

# Post-Graduate Gerontological Nursing

## Program Admission Package



**DEAR APPLICANT,**

Greetings and thank you for your interest in the [Post-Graduate Gerontological Nursing](#) program at Selkirk College.

The geriatric population is the fastest growing health cohort around the world and currently 70 per cent of all patients in Canada are elderly.

Whether you work alongside individuals, families or communities, this program will give you the tools and skills to meet the complex physical, social, environmental, cognitive and spiritual needs of the elderly. And after successful completion of the first year of the program you can apply to become a Health Care Assistant and start working in the Canadian health care system.

If you have any questions, you can contact the [Enrolment Officer](#).

Sincerely,

A handwritten signature in blue ink that reads "T Clarke".

Tammie Clarke, RN, BN, MA, CCNE  
School Chair, School of Health & Human Services

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## GENERAL INFORMATION

Thank you for your interest in the Post-Graduate Gerontological Nursing (PGGN) program. Please complete all of the necessary sections in this package. Please read the [program policy](#) concerning admission into the program.

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

## ACADEMIC REQUIREMENTS

- ☐ IELTS 6.5 overall with no band less than 6.0, with Reading band score of 6.5 (maximum 24 months old)
- ☐ B. Sc. Nursing Degree/GNM Diploma
- ☐ B.Sc. Nursing transcript/GNM (General Nursing & Midwifery) = 60%
- ☐ Proof of minimum one year nursing experience
- ☐ 1 letter of reference from employer (this can serve as proof for nursing experience)
- ☐ Proof of registration with provincial/state/national nursing body
- ☐ Resume
- ☐ [Selkirk College Application form](#)
- ☐ MSM Student Pre-Screening form

## NON-ACADEMIC REQUIREMENTS

- ☐ English Language Declaration Form - Self Declaration
- ☐ Ministry of Justice Criminal Record Check (completed once enrolled in program in Canada)
- ☐ Health Program Immunization Record

## RECOMMENDED

- ☐ Computer Skills Self-Assessment

## PRACTICUM REQUIREMENTS

- ☐ Applicants must be able to demonstrate compliance with Public Health Officer's orders with respect to COVID-19 vaccine requirements
- ☐ Completed and up to date Selkirk College Immunization Health Record (English language)

## 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.

# IMMUNIZATION INSTRUCTIONS

## INSTRUCTIONS TO THE PUBLIC HEALTH NURSE OR TRAVEL CLINIC NURSE

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.

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

1. This information pertains to applicants in the following programs: Nursing Unit Clerk, Pharmacy Technician, Bachelor of Science in Nursing, Health Care Assistant, and Post Graduate Diploma in Gerontological Nursing.
2. All immunizations, with the exception of TB testing can be done for free at any Public Health Unit, 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; reinforcing dose for Pertussis is required in adulthood.
4. Poliomyelitis: Primary immunization with IPV (if no previous course of OPV or IPV), and reinforcing immunization if more than 10 years have elapsed since previous immunization. It is required to have a single booster dose if more than 10 years has passed since your primary series.
5. Rubeola (Measles): two doses of live, attenuated vaccine, if born after 1957 or serological test indicating immunity.
6. Rubella (German measles): one dose live, attenuated vaccine, if born after 1957 or serological test indicating immunity.
7. Mumps: one dose of vaccine if born between 1957 to 1969, or two doses if born after 1969 or serological test indicating immunity.
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 results are no more than six months old before entering into 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.
10. Varicella (Chickenpox): This vaccine is only administered to those individuals who have not had the disease, if the applicant has no history of chicken pox or is unsure. Alternatively, he or she can arrange to have a blood titre for antibodies done through his or her physician. If negative, he or she will require the vaccine, which is two doses, administered 4 – 8 weeks apart.
11. Meningococcal C: 1 dose of vaccine if born after 1987.
12. Influenza: administered annually during school.

# IMMUNIZATION INSTRUCTIONS

## INSTRUCTIONS FOR APPLICANT

1. Most immunizations are done free of charge by Health Units in BC.
2. Arrangements for a chest X-ray, if required, can also be made through local health units.
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.**
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 or Travel Nurse 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

Student Name:

Student Number:

Student Mailing Address:

## IMMUNIZATION RECORD

TO BE COMPLETED BY COMMUNITY HEALTH UNIT OR PHYSICIAN.

### PRIMARY IMMUNIZATION

DPT		Primary Series Date (dd/mm/yyyy)	Reinforcing Dose Date (dd/mm/yyyy)	Signature
Diphtheria				
Pertussis				
Tetanus				
Poliomyelitis				
	First Dose Date (dd/mm/yyyy)	2nd Dose Date (dd/mm/yyyy)	3rd Dose (if applicable) Date (dd/mm/yyyy)	Signature
Rubeola <sup>i</sup>			Serology Test Result:	
Mumps <sup>ii</sup>				
Rubella <sup>iii</sup>		NOT REQUIRED		
Hepatitis B <sup>iv</sup>				
Meningococcal C <sup>v</sup>				

### VARICELLA

Document history of disease? ☐ Yes: Year \_\_\_\_\_ ☐ No

Varicella Antibody Test (If no history of disease) Date: \_\_\_\_\_ Result: \_\_\_\_\_ Signature: \_\_\_\_\_

Varicella Vaccine (If immunity not documented): \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**TUBERCULIN TEST** Please check with your program coordinator/instructor for clarification regarding when to complete the TB skin testing. It is important that your TB skin test results are no more than six months old before entering your clinical practice.

Date: \_\_\_\_\_ Result: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Result: \_\_\_\_\_ Signature: \_\_\_\_\_

Chest X-Ray (if positive reactor):

KEEP THE ORIGINAL DOCUMENT AND SEND A SCANNED COPY TO: [internationaladmissions@selkirk.ca](mailto:internationaladmissions@selkirk.ca)

<sup>i</sup> If born after 1957 requires two doses of vaccine or serological test indicating immunity.

<sup>ii</sup> If born between 1957-1969 one dose of vaccine required. Two doses required if born after 1969 or serological test indicating immunity.

<sup>iii</sup> If born after 1957 one dose of live attenuated vaccine or serological test indicating immunity.

<sup>iv</sup> Complete a 2 or 3 dose series.

<sup>v</sup> First dose of vaccine if born after 1987.

PUBLIC HEALTH UNIT  
PHYSICIAN'S OFFICE STAMP

Student Name:

Student Number:

## COMPUTER SKILLS SELF-ASSESSMENT

Computer Knowledge	Yes	No	Unsure
I can identify the basic parts of a computer system			
I can properly start and shut down a computer 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 [Google](#), [Microsoft](#) or [Yahoo](#).



Student Name:

Student Number:

## ENGLISH LANGUAGE COMPETENCY SELF-DECLARATION FORM

### DECLARATION

All applicants are asked to review and confirm the information in this document as part of their admission to a recognized British Columbia Health Care Assistant Program. This form will be kept in the student file and may be supplied to the Registry upon request.

#### CHECK OFF WHAT APPLIES TO YOU

- ☐ I have been educated in an English-speaking environment (a country with English language systems / institutions\*) for a minimum of seven years.
- ☐ I have been educated in an English-speaking environment (a country with English language systems / institutions\*) for four consecutive years at the secondary or post-secondary level.
- ☐ I have been educated in an English-speaking environment (a country with English language systems / institutions\*) for less than seven years.
- ☐ I **have not** been educated in an English speaking environment (a country with English language systems / institutions\*)

\*Countries with English language systems / institutions (where English is a primary, official language and the language used for education)

American Samoa	Canada**	Kenya	St. Vincent
Anguilla	Dominica	Malta	Trinidad and Tobago
Antigua	Falkland Islands	Mauritius	Turks and Caico Islands
Australia	Fiji	Montserrat	Uganda
Bahamas	Ghana	New Zealand	United Kingdom
Barbados	Grenada	Seychelles	(England, Scotland, Wales and Northern Ireland)
Belize	Guam	Singapore	United States of America (USA)
Bermuda	Guyana	South Africa	US Virgin Islands
British Virgin Islands	Irish Republic	St. Kitts and Nevis	
Cayman Island	Jamaica	St. Lucia	

\*\* Applicants educated in Quebec at an institution where the language of instruction was not English, must provide evidence of external English language proficiency testing.

Student Name:

Student Number:

## ENGLISH LANGUAGE COMPETENCY SELF-DECLARATION FORM

### EDUCATION

Use the table below to enter your education as indicated above.

Years	School	Location
Example: 1980 - 1988	ABC Elementary School	British Columbia, Canada

I certify that I have provided accurate and authentic information in this application. I understand that falsification or plagiarism of my application will result in the withdrawal of my application and/or the offer of admission.

The information on this form is collected under the general authority of the College and Institution Act 41.1 (2) a. It is directly related to and needed for the selection of applicants for the Health Care Assistant (HCA) program. The information will be used to make admissions decisions.

If you have any questions about the collection and use of this information please contact  
contact Tammie Clarke, Chair of the School of Health and Human Services at [tclarke@selkirk.ca](mailto:tclarke@selkirk.ca),  
call toll free at 1-888-953-1133 ext 21458

☐ **I HAVE READ & UNDERSTAND THIS DECLARATION**

☐ **I DO NOT AGREE / DO NOT UNDERSTAND THIS DECLARATION**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE SIGNED

#### OFFICE USE ONLY - EVIDENCE REQUIRED FROM APPLICANT

☐ Transcript(s) to evidence stated years of education in a country with English language systems/institutions.

☐ English Language Proficiency test score.

Student Name:

Student Number:

## POST-GRADUATE GERONTOLOGICAL NURSING PROGRAM

### APPLICANT DECLARATION

#### DECLARATION

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☐ **I HAVE READ & UNDERSTAND THIS DECLARATION**

☐ **I DO NOT AGREE / DO NOT UNDERSTAND THIS DECLARATION**

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APPLICANT SIGNATURE

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DATE SIGNED