

Hannah E. Mullins School of Practical Nursing



Information and Application

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ACCREDITED BY:

Accreditation Commission for Education in Nursing, Inc.
3343 Peachtree Road NE, Suite 850
Atlanta, Georgia 30326
P. 404-975-5000
F. 404-975-5020
www.acenursing.org

APPROVED BY:

Ohio Board of Nursing
17 South High Street – Suite 660
Columbus, OH 43215
P. 614-466-3947
F. 614-466-0388
www.nursing.ohio.gov

Ohio Dept. of Higher Education
25 S. Front Street
Columbus, OH 43215
P. 614-466-6000
www.OhioHigherEd.org

PROGRAM HIGHLIGHTS

Hannah E. Mullins School of Practical Nursing (HEMSPN), established in 1957, offers full-time and part-time educational and experiential programs that prepare graduates for the nursing profession. Following completion of the program, graduates who meet additional Ohio Board of Nursing requirements (including, but not limited to, the FBI/BCII background check) are eligible to take the NCLEX-PN, a national licensing exam. After passing the exam the HEMSPN graduate is able to provide care as a Licensed Practical Nurse (LPN) and/or seek admission into an associate or baccalaureate degree in nursing program for the opportunity to become a registered nurse. Employment opportunities for the licensed practical nurse include, but are not limited to, hospitals, long-term care facilities, physician's offices, schools, and home health care agencies. Employment opportunities are numerous. LPN positions are posted at the school and on the HEMSPN Facebook page.

ACCREDITATION AND APPROVAL

Hannah E. Mullins School of Practical Nursing is fully accredited by Accreditation Commission for Education in Nursing, Inc. (www.acenursing.org) and approved by the Ohio Board of Nursing (OBN) (<http://www.nursing.ohio.gov>) as well as the Ohio Department of Higher Education (<http://www.OhioHigherEd.org>).

CURRICULUM

The prospective student begins with a required twenty (20) hour Introduction to Medical Terminology and Math course that is offered six (6) to eight (8) weeks before the programs begin. The programs are divided equally into junior and senior levels of theory and clinical learning experiences. To remain in and satisfactorily progress through the program, the student must earn a grade of 80% or greater for each theory course and receive satisfactory final clinical evaluations for each clinical rotation and simulation labs.

The Junior Level is composed of two equal quarters; the clinical focus for both quarters is long-term/rehabilitative care. The first quarter correlates clinical experience with two theory courses – *Adult Growth, Development and Nutrition* and *Nursing Fundamentals*. During this quarter, anatomy, physiology, and nursing related concepts are also taught. After satisfactorily meeting designated theory, simulation lab and clinical objectives, the student advances to the second quarter, which correlates *Nursing Care of the Adult I* theory with its clinical application. During the second quarter, the student also learns the principles and nursing skills for medication administration in *Pharmacology I*.

The Senior Level is composed of two equal quarters; the clinical focus for both quarters is providing students with advanced clinical experiences. These quarters correlate clinical experiences with the following theory courses (a) Nursing Care of the Adult II, (b) Nursing Care of the Adult III (c) IV Therapy, (d) Maternal-Child Nursing, and (e) Personal and Vocational Relationships, and a Medication Administration clinical component of Pharmacology from Junior Level.

The clinical learning experiences are provided through the cooperation and collaboration with a variety of healthcare agencies including acute care facilities, long term care facilities, community health care agencies, and local school districts.

DISABILITIES

The practical nursing student, under the supervision of faculty, essentially performs the same physical, mental, and emotional activities as licensed practical nurses. HEMSPN, in compliance with the Americans with Disabilities Act (ADA), does not discriminate against qualified individuals with documented disabilities. The student who enters the nursing program with a disability does so with the complete understanding that they will be expected to meet every course, clinical simulation laboratory, and clinical requirements and expectations as identified in the program, level, course, and clinical objectives. They must also attend, participate and complete satisfactorily all assigned clinical experiences. HEMSPN will make reasonable accommodations for medically diagnosed and documented disabilities. A documented diagnosis and a written request for reasonable accommodations must be submitted four (4) weeks prior to admission and will be evaluated by the HEMSPN Director and the HEMSPN nursing faculty.

If the student has to withdraw because he/she cannot reasonably be accommodated, the HEMSPN financial guidelines related to withdrawal/dismissal from the program will apply.

TUITION AND SCHOOL FEES

The student is responsible for the total amount of tuition and school fees. All fees must be paid in full or arrangements made as detailed below no later than two (2) weeks prior to beginning the program. Failure to meet payment deadlines results in current enrollment being deferred to a later class or dismissal from the program. Junior level students cannot progress to the Senior level until all financial obligations are being met. Furthermore, final grades, transcript, and OBN letter of completion will be held until all financial obligations are paid in full. (See Appendix for an itemized list of all HEMSPN related expenses.)

HEMSPN accepts money orders, cashiers and personal checks. When the applicant and/or student provides a personal check for payment of HEMSPN fees, the check should have the following information on the check:

- 1) Full name and address
- 2) Current and valid phone number

If a personal check is returned for insufficient funds, the Treasurer's Office turns it over to an outside company for debt collection. Therefore, submission of a personal check authorizes the outside company to use information on the check to make a one-time electronic fund transfer or to process the payment as a check transaction. It also authorizes the collection of a fee (plus the bank fee charged to HEMSPN) through electronic fund transfer from the checking account.

BILLING AND PAYMENT SCHEDULE

Tuition will be charged according to payment periods; a payment period is ½ of the academic year. Fees will be charged to the pay periods in the 1st academic year. The Practical Nursing Program tuition and fees schedule is as follows,

Pay Period (PP)	Tuition	Lab/Fees Full Time	Lab/Fees Part Time	Hours in PP
1st Academic Year PP 1	450 hrs	50% Lab fee	50% Lab fee	450 Hours
1st Academic Year PP 2	450 hrs	50% Lab fee	50% Lab fee	450 Hours
2nd Academic Year PP 1	250 hrs			250 Hours
2nd Academic Year PP 2	250 hrs			250 Hours
	Total Tuition	Total Lab Fee	Total Lab Fee	1400 Hours

If installment payments are not timely received, Student will receive written notice of non-payment. Student will not be permitted to continue in the HEMSPN program unless proper verification of final payment is received.

Students who are dismissed or withdrawn will be provided a Tuition Card with final paperwork and advised that any outstanding balance is due within thirty (30) days of withdrawal or dismissal

As a reminder, Tuition Card statements are mailed periodically or can be requested at any time.

Students who withdraw or are dismissed and owe a balance may opt for an interest-free tuition payment plan under the following conditions:

- 1) A monthly payment plan, for up to twelve (12) consecutive months, may be established so long as Student enters into a written agreement upon enrollment and thereafter tenders monthly payments as required.
- 2) After failed payments student's information will be forwarded to the Treasurer's office for action to clear the debt by utilizing the Ohio Attorney General's Debt Collection program.
- 3) Requests for transcripts or other student file information will not be released until all financial obligations are met.

REFUND POLICY

School fees, excluding tuition, are non-refundable and non-transferable. The student's account will be credited for tuition according to the following schedule:

- The first 35 hours of the payment period – 2/3 of the payment period's tuition plus unstarted quarter will be refunded
- 36 – 70 hours in the payment period – 1/3 of the payment period's tuition plus unstarted quarter will be refunded
- After 71 hours of the payment period – all tuition for the started quarter will be retained by the school.

All outstanding school fees are deducted from any payment credited to the student's account. It is the student's responsibility to pay any remaining balance that is owed. Should the account indicate a positive balance, the money will be reimbursed according to the policies and procedures of the awarding financial aid agency.

The student must complete a formal withdrawal in order to receive financial reimbursement. These forms are available at the HEMSPN office. If HEMSPN owes the student money (a credit balance on the student's account), the reimbursement check will be mailed. Neither the student nor a designee is permitted to pick up the check. It is the student's responsibility to ensure that HEMSPN has the correct address.

Some students receive financial aid greater than their financial obligation to HEMSPN. Once all HEMSPN fees are deducted and financial/school policies are met, these students will be given options to either:

- 1) Receive credit balance refund as soon as possible, but no later than 14 days following the date of my request or the date the credit is created, whichever comes first.
- 2) Apply credit balance to the remaining HEMSPN tuition costs.
- 3) Have credit balance of direct loan sent back to apply against loan debt.

Federal and Non-Federal Refund Policies

The refund policies for federal and non-federal aid are determined by the various states, agencies and institutions that award the aid. HEMSPN is obligated to honor these policies. As required by federal regulations, HEMSPN calculates the school's tuition refund policy and the federal refund calculation. After comparing the two, the school issues the larger refund amount. Fees mistakenly paid due to errors in law/regulation interpretation or facts are returnable in full. Any appeals regarding the refund policy are referred to the HEMSPN Director.

FINANCIAL AID

Financial aid is available for payment of various HEMSPN fees. The Financial Aid Administrator (FAA) is committed to guiding and assisting the student through the financial aid process as they enter into and successfully progress through the HEMSPN program. The student needs to contact and work with the FAA to determine eligibility and to take advantage of available resources. All necessary paperwork needs to be completed thoroughly, accurately, and in a timely manner to facilitate the process.

HEMSPN LOCATION AND DIRECTIONS

The Hannah E. Mullins School of Practical Nursing is located on the third floor of the Kent State University-Salem City Center building near the intersections of State Routes 9 and 14. In regards to driving time, the school is approximately 30 minutes southwest of Youngstown and 25 minutes east of Alliance. Local business landmarks are Kentucky Fried Chicken and the Salem News. Until June 2006 the building was the Salem Middle School, formerly known as the Salem Junior High School.

Disclaimer: The Hannah E. Mullins School of Practical Nursing is under the auspices of the Salem Board of Education. It is not affiliated with Kent State University.

ADDITIONAL NEED-TO-KNOW INFORMATION

- Licensed practical nurses implement “bedside care” or “direct patient care” under the direct supervision of a licensed physician, registered nurse, chiropractor, podiatrist, dentist and optometrist.
- Nursing education is demanding and rigorous, requiring a lot of personal time and energy. Although the demands are great, so are the personal rewards and benefits.
- HEMSPN *strongly* recommends that nursing students work less than 24 hours per week.
- Theory, clinical simulation lab, and clinicals are extremely important components of the learning process; each builds upon the other. Clinical simulation lab and clinical experiences are mandatory. A total of more than five (5) missed clinical days will lead to dismissal from the program. In addition, a Performance and Attendance Point System is used to identify and resolve issues that put the student at risk for dismissal.

- HEMSPN utilizes several health care facilities. Transportation to and from the clinical setting is the student's responsibility.
- HEMSPN maintains a dress code for all class and clinical learning experiences. All visible tattoos are to be hidden with an acceptable covering (bandage, clothing, dressing) while student is in uniform in the clinical setting. No ear or other body piercings will be permitted while in clinical uniform. Hair must be in control, off the collar and of natural color.
- The HEMSPN curriculum schedule does not coincide with public school schedules. Also, classes and/or clinical experiences may not be cancelled during inclement weather when local school districts are closed. Back-up baby sitters and contingency plans are required.
- Although graduation from a state approved practical nursing program is one criterion for eligibility to take the NCLEX-PN, a national practical nursing licensing test, it does not guarantee permission to do so. The Ohio Board of Nursing has additional criteria an applicant must meet before approval to sit for the licensing exam is given.
- The Salem City School District, HEMSPN, KSU-Salem City Center, and health care facilities that HEMSPN utilizes are smoke and drug free environments. It is mandatory that HEMSPN students follow the policies of each facility including substance abuse testing.
- HEMSPN does not have nor provide student health insurance. It is the student's responsibility to meet healthcare costs should the need occur while participating in any portion or component of the program.
- Specific computer requirements are necessary for testing and quiz taking in both the PN program and Medical Terminology and Math. Please see the Admissions Packet and/or website for details.



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Web site: hemspn.edu

FOR OFFICE USE

Date Rec'd _____

Fee Paid _____

APPLICATION FOR ENROLLMENT

The non-refundable application fee is \$50.00. Make checks or money orders payable to Hannah E. Mullins School of Practical Nursing. No debit or credit cards accepted.

Date of Application: ____/____/____ Class applying for: Sept _____ Full Time Sept _____ Part Time
March _____ Full Time March _____ Part Time

Social Security: _____ - _____ - _____ DOB: ____/____/____

Name:

Last Name First Name Middle Initial Maiden Name

Mailing Address:

Street and Apartment Number City State Zip Code

Phone: _____ e-mail: _____

Marital Status: _____ Married _____ Single

Have you previously applied to our school? Yes _____ No _____ If yes, when? _____

If yes, under what name did you apply?

If not a citizen, do you have documented proof of the legal right to reside in the United States? Yes _____, No _____

Do you have any limitation that may affect your ability to implement safe, therapeutic nursing care? Yes _____, No _____

EDUCATIONAL BACKGROUND

Official transcripts must be provided for all high school or GED certificates to the Hannah E. Mullins School of Practical Nursing.

High School Attended:

Name Street/City/State/Zip

Did you graduate? Yes _____ No _____ Year of Graduation _____

If you did not graduate from high school, did you receive a GED? Yes _____ No _____ Date of GED: _____

Have you attended this or another nursing school? Yes _____ No _____

If yes, give the name and address of the nursing school: _____
Name City/Zip

Dates attended the above named nursing school: From: _____ to _____ Reason for leaving: _____

Is this your first time attending any type of postsecondary school Yes_____ No_____

Additional Colleges, Universities, Technical Schools	Dates Attended	Degree, Diploma, Certificate, or Credits Received
	to	
	to	
	to	

EMPLOYMENT INFORMATION

List all work experiences, both full and part-time, since high school, beginning with the most recent. You may add an extra sheet of paper to this application if needed.

Company/City/State	Dates	Position/Title Held	Immediate Supervisor
	to		
	to		
	to		

The Hannah E. Mullins School of Practical Nursing does not have health insurance that covers student illness or injuries. Do you have health and hospitalization insurance? Yes _____ No _____

BEFORE SIGNING THIS APPLICATION, PLEASE READ THE FOLLOWING

Be aware that you will be required to report to the Ohio Board of Nursing (OBN) any information regarding the commission of any act that may be grounds for disciplinary action under Ohio Revised Code 4723.28 and/or revocation of a nursing license held in any state. The felony conviction includes, but is not limited to the selling, giving away or administering drugs; self drug and/or alcohol abuse.

Criminal History Record Check/Felony Preclusion: On April 8, 2002, the governor of the State of Ohio signed House Bill 327 that, in part, amends the Ohio Nurse Practice Act (law) to require applicants for licensure to submit to a criminal records check which includes a check of the Federal Bureau of Investigation (FBI) and the Bureau of Criminal Identification and Investigation (BCII) records as part of their application for initial licensure as a nurse in Ohio. The bill also allows the OBN to automatically preclude (prevent) from initial licensure or certification anyone who has previously been convicted of, pled guilty to, or had a judicial finding of guilt for an egregious (blatant) felony in Ohio or another jurisdiction. The egregious felonies triggering automatic preclusion (prevention) are: (1) aggravated murder; (2) murder, (3) voluntary manslaughter, (4) felonious assault, (5) kidnapping, (6) rape, (7) sexual battery, (8) gross sexual imposition, (9) aggravated arson, (10) aggravated robbery, and (11) aggravated burglary. For all other misdemeanors or felonies, the OBN is required to continue its practice of conducting a full adjudication (hearing and decision) as set forth in Chapter 119 of the Ohio Revised Code to determine whether to issue a license or certificate.

All students entering a nursing program after June 1, 2003 are required to submit their fingerprints to the Bureau of Criminal Identification and Investigation (BCI) for a criminal records check through the BCI and the Federal Bureau Investigation (FBI) check. For this reason, fingerprinting will be conducted at the beginning the program. Results will be mailed directly to HEMSPN. Should the background check identify an egregious act that would prevent licensing in the State of Ohio as identified by the Ohio Board of Nursing or prevent the student from attending clinical experiences, that student will be dismissed from the program. Fingerprinting will be conducted again during the second half of the program to be submitted to the OBN in preparation of licensure examination.

Also be aware that both the Hannah E. Mullins School of Practical Nursing and clinical facilities require a drug free environment; this policy mandates drug screening of all nursing students prior to clinical learning clinical experiences in healthcare facilities. The drug screen is done at and according to the policies and procedures of the Salem Regional Medical Center. There is no cost to the HEMSPN student for the drug screening.

As part of our normal admission procedure, a routine inquiry may be made regarding any information provided on this application. This inquiry typically contains information regarding an applicant’s previous education and/or employment history as well as personal characteristics and work behaviors.

The Hannah E. Mullins School of Practical Nursing is an equal opportunity school. All qualified applicants are accepted without discrimination in regard to creed, ethnic origin, marital status, race, sex, age, and religion, handicap which does not interfere with attainment of program/course/clinical objectives or the provision of safe, therapeutic nursing care, and membership or non-membership in any lawful organization.

By signing and dating this application, I attest that all information provided is true and accurate to the best of my knowledge and belief. I understand that any false statements/information are sufficient reason for denial of admission or termination from the program. I also attest that I have read and agree to the above stated policies.

By signing and dating this application, I attest I am also aware the Ohio Board of Nursing (OBN) has the final determination on whether or not any offences I may have on my criminal record are disqualifiers for licensure. I am aware this determination will not be made until I have successfully completed the HEMSPN program and have applied for licensure with the OBN. It is my responsibility to disclose to the Director of the program any criminal record prior to enrollment. At this time, it will be my choice to enroll knowing the OBN may reject or restrict my application for licensure and clinical sites may ban me from their facility which could cause failure of the clinical rotation.

Applicant's signature: _____ Date: _____

Campus Ivy Core System for Financial Aid
SMS (text message) Authorization

Hannah E. Mullins School of Practical Nursing utilizes Campus Ivy to administer and track financial aid. Students will be notified via email and text alerts regarding the status of their financial aid.

If you wish to opt out of being contacted via text message, please indicate below.

_____ I allow the system to contact me via text message (SMS)

_____ I do not allow the system to contact me via text message (SMS)

Cell # _____

Student Signature date

Printed Name

Personal Identifiable Information Disclosure

What does Hannah E. Mullins School of Practical Nursing do with your Personal Information?

Why?	Institutions choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depends on the services you have with us and whether you are a dependent or independent student. This information can include the following for you, your spouse and your parents: <ul style="list-style-type: none"> • Social Security Number • Income • Account balances and payment history • Federal Income Tax Information • Credit decisions
How?	All institutions need to share students' personal information. Listed in the section below are reasons we can share students' personal information and whether you can limit this sharing

Reasons we can share your personal information	Does HEMSPN Share?	Can you limit this sharing?
To process Federal Student Aid	Yes	No
Work with county WIOA programs for funding	Yes	No
To process private loans	Yes	No
To process Veteran's benefits	Yes	No
To process scholarship opportunities	Yes	Yes
FBI and BCI background checks and drug screening	Yes	No
Marketing purposes	NO	N/A

Who is providing this notice	Hannah E. Mullins School of Practical Nursing (HEMSPN)
How HEMSPN protects your personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal laws. These measures include computer safeguards and secured files and buildings:
How does HEMSPN collect my personal information?	Personal information can be collected from, for example: <ul style="list-style-type: none"> • Your application • Your FAFSA (ISIR) • Verification Paperwork • Tax forms • W2 or other wage statements • Medical / Immunization records • Admission paperwork (example: transcripts)
Why can't I limit all sharing?	Sharing information, other than for marketing purposes, is necessary for enrollment into the program and to receive Federal Student Aid, private loans and county WIOA funds.

Leave Blank or fill out and return to office to opt out of information sharing	Do not share my personal information as listed above. By opting out of the school sharing my information, I realize none of the above services will be available to me and my enrollment into the program will be jeopardized.
OPT OUT	Printed Name: _____ Signature: _____ Date: _____