

Financial assistance is available to those who qualify, and we offer placement assistance.

PRACTICAL NURSING

"During my second year of nursing school our professor gave us a quiz. I breezed through the questions until I read the last one: 'What is the first name of the woman who cleans the school?' Surely this was a joke. I had seen the cleaning woman several times, but how would I know her name? I handed in my paper, leaving the last question blank. Before the class ended, one student asked if the last question would count toward our grade. 'Absolutely,' the professor said. 'In your careers, you will meet many people. All are significant. They deserve your attention and care, even if all you do is smile and say hello.' I've never forgotten that lesson. I also learned her name was Dorothy." – Joann C. Jones

PRACTICAL NURSES perform a full range of hands on patient care. The program objective is to develop proficiency and confidence in the basic therapeutic, rehabilitative, and preventative care of people of all ages and cultures. They provide basic bedside care performing nursing procedures such as taking vital signs, giving injections, applying dressings, and helping patients with activities of daily living. Practical Nurses also keep accurate medical records, develop and/or implement plans of care, and perform clerical duties.

GRADUATES may work in a variety of entry level settings including hospitals, nursing homes, physician's offices, home health agencies, residential care facilities, and clinics. A growing number of Licensed Practical Nurses are also providing healthcare in the home.

SLCHC GRADUATES are eligible to apply to sit for the National Certification Licensing Examination (NCLEX) exam to become a Licensed Practical Nurse per Section 335.066, RSMo.



ST. LOUIS COLLEGE
of HEALTH CAREERS

SLCHC.EDU

COUNTY CAMPUS:
1297 N. Highway Dr.
Fenton, MO 63026

636.529.0000

www.slchc.edu



Come Here, ... **GO ANYWHERE**

PRACTICAL NURSING DIPLOMA

Diploma/Certificate

Course #	Course	Hours	Credits
Semester I			
AH100	Professional Development	45	3
MTH202	Algebra & Mathematical Functions	45	3
BL201	Anatomy & Physiology I Theory	45	3
BL201L	Anatomy & Physiology I Lab	30	1
HB300	Medical Terminology Basics	30	1
PS203	Human Growth & Development	30	2
NU100	Nutrition	30	2
Semester II			
NSG111	Nursing Fundamentals Theory	60	4
NSG111L	Nursing Fundamentals Lab	90	3
BL202	Anatomy & Physiology II Theory	45	3
BL202L	Anatomy & Physiology II Lab	30	1
PS301	Critical Thinking	30	2
NS102	Pharmacology for Nurses	45	3
NS205	IV Certification	48	1
NS104	Personal and Vocational Concepts	15	1
Semester III			
NS202	Nursing Care of the Adult I	60	4
NS203P	Nursing Practicum I	180	4
NS206	Mental Health Nursing	45	3
NS314	Pharmacology for Nurses II	45	3
NS306	Nursing Care of the Geriatric Client	45	3
Semester IV			
NS310	Nursing Care of the Adult II	60	4
NS312	Nursing Care of the Maternal/Child	60	4
NS311	Leadership and Management Skills for Nursing	15	1
NS303P	Nursing Practicum II	180	4
NS313	Nursing in Review	45	3
60 Weeks	Program Total	1353	66

Fill out the online application or to request an application packet contact:

CITY CAMPUS
909 S Taylor
St. Louis, MO 63110
(314)652-0300

COUNTY CAMPUS
1297 N Hwy. Drive
Fenton, MO 63026
(636)529-0000

admissions@slchcmail.com

What will you learn?

Practical Nurses perform a full range of hands-on patient care. The program objective is to develop proficiency and confidence in the basic therapeutic, rehabilitative, and preventative care of people of all ages and cultures. They provide basic bedside care performing nursing procedures such as taking vital signs, giving injections, applying dressings, and helping patients with activities of daily living. Practical Nurses also keep accurate medical records, develop and/or implement plans of care, and perform clerical duties.

Graduate Opportunities:

Graduates may work in a variety of entry level settings including hospitals, nursing homes, physician's offices, home health agencies, residential care facilities, and clinics. A growing

Certification:

SLCHC graduates are eligible to apply to sit for the National Certification Licensing Examination (NCLEX) exam to become a Licensed Practical Nurse per Section 335.066, RSMo.

*Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2016-17 Edition, Medical Assistants, on the Internet at <http://www.bls.gov/ooh/healthcare/medical-assistants.htm>



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PRACTICAL NURSING PROGRAM **ADMISSIONS REQUIREMENTS**

- Minimum age of 18 years, or parental authorization
- Completion of personal interview with Admissions Representative
- Completed SLCHC application
 - General and program specific enrollment paperwork
- Complete HESI Entrance Exam
 - Passing with a minimum score of:
 - **Math – 74%**
 - **Grammar, Reading Comprehension and Vocabulary - 80% cumulative**
 - The test cost is \$40.00
 - Study Guide is available for \$20 cash
 - \$10 Refundable with return of book at HESI exam
- Official copy of High School or GED Transcript
- Official copy of all college transcripts (if applicable)
- Completed background check at SLCHC; the background cost is \$35.00
- Completion of Wonderlic Essay –Topic Listed Below

Making the World A Better Place

There is certainly no shortage of problems that confront our world today: poverty, violence, and ignorance to name a few. At times, the list of problems can seem overwhelming.

Thankfully, there are many people and organizations that dedicate their lives and work to help make the world a better place. Select a person or organization that you are aware of that works to improve the lives of others. What does this person or organization do?

How will this activity make the world a better place for all its inhabitants? Then, write a multi-paragraph essay in which you describe this person or organization and discuss what it is doing to make the world a better place to live.

- 3 – Letters of Reference (2 – Professional and 1 – Personal)

Once Accepted/Enrolled Students Must:

- Completion of financial aid requirements
- Prior to Participation in Clinical/Fieldwork Semesters:
 - Physical Exam
 - Immunization Record (MMR, Hepatitis A & B or waiver, Chicken Pox, Tetanus)
 - TB Testing (required annually)
 - Finger printing (if required by clinical site)
 - CPR certification in Basic Life Support (BLS)
 - 2 yr. minimum by American Heart Association
 - Drug Screen completed as determined by Program Director
 - Other requirements as determined by Program Director



ST. LOUIS COLLEGE of HEALTH CAREERS

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APPLICATION FOR ADMISSIONS

Please complete all items on both sides of this form, and print legibly in ink.

Withholding information requested on this application or giving false information
may delay or void admission or result in dismissal following admission.

PERSONAL INFORMATION

Name: Last	First	Middle Initial	Maiden	Social Security #
Present Address:	Number & Street	City	State	Zip
Date of Birth	Place of Birth	State of Permanent Residence		Area Code & Home Telephone #
Are you at U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever served or are you now serving in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-Mail Address
Dates of Service:				

I agree to allow all SLCHC team members to call, text or email me using the info above: _____ (initial please)

ADMISSIONS INFORMATION

Today's Date (Month – Date – Year)	Application Status: <input type="checkbox"/> New Student <input type="checkbox"/> Independent <input type="checkbox"/> Readmission <input type="checkbox"/> Dependent	If a Readmission, date previously attended:	Program in which previously enrolled:
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PLEASE INDICATE PROGRAM & SCHEDULE OF INTEREST:

CITY CAMPUS PROGRAMS:

- ☐ Medical Assistant
- ☐ Medical Assistant (AAS)
- ☐ Patient Care Technician
- ☐ Medical Office Administration
- ☐ Professional Medical Billing (AAS)
- ☐ Pharmacy Technician
- ☐ Pharmacy Technician (AAS)

SCHEDULE:

- ☐ DAY
- ☐ EVENING

COUNTY CAMPUS PROGRAMS:

- ☐ Medical Assistant
- ☐ Medical Assistant (AAS)
- ☐ Occupational Therapy Assistant (AAS)
- ☐ Patient Care Technician
- ☐ Pharmacy Technician
- ☐ Pharmacy Technician (AAS)
- ☐ Physical Therapist Assistant (AAS)
- ☐ Practical Nursing
- ☐ Respiratory Therapy (AAS)

SCHEDULE:

- ☐ DAY
- ☐ EVENING

EDUCATIONAL INFORMATION

ATTESTATION By my signature on the reverse of this application, I declare that I have achieved high school or equivalent graduate status, and the information I am providing on this application is accurate and valid.		Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No Graduation Date: _____	
		Do you have a GED certification <input type="checkbox"/> Yes <input type="checkbox"/> No Date Earned: _____	
High School Name	City, State	Dates Attended	Diploma

Name of School	City	State	Dates Attended	Diploma/Degree/ # of Hours
College/University				
College/University				
Other				



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EMPLOYMENT INFORMATION *(this information is utilized to assist graduates pursuing employment opportunities)*

Present or Most Recent Employer	Address & City/State/Zip Code	Area Code & Telephone #
Dates of Employment From To	Job Title	Immediate Supervisor

Previous Employer	Address & City/State/Zip Code	Area Code & Telephone #
Dates of Employment From To	Job Title	Immediate Supervisor

SPECIAL NEEDS INFORMATION

What means of transportation will you use to get to school?	Personal Auto: Year Make/Model License #
Do you feel that you have any physical/mental handicaps or disabilities that may restrict your ability to successfully complete your program or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:
Do you feel that you have or have had any illness/disease transmittable to patient or other individuals you may come in contact with in the classroom or clinical area? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:

EMERGENCY CONTACTS (please provide two separate names & numbers)

Name	Relationship	Address	Telephone #
Name	Relationship	Address	Telephone #

STATEMENT OF AGREEMENT

All information and material submitted to St. Louis College of Health Careers shall become property of the College and shall only be disclosed to when deemed necessary for official purposes. The applicant affirms the information contained on the application is complete and true.

- Upon enrollment, you must submit any documents or records required for acceptance into the instructional program you have designated.
- Upon enrollment, you must submit \$50 application fee prior to meeting with Financial Aid. \$40.00 of this fee will be refunded if the applicant is denied admission with \$10.00 kept for Wonderlic Processing. An additional fee will be charged for High School Diplomas/Transcripts and GED information that may be required.
- You must sign and date this application.

Concerning the release of information, I hereby give my consent to release to the Admissions Representatives any and all of my previous academic records – including transcripts and diplomas – that may be needed to help determine my enrollment eligibility. I also hereby give my consent to release any and all information regarding my financial records to the Financial Aid Representatives acting in my interest before, during or after my attendance at St. Louis College of Health Careers.

Furthermore, I hereby give my consent to release my educational records to any sponsoring agencies to which I have applied for funding assistance, as well as my enrollment information to any other agencies with which I am associated for assistance, such as housing, child care, work study, clinical/practicum/externship, etc., and for which I will give prior notification to the College.

Additionally, I hereby give my consent for my parents or others that I designate to obtain information pertaining to my educational records at St. Louis College of Health Careers. However, the recipient of this information must present to a school official a written request signed and dated by me that contains my name, social security number, program and start date, as well as the recipient's name, relationship to me and the item to be released, and must display some form of identification.

Applicant Signature

Date

St. Louis College of Health Careers adheres to the principle of equal education and employment opportunity without regards to race, sex, age, color, creed, physical or mental handicap, veteran status or national origin. This policy extends to all programs and activities supported by the college.

The following information is being collected for statistical purposes only. This information will not be considered for Admission purposes.

RACE: ☐ African American ☐ Hispanic ☐ Caucasian ☐ Asian ☐ American Indian/Alaska Native ☐ Other **SEX:** ☐ Male ☐ Female

REVISED 6.1.2016



ST. LOUIS COLLEGE of HEALTH CAREERS

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PRACTICAL NURSING – DIPLOMA TUITION AND FEES ADDENDUM

TUITION	PN-Diploma:	\$29,700.00
PRE-ENROLLMENT COSTS: <i>(Based on current pricing & are subject to change)</i>		
	HESI Exam	\$40.00
	Background Check	\$35.00
	Enrollment Fee	\$50.00
	Parking Tag	\$5.00
PROGRAM COSTS: <i>(Based on current pricing & are subject to change)</i>		
	Uniforms	\$125.00
	CPR Certification	\$65.00
	Drug Screening	\$35.00
	HESI Testing	\$542.00
	On Site Review	\$168.00
BOOKS: <i>(Based on current pricing & are subject to change)</i>		\$1,410.00
Cost of Attendance: <i>(Based on current pricing & is subject to change)</i>		\$32,175.00

POST-GRADUATION COSTS: <i>(Based on current pricing & are subject to change)</i>		
	NCLEX Exam	\$200.00
	MO State Board Application	\$41.00
	Fingerprint	\$44.80
	Graduation Fee	\$50.00
	White Scrubs	\$30.00

Completion of a degree **does not guarantee** that the student will be allowed to sit for their licensure exam. This decision is up to the licensing body for your program.

Physical examination, immunizations, titers and TB testing is required prior to attending clinical. Cost dependent upon provider.

Tuition is charged at a per credit hour rate of \$450.00. If approved, transfer hours would reduce the overall tuition costs.

***Post-Graduation Costs:** Students are responsible for the cost of their programmatic post-graduation costs. All fees and applications should be submitted directly to the certifying board to obtain licensure/certification for their program.

Please Note: All students are required to have **reliable transportation** to get to/from campus events and all clinical site fieldwork arrangement and/or fieldtrips; some of these fieldwork locations can be up to 2 hours away. SLCHC is **NOT** responsible for providing such transportation. Note also that SLCHC tuition does not include any meals or food items.

“Tuition, fees, inclusions, and exclusions are subject to change.”

“I have read, understand and agree to the above disclaimers”

Student Signature

Date

Admissions Representative

Date



PRACTICAL NURSING COUNTY CAMPUS DISCLOSURE INFORMATION

Program Level – Undergraduate Certificate
Program Length – 60 weeks

How much will this program cost me?

Tuition & Fees: \$30,069

Books & Supplies: \$1,670

On-Campus room & board: *not offered*

What financing options are available to help me pay for this program?

Financing for this program may be available through grants, scholarships, loans (federal & private) and institutional financing plans. The mean amount of debt for program graduates is shown below:

Federal Loans: \$19,080

Private Education Loans: \$0

Institutional financing plan: \$2,003

How long will it take me to complete this program?

The day program is designed to take 60 weeks to complete. Of those that completed the program in 2014-2015, 74% finished in 60 weeks.

What are my chances of getting a job when I graduate?

Accreditor Rate: The job placement rate for students who completed the program is 92%.

State Rate: The job placement rate for students who completed the program is 88%.

County Campus Security Information

The Student Right to Know and Campus Security Act (Public Law 101-542) went into effect on Sept. 1, 1991. Title II of this act is known as the Crime Awareness and Campus Security Act of 1990. It requires the disclosure of crime statistics for the most recent three years, as well as disclosure of the institution's current security policies. Institutions are also required to issue timely warnings when necessary. All public and private Title IV eligible institutions must comply with the requirements of this act which is enforced by the U.S. Department of Education (ED).

*	2013	2014	2015	Totals
Aggravated Assault	0	0	0	0
Arson	0	0	0	0
Burglary	0	0	0	0
Hate Crimes	0	0	0	0
Motor Vehicle Theft	0	0	0	0
Murder/Non-negligent manslaughter	0	0	0	0
Negligent manslaughter	0	0	0	0
Robbery	0	0	0	0
Sex Offenses – forcible	0	0	0	0
Sex Offenses – Non-forcible	0	0	0	0

*SLCHC Campus Security Act is updated every year in October for the previous year.

Student Printed Name

Student Signature

Admissions Representative Signature

Date

Date



ST. LOUIS COLLEGE of HEALTH CAREERS

ST. LOUIS COLLEGE OF HEALTH CAREERS PROFESSIONAL PROGRAM

PERSONAL REFERENCE

_____ has given this form to you so that you may give a
(Student Applicant's Name): "Please Print"
reference for admission into St Louis College of Health Careers.

WAIVER

The Family Education Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student at this school and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission. If you elect to waive YOUR right of access to and review of this information, please sign your name.

(Date)

(Applicant Signature)

Length of acquaintance: Years: _____ Months: _____ Semesters: _____

RATING OF APPLICANT: (Based upon your direct observation and knowledge of the applicant, place an "X" in the appropriate column)

	Exceptional	Above Average	Average	Below Average	Not Observed
Ability to work with a group					
Organizational Qualities					
Writing Ability					
Interpersonal Skills					
Adaptability/Flexibility					

(OVER)

	Exceptional	Above Average	Average	Below Average	Not Observed
Acceptance of constructive criticism					
Confidence					
Verbal Communication Skills					
Initiative					

OPTIONAL COMMENTS: (E.G., Potential for success, academic achievement, attitude, etc.)

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Title or Position: _____

Address (Print): _____

PLEASE RETURN THIS FORM TO THE APPLICANT OR DIRECTLY TO:

St. Louis College of Health Careers
Admissions Department
1297 North Highway Dr.
Fenton, MO 63026
Phone: (636) 529-0000
Fax: (636) 489-2279



ST. LOUIS COLLEGE of HEALTH CAREERS

ST. LOUIS COLLEGE OF HEALTH CAREERS PROFESSIONAL PROGRAM

PROFESSIONAL REFERENCE

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Writing Ability					
Interpersonal Skills					
Adaptability/Flexibility					

(OVER)

	Exceptional	Above Average	Average	Below Average	Not Observed
Acceptance of constructive criticism					
Confidence					
Verbal Communication Skills					
Initiative					

OPTIONAL COMMENTS: (E.G., Potential for success, academic achievement, attitude, etc.)

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Title or Position: _____

Address (Print): _____

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ST. LOUIS COLLEGE of HEALTH CAREERS

ST. LOUIS COLLEGE OF HEALTH CAREERS PROFESSIONAL PROGRAM

PROFESSIONAL REFERENCE

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(Date)

(Applicant Signature)

Length of acquaintance: Years: _____ Months: _____ Semesters: _____

RATING OF APPLICANT: (Based upon your direct observation and knowledge of the applicant, place an "X" in the appropriate column)

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Organizational Qualities					
Writing Ability					
Interpersonal Skills					
Adaptability/Flexibility					

(OVER)

	Exceptional	Above Average	Average	Below Average	Not Observed
Acceptance of constructive criticism					
Confidence					
Verbal Communication Skills					
Initiative					

OPTIONAL COMMENTS: (E.G., Potential for success, academic achievement, attitude, etc.)

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Title or Position: _____

Address (Print): _____

PLEASE RETURN THIS FORM TO THE APPLICANT OR DIRECTLY TO:

St. Louis College of Health Careers
Admissions Department
1297 North Highway Dr.
Fenton, MO 63026
Phone: (636) 529-0000
Fax: (636) 489-2279



PROGRAM DOCUMENTATION & TRANSCRIPT ACKNOWLEDGEMENT

I understand as part of the enrollment process, the following documentation must be submitted in addition to the program application requirement.

- High School Transcripts or GED Transcripts
 - Official Copies can only be accepted for application purposes
 - Must be received within 30 days scheduled of program start
- Completion of background check.
- 3 – Reference Forms (2 – Professional and 1 – Personal)
- Required Essay(s)
- Official College Transcript
 - Only required if submitting a transfer of credit request
 - Official Copies can only be accepted
 - Must be received within 30 days of scheduled program start date

I understand that failure to submit the required documentation may affect my application, any potential transfer of credits or financial aid and may result in a change of admission eligibility.

I further understand that if I fail to submit all of the required documents within 30 days of my class start date, a fee will be charged to my account.

Student Printed Name

Student Signature

Date



PN Licensure Requirements

Successful completion and Graduation from the PN program **does not guarantee eligibility** to take the PN Licensure examination pursuant to Missouri Statute 335.066.

I have received a copy of the Missouri Revised Statutes, Chapter 335, Nurses, and Section 335.066 (8/28/09).

It was explained to me that if any of the listed components of the statute exist I may be denied the right to sit for the licensure exam.

Student Signature

Date

Admission Representative Signature

Date



BECOMING A LICENSED PRACTICAL NURSE (LPN) (CONTINUED)

Successful completion and Graduation from the PN program does not guarantee eligibility to take the PN Licensure examination pursuant to Missouri Statute 335.066.

Missouri Revised Statutes

Chapter 335

Nurses

Section 335.066

August 28, 2012

Denial, revocation, or suspension of license, grounds for, civil immunity for providing information--complaint procedures.

335.066. 1. The board may refuse to issue or reinstate any certificate of registration or authority, permit or license required pursuant to chapter 335 for one or any combination of causes stated in subsection 2 of this section or the board may, as a condition to issuing or reinstating any such permit or license, require a person to submit himself or herself for identification, intervention, treatment, or rehabilitation by the impaired nurse program as provided in section 335.067. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate of registration or authority, permit or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:

(1) Use or unlawful possession of any controlled substance, as defined in chapter 195, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by sections 335.011 to 335.096;

(2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to sections 335.011 to 335.096, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to sections 335.011 to 335.096 or in obtaining permission to

take any examination given or required pursuant to sections 335.011 to 335.096;

(4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;

(5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession licensed or regulated by sections 335.011 to 335.096;

(6) Violation of, or assisting or enabling any person to violate, any provision of sections 335.011 to 335.096, or of any lawful rule or regulation adopted pursuant to sections 335.011 to 335.096;

(7) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;

(8) Disciplinary action against the holder of a license or other right to practice any profession regulated by sections 335.011 to 335.096 granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;

(9) A person is finally adjudged insane or incompetent by a court of competent jurisdiction;

(10) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by sections 335.011 to 335.096 who is not registered and currently eligible to practice pursuant to sections 335.011 to 335.096;

(11) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;

(12) Violation of any professional trust or confidence;

(13) Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;

(14) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;

(15) Placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health-related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency;

(16) Failure to successfully complete the impaired nurse program.

3. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate, or permit.

4. For any hearing before the full board, the board shall cause the notice of the hearing to be served upon such licensee in person or by certified mail to the licensee at the licensee's last known address. If service

cannot be accomplished in person or by certified mail, notice by publication as described in subsection 3 of section 506.160 shall be allowed; any representative of the board is authorized to act as a court or judge would in that section; any employee of the board is authorized to act as a clerk would in that section.

5. An individual whose license has been revoked shall wait one year from the date of revocation to apply for relicensure. Relicensure shall be at the discretion of the board after compliance with all the requirements of sections 335.011 to 335.096 relative to the licensing of an applicant for the first time.

6. The board may notify the proper licensing authority of any other state concerning the final disciplinary action determined by the board on a license in which the person whose license was suspended or revoked was also licensed of the suspension or revocation.

7. Any person, organization, association or corporation who reports or provides information to the board of nursing pursuant to the provisions of sections 335.011 to 335.259* and who does so in good faith shall not be subject to an action for civil damages as a result thereof.

8. If the board concludes that a nurse has committed an act or is engaging in a course of conduct which would be grounds for disciplinary action which constitutes a clear and present danger to the public health and safety, the board may file a complaint before the administrative hearing commission requesting an expedited hearing and specifying the activities which give rise to the danger and the nature of the proposed restriction or suspension of the nurse's license. Within fifteen days after service of the complaint on the nurse, the administrative hearing commission shall conduct a preliminary hearing to determine whether the alleged activities of the nurse appear to constitute a clear and present danger to the public health and safety which justify that the nurse's license be immediately restricted or suspended. The burden of proving that a nurse is a clear and present danger to the public health and safety shall be upon the state board of nursing. The administrative hearing commission shall issue its decision immediately after the hearing and shall either grant to the board the authority to suspend or restrict the license or dismiss the action.

9. If the administrative hearing commission grants temporary authority to the board to restrict or suspend the nurse's license, such temporary authority of the board shall become final authority if there is no request by the nurse for a full hearing within thirty days of the preliminary hearing. The administrative hearing commission shall, if requested by the nurse named in the complaint, set a date to hold a full hearing under the provisions of chapter 621 regarding the activities alleged in the initial complaint filed by the board.

10. If the administrative hearing commission refuses to grant temporary authority to the board or restrict or suspend the nurse's license under subsection 8 of this section, such dismissal shall not bar the board from initiating a subsequent disciplinary action on the same grounds.

(L. 1975 S.B. 108 § 12, A.L. 1981 S.B. 16, A.L. 1995 S.B. 452, A.L. 1999 H.B. 343, A.L. 2007 H.B. 780 merged with S.B. 308)

*Section 335.259 was repealed by S.B. 52 § A, 1993.

(2000) Allegation of violation of drug laws requires State Board of Nursing to prove by a preponderance of the evidence that a nurse knowingly and intentionally possessed controlled substances. *State Board of Nursing v. Berry*, 32 S.W.3d 638 (Mo.App.W.D.).

(2001) Statements made in incident report by hospital to State Board of Nursing about nurse were not, in absence of actual proceedings pending against that nurse, entitled to absolute immunity from nurse's libel claim. *Haynes-Wilkinson v. Barnes-Jewish Hospital*, 131 F.Supp.2d 1140 (E.D.Mo.).



ST. LOUIS COLLEGE of HEALTH CAREERS

Program Fingerprint/Background Screening Request/Waiver

Applicant's Name: _____

Applicant's Date of Birth: ____/____/____ Applicant's SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Academic Program: _____

Date of Request: _____

I, _____, understand and agree to allow St. Louis College of Health Careers (SLCHC) to conduct a fingerprint/federal/state background screening for the purpose of assessing my potential participation in a clinical externship, which is a requirement in my course of study and may affect my ability to sit for any certification exams and/or obtain employment in my field of study. By signing below I further understand that the results will be kept confidential by following the policies outlined in the Family Educational Rights and Privacy Act (FERPA) in my academic file. I understand and agree that these background screening/fingerprinting results (and other select contact information/medical information about me) may be shared to clinical sites that request such data in order to meet clinical site requirements or other governing policies prior to, or during clinical placement at the site.

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

SLCHC Signature: _____ Date: _____

For office use only:



ST. LOUIS COLLEGE of HEALTH CAREERS

FUNCTIONAL EXPECTATIONS OF A CANDIDATE AT ST. LOUIS COLLEGE OF HEALTH CAREERS (SLCHC)

A candidate for should be familiar with the basic functions of the profession and agree with the basic philosophy and practice of their selected program. They should also understand and agree with the mission and philosophy of St. Louis College of Health Careers as outlined in your program Handbook.

The decision to work in the health care profession should be based on an understanding of various health care professional demands. It requires working with all types of patients and various types of environments including, but not limited to: acute and sub-acute care hospitals, outpatient and rehabilitation centers, skilled nursing and assisted living centers, psychiatric hospitals, schools, home health, and community based centers. You should feel comfortable working in intense situations with terminally ill, severely injured, and people who may be suffering from severe psychological and physical impairments. Applicants should be aware of the following functional expectations and possible job-related requirements related to performance.

I, _____ have read and understand the attached Functional Expectations.
(Printed name of applicant)

INITIAL ONLY ONE

_____ I believe that **I can comply** with all the Functional Expectations and should be considered into my selected program at St. Louis College of Health Careers.

_____ I believe that **I am unable** to comply with all the Expectations; however, I wish to be considered for my selected program at St. Louis College of Health Careers, and I have provided a **written explanation** of why I believe I do not meet the Expectations as stated.

_____ I believe that **I am unable** to comply with all of the Expectations. I wish to **withdraw** my request to be a candidate at St. Louis College of Health Careers. Explanation is not necessary.

“I understand that if I cannot comply with these Functional Expectations, that it may be cause for my dismissal from the program at any time during my educational process.”

Signature

Date

Admissions Representative

Date

Competencies & Performance Standards	Examples of Necessary Activities (Including, but not limited to....)
<p><u>HEARING:</u> Auditory ability sufficient for observation, assessment and treatment intervention for safe and timely patient care.</p>	<p>Ability to detect auditory alarms, cries for help, auscultate body sounds; hear sounds in situations when visual ability is hindered; hear normal and faint sounds; and hear equipment sounds for patient safety.</p>
<p><u>VISION:</u> The ability to accurately make observations, perceive possible safety hazards, assess and implement safe treatment interventions for patients. This ability is defined with or without the use of corrective lenses or other adaptive visual aids.</p>	<p>Ability to read & interpret graphs, chart notes, computer monitor screen data, patient monitors, equipment & gauges. Ability to distinguish colors including patient skin assessment. Ability to effectively scan, track, visually organize data, and demonstrate good depth perception. Be able to observe and assess patient reactions to treatment including facial reactions and nonverbal communication from patient or others related to delivery of healthcare. Be able to observe and make judgments about abnormal patterns of movement or behavior, emergency-related behaviors or symptoms, and safety hazards or risks. Be able to perceive and make judgments about distance up to 20 feet away in all directions, detect and analyze surface or level changes including while ambulating or assisting patients in mobility activities or with adaptive equipment such as walkers, wheelchairs, lifts, mobile bath chairs and the like.</p>
<p><u>COMMUNICATION:</u> Ability to sufficiently read, comprehend, and articulate both verbal and written English in complex language and medical terminology. Be able to read and operate information technology systems.</p>	<p>Listen to, respond verbally, and convey in complex and medical language to patients, family members, colleagues and interdisciplinary team members. Including speaking on phone, in large groups, and in distracting environments.</p>
<p><u>INTERPERSONAL SKILLS:</u> Ability to successfully interact socially with individuals, families, colleagues, interdisciplinary team members, and groups from a variety of social, emotional, cultural, economic, and intellectual backgrounds.</p>	<p>Be able to handle and negotiate interpersonal conflicts, respect differences in any person, & establish rapport with classmates, instructors, clinical supervisors, clients, family members, interdisciplinary team members, and colleagues. Be able to effectively participate and contribute in team and group projects. Demonstrate emotional maturity and personal restraint and tolerance for others that might not share your interests, opinions, or value your contributions.</p>

<p><u>EMOTIONAL STABILITY:</u> Able to assume and take responsibility for one's own actions, educational requirements, and clinical decisions.</p>	<p>Be emotionally mature and stable enough to establish healthy therapeutic relationships with clients; adapt to stressful environments or situations; deal with unexpected situations; perform multiple responsibilities concurrently; and handle working with situations involving: physical disfigurement, trauma, sexuality, hospice and death.</p>
<p><u>ANALYTICAL/COGNITIVE SKILLS:</u> Reasoning skills sufficient to perform deductive/inductive and critical reasoning and problem solving for observation, assessment, and treatment of clients.</p>	<p>Be able to gather, process, interpret, analyze, synthesize, evaluate and create information for the purpose of safe and effective patient assessment, treatment planning, and intervention or execution of therapeutic activities. Demonstrate sufficient problem-solving strategies and thinking skills; short and long-term memory skills; organizational skills; prioritizing skills; self-reflection skills; and be able to evaluate outcomes.</p>
<p><u>READING/MATH SKILLS:</u> Able to sufficiently read, comprehend, explain in both verbal and written English in various styles and methods of documentation, including use of computer technology. ` Able to perform computations, measurements, graphing, statistical reports at a minimum of an eighth grade level.</p>	<p>Read, interpret, understand, explain policies, protocols, procedures, assessment or patient equipment directions; patient records and chart notes; interdisciplinary notes; patient writing samples.</p>
<p><u>HEALTH STATUS:</u> Maintain sufficient health status at a level which permits meeting both academic and clinical fieldwork rotation requirements within reasonable accommodation. Practice healthy lifestyle choices to demonstrate personal responsibility.</p>	<p>Be able to sufficiently demonstrate enough physical, mental and emotional stamina to participate in up to eight (8) hour days for all theory, lab, or clinical rotation expectations. Comply with all health requirements as specified in the program handbook, college catalog and campus policies. SLCHC classrooms maintain a smoke-free policy.</p>
<p><u>PHYSICAL STRENGTH:</u> Be able to demonstrate sufficient physical strength to: perform full range of motion; perform safe patient handling, positioning, and transfers; operate of heavy equipment; and protect oneself or patients from potential harm.</p>	<p>Sustain and tolerate various physical positions; lift, push, pull, carry, and support up to 25 lb. objects; move heavy objects up to 50 lbs.; position & transfer patients weighing up to 200 lbs.; defend self against combative client; and use upper and lower body strength to maintain balance & safely execute various treatment techniques.</p>
<p><u>MOTOR SKILLS:</u> Possess sufficient gross and fine motor functioning to be able to safely and effectively observe, assess, and treat clients across the lifespan in individual and group environments.</p>	<p>Be able to lift, move, re-position, transfer, stand and balance, twist, turn, pivot, bend, reach, manipulate, grip, squeeze, pinch, pull, push sufficiently to maintain safety for oneself and the client; to operate assessment tools or clinical equipment; to work in confined spaces; and to sustain repetitive motions.</p>

<p><u>MOBILITY:</u> Physical activities sufficient to move oneself from room to room and to maneuver oneself and clients in narrow or confined spaces; unusual environments or terrains; and in emergency situations.</p>	<p>Includes Motor Skills listed above, as well as: walking, climbing, squatting, bending, sitting, rolling, dancing, lunging, responding with quick reaction time; gross and fine motor coordination; and operating manual and electrical mobility equipment.</p>
<p><u>TACTILE:</u> Ability sufficient for physical monitoring, assessment, and treatment of clients.</p>	<p>Perform palpation; detect heat and cold; perform manual muscle & tone assessments; and make clinical assessment or treatment modifications based on ability to detect and interpret tactile sensory information.</p>
<p><u>PROFESSIONAL CONDUCT:</u> A candidate for their selected program will demonstrate commitment to personal and professional growth to meet the expectations of the profession and the demands of working in today's health care environment.</p>	<p>Students will demonstrate their commitment to professional expectations in attendance, punctuality, dress, language, conduct, communication and adherence to all policies and procedures of the selected program, St. Louis College of Health Careers and all facilities or community sites they attend for their clinical rotations or fieldtrips.</p>
<p><u>APPEARANCE:</u> . Dress codes, Hygiene Standards, and Safety equipment are often required.</p>	<p>Often the medical environment requires specific dress codes or safety equipment for the protection of the employee and the patients. For example, large and abstract jewelry is a hazard around machinery and patients; heavy perfumes/cologne are obnoxious or even dangerous to patients who are ill, etc. Safety belts and closed-toe shoes are required in many settings for safe patient handling. Students must dress in accordance with the guidelines at St. Louis College of Health Careers and the policies of the clinical fieldwork sites. Refer to Program Handbook for more specifics.</p>
<p><u>RESPONSE TO EMERGENCIES:</u> Health care professionals frequently engage in emergency situations. CPR and other emergency training are required.</p>	<p>Students should be able to respond to, and demonstrate appropriate clinical reasoning and judgment in emergency situations for the safety of themselves and the patient. A candidate for the must be able to successfully complete a course in Cardiopulmonary Resuscitation and acquire a two year certification from an approved provider. The two year certification must cover all level one and level two fieldwork periods. It is up to the student to enroll, complete and maintain active CPR clearance during enrollment in their selected program. Students will not be allowed to complete fieldwork assignments without proof of active CPR certification. Courses may be taken at SLCHC or in the community by an</p>

	approved trainer certified by the American Heart Association.
<u>PROFESSIONAL ETHICS:</u> Professional ethics is the rightness and wrongness in relation to performing duties and responsibilities of a selected profession.	A candidate should be able to develop a sense of rightness and wrongness appropriate to practice in a health care setting, and adhere to a Code of Ethics at all times. A candidate for the should have a set of ethical behaviors that will allow them to be receptive to professional ethics, teaching and enabling them to practice in a health care setting with the respect for human dignity of all individuals. All students must agree to abide by these Code of Ethics as outlined in their Program Handbook.

American with Disabilities Act (ADA) Disclosure Statement:

According to the American with Disabilities Act (ADA) law, it is a student's personal decision to disclose a disability. If students choose to disclose a disability, by college policy, they will be directed to the Student Services Department. By law, all reasonable accommodations will be made. Students with disabilities who require accommodations (academic adjustments and/or auxiliary aids or services) for this program must contact the Student Services Department at 636-529-0000 ext. 3300 or in person at 1297 N. Hwy. Drive, Fenton, MO. 63026. Please do not request accommodations directly from any instructor or professor.



STUDENT STATEMENT OF ACKNOWLEDGMENT

I, _____, acknowledge that the following information has been explained during the admissions process by an admissions representative from St. Louis College of Health Careers for enrollment into the _____ program.

- **PROGRAM ADMISSIONS REQUIREMENT** – All admissions requirements and processes are *competitive for open enrollment* and all have been explained to me. I acknowledge this does not guarantee admission to St. Louis College of Health Careers. Graduation does not ensure individual ability to pass licensure exams or attain individual state licenses and does not guarantee placement in a job.
- **TRANSFER OF CREDIT** - It is not guaranteed that any courses from St. Louis College of Health Careers will transfer to another institution. It is at the discretion of the gaining institution whether or not to accept courses.
- **COMMUNICATION** - I give permission for the staff and/or faculty at St. Louis College of Health Careers to communicate with me via email, phone and/or text, using the information provided by me. It is up to me, the student, to provide the College with notice when any of this information changes.
- **DISTANCE LEARNING** – I understand that distance learning courses for my selected program may be a part of my general education curriculum.
- **COMPUTER/INTERNET ACCESS** – I understand the minimum computer specifications required for my selected program. I have also been shown the data lab at St. Louis College of Health Careers and that although is subject to availability is available to me if I do not have computer or internet access of my own.
- **PROGRAM CLINICAL EXPERIENCES** – I understand that the time for my clinical assignments can range from 6:00am to 7:00pm for an 8, 10 or 12 hour shift depending on the facility. For some programs, I further understand that my clinical facility can be up to 2 hours from the St. Louis metropolitan area. It is my responsibility to make the necessary arrangements for transportation and/or housing to ensure punctual attendance for the duration of each clinical. Clinical scheduling is sometimes out of the Colleges control due to scheduling conflicts with the host clinical site and may affect my graduation date.
- **FELONY CONVICTION STATEMENT** - I (*please check one*) ☐have / ☐have not ever been convicted of a felony charge. I understand that I am required to submit a background clearance for my clinical site or licensure requirement. I also understand that if I do not have this documentation prior to the start day of my clinical I will not be allowed to embark upon my clinical site.



ST. LOUIS COLLEGE of HEALTH CAREERS

slchc.edu

- **TERMINATION OF PROGRAMS BY INSTITUTION** If the College decides to terminate a program offered by the institution, the College may offer the remaining core courses to ensure Program completion, or the College may offer the student the opportunity to transfer their credits into another program, or the College will refund tuition on a prorated basis according to the number of program hours completed.

THE STUDENT UNDERSTANDS THAT:

- A. Diplomas and transcripts will not be issued unless the student has met all the requirements including the satisfying of all monetary obligations to the St. Louis College of Health Careers.
- B. The school reserves the right to change the content and/or length of any course, cancel or change any scheduled class prior to class start date.
- C. The school reserves the right to terminate any student for violating the Student Conduct Code, including, but not limited to the following conduct: failing to maintain passing grades; showing excessive tardiness or absences; maliciously destroying or damaging any property of the school (the student may be held liable for the repair and/or replacement of the damaged property); engaging in unlawful or improper conduct contrary to the best interest of the school, demonstrating behavior disruptive of normal classroom discipline incompatible with the student's future standing as a health care professional, or any conduct that reflects discredit upon the school.
- D. The school does not discriminate because of race, creed, color, age, sex, national origin, or handicap in any of its academic programs or in any of its employment practices.
- E. Normally, for a course to be conducted there must be at least ten (10) students enrolled. The College does reserve the right, however, to elect to offer and conduct a course with fewer students. The College may elect to cancel/reschedule a class with insufficient enrollments.
- F. I acknowledge that no verbal statements and promises have been made contrary to what is contained in my signed enrollment packet.
- G. I understand that Pursuant to Section 155 of the Higher Education Act of 1965, as amended, (HEA) and to satisfy the requirements of Section 128€ (3) of the Truth in Lending Act, the College must obtain a self-certification signed by the applicant before disbursing a private education loan. The College is required on request to provide this form or the required information only for students admitted or enrolled at the College. Throughout this Applicant Self-Certification “you” and “your” refer to the applicant who is applying for the loan. The applicant and the student may be the same person.

Student Signature

Date

Admissions Representative Signature

Date



Recommended Computer Specifications

What kind of computer do I need?

Just about any computer. The important things are your web browser and connection type. Supported browsers: Google Chrome 11, Firefox 4, Safari 5, Internet Explorer 9 (IE 10 required for drag and drop of files from outside the browser) or better. Chromium works but is not officially supported.

Any stable Internet Connection will work. For timed tests, a wireless connection may not be advised.

What kind of software will I need access to?

You will need Microsoft Office or an Open Source Office Suite and Adobe Reader. Adobe reader is a free download from Adobe.com. Microsoft Office Student Edition will work for all areas of study.

LibreOffice (www.libreoffice.org) and WPS Office (www.wps.com) are Open Source Office suites available for free downloads for Windows, Mac, and Linux computers.

What about from my phone/tablet?

Moodle will adjust to different sizes of screens. Just open slchc.moonami.com in your mobile browser. File uploads may be more difficult from mobile devices.

Due to connection issues beyond the control of St. Louis College of Health Careers, it is suggested you do not take timed tests on a phone or tablet.

What about the computers on campus?

Computers in the computer labs on campus are available for students to use during normal business hours.

Internet Connection:

Connection speed may effect the ability to download course material. Our LMS has not been tested with less than a broadband (DSL or Cable) connection.

Last updated: January 1, 2016



Program Admittance Disclosure

I acknowledge that I have been admitted to the pre-requisite semester(s) of my program. I understand that Satisfactory Academic Progression (SAP) must be maintained for all courses. In the event more than the allocated qualified students successfully complete their pre-requisite courses only the maximum number of allowable students will move on to the core semester based on their cumulative grade point average. I understand that applicants who have met the prerequisite requirements with passing grades but are not selected to the core program due to enrollment limitations will be eligible to reapply for the next program enrollment start date.

Student Printed Name

Student Signature

Date

Admissions Representative Signature

Date