB status form (located in Suite 205). The TB status form must be attached to your application.
  - \_\_\_\_\_ g. Attach a **copy of Immunization records**. Refer to immunization section of application for more information.
  - \_\_\_\_\_ h. Attach a **copy of Hepatitis B status**. Refer to Hepatitis B section of application for more information.
  - \_\_\_\_\_ i. Provide **copies of all transcripts** from **other** colleges/universities if applicable. If you are a transfer student currently enrolled in required pre-requisite course(s) at another university or college, you must ensure that all copies of grades from other universities are received by the MSU College of Nursing by **May 19, 2014, by 12:00 p.m.** You may provide the College of Nursing with an unofficial copy of your grades for application purposes; however, the Registrar's Office will require that an updated official transcript be submitted to their office.

**DIRECTIONS & RESPONSIBILITIES (cont.):**

- \_\_\_\_\_ j. Keep a **copy of all documents and health forms** turned into our office. You will need to start a personal portfolio of this information to refer to each semester. (This includes copies of your **PPD, CPR, and Immunization Records**)
- \_\_\_\_\_ k. Understand that **clearance from LSBN** to enroll or progress in clinical nursing courses **does not guarantee admission** to clinical. Accepted students will receive a separate acceptance packet from the College of Nursing.
- \_\_\_\_\_ l. Agree to abide by the admission requirements of the Nursing program. Once you have submitted your application packet, you understand it is your responsibility to inform the College of Nursing of any change in your status, address, telephone number, intentions to enter the program, or any other information that would affect your entrance into the Nursing Program.
- \_\_\_\_\_ m. Understand that we will host a **mandatory Orientation to Clinical Day** sometime during the week of **August 18-22, 2014**. A more definitive date will be selected toward the end of the Spring 2014 semester. The selected date and time will be referenced in clinical acceptance packets mailed to accepted students once decisions have been made.
- \_\_\_\_\_ n. Notify the College of Nursing as to your intent to accept your clinical seat. Included in clinical acceptance packets will be a hand carry letter requiring accepted students to sign, date, and return the letter indicating their acceptance. All accepted students must return the hand carry letter by the designated deadline. Students that leave the state or the United States at the close of this semester, and are unable to return the hand carry letter, must notify the College of Nursing via email or phone of their desire to accept or decline their seat by the designated deadline. Failure to return the hand carry letter or failure to notify the College of Nursing of your willingness to accept or decline your clinical seat by the designated deadline will result in your forfeiture of your clinical seat.

\*Please note that 2 Informational sessions will be held to address any and all questions you may have regarding the clinical application and LSBN packet. These two sessions will be held in Stokes' Auditorium located on the first floor of Hardtner Hall. Please make plans to attend one of the following sessions:

Tuesday, 02/18/14, 5:00 – 6:00 p.m (Stokes' Auditorium)  
or Tuesday, 02/25/14, 5:00 – 6:00 p.m. (Stokes' Auditorium)

- Bring your clinical application and all LSBN paperwork with you to the informational session.
- You do not need to sign up for one of these sessions...simply attend one session.

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APPLICATION TO CLINICAL NURSING COURSES - BACHELOR DEGREE  
Box 90415, Lake Charles, LA 70609-0415 337/475-5821, FAX 475-5925

**Application for Clinical Nursing Courses- BSN**

SS #: \_\_\_\_\_ Banner ID # \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle/Maiden

Permanent Mailing Address:

Street (P.O. Box, Apt. Number) City State Zip

Phone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Work Cell

E-Mail Address \_\_\_\_\_ Gender: M / F DOB \_\_\_\_\_ Age \_\_\_\_\_

Person to be notified in case of emergency:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Emergency Contact's Address:

Street (P.O. Box, Apt. Number) City State Zip

Emergency Contact's Telephone Number(s): \_\_\_\_\_

Ethnicity (required for Federal Reports by 1964 Civil Rights Act):

\_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Amer. Indian/Alaskan \_\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Other (please specify): \_\_\_\_\_

Are you an INTERNATIONAL STUDENT? \_\_\_\_\_ YES \_\_\_\_\_ NO.

If you selected yes, you must submit your TOEFL scores along with this application.

Are you transferring **more than 12 nursing pre-requisite hours** from another University/College?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ First-time Applicant \_\_\_\_\_ Resubmission of Application

**Please list below all courses and name of institution or university where you are enrolled in this semester:**

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Spring 2014 courses:

_____	_____	_____	_____
_____	_____	_____	_____

**Please list any other degrees held, year obtained, and name of college/university:**

NAME OF DEGREE	YEAR OBTAINED	NAME OF COLLEGE/UNIVERSITY

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**Important Information:**

- 1) Students who are tentatively accepted by the College of Nursing for admission will be required to submit to mandatory drug testing upon admission and random drug screens throughout the duration of clinical nursing courses. Details of this process will be explained at Nursing Orientation.
- 2) The College of Nursing reserves the right to limit the number of students admitted to the Clinical Nursing Courses based upon faculty and laboratory resources.
- 3) I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student, staff or faculty member and the McNeese State University College of Nursing.
- 4) **By signing and dating this form below, I am indicating that I understand all of the policies, criteria, and requirements referenced on the first two pages of this application. I also certify that all the information provided is complete and accurate.**

**Signature of Applicant:**

**Date:**

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**McNeese State University**  
**College of Nursing**  
**Part A. Confidential Health History Form**

*MSU CON must be informed of any recent medical or special needs or changes in health that occur before the start of the clinical program. Failure to provide complete and accurate information may be grounds for dismissal. **Complete the following information BEFORE your medical appointment.** Failure to provide complete and accurate information will be grounds for denial to clinical courses. Your healthcare provider must review this information and provide their signature.*

Print:  
 Last name \_\_\_\_\_ First \_\_\_\_\_ Maiden \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_  
 NAME

ADDRESS: STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE, ZIP CODE \_\_\_\_\_ PHONE (INCLUDE AREA CODE) \_\_\_\_\_

**GENERAL HEALTH:**

List any recent or continuing health problems: \_\_\_\_\_

List any physical or learning disabilities: \_\_\_\_\_

Are you currently under the care of a doctor or other health care professional, including mental health treatment? Yes \_\_\_\_ No \_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Address: \_\_\_\_\_

For what condition(s): \_\_\_\_\_

**SURGERIES:** List type and year \_\_\_\_\_

**ALLERGIES:** List any drug or food allergies and briefly describe reaction: \_\_\_\_\_

**DO YOU HAVE A LATEX ALLERGY OR SENSITIVITY?** Yes \_\_\_\_ No \_\_\_\_

If yes, it is the student's responsibility to notify each assigned clinical instructor of this condition, and to provide proof of medical management prior to the start of each clinical setting. Please refer to the Latex Allergy Policy located in Hardtner Hall, Suite 205.

**MEDICAL HISTORY:** Students with known and ongoing medical conditions must prepare for and manage their condition(s) during their clinical sequence. Complete below:

	Y	N	Date		Y	N	Date		Y	N	Date
Headaches				Ulcer/Colitis				Back/Joint Problems			
Epilepsy/Seizures				Hepatitis/Gall Bladder				High Blood Pressure			
Asthma/Lung Disease				Bladder/Kidney Problems				Thyroid Problems			
Heart Disease				Cancer/Tumors				Recurrent or Chronic Infectious Diseases			
Anemia/Bleeding Disorder				Diabetes				HIV or Hepatitis C			
Hearing Loss				Vision Loss				Other (List)			

**MENTAL HEALTH HISTORY:** Have you ever suffered from, been treated for, or hospitalized for the following?

	Y	N	Please provide an explanation below for any box you have checked
Any mental health condition, such as depression/anxiety			
Substance Abuse (alcohol or drugs)			
Eating disorder (anorexia/bulimia)			
Are you taking/have ever taken medication for above problems?			

**1) IMMUNIZATION RECORD:** Indicate most recent dates and attach a copy of your immunization record(s).

	Date		Date		Date
Polio Immunization		Measles		Mumps	
Tetnus Booster or Tetanus/Diphtheria Booster(within last 10 years)		Rubella( A Rubella Titer showing immunity is acceptable in lieu of injections.)		MMR ( 2 injection dates regardless of age)	

**Applicants must attach a copy of their immunization record or documentation of injections.**

- 1) In the event of a lost immunization record, applicant's must provide proof of at least a current Td and 2 MMR's.
- 2) In the event of contraindications to the required immunizations, the applicant must provide physician's documentation.
- 6) HBV - Applicants must provide documentation of the series of 3 completed injections if applicable. This immunization is not required for entrance into clinical nursing courses, but is highly recommended.  
If the applicant has not completed the series or elects not to receive the Hepatitis series, they must sign the following waiver.  
This includes applicants that are in the process of receiving the series.

**2) HEPATITIS B**

Applicants who have completed the series of 3 injections must provide documentation. This immunization is not required for entrance into clinical nursing courses, but is highly recommended. If the applicant has not completed the series or elects not to receive the Hepatitis series, they must sign the following waiver. This includes applicants that are in the process of receiving the series.

**I have elected NOT to receive the HBV series at this time. I understand that I may be at risk for acquiring Hepatitis B virus (HBV infection) by refusing this vaccine. I accept the responsibility of this risk by refusing the HBV vaccine.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**3) PPD SKIN TEST**

	Test Date	Date Read	Results (mm)	Physician/Examiner's Signature
PPD (Initial test)				
PPD (Follow-up)				
Chest X-ray results (if positive PPD)				
Prophylactic Therapy (INH)	Date Completed	Provider		

**4) FLU VACCINNE:** If the flu vaccine is available, we highly recommend you receive it. Proof of vaccination will be required during the flu season at all clinical agencies utilized by our students.

**5) MEDICATIONS:**

Are you currently taking any medications? Yes ☐ No ☐ Please list below any medications you are currently taking (prescription and/or over the counter). \_\_\_\_\_

***I certify that all responses made on this form are complete, true and accurate. I understand that if there are any changes in my health status, I will complete a change of health status form immediately. I understand that if I withhold information on this form I may be withdrawn or removed from clinical courses.***

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Healthcare Provider**

***I have reviewed this student's health history and unconditionally release this student to perform the duty required by MSU College of Nursing to complete the degree requirements.***

**Healthcare Provider Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Part B. To Be Completed by the Examiner

Physical Exam									
Height	Weight		Temp		Pulse		BP		
Hearing:	Normal	<input type="checkbox"/>		Abnormal	<input type="checkbox"/>		Corrected	<input type="checkbox"/>	
Vision:	Normal	<input type="checkbox"/>		Abnormal	<input type="checkbox"/>		Corrected	<input type="checkbox"/>	
General Appearance:									
	Normal			Abnormal			Comments		
Head, face, scalp									
Eyes									
Ears									
Nose, sinuses									
Oral cavity									
Neck, nodes, thyroid									
Breasts									
Respiratory									
Cardiovascular									
Abdomen & inguinal area									
Musculoskeletal									
Neurologic									
Reflexes									

The College of Nursing will make reasonable accommodations for known physical and/or mental disabilities. However, it must be noted that nursing is a physically and mentally demanding profession. The following Core Performance Standards recommended by the Southern Council on Collegiate Education for Nursing Task Force (1993) will be used by the Office of Services for Students with Disabilities, student, and nursing faculty to determine whether or not they can fulfill the requirements of the program and/or whether reasonable accommodations can be made.

### Core Performance Standards

Standards and Requirements	Has the ability	Does not have the ability
<b>Critical Thinking:</b> Demonstrates critical thinking ability for effective clinical reasoning and clinical judgment consistent with level of educational preparation <ul style="list-style-type: none"> <li>Ability to identify cause/effect relationships</li> <li>Ability to use scientific method in the development of patient care plans</li> <li>Ability to recognize and respond instantly, judiciously and prudently to emergency situations</li> <li>Able to evaluate the effectiveness of nursing interventions</li> </ul>		
<b>Professional Relationships:</b> Interpersonal skills sufficient for professional interactions with a diverse population of individuals, families, and groups <ul style="list-style-type: none"> <li>Establishment of rapport with patients/clients and colleagues</li> <li>Capacity to engage in successful conflict resolution</li> <li>Peer accountability</li> </ul>		
<b>Communication:</b> Communication adeptness sufficient for verbal and written professional interactions <ul style="list-style-type: none"> <li>Ability to communicate in English, both verbally and in written format, nursing actions, interpretation of client responses, initiate health teaching, and interact with clients, staff, and faculty.</li> <li>Ability to speak clearly in order to communicate with staff, physicians and patients</li> <li>Ability to be understood on the telephone or other communication devices (call light)</li> </ul>		
<b>Mobility:</b> Physical abilities sufficient for movement from room to room and in small spaces <ul style="list-style-type: none"> <li>Sufficient to bend, stoop, bend down on the floor</li> <li>Combination of strength, dexterity, mobility, and coordination to assist patients</li> <li>Sufficient strength to lift, move, and transfer most patients</li> <li>Able to restrain and carry children</li> <li>Ability to move around rapidly</li> </ul>		

<b>Standards and Requirements Continued</b>	<b>Has the ability</b>	<b>Does not have the ability</b>
<b>Mobility</b> <ul style="list-style-type: none"> <li>• Able to move in small confined areas</li> <li>• Able to provide CPR</li> <li>• Ability to stand or walk for 6-8 hours</li> <li>• Able to carry and move equipment</li> </ul>		
<b>Motor Skills:</b> Gross and fine motor abilities sufficient for providing safe, effective nursing care <ul style="list-style-type: none"> <li>• Ability to calibrate and use all equipment</li> <li>• Ability to provide therapeutic positioning</li> <li>• Able to manipulate syringes and IV's</li> <li>• Ability to perform sterile procedures</li> </ul>		
<b>Hearing:</b> Auditory ability sufficient for monitoring and assessing health needs <ul style="list-style-type: none"> <li>• Ability to hear monitoring device alarm and other emergency signals</li> <li>• Ability to discern auscultatory sounds such as heart, lung or bowel.</li> <li>• Ability to hear cries for help</li> </ul>		
<b>Visual:</b> Visual ability sufficient for observation and assessment necessary in patient care <ul style="list-style-type: none"> <li>• Ability to observe patient's condition and responses to treatments</li> <li>• Able to see patient responses such as grimacing, movement, changes in skin color and other critical assessment data</li> <li>• Able to read fine print of labels</li> </ul>		
<b>Tactile Sense:</b> Tactile ability sufficient for physical assessment <ul style="list-style-type: none"> <li>• Ability to palpate, both superficially and deeply, in physical examinations and various therapeutic interventions</li> <li>• Able to note changes in skin temperature</li> </ul>		
<b>Olfactory</b> Sense of smell sufficient to detect odors <ul style="list-style-type: none"> <li>• Ability to detect odors emanating from a client or client's body fluids</li> <li>• Ability to detect the odor of smoke or any other unusual odor in the hospital setting</li> </ul>		
<b>Emotional</b> Ability to perform under stress <ul style="list-style-type: none"> <li>• Able to perform nursing care in real patient situations and/or simulation while being observed by faculty and other health care professionals</li> <li>• Capacity to manage stress caused by academic study</li> </ul>		
<b>Cognitive</b> Cognitive ability sufficient to listen, speak, read, write, reason, and perform essential mathematic functions Able to process and understand materials and information presented either verbally or in a written format		
<b>Care for adults and children with infections and diseases</b>		

➤ If he/she is able to perform all of these activities and do you unconditionally release your client to perform the Core Performance Standards required by MSU College of Nursing to complete the degree requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

➤ Does this student have a declarable disability?

Yes \_\_\_\_\_ No \_\_\_\_\_ Diagnosis \_\_\_\_\_

Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_

EXAMINER'S NAME (Printed)

PHONE (INCLUDE AREA CODE)

ADDRESS: STREET

CITY

STATE, ZIP CODE



Following is a list of some of the people/places and their contact numbers that provide CPR Training, Physicals, and/or PPD Tests. This list is **not an all-inclusive** list of providers. Please contact the individual/agency to verify that these services are still offered.

#### CPR

- 1) Liz Baker -(337) 526-3529
- 2) Margaret Hebert (337) 370-3677
- 3) Craig Thibodeaux (337) 781 - 7590
- 4) Miriam Bellon, RN 474-3057
- 5) Chris Bearb 526-1631
- 6) Roy Taylor 439-9667
- 7) Paul Wasson (Bell City) 598-3239p
- 8) Tori Dixon - (337) 739-0438 or [tlynnrt@yahoo.com](mailto:tlynnrt@yahoo.com)
- 9) Monica Harger (337) 583-7044
- 10) Emily Gay 301 E. South Street Welsh, LA 70591 (337) 734-4395 (Home) (337) 532-2966 (Cell)
- 11) W. O. Moss Regional Contact Person: Marsha Hart Phone: 475-8375
- 12) West Calcasieu Cameron Contact Person: Monette Dionne or Sylvia Godeaux Phone: 527-4274
- 13) St. Patrick's Contact Person: Theresa Ashford Phone: 491-7104
- 14) Safety Training Center Contact Person: Alissha Goodfriend Phone: 583-7044
- 15) American Red Cross (Professional Rescuer Certification) Phone: 478-5122
- 16) American Heart Association (Health Care Provider) Phone: 439-4050
- 17) Jerrie Miller (337) 912-1322
- 18) Kay Hebert (337) 526-5554
- 19) Janene Dixson (337) 513-1333
- 20) Chrystal Robideaux (337) 499-6737
- 21) Jayde Butler Cell (337) 302-2205 Work (337) 882-5386
- 22) Albert Garrick (337) 526-3774
- 23) Emily Thomas (337) 274-7280
- 24) Len Edwards (Leesville) Home (318) 565-3776 Cell (337) 353-2090
- 25) Charlotte Lantier (337) 582-6055
- 26) John Vincent (337) 515-3433
- 27) Kecia Clark (337) 824-3320
- 28) Tamie Staton (337) 475-9826
- 29) Haley Leger (337) 842-5642
- 30) Chris Schlingmann (337) 515-5307
- 31) Dez Sims (337) 274-1669
- 32) Danielle Mann (337) 274-4429 or [dartlearning@gmail.com](mailto:dartlearning@gmail.com)

#### PPD's

- **Immunization Clinic:** Free PPD's will be available on **02/25/14**, in the Immunization Clinic located on the first floor of Hardtner Hall/Calcasieu Community Clinic from 3:00 - 4:15 p.m. Please use the Sale Street entrance (on the North side of Hardtner Hall) to the Calcasieu Community Clinic.
- **You must** email Kimberly Conway-Pennick at [kconwaypennick@mcneese.edu](mailto:kconwaypennick@mcneese.edu) by **02/18/14 at 4:00 p.m.** to notify her that you intend to receive your PPD. This will allow her to prepare the skin test material, and ensure that enough doses are available. The only students that will receive their PPD on 02/25/14 will be those that emailed Mrs. Pennick by the 02/18/14 at 4:00 p.m. deadline.
- **You must** have your PPD results read by Mrs. Conway-Pennick **on 02/28/14**. Further instructions regarding time and location of PPD readings will be given to you after your PPD has been administered on 02/25/14.

#### Physicals

- 1) **College of Nursing Student Physicals** -Dr. Twila Sterling-Guillory and Dr. Cynthia Roberts will offer physicals for students applying for nursing clinical courses for a fee of \$25.00. This money will go to the College of Nursing to be used to replace supplies used in the clinic. If you are interested in this service, you will need to do the following:
  1. Pay the \$25.00 fee at the cashier's office in Smith Hall **PRIOR** to the date you would like to get the exam.
  2. Bring the receipt from the cashier to the Calcasieu Community Clinic in Hardtner Hall on the day of the exam. You will also need the forms for the physical found in your application packet. The exams will be offered **only** during the dates/times below. There is no need to call for an appointment as the exams will be done in the order the student arrives. Please use the Calcasieu Community Clinic entrance facing Sale Road.
  3. The clinic doors will be unlocked by 9:00AM on the scheduled dates. There is no need to call. In case of illness or unforeseen absence by Dr. Sterling-Guillory or Dr. Cynthia Roberts, a notice will be placed on the clinic door.

**Dates/Times for Physical Exams:**

**Wednesday, February 26, 2014, 9:00 a.m. - 12:00 p.m.**

**Wednesday, March 12, 2014, 9:00 a.m. - 12:00 p.m.**

## A2 TEST INSTRUCTIONS

### PAYING FOR AND SCHEDULING THE EXAM

- 1) DO NOT WAIT UNTIL THE LAST MINUTE TO SIGN UP FOR YOUR A2 SESSION. THERE ARE LIMITED SEATS FOR EACH TESTING SESSION, AND ONCE THE SESSION IS FULL, WE CAN NOT ADD MORE SEATS. YOU DO NOT HAVE TO WAIT TO SIGN UP FOR YOUR A2 UNTIL YOU HAVE TURNED IN YOUR APPLICATION. AS SOON AS YOU PAY YOUR A2 TEST FEE, MAKE PLANS TO SIGN UP FOR YOUR SESSION. IF YOU ARE APPROVED THROUGH THE OFFICE OF SERVICES FOR STUDENTS WITH DISABILITIES TO RECEIVE EXTENDED TIME FOR THE A2 EXAM, YOU MUST NOTIFY US OF THIS AT THE TIME YOU SIGN UP FOR YOUR A2 TEST SESSION. FAILURE TO DO THIS WILL RESULT IN YOU TAKING THE EXAM DURING THE PUBLISHED SCHEDULED TIME FRAME WITHOUT TIME AND A HALF PRIVILEGES.
- 2) PAY \$33.00 FOR THE A2 TEST IN THE CASHIER'S OFFICE BEFORE YOU SIGN UP FOR THE A2 TEST.
- 3) BRING YOUR PAID RECEIPT TO HARDTNER HALL, SUITE 205, TO SIGN UP FOR THE EXAM.
- 4) IF YOU REQUIRE EXTENDED TIME FOR TESTING PURPOSES, YOU MUST PROVIDE DOCUMENTATION FROM THE SERVICES FOR STUDENTS WITH DISABILITIES OFFICE UPON SIGNING UP FOR YOUR TESTING SESSION.
- 5) PICK UP THE STEPS TO CREATING A STUDENT EVOLVE ACCOUNT SHEET IN SUITE 205 WHEN YOU SIGN UP FOR THE EXAM.
- 6) CREATE YOUR USERNAME AND PASSWORD PRIOR TO YOUR EXAM DATE AND BRING THIS INFORMATION WITH YOU TO YOUR TESTING SESSION.

### WE ARE OFFERING THE FOLLOWING TESTING TIMES AND DATES:

TUESDAY	02/18/14	11:30 a.m. - 3:30 p.m.
THURSDAY	02/27/14	2:30 p.m. - 6:30 p.m.
FRIDAY	03/07/14	11:30 a.m. - 3:30 p.m.
WEDNESDAY	03/12/14	2:30 - 6:30 p.m.

### TAKING THE TEST:

- 1) ARRIVE ON TIME FOR TESTING START TIME IN THE LRC (HARDTNER HALL, ROOM101). NO ONE WILL BE ALLOWED TO ENTER THE TESTING ROOM ONCE THE TEST PROCTOR BEGINS ADMINISTERING THE INSTRUCTIONS.
- 2) PRESENT A PICTURE ID TO THE TEST PROCTOR.
- 3) BRING AT LEAST TWO (2) PENCILS.
- 4) YOU MAY BRING EARPLUGS TO HELP REDUCE THE NOISE DISTRACTIONS.
- 5) CALCULATORS ARE NOT ALLOWED. YOU WILL BE ALLOWED TO USE THE PULL UP CALCULATOR ON THE COMPUTER.
- 6) THE MSU BOOKSTORE DOES SELL AN A2 STUDY GUIDE CALLED THE *HESI ADMISSION ASSESSMENT EXAM REVIEW*. YOU WILL BE TESTED ON THE FOLLOWING 5 SUBJECT AREAS: READING COMPREHENSION, GRAMMAR, VOCABULARY, ANATOMY & PHYSIOLOGY & MATH
- 7) YOU WILL TAKE THE LEARNING STYLE INVENTORY PORTION OF THE EXAM AS WELL. YOUR RESULTS ON THIS SECTION WILL NOT AFFECT YOUR COMPOSITE SCORE.

### HESI POLICIES (effective Summer 2011)

- 1) A passing score is 80% Composite score and 80% Reading Comprehension score on the same exam session.
- 2) A student is eligible to sit for the HESI A2 exam a maximum of 4 times during their academic career as a MSU College of Nursing student. Students switching between the ASN and BSN curriculum are not granted 4 additional HESI A2 exam testing sessions.
- 3) A passing HESI A2 exam score is valid for a period of one calendar year. The HESI A2 exam must be repeated after this time has expired by any student applying for clinical coursework.