

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
PS301	Critical Thinking	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
PS203	Human Growth & Development	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?

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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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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	Area Code & Home Telephone #
Date of Birth	Place of Birth	State of Permanent Residence	Area Code & Cell 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: <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Medical Assistant (AAS) <input type="checkbox"/> Patient Care Technician <input type="checkbox"/> Medical Office Administration <input type="checkbox"/> Professional Medical Billing (AAS) <input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Pharmacy Technician (AAS)	SCHEDULE: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING	COUNTY CAMPUS PROGRAMS: <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Medical Assistant (AAS) <input type="checkbox"/> Occupational Therapy Assistant (AAS) <input type="checkbox"/> Patient Care Technician <input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Pharmacy Technician (AAS) <input type="checkbox"/> Physical Therapist Assistant (AAS) <input type="checkbox"/> Practical Nursing <input type="checkbox"/> Respiratory Therapy (AAS)	SCHEDULE: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING
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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				

