Bachelor of Science in Nursing

PROGRAM ADMISSION PACKAGE



DEAR APPLICANT,

Greetings and thank you for your interest in the <u>Bachelor of Science in Nursing (BSN)</u>
<u>Program</u> at Selkirk College.

This program is a four-year Baccalaureate Degree in partnership with the University of Victoria. As a graduate you'll be joining the largest group of health care professionals in Canada and have the option to work in a variety of settings with diverse populations. Whether you work alongside individuals, families or communities, you'll be collaborating with others so they can reach their optimal health.

If you have any questions, you can contact the Enrolment Officer or visit the frequently asked questions page online.

Please read Requisite Skills and Abilities Becoming a Registered Nurse in BC to identify your personal fit with professional nursing practice. If you have questions or concerns about whether or not you have the required skills and abilities, please reach out to us.

Sincerely,

Jocelyn Schroeder, RN, BSN, MSN

School Chair, School of Health & Human Services

GENERAL INFORMATION

ACADEMIC REQUIREMENTS

Deadline for completed applications:

Please refer to application and admission document deadlines on our website.

Thank you for your interest in the Bachelor of Science in Nursing (BSN) Program.

Please complete all of the necessary sections in this package. Please read the <u>program policy</u> concerning admission into the program.

Admission to the BSN Program is selective and based on a combined evaluation of GPA (based on program prerequisites listed below), an online Computer Based Assessment of Personal Characteristics (CASPer), and residency. Applications are not waitlisted; applicants are required to reapply if not selected.

Please submit this completed package by email to: hhsadmissions@selkirk.ca.

We recommend that all persons considering entry to the Nursing Program consult a Selkirk College counsellor regarding admission criteria and prerequisites. The counsellor will assist you in assessing your present academic standing and planning a program of study which will, when successfully completed, satisfy the academic entrance requirements.

| ☐ Chemistry 11 (minimum 67%) |
|--|
| ☐ Pre-Calculus 11 or Foundations of Math 12 (minimum 67%) |
| ☐ English 12 or English 12 First Peoples (minimum 73%) |
| ☐ Biology 12 or Anatomy and Physiology 12 (minimum 73%) |
| NON-ACADEMIC REQUIREMENTS |
| ☐ Online CASPer assessment: <u>takecasper.com</u> |
| ☐ Ministry of Justice Criminal Record Check |
| ☐ College Readiness Tool (CRT) |
| Recommended: |
| ☐ Computer skills |
| ☐ Drivers licence or access to transportation for practicum placement |
| PRACTICUM REQUIREMENTS |
| ☐ For applicable practicum sites, applicants must be able to demonstrate compliance with |
| Public Health Officer's orders with respect to COVID-19 vaccine requirements |
| ☐ Health Program Immunization Record |
| ☐ Current Basic Life Support (BLS) with oxygen therapy |
| |

OFFICIAL TRANSCRIPTS

Official Transcripts from high school and all post-secondary institutions attended submitted directly to Selkirk College. Please review how to submit transcripts to Selkirk College.

MINISTRY OF JUSTICE CRIMINAL RECORD CHECK

You need to obtain the Criminal Record Check from the Ministry of Justice. Please do not go to your local police station as we no longer accept Criminal Record Checks from the RCMP for this program.

This part of the package is to inform you about the Health and Human Services Criminal Record Check process. The Criminal Records Review Program is part of the Ministry of Justice. The program is responsible for processing criminal record checks under the Criminal Records Review Act. Criminal record checks are done to protect the most vulnerable people in our society from and physical, social, economic or sexual abuse. This new Criminal Record Check is more extensive, increasing public safety and confidence in our institutions, while providing a professional and efficient administrative process.

Every post-secondary institution in British Columbia has been requested to have their students in a Health and Human Services Program complete this check. The Criminal Record Check is valid for five (5) years.

The following students are **not** eligible to apply online and must complete a paper application:

- People under 19 years of age
- People who have lived in Canada less than 2 years

ONLINE REQUESTING SERVICE

- 1. Go to: <u>justice.gov.bc.ca/criminalrecordcheck</u>
- 2. Review the information to ensure you are able to use this service. If you are not able to use this online service, see information below titled **PAPER APPLICATION PROCESS**
- 3. If you are able to use this service, scroll to the bottom of the CRC website page and enter the Selkirk College access code: **ZWN7NCEP5C**
- 4. Enter in the characters you see in the security image and either click "Request a New Criminal Record Check" or "Share the results of a Completed Criminal Record Check".
 - a. Request a New Criminal Record Check for those applicants who have never had a criminal record check done before or whose check has expired.
 - b. Share the results of a Completed Criminal Record Check for those applicants who currently have a check and would like to share it with Selkirk College.
- 5. Choose the correct options and review the next page. By selecting "Next" you are agreeing/consenting to a Criminal Record Check for Selkirk College. Review and agree to the terms on the next page.
- 6. Enter in your personal information on the next page. Once you have entered your information you will beasked to review. Once you have reviewed the information, click "Next" to proceed with identity verification.
- 7. If the system cannot complete the request to initiate a criminal record check online, please print the page by clicking the "Print" button at the bottom of the page and scan and email the form to hhsadmissions@selkirk.ca

MINISTRY OF JUSTICE CRIMINAL RECORD CHECK

PAPER APPLICATION PROCESS

If you would prefer, or are required, to fill out the paper application contact the Enrolment Services Office at hhsadmissions@selkirk.ca and request the form. One will be sent to you. The form is electronically fillable – please use Adobe Acrobat to fill out the form.

Please read information and instructions on Page 1. To avoid processing delays, ensure all fields are complete. Providing your driver's licence number or BCID number may expedite the process. Some parts of the form are already auto-populated. Only fill out Part 1: Applicant Information, Part 3: Position with Organization (Required) - enter Student, and lastly Part 5: Consent for Release of Information and Acknowledgments.

Once the form is filled out, please print and sign the form. Scan the form plus two pieces of ID to the Enrolment Services Office at hhsadmissions@selkirk.ca. Note: One piece of ID must be government issued (drivers licence preferred) and displays applicant's name, date of birth, signature and photo. Please put drivers licence number on the consent form if it is being provided for ID.

After your application is received and reviewed by the Enrolment Services Office, it will be forwarded to the Ministry of Justice for processing. The Ministry of Justice will email directions to the email address provided for payment. Please be sure to check your spam/junk mail folders for this email. Once payment has been received your application will be processed. The cost of the criminal record check is \$28.

Read the full Criminal Records Review Act for specific information such as definitions, the use of information, the effects of finding an individual is a risk or fines that may be imposed for failure to comply with the act. (Note, this electronic version of the act is being updated and may not contain the recent changes.)

The Criminal Record Check will be sent directly to the college. You will only be contacted by the Governor General if there is a relevant offence found.

For any questions or assistance with this process, please contact the Enrolment Services Office at hhsadmissions@selkirk.ca or by phone at (250) 365-1232.

COMPUTER SKILLS SELF-ASSESSMENT

| Student Name: | |
|-----------------|--|
| Student Number: | |

| Computer Knowledge | Yes | No | Unsure |
|---|-----|----|--------|
| I can identify the basic parts of a computer system | | | |
| I can properly start and shut down acomputer system | | | |
| I can start and close a computer program | | | |
| I can describe some common uses of computers in society | | | |
| I can use a mouse/pointing device | | | |
| Word Processing | Yes | No | Unsure |
| I can create a new word processing document | | | |
| I can edit a document | | | |
| I can save a document to the storage drive | | | |
| I can print a document | | | |
| I can retrieve a document | | | |
| I can use tools such as spell check or thesaurus | | | |
| Electronic Communication | Yes | No | Unsure |
| I search online | | | |
| I can complete an online form | | | |
| I can add to favourites/bookmark bar | | | |
| I can send and receive email, including attachments | | | |

If you answered No/Not Sure to one or more of the questions in the Computer Skills Self-Assessment, you can use the following strategies to help you to complete computer-related assignments throughout the program.

- Ask a friend or family member to demonstrate the basic skills of using a computer, including identifying its main parts, turning it on/off, starting and shutting down a computer program and using a printer.
- Follow online tutorials to learn how to create a document on the computer
- Unsure how to use the search using the internet? Work with another student who understands how to complete an internet search.
- If you do not have an email account, you can find a tutorial online on how to set up something using <u>Google</u>, <u>Microsoft</u> or <u>Yahoo</u>.



IMMUNIZATION INSTRUCTIONS

INSTRUCTIONS TO HEALTH OFFICIAL

Please complete the attached immunization record and include a print-out of an official immunization record from the appropriate Health Authority. All sections must be filled out with dates and signatures in order for the form to be accepted. Ensure the applicant receives all necessary booster shots and testing.

INSTRUCTIONS TO STUDENTS

Take this Immunization Record Form with you when obtaining your immunization to be completed by a health official and/or obtain a print-out from that same health official.

IMMUNIZATION REQUIREMENTS AND GENERAL INFORMATION

- This information pertains to applicants in the following programs: Nursing Unit Clerk, Pharmacy Technician, Bachelor of Science in Nursing, Health Care Assistant, Practical Nursing and Postgraduate Diploma in Gerontological Nursing.
- 2. Most immunizations, with the exception of TB testing can be done for free at any Public Health Unit or community pharmacy, but you must make an appointment. You can also have them done at a Travel Clinic, but you will pay a consulting fee.
- 3. Diphtheria, Pertussis, Tetanus: Primary series, and reinforcing immunization for Diphtheria and Tetanus if more than 10 years have elapsed since previous immunization; one reinforcing dose for Pertussis is required in adulthood. (There may be a cost associated with this.)
- 4. Poliomyelitis: Primary immunization is recommended for all health care workers (HCWs). Administer a single booster dose 10 years after primary series for HCWs, including laboratory workers, who may be exposed to feces.
- 5. Rubeola (Measles): two doses of live, attenuated vaccine, if born after 1957 or serological test indicating immunity.
- 6. Rubella: one dose live, attenuated vaccine, if born on or after January 1, 1957 or serological test indicating immunity.
- 7. Mumps: one dose of vaccine if born between 1957 to 1969 (inclusive), or two doses if born on or after January 1, 1970.
- 8. T.B. Testing: **Please complete your TB skin test no sooner than six months prior to your first clinical placement.** If you are unsure about your clinical dates, check with your program coordinator/instructor for clarification regarding when to complete the TB testing. It is important that your TB skin test results are no more than six months old before entering your clinical practice.

- a. Tuberculin Test: 5 TU of PPD, read in 48-72 hours, unless individual is a positive reactor. Cost of the test is the student's responsibility.
- b. Chest X-ray: if positive reaction.

Some individuals may be eligible to receive their TB test at a reduced or no cost. Please check with the Public Health or Travel Clinic when you make your appointment.

- 9. Hepatitis B: Complete a two or three dose series (age dependent) and provide serology test results for HBsAg, anti-HBs and anti-HBc Total.
 - If anti-HBs < 10IU/L AND anti-HBs is detectable provide 1 dose of vaccine and retest 4 weeks later.
 - If level is ≥ 10 IU/L, consider as immune and no further doses are required.
 - If anti-HBs is undetectable provide a second series and retest 4 weeks later.
- 10. Varicella (Chickenpox): Assess need for vaccination. This vaccine is only administered to those that have not had the disease. A self-reported history of varicella or physician diagnosed varicella is adequate only if the disease occured before 2004. If the disease occured after 2004, it must be confirmed by lab results.
- Meningococcal C: Recommended only for research, industrial, and clinical laboratory personnel who are routinely exposed to N. meningitidis. Contact your program coordinator if you are unsure.
- 12. Influenza: administered annually in the fall.
- 13. COVID-19: The Provincial Health Officer has mandated that health care workers in BC must be vaccinated against COVID-19. Primary vaccination series required only.



IMMUNIZATION INSTRUCTIONS

INSTRUCTIONS FOR APPLICANT

- 1. Most immunizations are done free of charge by Health Units in BC or community pharmacies.
- 2. Arrangements for a chest X-ray, if required, can also be made through local health units or family physician.
- 3. Take the Immunization Record Form with you when obtaining your immunization to be completed by a health official.

 Note: non-local students must take this form to your local public health unit or community pharmacy
- 4. Students who have not met the immunization requirements will not be permitted to attend practice experiences.
- 5. Any costs involved in meeting the above requirements are the responsibility of the student.
- 6. Public Health Units do not keep records from many years ago. Bring any records of past immunizations you have with you to the Health Unit to assist the Public Health Nurse, Travel Nurse or Pharmacist to complete the Immunization Record.
- 7. The Immunization Record is not to be filled out by the Applicant.

HEALTH UNIT/TRAVEL CLINIC CONTACT INFORMATION

- The Castlegar Public Health Unit is located in the Castlegar Health Centre. Phone: (250) 365-7711 between 0830-1630
- Nelson Public Health Unit, 2nd Floor 333 Victoria Street.

Phone: (250) 505-7200

- Trail Public Health Kiro Wellness Centre, 2-1500 Columbia Ave Phone: (250) 364-6219
- Or visit your local community pharmacy

PUBLIC HEALTH UNIT PHYSICIAN'S OFFICE STAMP



| Student Name: | | | Selki | Selkirk College Student ID: | | |
|--------------------------------|--|---|--|--|--------------------------------|--|
| Student Mailing Address: | | | | | | |
| | | IMMUNIZATIO | ON RECORD | | | |
| | | TO BE COMPLETED E | BY HEALTH OFFICIA | L | | |
| PRIMARY IMMUNIZA | TION | | | | | |
| DPT | Primary Series: First Dose Date (dd/mm/yyyy) | Primary Series: Second Dose Date (dd/mm/yyyy) | Primary Series: Third Dose Date (dd/mm/yyyy) | Most Recent Reinforcing Dose Date (dd/mm/yyyy) | Initials | |
| Diphtheria | | | | | | |
| Pertussis | | | NOT REQUIRED | | | |
| Tetanus | | | | | | |
| Poliomyelitis | | | | | | |
| | First Dose Date (dd/mm/yyyy) | 2nd Dose Date (dd/mm/yyyy) | 3rd Dose Date (dd/mm/yyyy) | Serology Test Result | Initials | |
| Measles ⁱ | | | | NOT REQUIRED | | |
| Mumps ⁱⁱ | | | | NOT REQUIRED | | |
| Rubella ⁱⁱⁱ | | NOT REQUIRED | NOT REQUIRED | NOT REQUIRED | | |
| Hepatitis B ^{iv} | | | | | | |
| *Meningococcal B | | | NOT REQUIRED | NOT REQUIRED | | |
| VARICELLA | | | *Only required for those | routinely exposed to N.mening | tidis and not provided for fre | |
| | e occurring before 2004? | Yes: Year N | 0 | | | |
| Varicella Antibody Test (If no | o history of disease before 200 | 04) Date: Re | esult: | | Initials: | |
| Varicella Vaccine (If immuni | ty not documented): | | | Date: | Initials: | |
| First Dose, Date: | | Second Dose, Date | e: | | | |

KEEP THE ORIGINAL DOCUMENT AND SEND A SCANNED COPY TO: hhsadmissions@selkirk.ca

PUBLIC HEALTH UNIT PHYSICIAN'S OFFICE STAMP



| Student Name: | Selkirk College Student ID: | |
|---|-----------------------------|--|
| Student Mailing Address: | | |
| IMMUNIZATION RECO | RD | |
| TO BE COMPLETED BY HEALTH OF | FICIAL | |
| INFLUENZA (ANNUALLY) | | |
| Date of Last Dose: Initials: | | |
| COVID-19 PRIMARY SERIES | J | |
| First Dose, Date: Second Dose, Date: | Initials: | |
| TUBERCULIN TEST Please complete your TB skin test after acceptance to the program and during your first semester of studies. This will ensure your TB testing results are no more than 6 months old before entering the practice area. Chest X-Ray (if positive reactor): | | |
| Date: Result: Initials: | | |
| | | |
| I certify that the above information is accurate and up to date: | STUDENT SIGNATURE | |

KEEP THE ORIGINAL DOCUMENT AND SEND A SCANNED COPY TO: hhsadmissions@selkirk.ca

References:

- 1. BC Center for Disease Control, Immunization Manual, Part II: Immunization of Special Populations, Health Care Workers. "http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/immunization-of-special-populations" Part 2: Immunization of Special Populations (bccdc.ca)
- 2. BC Center for Disease Control, Immunization Manual, Part IV: Biological Products. "http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/biological-products" Part 4: Biological Products (Vaccines & Immune Globulins) (bccdc.ca)

¹ If born after 1957 requires two doses of vaccine or serological test indicating immunity.

ii If born between 1957-1969 one dose of vaccine required. Two doses required if born after 1969.

If born after 1957 one dose of live attenuated vaccine or serological test indicating immunity.

ⁱ Complete a 2 or 3 dose series and serology testing.

APPLICANT DECLARATION

| Student Name: | |
|--|---|
| Student Number: | |
| DECLARATION | |
| I certify that I have provided accurate and authentic information plagiarism of my application will result in the withdrawal of | |
| The information on this form is collected under the general all it is directly related to and needed for the selection of applic Program . The information will be used to make admissions of | ants for the Bachelor of Science in Nursing (BSN) |
| If you have any questions about the collection and use of this Chair of the School of Health and Human Services at jschroed 1 (888) 953-1133, Ext.: 21289 | • |
| I HAVE READ & UNDERSTAND THIS DECLARATION | |
| I DO NOT AGREE / DO NOT UNDERSTAND THIS DECLARATION | N . |
| | |
| | |
| APPLICANT SIGNATURE | DATE SIGNED |