

Oglala Lakota College

Department of Nursing

1 Nursing Way – Po Box 861

Pine Ridge, SD 57770

Phone: 605-867-5856 Fax: 605-867-5724



Application for Admission

Application Procedure

Processing of an application will begin only when the application form, essay, transcripts, letters of recommendation, and test data as required by the department are received in the Nursing Department. If an applicant fails to complete the application file by the **LAST FRIDAY OF JANUARY DEADLINE** for the proposed term, a new data of entry will need to be specified. Students will be selected only in the Spring to begin the nursing program the following Fall Semester, providing the have met all pre-requisite requirements.

Complete application files will include:

- ✓ Application form fully completed
- ✓ \$50.00 application fee is required if applicable
- ✓ Three letters of reference, using nursing department reference form, from non-relatives or friends; employers, teachers/instructors preferred
- ✓ Typed Essay (five paragraphs of 100 to 150 words each) must address the following items:
 - i. Why you have chosen nursing as a career
 - ii. Life events that contributed to your decision to be a nurse
 - iii. People who have influenced you
 - iv. What types of nursing interests you?
 - v. What you hope to do with your nursing degree
 - vi. Include in the four Lakota values in any way you can in your essay as you relate them to aspects of nursing: RESPECT, WISDOM, COURAGE AND GENEROSITY
- ✓ Certificate of Degree of Indian blood/tribal enrollment **if applying to OLC for the first time.**
- ✓ Official high school transcript of GED **if not already on file with OLC.**
- ✓ Official college transcript from all other colleges, universities, or post-secondary schools attended unless already on file at OLC Registrar's Office **ONLY** if pre-requisite courses were taken outside of OLC.
- ✓ Pre-Admission entrance testing (to be conducted after applications completed students will be notified of testing date and time)

All applications and all related documents should be mailed to:

Oglala Lakota College – Department of Nursing

P.O. Box 861

Pine Ridge, SD 57770

Selection Criteria

Students who have completed pre-requisites will be selected according to the following criteria:

- I. G.P.A. of 2.8 or better
- II. Tribal Enrollment priority as follows:
 - a. Enrolled members of the Oglala Sioux Tribe who are veterans.
 - b. Enrolled members of the Oglala Sioux Tribe.
 - c. Enrolled members of other Lakota Tribes who are veterans.
 - d. Enrolled members of other Lakota Tribes (Rosebud Priority)
 - e. Other enrolled Tribal members.
- III. Reference letters and personal interviews that evaluate personal characteristics desired in health professionals and that are reflective of Lakota values including:
 - a. Ability to work with people
 - b. Potential for leadership
 - c. Personal initiative
 - d. Growth potential
 - e. Concern for others
 - f. Motivation
 - g. Integrity
 - h. Reliability
 - i. Communication skills
- IV. When in the judgement of the Nursing Department Admission Committee the program can accommodate additional students, non-Indian Applicants who meet all other requirements will be selected according to the following criteria:
 - a. Commitment to remain in the service area as evidenced by:
 - i. Living in the area for more than 10 years thus demonstrating permanent residence
 - ii. Having permanent family/relative ties to the community

Certified Nursing Assistant Requirements (CNA)

The OLC Nursing program requires the following:

- Proof of completion of a Certified Nursing Assistant (CNA) course prior to starting the program – certification testing and licensure are not required ~OR~
- A minimum of 4 months of current experience (within the last year) functioning in the CNA role in a health care institution (verification in writing provided by Supervisor) ~OR~
- Completion of LPN program or first year of nursing courses that include the basic nursing skills ~OR~
- Significant health care experience not as a CNA, the Nursing Faculty Committee will evaluate that student's work history and determine whether the student meets the minimum competency requirements, or if further CNA training is needed prior to starting the program

The number of students admitted for each fall semester will not exceed available faculty or clinical laboratory resources and will be determined prior to the convening of the Nursing Department Admission Committee. The student will be asked to come in for an interview and will be scheduled for admissions testing.

Admissions Committee membership is comprised of Nursing Faculty/staff and outside members appointed by the Nursing Department Chair and approved of by the V.P. for Instruction. Provisional selection of students and alternates for the Fall semester will be made pending the successful completion of Spring pre-requisite courses. The applicant will be notified by the end of June, prior to Fall entry.



**DEPARTMENT OF NURSING
OGLALA LAKOTA COLLEGE
APPLICATION FORM**

PO Box 861
Pine Ridge, SD 57770
(605)-867-5856
Fax (605) 867-5724

Instructions: Please type or use black ink to complete this application for admission, sign it, and return it to the Department of Nursing by the last Friday in January. Applying students should enclose a check or money order for the appropriate application fee per the application instructions.

Applying for the first time at OLC Dept of Nursing Reapplying

Biographical Information

Legal Name _____			
Last	First	Middle	Maiden
Permanent Address _____			
Street, or Box	City	State	Zip
Phone (Home) _____ - _____ - _____		Other _____ - _____ - _____ E-mail _____	
Birth Date _____		Social Security Number _____	
Emergency Contact _____			
Name		Daytime Phone Number	Relationship
Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other (specify citizenship) _____			
Tribal Enrollment: <input type="checkbox"/> Oglala Lakota Enrollment # _____ <input type="checkbox"/> Other (please specify) _____			
Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes - Branch _____			

Educational Background

High School Attended _____				
School	City	State		
Date of <input type="checkbox"/> High School Graduation ____/____/____ or <input type="checkbox"/> GED (MM/YY) ____/____/____				
College Preparatory Classes Taken in High School				
Class	Credits	Grade		
Post Secondary Education				
List ALL Colleges/Universities Attended (other than OLC):				
School Name	City	State	Dates Attended	GPA
Are you eligible to return to the institution(s) from which you are transferring? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attach a letter of Explanation).				
Have you ever been dismissed from any college? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and for what reason? _____				
Have you previously applied for admission to another nursing school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what college? _____				
Were you admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Information

Have you ever been convicted of a crime other than a traffic violation? Yes No If yes, please explain:

Health related job experience in the last 5 years.
Type of Work _____ Dates of Employment _____

Honors or Awards Received:

Level of Computer Skills. Please circle all that apply:
E-mail Search Internet Word Processing Spread Sheets

Do you have any medical or psychiatric condition that requires follow up? YES NO If yes, please explain: _____

The following information is used for institutional Federal Grant purposes. Your responses will in no way affect your admission. Please circle your answers.

Sex: Male Female **Disability:** Audio-Visual Learning-Disabled Mobility –Ambulatory Mobility-Wheelchair

Marital Status: Married Unmarried **Ethnic Group:** Am. Indian Asian African- Am Hispanic White Other Unknown

All answers I have given on this application are accurate and true, and any intentional misrepresentation may be cause for revocation of admission. If admitted, I agree to observe the rules of the Oglala Lakota College, Department of Nursing and to pay all fees and charges assessed.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY: Date Received: _____ by: _____
Total Amount Paid: _____ Check Cash Money Order



**Oglala Lakota College
Department of Nursing
Reference Form**

Applicant: Before giving this form to your reference, please complete the information in this box.

Applicant Name: _____
(Please Print)

Under PL 90-247, Section 438, I voluntarily waive _____/do not waive _____
My right to examine the confidential reference below:

Signature: _____

Date: _____

- *Please do not use relatives or friends for references. Employers, either past or present, teachers, co-workers, clergy, or community leaders are you best resource.*

The above-named applicant is applying for admission to the Associate Degree Program at the Oglala Lakota College and has given your name as a reference. Please complete this form and return it directly to our office by the last Friday of January. Our address is:

**Oglala Lakota College Department of Nursing
P.O. Box 861, Pine Ridge, SD 57770**

I have known this applicant for _____ years in the capacity of: _____

Please rate the applicant in the following areas below.

	Excellent	Good	Average	Below Average	Not Applicable
Ability to work with people					
Leadership					
Personal initiative					
Growth potential					
Concern for others					
Motivation					
Integrity					
Reliability					
Reaction to feedback					
Communication skills					

In the section below, please comment on this individual’s strengths and weaknesses, as well as addressing any reasons for marking them as above or below average in any area.

Would you recommend this applicant for admission to Oglala Lakota College, Department of Nursing Yes _____ No _____ Hesitant? _____
 (Please address “no” or “hesitant” below)

Comments:

Signature: _____ **Date:** _____
Name (please print): _____
Occupation: _____
Address: _____
Phone Number: _____
Email: _____

NURSING DEPARTMENT

Associate of Arts in Nursing

(All courses passed with a C or better

Note that Science and Nursing Courses follow a higher Grading Scale)

	Where	Date	Grade
1. Core Requirements (10 credits)			
Engl. 103 Composition I	3	_____	
Math 134 Intermediate Algebra	4	_____	
Psy 103 General Psychology	3	_____	
2. Lakota Studies Requirements (3 credits)			
Lak 103 Lakota Language I or			
LSoc 103 Lakota Culture	3	_____	
3. Science Course Requirements (17 credits)			
Chem 111 Chemistry for Health Sciences Lab	1	_____	
Chem 114 Chemistry for Health Science	4	_____	
Bio 224 Human Anatomy	4	_____	
Bio 234 Human Physiology	4	_____	
Bio 204 Basic Microbiology	4	_____	
4. Nursing Core Courses (39 credits)			
NURS 218 Foundations of Holistic Nursing	8	_____	
NURS 223 Holistic Mental Health Nursing	3	_____	
NURS 226 Holistic Maternal Child Nursing	6	_____	
NURS 323 Pharmacology for Nursing	3	_____	
NURS 313 Prof. and Transcultural Nursing	3	_____	
NURS 317 Holistic Adult Health Nursing I	7	_____	
NURS 339 Holistic Adult Health Nursing II	9	_____	
	TOTAL:	69 CREDITS	

2021-2022 Catalog

Note: Application to the Nursing Degree is required. Admission requirements must be met, and students must be accepted into the program to advance to the Nursing Core Requirements. A GPA of 2.8 or higher must be maintained to be considered for admission.

Oglala Lakota College
Associate of Arts Degree in Nursing
Course Plan

PLAN OF STUDY

Pre-Nursing

Chem 111 – Chemistry for Health Sciences Lab	1	Psy 103 – General Psychology	3
Chem 114 – Chemistry for Health Sciences <i>*must be taken consecutively with Math 134 or have Already successfully pass Math 134</i>	4	Lak 103 – Lakota Language I ~OR~ LSoc 103- Lakota Culture	*3
Math 134 – Intermediate Algebra	4		<i>* must be completed prior to graduation</i>
Eng 103 – Composition I	3	Bio 224- Human Anatomy	4
<u>Apply to program before end of January</u>			
	<u>12</u>		<u>7</u>

or 10

Apply to Nursing Program before the last Friday in January to be considered for acceptance into the Nursing Program. You must be accepted into the Nursing Program before you can start the First Year of the Nursing Courses.

First Year Nursing

NURS 218 – Foundations of Holistic Nursing	8	NURS 223 – Mental Health Nursing	3
Bio 234 – Human Physiology	4	NURS 226 – Holistic Maternal Child Nursing	6
		Bio 204 – Basic Microbiology	4
	<u>12</u>		

13

Second Year Nursing

NURS 313 – Professional & Transcultural Nsg	3	NURS 339 – Holistic Adult Health Nursing II	9
NURS 317 – Holistic Adult Health Nursing I	7	Lak 103 or LSoc 103 (optional – see Pre- Nursing)	*3
NURS 323 – Pharmacology for Nursing	3		
	<u>13</u>		

12

TOTAL PROGRAM CREDITS = 69