

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 date 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 they have met all prerequisite requirements.

Complete application files will include:

- ✓ Application form fully completed
- ✓ 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:
 - a) Why you have chosen nursing as a career.
 - b) Life events that contributed to your decision to be a nurse.
 - c) People who influenced you.
 - d) What types of nursing interests you?
 - e) What you hope to do with your nursing degree.

Include 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 or 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 prerequisite 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)
- ✓ Proof of Certified Nursing Assistant licensure (needs to be completed prior to starting Nursing program if accepted)

All applications and all related documents should be mailed to:

Oglala Lakota College – Department of Nursing

P.O. Box 861

1 Nursing Way Pine Ridge, SD 57770

Selection Criteria:

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

1. G.P.A. of 2.8 or better
2. 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.
3. 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
4. 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

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 admission 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.

Oglala Lakota College
Associate of Arts Degree In Nursing
Course Plan of Study

Pre-Nursing

Chem 111 – Chemistry for Life Science Lab	1	Psy 103 – General Psychology	3
Chem 114 – Chemistry for Life Science <i>(-must be taken consecutively with or have already successfully passed Math 134)</i>	4	Lak 103 – Lakota Language I -OR- LSoc 103 – Lakota Culture	* 3
		<i>(Lak 103/LSoc 103 must be completed prior to graduation-see Second Year Spring option)</i>	
Math 134 – Intermediate Algebra	4	Bio 224 – Human Anatomy	4
Eng 103 – Freshman English I	3		
	12		7 or 10

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
	12		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)	*3
Nurs 323 – Pharmacology for Nursing	3		
	13		9 or 12

Total Program Credits = 69

NURSING DEPARTMENT
Associate of Arts in Nursing

1. Core Requirements (10 credits)	Where	Date	Grade
Engl. 103 Freshman English 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 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

2020-2021 Catalog



**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 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 _____				
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: _____



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 your 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 strength's 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:** _____

Occupation: _____

Address: _____

Phone Number: _____

Email: _____