

# Dakota Nursing Program Bismarck State College



Submit all documents required for admission to the **Dakota Nursing Program at Bismarck State College** by placing application materials listed below in *one large envelope*. Print your full name clearly on the outside of the envelope. The envelope may be mailed or hand-delivered to the address below **on or before March 8th, 2010**.

Suzie McShane, Coordinator  
Dakota Nursing Program  
Bismarck State College  
% Allied Health Campus  
500 E Front Ave, Ste. 221  
Bismarck, ND 58501

## ADN Application

# DAKOTA NURSING PROGRAM

Bismarck State College • Dakota College at Bottineau • Fort Berthold Community College  
Lake Region State College • Williston State College

Originated 03/29/05  
Revised 8/30/05, 12-09

## Associate Degree RN Admission Application

### Description

The Dakota Nursing Program is an educational program that results in an Associate in Applied Science Degree in Nursing. Graduates are then eligible to apply to write the North Dakota State Board Examination for Registered Nurses (NCLEX-RN).

### **REQUIREMENTS FOR ENTRY INTO THE DAKOTA NURSING PROGRAM – ASSOCIATE OF APPLIED SCIENCE IN NURSING**

### Prerequisites

These provisions must be met before the application is submitted.

- Applicant is a current LPN with a United States License or a student in the Dakota Nursing Practical Nursing Certificate Program.
- Current CPR Certification for Health Care Providers, must be updated to remain current throughout program
- Completion of Pre-Requisite College Courses with a composite GPA of 2.75 or greater and a minimum grade of 2.0 (C):
  - ENGL 110
  - CHEM 115/115L
  - BIOL 220/220L
  - BIOL 221/221L
  - PSYC 111
  - PSYC 250
  - PHRM 215
  - All PN Nursing Courses
- PHRM 215 - Introduction to Pharmacology must have been taken **within five (5) years** of admission to the program.
- If the student has completed Microbiology that grade must be a minimum of C and will be computed into the composite GPA for Nursing Program courses.
- Guidelines for approval include:
  1. Cumulative GPA for pre-requisite and any completed required nursing program courses must be 2.75 or higher
  2. No pre-requisite or required course may have a grade lower than 2.0 (C).
  3. If a student repeats a required science course, a grade of 2.0 (C) or higher must be obtained in the first repeat.
- Cumulative GPA minimum of 2.5 for all completed college courses.

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## PROGRAM APPLICATION AND ADMISSION PROCESS

- Complete all requirements for admission to the College.
- Complete all requirements for entry into the Dakota Nursing Program and submit the application packet.
- Students currently in the Year 1 of the program have the first opportunity to progress to the 2<sup>nd</sup> year (Associate Degree).
- Qualified students are accepted into the program on a competitive basis until all spaces are filled. After that, qualified applicants are placed on a waiting list and admitted as space becomes available.

## CHECKLIST FOR THE DAKOTA NURSING PROGRAM APPLICATION PROCESS FOR CURRENT LPNs

### Application to your local college:

1. Complete an Application for Admission to your local college as a degree-seeking student. The completed and signed form must be sent to the Admissions Office at your local college and accompanied by:
  - a. The application fee (this only applies if you are a new student to your local college)
  - b. Official high school transcript or GED test results
  - c. Official **updated** college transcripts, including current semester, from **all** colleges attended. Transcripts must be mailed from the college attended or hand delivered in a sealed envelope. Faxed copies are not accepted.
  - d. Immunization record
  - e. Record of ACT, SAT, or COMPASS scores (completed within the last 5 years)

### Application to the Dakota Nursing Program:

1. Submit all documents required for admission to the Dakota Nursing Program at your local campus by placing application materials listed below in **one large envelope**. Print your full name clearly on the outside of the envelope. The envelope may be mailed or hand-delivered **on or before March 8th, 2010** to the address listed on the cover sheet/front cover.
  - a. \_\_\_ Dakota Nursing Program application form
  - b. \_\_\_ Updated copy of current CPR certification for Health Care Providers
  - c. \_\_\_ Transcripts showing completion of pre-requisite courses with required GPA. Photocopies are allowed if it is a copy of the official transcript found in Student Services.
  - d. \_\_\_ Transcript showing completion or in progress status (please complete the current course evaluation form) of any program courses to be applied to the Associate Degree Nursing Program.
  - e. \_\_\_ ATI PN Comprehensive Predictor report showing an individual composite score which equals a predicted probability of passing the NCLEX-PN of 92%. Students achieving a score of less than 92% predicted probability on the first attempt will be required to wait 30 days until retaking the predictor during which they may remediate on the topics they failed. Contact the nursing coordinator or testing center at your local campus to schedule your test date on or before March 1, 2010. A student may be considered for admission after a successful retake,

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however, the internal student (current Dakota Nursing Program student) failing the predictor on first attempt will not be considered for admission until after all qualified applicants meeting the application criteria and deadlines have been screened and accepted.

- f. \_\_\_\_ A brief narrative statement summarizing your educational/work experiences and how those experiences will help you progress through your nursing courses. (Current Dakota Nursing Program students are not required to write the narrative.) Describe your reasons for wanting to be a registered nurse. Limit the narrative to 1.5 to 2 typed pages, double space, and use #12, Times New Roman Font. **Your writing ability including grammar and spelling will be evaluated.**
- g. \_\_\_\_ Provide statements from 3 references. Use attached reference forms, to request reference statements from non-relatives.
- **For current Dakota Nursing Program students only:** Two current clinical nursing instructors, (If you have only had one clinical nursing instructor please seek advisement from your nursing coordinator), and one current or former employer.
  - **For incoming LPN's only:** One current or former employer, one college instructor, and the third reference can be from a colleague or a second employer or instructor.
1. Complete section 1 on each form by printing your name **and** signing the waiver before distributing the forms to your selected references.
  2. Instruct the reference providers to seal the statement in an envelope and reference providers sign across the seal before returning the reference to you (the student).
  3. Collect the sealed letters of reference and include them in your application packet.
- h. \_\_\_\_ Complete criminal background disclosure form. See enclosure.
- i. \_\_\_\_ Review essential functions (abilities) of the nurse and discuss any areas of concern with the nursing coordinator. See enclosure.
- j. \_\_\_\_ Review the role of the Associate Degree Nursing Student and discuss any areas of concern with the nursing coordinator. See enclosure.
- k. \_\_\_\_ Sign and date the role of the student nurse statement and return it in your application.

3. All applicants will be notified of status by mail by April 30th. Incoming applicants who are qualified for admission will be on a waiting list until all internal applicants have completed the ATI PN Comprehensive Predictor during the first week of July.

**Incomplete applications will be refused and returned to the applicant.**

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## Year 2 Curriculum - AAS

<b>Fall</b>	<b>Credits</b>
NURS 224 Professional Role Development	2
NURS 225 Alterations in Health I	3
NURS 226 Maternal Child Nursing	3
NURS 227 Clinical Application I	4
MICR 202/202L Microbiology and Lab	4
<b>Total</b>	<b>16</b>
<b>Spring</b>	
NURS 228 Alterations in Health II	4
NURS 229 Health Promotion and Psychosocial nursing	2
NURS 237 Clinical Application II	5
NURS 259 Role Transitions	1
Elective (See campus specific requirements)	3
<b>Total</b>	<b>15</b>
<b>Total for year</b>	<b>31</b>

*Upon completion of this curriculum students will be eligible for an Associate in Applied Science Degree in Nursing. The student may apply to take the NCLEX-RN.*

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## Criminal Background Checks

Upon admission to the Dakota Practical Nursing Program, the student will be required to complete and pay for a background check through the agency designated by the Dakota Nursing Program. **The estimated cost for the background check is \$60.00 and must be done annually.**

The student will not initiate the background check until directed to do so upon receipt of the letter notifying the applicant of acceptance into the program. The acceptance letter will specify the background check process to be followed. For incoming students, the background check must be completed by June 1, 2010. For current Dakota Nursing Program students, the annual background check must be completed by August 1, 2010.

If a background check is received with any offenses (felonies, misdemeanors or infractions), the student must address in writing their account of the offense and what specific rehabilitation measures occurred.

If the offense is less than 5 years old or of a grave nature, the student must make an appointment to appear before the admissions committee to personally address each offense.

The information will be used by the admissions committee to determine the suitability of the candidate for admission to the nursing program.

If the background check is returned with offenses that are greater than 5 years or of less than grave nature, the committee will notify you of what your next action will be.

Upon applying for licensure examination, the North Dakota State Board of Nursing will require the applicant to complete and pay for another background check. All offenses must be reported to the NDBON when applying for licensure.

## Mandatory Drug Testing and Screenings

The Dakota Nursing Program maintains a no tolerance policy regarding substance abuse. Students must undergo drug screens if requested by the Dakota Nursing Program, a clinical agency or if suspected to be under the influence of alcohol, narcotic prescription drugs or illegal drugs while on a clinical rotation. Failure of the student to either take the drug test or show a clear drug screen will result in termination from the nursing program and all nursing courses. **The estimated cost for the drug testing varies from \$35.00 to \$60.00 depending on location and sites. Student is responsible for any costs associated with drug test or screening.**

Please complete disclosure form enclosed in this application packet.

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## Application Form for Admission to the Dakota Nursing Program

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Local Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Student ID: W \_\_\_\_\_

LPN License Number & State: \_\_\_\_\_ (active and unencumbered)

The following data is required of the Dakota Nursing Program by the North Dakota State Board of Nursing for all applicants. Providing this information is voluntary and will not be used by the program in the decision making process. Please mark one of the following ethnic backgrounds.

Caucasian  Black/African American  Hispanic  Native American

American Eskimo  Asian  Pacific Islander  Asian Indian

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

**Please circle your choice of Dakota Nursing Program campus. If you will be attending at a distance site, please specify the location.**

BSC	(Bismarck)
DCB	(Bottineau)
FBCC	(New Town)
LRSC	(Devils Lake)
WSC	(Williston) Minot Trinity

Have you applied to another Dakota Nursing Program this year? Yes/No

If yes, please specify site \_\_\_\_\_



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## REFERENCE FORM FOR ADMISSION

### SECTION 1

To be completed by nursing program applicant:

Name of the Applicant: \_\_\_\_\_  
PRINT Last First Middle Former, if applicable

I waive the right to access this evaluation: \_\_\_\_\_  
Signature of Applicant Date

### SECTION 2

To be completed by the applicant's reference:

**NOTE:** The person whose name appears above has applied for admission to the Dakota Practical Nursing Program. **The information you provide will be confidential.**

How long have you known the candidate and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_

Please Check:

	Outstanding	Very Good	Average	Below Average	Do not know
Integrity/Honesty					
Initiative/Motivation					
Maturity					
Leadership					
Ability to work with others					
Communication Skills					
Empathy/Caring					
Judgment					
Ability to make Decisions					
Dependability					
Overall Rating					

Other Comments: (Please use the back of this form if you need more space)

Please print:

Name of Reference: \_\_\_\_\_ Company: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Reference: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

The letters of reference **must be:**

- Sealed in an envelope with the signature of the reference written across the seal
- Returned to the applicant to be placed in the application packet for the Dakota Nursing Program – Deadline for applications is March 8<sup>th</sup>, 2010.

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How long have you known the candidate and in what capacity?

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\_\_\_\_\_

Please Check:

	Outstanding	Very Good	Average	Below Average	Do not know
Integrity/Honesty					
Initiative/Motivation					
Maturity					
Leadership					
Ability to work with others					
Communication Skills					
Empathy/Caring					
Judgment					
Ability to make Decisions					
Dependability					
Overall Rating					

Other Comments: (Please use the back of this form if you need more space)

Please print:

Name of Reference: \_\_\_\_\_ Company: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Reference: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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## Current Course Evaluation Sheet

**Student Name:** \_\_\_\_\_

If you **are currently enrolled in** any of the following courses you must have your instructor sign this sheet. If it is an online course, attach an email from your instructor. **By submitting this form you are giving permission to the Dakota Nursing Program to verify current grades in the courses listed below.**

### PHRM 215 Introduction to Pharmacology

\_\_\_\_\_  
Grade (Current percentage based on 100%)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor signature

### BIOL 202 Microbiology

\_\_\_\_\_  
Grade (Current percentage based on 100%)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor signature

### Elective (See campus specific requirements)

\_\_\_\_\_  
Grade (Current percentage based on 100%)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor signature

### OTHER:

\_\_\_\_\_

\_\_\_\_\_  
Grade (Current percentage based on 100%)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor signature

\_\_\_\_\_

\_\_\_\_\_  
Grade (Current percentage based on 100%)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor signature

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## Disclosure Form

**The Dakota Nursing Program requires that all applicants provide information concerning any past felony or misdemeanor records.**

Past convictions of a felony or misdemeanor would not necessarily prevent an applicant from being accepted into the program. However, failure to provide information concerning such conviction would warrant dismissal if the information were later revealed, thus indicating that the applicant had falsified this form.

Please complete, sign, and submit this form as part of your application to the Dakota Nursing Program.

1. Have you ever been convicted of a felony, a misdemeanor, or appeared in court for anything other than a minor traffic violation? (If you are unsure of what constitutes a minor traffic violation, please disclose everything.)

Yes \_\_\_\_\_

No \_\_\_\_\_

If you answered yes to the above question, please explain the conviction(s). Please use a separate sheet of paper if necessary.

2. Have you ever been disciplined by a Board of Nursing?

Yes \_\_\_\_\_

No \_\_\_\_\_

If you answered yes to the above question, please explain the disciplinary action(s). Please use a separate sheet of paper if necessary.

My signature below certifies that to the best of my knowledge the information above is true and complete. I understand that if the background check is found to be other than stated above, it is sufficient cause for rejection of my application or dismissal from the program. I give permission to release this information and information received on my background check to affiliated nursing practice agencies.

### Mandatory Drug Testing and Screenings

My signature below signifies that I agree to undergo the mandatory drug testing and screenings requested by the Dakota Nursing Program or clinical agencies affiliated with the Dakota Nursing Program and adhere to the listed policy.

Print Name:

\_\_\_\_\_

Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

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## Role of the Associate Degree Nursing Student

### Description

- The ADNS is responsible for the care of clients at all levels in nursing situations and are under the supervision of a Dakota Associate Degree Nursing Program Clinical Instructor.
- The ADNS will be taught the skills of assessing, analyzing, planning, implementation, and evaluating the care delivered to assigned clients. Professional practice must be consistent to the institution he/she is working in.
- The ADNS must work within the guidelines set forth by Dakota Associate Degree Nursing Program Director, Nursing faculty, and the North Dakota State Board of Nursing. He/she must be in good health and demonstrate emotional stability.

### Responsibilities

- The ADNS will report to assigned area (if appropriate) the day before clinical to receive his/her assignment(s) following guidelines set for by the Director of Nursing. On the day of the assigned clinical, the ADNS will perform nursing care as instructed by the Clinical Instructor.

### Specific Requirements

- The student must demonstrate the ability to read, analyze, and interpret nursing material per institution protocol. The student must demonstrate the ability to hand write and document correctly according to the institution's policy. The student must demonstrate the ability to write and understand the English language.
- The student must be able to demonstrate and do mathematical skills needed to see and calculate medication dosages, loading syringes with medications, intravenous medications, and volume needed to care for clientele. The student must be able to demonstrate the ability to apply concepts of basic science and math to a given problem.
- The student must be able to interpret instructions given by the Director of Nursing and the nursing faculty. These instructions may be in written, oral, scheduled or diagram form.
- The physical demands of an ADNS while in the nursing program require the use of hands to fingers; handle or feel objects or controls; reach with hands and arms; talk and hear. The ADNS must be able to sit, stand on feet for a long period of time, bend and move, and lift up to 25-50 pounds.

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- The ADNS may be subject to exposed fumes or airborne particles, diseases and conditions including the AIDS and Hepatitis B viruses.
  
- The ADNS may also be subject to hostile or emotionally upset clients, family members or visitors.
  
- The ADNS works closely with the Director of Nursing and faculty, and other healthcare employees to maintain a positive friendly attitude. Confidentiality will be maintained at all times including in and out of the classroom/clinical setting. The student will respect the rights and protect these rights of all clients.

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## Essential Functions of the Nursing Student/Nurse

**Functional Abilities** - Students must be able to fully perform the essential functions in each of the following categories: gross motor skills, fine motor skills, physical endurance, physical strength, mobility, hearing, visual, tactile, smell, reading, arithmetic competence, emotional stability, analytical thinking, critical thinking skills, interpersonal skills, and communication skills. (National Council of State Boards of Nursing, 1999) However, it is recognized that degrees of ability vary widely among individuals.

Individuals are encouraged to discuss disabilities with the Director of Disability Support Services. The **Dakota Nursing Program** is committed to providing reasonable accommodations to students with disabilities upon notice and through established college policies and procedures.

1. **Gross Motor Skills**

Students must be able to: move within confined spaces; sit and maintain balance; stand and maintain balance; reach above shoulders (IVs); reach below waist (plug-ins).

2. **Fine Motor Skills**

Students must be able to: pick up objects with hands; grasp small objects with hands; write with pen or pencil; key/type (use a computer); pinch/pick or otherwise work with fingers (syringe); twist (turn knobs with hands); squeeze with finger (eye dropper).

3. **Physical Endurance**

Students must be able to: stand (at client side during procedure); sustain repetitive movements (CPR); maintain physical tolerance (work entire shift).

4. **Physical Strength**

Students must be able to: push and pull 25 pounds (position clients); support 25 pounds of weight (ambulate client); lift 25 pounds (transfer client); move light objects up to 10 pounds; move heavy objects weighing from 10 to 50 pounds; defend self against combative client; carry equipment/supplies; use upper body strength (CPR, restrain a client); squeeze with hands (fire extinguisher).

5. **Mobility**

Student must be able to: twist; bend; stoop/squat; move quickly; climb (ladders, stools, stairs); walk.

6. **Hearing**

Students must be able to: hear normal speaking level sounds; hear faint voices; hear faint body sounds (BP); hear in situations not able to see lips (when using masks); hear auditory alarms.

7. **Visual**

Students must be able to: see objects up to 20 inches away; see objects up to 20 feet away; see objects more than 20 feet away; use depth perception; use peripheral vision; distinguish color; distinguish color intensity.

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8. **Tactile**  
Students must be able to: feel vibrations (pulses); detect temperature; feel differences in surface characteristics (skin turgor); feel differences in sizes, shapes (palpate vein); detect environmental temperature.
9. **Smell**  
Students must be able to: detect odors from client; detect smoke; detect gases or noxious smells.
10. **Reading**  
Students must be able to read and understand written documents.
11. **Arithmetic Competence**  
Students must be able to: read and understand columns of writing (flow sheets); read digital displays; read graphic printouts (I&O); calibrate equipment; convert numbers to/from metric; read graphs (vital sign sheets); tell time; measure time (duration); count rates (pulse rate); use measuring tools (thermometer); read measurement marks (scales); add, subtract, multiply, divide; compute fractions (medication dosages); use a calculator; write numbers in records.
12. **Emotional Stability**  
Students must be able to: establish therapeutic boundaries; provide client with emotional support; adapt to changing environment/stress; deal with unexpected (crisis); focus attention on task; monitor own emotions; perform multiple responsibilities concurrently; handle strong emotions (grief).
13. **Analytical Thinking**  
Students must be able to: transfer knowledge from one situation to another; process information; evaluate outcomes; problem solve; prioritize tasks; use long term memory; use short term memory.
14. **Critical Thinking Skills**  
Students must be able to: identify cause-effect relationships; plan/control activities for others; synthesize knowledge and skills; sequence information.
15. **Interpersonal Skills**  
Students must be able to: negotiate interpersonal conflict; respect differences in clients; establish rapport with clients; establish rapport with co-workers.
16. **Communication Skills**  
Students must be able to: teach (client, family); explain procedures; give oral reports; interact with others; speak on the telephone; influence people; direct activities of others; convey information through writing (progress notes).

*National Council of State Boards of Nursing. (1999). Guidelines for using results of functional abilities studies and other resources. Chicago: Author.*

## **Statement regarding reasonable accommodations:**

*Colleges within the Dakota Nursing Program consortium provide equal access for students with disabilities to programs and services. Please contact the Director of Disability Support Services at each campus for information on application for accommodation.*

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## Dakota Nursing Program

### Role of the Student Nurse Statement

Please refer to the preceding lists titled “Role of the Associate Degree Nursing Student” and “Essential Functions of the Nursing Student”.

I have read and understand the role and the essential functions of the student nurse. My signature below indicates that I am able to fully perform the role of the student nurse, including performing all functional abilities at the Dakota Nursing Program. If I am unable to perform in the role of the student nurse or am unable to perform all the functional abilities I am aware that I may be dismissed from the Dakota Nursing Program for this inability to perform all functional abilities in the role of the student nurse. I have informed my nursing coordinator of any inability to perform all functional abilities in the role of the student nurse.

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