Practical Nursing

PROGRAM ADMISSION PACKAGE

Selkirk College | **HEALTH & HUMAN SERVICES**

DEAR APPLICANT,

Greetings and thank you for your interest in the Practical Nursing Program at
Selkirk College.

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 for 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

Deadline for completed applications: Please refer to application and admission document deadlines on our website.

Thank you for your interest in the Practical Nursing Program. Please complete all of the necessary sections in this package. Please read the program policies concerning admission into the program.

Acceptance to the program is based on a first-qualified basis, given that the applicant meets all the requirements. Upon successful completion of the application package, you will be sent a letter of acceptance into the program.

Please submit this **completed package** by email to: **hhsadmissions@ selkirk.ca.** We recommend that all persons considering entry into the 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 that will, when successfully completed, satisfy the academic entrance requirements.

ACADEMIC REQUIREMENTS

☐ English Studies 12 or English First Peoples 12 (minimum 67%)

☐ Anatomy and Physiology 12 (Biology 12) (minimum 67%)

☐ Math 11 Foundations (minimum 67%)

☐ For English Language Proficiency requirements, see the BCCNM English proficiency guidelines

NON-ACADEMIC REQUIREMENTS

☐ Ministry of Justice Criminal Record Check

☐ Requisite Skills and Abilities Declaration Form

☐ English Language Declaration Form - Self Declaration

☐ College Readiness Tool (CRT) assessment (applicants demonstrating post-secondary education within five years will not be required to complete the CRT)

Recommended:

☐ Computer skills

☐ Driver's license or access to transportation for early morning/late night practicum placements

PRACTICUM REQUIREMENTS

☐ COVID-19: The Provincial Health Officer no longer mandates that health care workers in BC be vaccinated against COVID-19, but requires a record of COVID-19 vaccination status. Private health care facilities may still require COVID-19 vaccination. Contact your program coordinator if you have questions.

☐ 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.

Selkirk **College** | HEALTH & HUMAN SERVICES

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

1. 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.

11. 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 no longer mandates that health care workers in BC be vaccinated against COVID-19, but requires a record of COVID-19 vaccination status. Private health care facilities may still require COVID-19 vaccination. Contact your program coordinator if you have questions.

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

Selkirk College | HEALTH & HUMAN SERVICES

Student Name:

Selkirk College Student ID:

Student Mailing Address:

IMMUNIZATION RECORD

TO BE COMPLETED BY HEALTH OFFICIAL

PRIMARY IMMUNIZATION

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	

Only required for those routinely exposed to N.meningitidis and not provided for free.

VARICELLA

Document history of disease occurring before 2004? ☐ Yes: Year _____ ☐ No

Varicella Antibody Test (If no history of disease before 2004) Date: _____ Result: _____ Initials: _____

Varicella Vaccine (If immunity not documented): _____ Date: _____ Initials: _____
☐ First Dose, Date: _____ ☐ Second Dose, Date: _____

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

Selkirk College | **HEALTH & HUMAN SERVICES**

Student Name:

Selkirk College Student ID:

Student Mailing Address:

IMMUNIZATION RECORD

TO BE COMPLETED BY HEALTH OFFICIAL

INFLUENZA (ANNUALLY)

☐ Date of Last Dose: _____ Initials: _____

COVID-19 PRIMARY SERIES

☐ 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.

Date: _____ Result: _____ Initials: _____

Chest X-Ray (if positive reactor):

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**

[i] 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.

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

[iv] Complete a 2 or 3 dose series and serology testing.

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)

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.

To submit an online request for a criminal record check, you must:

- Be at least 12 years of age as of today's date.

- Have an access code provided by your organization.

- Have your identity verified by using the BC Services Card Login. If you choose not to use the BC Services Card Login, your organization will verify your ID after you submit your criminal record check.

ONLINE REQUESTING SERVICE

1. Go to: justice.gov.bc.ca/criminalrecordcheck

2. Please enter Selkirk College access code: **ZWN7NCEP5C**
   (*Note: Organization Information under "Job Title" enter **student**.)

3. For information on how to complete a criminal record check, please see Ministry of Justice website:
   https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/crime-prevention/criminal-record-check/crc_applicant_user_guide.pdf

ENGLISH LANGUAGE COMPETENCY SELF-DECLARATION FORM

Student Name:	Student Number:

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 (England, Scotland, Wales and Northern Ireland)
Barbados	Grenada	Seychelles	
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.

Selkirk College | HEALTH & HUMAN SERVICES

PRACTICAL NURSING PROGRAM

ENGLISH LANGUAGE COMPETENCY SELF-DECLARATION FORM

Student Name:	Student Number:

EDUCATION

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

YEARS	SCHOOL	LOCATION
Example: 1980–1988	Example: ABC Elementary	Example: 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 **Postgraduate Gerontological Nursing 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 Jocelyn Schroeder, Chair of the School of Health and Human Services at jschroeder@selkirk.ca or call toll free at
1 (888) 953-1133, Ext.: 21289

☐ **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

_____

Selkirk College | HEALTH & HUMAN SERVICES   PRACTICAL NURSING PROGRAM

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 Google, Microsoft or Yahoo.

Student Name:	Student Number:

REQUISITE SKILLS AND ABILITIES FOR A PRACTICAL NURSE

By signing this form, I am verifying all of the following terms:

1. I have read and reviewed British Columbia College of Nurses and Midwives (BCCNM) Becoming a Licensed Practical Nurse in British Columbia: Requisite Skills and Abilities (RSAs).

2. I am aware that I have the responsibility to notify a representative of the School of Nursing (program instructor, Coordinator of the PN Program, or School Chair of Health & Human Services) if at any time during my nursing education program I believe I may have difficulty demonstrating one or more of the RSAs.

3. I am aware that I have the right and the responsibility to seek assistance in demonstrating the RSAs, and that I may choose to collaborate with the School in exploring options. I may seek assistance by contacting the program instructor, the Coordinator of the PN Program, or the School Chair for Health & Human Services.

_____
APPLICANT SIGNATURE

_____
DATE SIGNED

_____
UPON APPLICATION

_____
YEAR ONE

_____
YEAR TWO

Selkirk College | **HEALTH & HUMAN SERVICES**

PRACTICAL NURSING PROGRAM

Student Name:	Student Number:

DECLARATION

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 **Practical Nursing 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 Jocelyn Schroeder, Chair of the School of Health and Human Services at jschroeder@selkirk.ca or call toll free at 1 (888) 953-1133, Ext.: 21289

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

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

APPLICANT SIGNATURE	DATE SIGNED