



"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 eligibile 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

# PRACTICAL NURSING DIPLOMA

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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	Leaders hip 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 COUNTY CAMPUS 909 S Taylor 1297 N Hwy. Drive St. Louis, MO 63110 Fenton, MO 63026 (314)652-0300 (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





## ST. LOUIS COLLEGE of HEALTH CAREERS

### slchc.edu

#### 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 F	irst Middle Initial	N	Maiden	Social Security #			
Present Address: Number	& Street City	State	Zip	Area Code & Home Telephone #			
Date of Birth Place o	State of Permanent Re	rmanent Residence Area Code & Cell Telephone #					
Are you at U.S. Citizen?	Have you ever served or	are you now serving in the Arm	ed Forces?	E-Mail Address			
☐ Yes ☐ No ☐ Yes ☐ No		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	N						
Today's Date (Month – Date –	Application Status:	If a Readmission,		Program in which previously			
Year)	☐ New Student ☐ Indepen	dent date previously attende	date previously attended:				
	☐ Readmission ☐ Depende	ent					
]	PLEASE INDICATE PROC	GRAM & SCHEDULE OF	INTERES	T:			
CITY CAMPUS PROGRAMS:	SCHEDULE:	COUNTY CAMPUS	PROGRAM	S: SCHEDULE:			
☐ Medical Assistant	$\Box$ DAY	☐ Medical Assistant		$\Box$ DAY			
☐ Medical Assistant (AAS)	$\square$ EVENING	☐ Medical Assistant (	AAS)	☐ EVENING			
☐ Patient Care Technician	☐ Occupational Therapy Assistant (AAS)						
☐ Medical Office Administration	☐ Patient Care Technician						
☐ Professional Medical Billing (AA	☐ Pharmacy Technician						
☐ Pharmacy Technician	☐ Pharmacy Technici	☐ Pharmacy Technician (AAS)					
☐ Pharmacy Technician (AAS)	☐ Physical Therapist Assistant (AAS)						
	☐ Practical Nursing						
		☐ Respiratory Therapy (AAS)					
EDUCATIONAL INFORMATION							
ATTESTA	ATTESTATION Do you have a high school diploma? ☐ Yes ☐ No Graduation Date:						
By my signature on the reverse of this have achieved high school or equivalent	ent graduate status, and the	Do you have a GED certificati	ion 🗆 Vas l	No Date Forned:			
information I am providing on this ap	plication is accurate and valid.	Do you have a GLD certificant	ion 🗆 Test	140 Date Laried.			
High School Name	City, State	Dates Attended		Diploma			
Name of School	City State	Dates Attended	Diploma/Deg	gree/# of Hours			
College/University							
College/University							
Other							



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

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Present or Most Recent Employer	Address & City/State/Zip Code		Area Code & Telephone #
Dates of Employment	Job Title		Immediate Supervisor
From To			1
Previous Employer	Address & City/State/Zip Code		Area Code & Telephone #
Dates of Employment	Job Title		Immediate Supervisor
From To			
SPECIAL NEEDS INFORMATION			
What means of transportation will you use to get to scho	ol?	Personal Auto: Year	Make/Model License #
Do you feel that you have any physical/mental handicape ability to successfully complete your program or seek en		If Yes, please explain:	
Do you feel that you have or have had any illness/disease individuals you may come in contact with in the classroom		If Yes, please explain:	
EMERGENCY CONTACTS (please pr	ovide two separate names &	numbers)	
Name Relationship		ldress	Telephone #
1			1
Name Relationship	Δd	ldress	Telephone #
Trume Relationship	710	diess.	rerephone "
All information and material submitted to St. Loui deemed necessary for official purposes. The applic		become property of the College and s	
<ul> <li>Upon enrollment, you must submit any of Upon enrollment, you must submit \$50 is denied admission with \$10.00 kept for GED information that may be required.</li> <li>You must sign and date this application.</li> </ul>	application fee prior to meeting wi r Wonderlic Processing. An addition	th Financial Aid. \$40.00 of this fee v	will be refunded if the applicant
Concerning the release of information, I hereby gi records – including transcripts and diplomas – that any and all information regarding my financial rec St. Louis College of Health Careers.	t may be needed to help determine	my enrollment eligibility. I also here	eby give my consent to release
Furthermore, I hereby give my consent to release a well as my enrollment information to any other ag clinical/practicum/externship, etc., and for which I	encies with which I am associated	for assistance, such as housing, child	
Additionally, I hereby give my consent for my par St. Louis College of Health Careers. However, the that contains my name, social security number, pro must display some form of identification.	recipient of this information must	present to a school official a written	request signed and dated by m
Applicant Signature		Ī	)ate
St. Louis College of Health Careers adheres to the creed, physical or mental handicap, veteran status  The following information is being collected for	or national origin. This policy externational purposes only. This in	ends to all programs and activities su information will not be considered f	pported by the college.  for Admission purposes.
<b>RACE</b> : African American Hispanic Caucas	sian ∟ Asian ∟ American Indian/ <i>A</i>	Maska Native ⊔ Other SEX: ⊔ Mal	e ∟ Female