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ACADEMIC COURSE LOAD
The academic course load for full-time status is 6 semester hours.

ACADEMIC STANDING
A 3.0 GPA on all graduate courses taken at WCU is required for graduation. A student whose GPA drops below a 3.0 is placed on academic probation. Students are allowed to improve their GPA by retaking courses at WCU; however, only one grade replacement is allowed. Grades from other retakes will be averaged with grades from other courses. Students on probation may not improve their GPA by taking courses at other institutions. A student in academic probation must raise his/her GPA to a 3.0 by the end of the next trimester of enrollment or the student will be dismissed and cannot continue in the program.

Only two grades lower than a “B” are allowed. Upon receiving a second grade lower than a “B,” a student is advised to repeat one of the first two grades lower than a “B” before continuing in the program. **A student making a third grade lower than a “B” will be dismissed from the program.**

All appeals to policy relative to academic standing are made through the appropriate dean and, as necessary, to graduate academic appeals subcommittee of the graduate committee.

ACADEMIC HONESTY
William Carey University seeks to create an environment that encourages continued growth of moral and ethical values, which include personal honesty and mutual trust. The university places high value on academic integrity and regards any act of academic dishonesty as a violation of William Carey University’s academic standards and Christian commitment. The complete policy statement on academic integrity is in *The Lance*, found in the back of *The Red Book*.

Plagiarism- plagiarism is using someone else’s thought or words as one’s own. Plagiarism is an act of academic dishonesty and will not be tolerated. It can result in failure of a project, failure of a course, or dismissal from WCU. It is HIGHLY recommended that the student view the online presentation on plagiarism at the WCU library website.
ADMISSIONS CRITERIA

The criteria for admission to the Joseph and Nancy Fail School of Nursing MSN Program include the criteria for admission to the graduate school. These are official college transcripts, two recommendations, one of which must be from a former nursing instructor, an application to the University, and payment of an non-refundable application fee. In addition to these requirements, the school of nursing requires the applicant hold a baccalaureate degree from a nationally accredited school of nursing, submit a statement of professional goals and current resume, hold a current unencumbered Mississippi RN license, have an overall undergraduate GPA of 3.0 or a GPA of 2.5 on the last 30 undergraduate hours, and submit scores for all three sections (Verbal reasoning, Quantitative reasoning and Analytical writing) of the Graduate Record Exam (GRE).

ADMISSION STATUS

Those students who meet all requirements for admission to the MSN Program and are actively pursuing the degree are admitted under Regular Admission Status. A student who appears to be eligible for admission but is unable to supply certain required records prior to registration may be allowed to register on an incomplete basis for one trimester (Incomplete Admission.) Students who do not provide all official documents required for admission by the end of the term will not be allowed to continue in the program. Permission for Incomplete Admission does not indicate official acceptance into William Carey University. No financial aid will be processed or paid on students who have not been officially accepted with Regular Admission Status. Nondegree status may be assigned to those students who meet the requirements for admission, but do not wish to become a candidate for a degree. No more than nine hours of credit earned in a nondegree status may apply toward degree.
ADVISEMENT

A general plan of study will be discussed with an advisor prior to the first term of enrollment. Thereafter, the student will make an appointment each term prior to registration to meet with a faculty member for advisement.

A student who wants to change a schedule must discuss this with a graduate faculty member and complete a drop/add slip.

ATTENDANCE AND PREPARATION

As part of the preparation for the professional MSN role, the Faculty of the MSN Program expects candidates to adhere to the highest level of punctuality, attendance, and participation in all scheduled activities. Absences may seriously affect the work of the whole class as well as that of the individual student who is absent. In no circumstances will a student receive credit for a course if he/she has not met the WCU requirement of meeting class at least 75% of the scheduled time (classroom and clinical calculated separately). Students are responsible for their own transportation. The School of Nursing adheres to the following guidelines:

1. Absenteeism- Class
   A) The student is expected to attend class 100% of the time.
   B) If absence does occur the student will be held responsible for any announcements and materials given that date. The student is also responsible for any assignments due that day.
   C) Absences due to illness, death in the immediate family, or extreme circumstances will be handled on an individual basis provided the instructor is notified of the need to be absent appropriately.
   D) Faculty members have the right to request right to request appropriate documentation regarding an absence. The program head has the right to intervene if he/she notes a pattern of reported absences for any student.

2. Absenteeism- Scheduled In-class Presentations or Projects
   A) The student is expected to present all projects on the assigned day.
B) In extreme circumstances, such as illness or death in the immediate family, a student may be allowed to make up a project at a later time provided the instructor has been notified of the need to be absent as indicated by the instructor in the syllabus. If the instructor is not notified, a grade of “0” will be assigned.

C) Faculty members have the right to request right to request appropriate documentation regarding an absence. The program head has the right to intervene if he/she notes a pattern of reported absences for any student.

D) Projects will be made up at the time assigned by the instructor.

E) Students must meet WCU requirements for attendance for on-line or hybrid courses. For on-line courses, students must submit assignments by the deadlines delineated in the syllabus to meet attendance requirements. For hybrid classes, students must submit on-line assignments by deadlines indicated in the syllabus and attend face-to-face meetings.

3. Tardiness

A) Punctuality for class is considered an integral component of professional behavior. Tardiness is also disruptive to other class members.

B) Students are expected to be in their seats when class begins.

C) Students exhibiting a pattern of tardiness will be referred to the program head.

4. Class Preparation

A) Students are expected to be prepared for participate appropriately in each class.

B) Students should show respect for classmates. This includes attendance and participation in the presentations of others.

C) Students should come to class prepared to with papers and handouts printed.

5. Written Assignments

A) All written assignments are to be types and in APA format unless otherwise indicated by the instructor. Incorrect APA format and style, grammar, inaccurate spelling, and typos are unacceptable and may result in failure of the written assignment.

B) Written work submitted late will be assessed a penalty as determined by the individual instructor.
6. Attendance/Punctuality for Practica/Preceptorship
   A) Students are expected to attend practica and preceptorship as scheduled. Should the student need to miss an assigned day, the course instructor must be notified as soon as possible.
   B) The missed day must be made up in order to meet contact hour requirements.
   C) Punctuality for scheduled Practica/Preceptorship experiences is expected as part of professional behavior.

7. Behavior During Practica/Preceptorship Experiences
   A) Students are expected to dress and behave in a professional manner at all times during Practica/Preceptorship experiences.
   B) Unprofessional or unsafe behaviors may result in failure of the course.

8. Other
   A) No smoking is allowed on WCU campuses.
   B) If food/drink is permitted during class, detritus must be disposed of in an appropriate manner.
   C) No food/drink is allowed in computer labs.

**BOOKSTORE**

The WCU bookstore is operated by Barnes & Noble. Faculty select textbooks, which are made available to students in Hattiesburg through the bookstore, located in McMillan Hall. The bookstore also offers a variety of nursing reference and exam guides, textbooks, school supplies, snacks, gifts, and clothing. Tradition students may purchase textbooks by going to [www.wmcarey.bookstore.com](http://www.wmcarey.bookstore.com) or by calling 601.318.6123. Store hours and the policy on book returns are stipulated in the current copy of *The Lance*.

**COMPETENCIES OF MSN PROGRAM GRADUATES**

The MSN program of WCU prepares graduates who acquired the following competencies which reflect the policies and standards of professional nursing organizations such as CCNE, SREB, and the IHL of Mississippi. The competencies are as follows:

Upon completion of the MSN program, the learner will:
1. utilize scientific foundations and theoretical frameworks to implement essential knowledge and skills in the advanced nurse educator role. Those essentials, as described by the American Association of Colleges of Nursing, include:
   • Research
   • Policy, Organization, and Health Care Financing
   • Ethics
   • Professional Role Development
   • Theoretical Foundations of Nursing Practice
   • Human Diversity and Social Issues
   • Health Promotion and Disease Prevention
2. incorporate sound educational principles into the practice of professional nursing education.
3. utilize collaborative skills to effect change within the nursing profession.
4. serve as a Christian role model in the advanced nurse educator role.

**CONTRACTING CLINICAL PRACTICUM FOR MSN STUDENTS**

NUR 626, 634, and 636 have a clinical component. Each student is expected to contract at a clinical facility for the type of clinical experience and number of hours indicated in the course syllabus. See the pages _____ in the forms section.

**DEGREE APPLICATION AND GRADUATION**

Participation in the graduation ceremony is required. Degrees are not conferred in absentia, except with permission by the Office of Academic Affairs. Students must submit a written request for permission.

Students who are candidates for May graduation are required to file applications for their degrees in the Registrar’s office by October 15. Candidates for August graduation must file by March 31. Late applications will be accepted up to 30 days after the respective deadlines. There will be a $50 late fee in addition to the graduation fee. It is the student’s final responsibility for satisfying requirements for a degree.
A student who meets all the degree requirements must:

1. Finalize the *Application for Degree*
2. Complete an End of Program Survey

Instructions for completing the application for degree are located at the Registrar’s website. The student should make an appointment with his/her advisor to finalize the degree application. (See Forms)

**DRUG TESTING**

All students enrolled must provide evidence of a negative drug screen prior to participating in nursing clinical courses. Random drug screening may be done for students enrolled in clinical courses. Refusal by a student to submit to testing will result in denial of admission for new students and immediate dismissal from the School of Nursing for continuing students.

Any applicant or continuing nursing student who tests positive for illegal drugs must meet with the campus Program Head to determine the subsequent course of action. A student who must withdraw from clinical nursing courses may submit a written appeal to the Leadership Team for re-admission in six months.

Students in Louisiana must also be cleared for readmission and progression by the Louisiana State Board of Nursing.

All costs associated with drug testing are the responsibility of the student.

**EVALUATION OF COURSES AND FACULTY BY STUDENTS**

Students will have the opportunity to evaluate courses and faculty according to the campus rotation schedule established by WCU. This information is extremely important and is considered in the revision of the MSN program.

Students will also be asked to complete an electronically-mediated instruction survey each term (See forms)
EXIT INTERVIEW POLICY
A student who leaves the MSN Program for any reason is required to meet with the Associate Dean and complete an Exit Interview. This information is important and is considered in the ongoing processes for improvement of the program. (See Forms)

Exit Interview forms are available in the office of the Associate Dean. Once completed a copy of the form is sent to the Special Assistant to the Dean of Nursing.

Every reasonable effort is made to meet with each student who withdraws from the nursing program – regardless of cause. In the event that a student refuses to meet with the Associate Dean, the Associate Dean is responsible for completing an Exit Interview form for that student and noting the student's refusal to participate.

EXTENDED DISASTER LEAVE
In the event of closure or cancellations due to natural disaster or other emergency causes, general information will be forwarded to local media, posted on the WCU website http://wmcarey.edu, and sent via automated process to your WCU student e-mail address. Specific information regarding the continuation of coursework will be posted on the university's course management system at https://elearning.wmcarey.edu. For up-to-the-minute alerts regarding emergency situations, sign up to receive notifications through Sader Watch, the WCU emergency text message service. Sign up instructions can be found under current students on the WCU homepage.
GRADING

See individual course syllabi for numeric or percentage grading. The University uses the following grading system:

A reserved for work which is definitely superior in quality
B given for work which is consistently good and would be considered above average
C given for minimal work and shows that basic requirements in class assignments have been met, but is not considered standard work for graduate students
F given when the student has failed the course
I ("Incomplete") assigned only when unavoidable circumstances prevent completion of the work of the course on schedule and must be approved by the instructor and the academic dean (see graduate catalogue for further explanation)

GRADUATE NURSE ROLE

The MSN Program espouses the belief that students are self-motivated to learn and expand their professional behavior beyond that of the baccalaureate level. Students are expected to maintain a positive professional attitude that allows for academic growth. Each student is accountable for achieving a higher level of leadership, consultation, collaboration, communication, therapeutic nursing interventions, and scholarship.

GRIEVANCE PROCEDURE

The School of Nursing seeks to provide each student with a positive educational experience. Students who experience difficulty are encouraged to make every effort to resolve the problem informally by discussing it with persons closest to the source. However, students who wish to file formal complaints should do so in accordance with William Carey University and School of Nursing policies.

For the graduate student in nursing who is dissatisfied with nursing courses, faculty, procedures, policies, or other issues, the student must submit concerns in writing with supporting evidence to the instructor of the course. If no resolution is achieved, the student may appeal to the Associate Dean of the MSN Program, then to the Dean of the School of Nursing. If no satisfactory outcome is reached, the student may appeal to the Graduate Academic Appeals committee.
If the Associate Dean of the MSN Program is the instructor of the course in question, the student must first negotiate with the instructor. If no resolution is achieved, the student may appeal to the Dean of the School of Nursing. If the outcome is not satisfactory, the student may appeal to the Graduate Academic Appeals Committee.

If the instructor of the course in question is the Dean of the School of Nursing, the student must first negotiate with the instructor. If the outcome is not satisfactory, the student may appeal to the Associate Dean of the MSN Program. If the outcome is still not satisfactory, the student may appeal to the Graduate Academic Appeals Committee.

**HEALTH POLICIES**

Students must complete a physical form on admission. Any changes in physical status must be reported to the MSN Program Head. Documentation of current CPR, the hepatitis B series or declination, annual PPD or negative chest X-ray, varicella series or immunity, a second MMR immunization. (see forms).
JOSEPH AND NANCY FAIL SCHOOL OF NURSING

HEPATITIS B (HBV) VACCINATION DECLINATION FORM

(This is your copy—you will sign an additional copy and turn it in for School of Nursing files). All students enrolled in clinical courses at William Carey University School of Nursing will either take the hepatitis B (HBV) vaccination or sign the following declination statement before attending any of the clinical practice in the program.

I understand that during my course of study as a nursing student at William Carey University School of Nursing, I may be exposed to blood and/or other potentially infectious materials. Therefore, I may be at risk of acquiring a hepatitis B (HBV) infection. I understand that the Occupational Safety and Health Administration (OSHA) and the Center for Disease Control (CDC) have set forth recommendations that include vaccination against the HBV. I also understand that, as a student at William Carey University, I am responsible for the expense of the vaccination and all of my health care needs in the event of exposure. However, I decline the HBV vaccination at this time. I understand that by declining this vaccination, I continue to be at risk for acquiring Hepatitis B, a serious disease. I understand that I cannot request special consideration in patient assignments because of this risk.

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<th>Witness</th>
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I understand that during my course of study as a nursing student at William Carey University, I may be exposed to blood or other potentially infectious materials. Therefore, I may be at risk of acquiring a Hepatitis B Virus (HBV) infection. I understand that the Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control (CDC) have set forth recommendations which include vaccination against the HBV. I also understand that, as a student at William Carey University, I am responsible for the expense of this vaccination and of all of my health care needs in the event of exposure. However, I decline the HBV vaccination at this time. I understand that by declining this vaccination, I continue to be at risk for acquiring Hepatitis B, a serious disease. If in the future I continue to be at risk for occupational exposure to blood or other potentially infectious materials, I may choose to receive the vaccination series at my own expense.

Student Signature

Date

Social Security Number

Witness

Date

5/07
HIPAA GUIDELINES

Each student is required to read the information on HIPPA regarding protection of patients’ privacy. A signed acknowledgement form must be signed and returned to the administrative assistant to the MSN Program Head. This acknowledgement form is kept in the student’s folder.

INCIDENT REPORTS

If at any time a student encounters a situation that requires reporting, the student is to fill out the incident report of the clinical facility and notify the course instructor. A copy must be provided to the faculty of that course and the Director of the MSN Program. William Carey University is not responsible for any costs associated with any incidents occurring in the clinical setting.

INCOMPLETE PROGRESSION

Incomplete status in a course must be applied for in writing to the faculty of record of the course and approved by the Associate Dean of the MSN Program (See forms). See WCU Graduate Catalog for policy on grade of incomplete. (See forms)

LENGTH OF PROGRAM

The program can be taken in twelve months, fifteen months, and two year options. Additional options can be devised based upon the specific student’s needs. For the student who wishes to take a longer time period, the complete program of study must be finished within six years.

LIBRARY

WCU has a full service library on both the Hattiesburg and Tradition campuses. Hours of operation have been established to best meet the needs of students. Many of the online databases may be accessed from off campus computers. MSN students will be required to utilize library resources throughout the curriculum.
MALPRACTICE INSURANCE

The student is responsible for providing documentation of malpractice insurance prior to undertaking clinical experiences in NUR 626, NUR 636, and NUR 634.

PROGRAM ACCREDITATION

William Carey University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools, 1866 Southern Lane, Decatur, GA 30033-4097, (404) 679-4501, to award bachelor and master degrees. William Carey University School of Nursing is accredited by the Commission on Collegiate Nursing Education (CCNE), One Dupont Circle NW, Washington, DC 20036-1120, (202) 887-6791 (BSN & MSN) and the Mississippi Institutions of Higher Learning (IHL), 3825 Ridgewood Road Jackson, Mississippi 39211-6453 (BSN & MSN).

PROGRESSION

The student will be able to progress based on the satisfactory completion of previous terms and a status of good standing in the MSN program. See individual syllabi for progression policies for specific courses.

PURPOSE

The MSN Program was developed to build on and advance the knowledge acquired at the undergraduate level to produce an expert in the areas of adult health and nursing education.

READMISSION

Refer to the section on academic standing in the WCU Graduate Catalog. Should a student be dismissed from the program for low grades, that student may reapply for graduate status after a period of five years has elapsed. We changed undergraduate to 3 years???

RELEASE OF INFORMATION

William Carey University has a responsibility to protect the privacy of our students. Only directory information may be released without the student’s written permission. The student may request that additional information be released by completing the Release of Information Form and submitting it to the Registrar’s office. (See forms).
REGISTRATION

Each student should make an appointment with a graduate advisor prior during the registration period or as otherwise indicated by the graduate faculty. Graduate registration is accomplished online unless otherwise indicated.

To be successful in completing this process, you must ensure your Indigo portal account is active. A link to the portal is available on the WCU homepage, or you can access the site directly at https://indigo.wmcarey.edu/student. **To be eligible for online registration, you must be fully admitted to your graduate program and may not have been out for more than one term.** All new or re-admitted graduate students will apply through admissions and register in the traditional manner in the various departments.

**Online Registration Steps**

1. Login to the Indigo Student Portal – https://indigo.wmcarey.edu/student

2. Click change term on the menu and select the term for which you will register.

3. Click **Registration** on the menu. The **Pre-Registration** page opens allowing you to verify/update required demographic information and accept financial responsibility for your registered courses. The **Registration** page opens.

4. Click **Show Filter**, if available. Do not click **Hide Filter** as this will prevent you from completing steps 5 – 8.

5. Type the department of the course for which you would like to search in the Department input field. Example: NUR, BUS, EDU, REL, etc.

6. Type the course number of the course for which you would like to search in the Course ID input field. Example: 2100, 1300, 4100, 4440, etc.

7. Select the radio button next the campus at which you are registering for this certain course.

8. Click **Apply Filter**

9. You will now see a list of all courses matching your selected criteria.

10. Check the credit box for the courses you wish to take.

11. Repeat steps 5 through 10 to register for your remaining courses.

12. Click **process registration**.

Once you have officially registered for classes you will see the **Registration Checkout** page with your schedule including any waitlisted courses.
You can then print your schedule by clicking the printer icon.
You must make payment arrangements with the Business Office. You can also pay your bill online
by clicking on My Ledger from the Indigo Portal Home page.

Once you have registered for your classes, you must do all changes (drop/add) in the office of
the registrar on drop/add forms, with proper signatures. There will be a charge if your number
of credit hours decreases on your drop/add form. Plan ahead before you register online! If you
need any help, please contact the registrar's office.

RESEARCH EVENTS

There will be an annual research day for students to present their findings from their individual
research projects. There may be other opportunities provided for students to share their research
findings.

RESEARCH PROPOSAL

During NUR 643, each student will develop a research proposal to be refined, implemented and
evaluated during NUR 644.

SECOND MASTER’S DEGREE

Six hours from another college or university may be accepted toward a Masters Degree from
William Carey (See WCU Graduate Catalog.)

TECHNOLOGY

William Carey University provides a number of technological resources to enhance the student’s
learning and learning environment.

Indigo Portal account allows access to Indigo portal (transcripts, registration, grades, etc); library
database resources; CareyAir wireless network.

Student Email Account- this is the primary means by which WCU communicates with students.
Desire2Learn (D2L)- the web platform WCU uses for online enrichment of courses. D2L allows students quick access to course content, assignments, etc. MSN students are required to utilize D2L in variety of ways; therefore, it is imperative to have a functioning account.

The Technology Department provides a Student Technology User Guide to assist students with the setup and troubleshooting of these resources. The user guide can be accessed at the WCU homepage (www.wmcarey.edu) under Technology.

**TRANSFER CREDIT**

Students are allowed to transfer up to six hours of graduate credit from another college or university, pending evaluation by the Director of MSN Program.

**UNIFORM POLICY**

Students will follow the dress code of the institution where they are satisfying their clinical requirements. A William Carey University name pin will be worn on the upper left front side of the uniform. Pin should be white with red lettering. The first line of the pin should read: Your name, RN. The second line of the pin should read: WCU, Graduate Nursing Student.

**UPSILON THETA OF SIGMA THETA TAU INTERNATIONAL (STTI)**

**MISSION**

The Honor Society of Nursing, Sigma Theta Tau International (STTI) provides leadership and scholarship in practice, education and research to enhance the health of all people. We support the learning and professional development of our members who strive to improve nursing care worldwide.

**MEMBERSHIP**

Membership is by invitation only to baccalaureate and graduate nursing students who demonstrate excellence in scholarship, and to nurse leaders exhibiting exceptional achievements in nursing.
PRODUCTS AND SERVICES
From its inception, STTI has recognized the value of scholarship and excellence in nursing practice. In 1936 the honor society became the first U.S. organization to fund nursing research. Today, the honor society supports these values through its numerous professional development products and services that focus on the core areas of education, leadership, career development, evidence-based nursing, research and scholarship. These products and services advance the learning and professional development of members and all nurses who strive to improve the health of the world’s people:


UPSILON THETA CHAPTER
On July 21, 2007, Upsilon Theta was chartered as an official chapter of STTI. This prestigious achievement affirms the School of Nursing’s commitment to academic excellence. Students in the graduate and undergraduate nursing programs, as well as community nursing leaders, are invited annually to join Upsilon Theta of STTI, the honor society of professional nursing.

WRITING AND COMPUTER REQUIREMENTS
Students in the MSN Program are expected to demonstrate communication proficiency in written, computer, and verbal skills. Written papers are to be typed using APA format. Written papers should be logically and completely developed and demonstrate proper spelling and grammar. The School of Nursing has approved a title page format for submissions. (See forms.)

Computer skills will be utilized throughout the program. Students will be expected to integrate current online information into discussion forums, papers, and presentations. Online sources may include nursing journals and nursing research reports. Students must utilize Microsoft Office Software Programs in submitting papers and presentations.
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WILLIAM CAREY UNIVERSITY
APPLICATION FOR

Master of Science in Nursing Degree

Name: ________________________________  Social Security No: __________________________

(print name exactly as desired on diploma)

DATE OF APPLICATION: __________________ CATALOG YEAR: __________________ PROPOSED GRADUATION DATE: __________________

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<td>NUR 634</td>
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<td>NUR 636</td>
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<td>NUR 644</td>
<td>3</td>
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</tbody>
</table>

This space for Registrar's Office only

Hours transferred __________________________

Hours in residence _________________________

Hours in support courses __________________

Hours in professional Nursing courses _______

GPA ______________________   __________________

Total hours______________________ Date_______

Registrar's Signature: ______________________

**PLEASE NOTE:**
* If transfer credit, give correct course number
** Includes all course in program. Indicate current term courses by writing "IP" (in progress) in grades column.

EXCEPTIONS AUTHORIZED

________________________________________

________________________________________

________________________________________

________________________________________

Degree Plan Approval:

Advisor: ______________________ Date: _________

Program Director: ______________________ Date: _________
ELECTRONICALLY-MEDIATED INSTRUCTION SURVEY

Campus: __________ Hattiesburg: __________ Gulfport: __________ New Orleans

Term: __________________

Program: ________ Generic _________ RN-BSN__________ MSN

Course: ________________

Instructions

Please select the number corresponding to the description that best describes your rating of this web-enhanced course and/or electronically-mediated instructional strategies:

1 = Strongly Disagree
2 = Disagree
3 = Unsure
4 = Agree
5 = Strongly Agree

1. The electronically-mediated course content was presented in a clear and well organized manner.

2. The electronically-mediated course activities and assignments facilitated my learning.

3. Students were provided with reasonable and adequate access to learning resources.

4. Electronically-mediated delivery is an effective way to teach a nursing course.

5. Student learning in the course was comparable to student learning in other courses I have taken.

6. The instructor provided clear and complete information on how faculty and students could interact.

7. The instructor encouraged student-faculty communication.

8. The instructor encouraged active learning by all students.

9. The instructor gave prompt feedback.
10. The instructor provided clear information on the necessary technology competencies and skills needed for taking the course.

11. Computer operations within the course were manageable. (e.g., posting messages on discussion forum, submission of assignments, e-mail, accessing course documents)

12. Having a electronically-mediated component to my course was convenient and contributed to my learning.

13. Technical assistance was available when I needed assistance.

14. The course web site was easy to access.

15. I would recommend this electronically-mediated course to other students/nurses.

16. What were the three strengths, benefits or values, of this electronically-mediated learning experience?

17. What were the three weaknesses, challenges or problems, of this electronically-mediated learning experience?

18. Please share additional comments.
Health Insurance Portability and Accountability Act of 1996 (HIPAA) Information Packet

Protecting the Privacy of Patient’s Health Information

Overview: The first-ever federal privacy standards to protect patient’s medical records and other health information provided to health plans, doctors, hospitals, and other health care providers took effect on April 14, 2003. Developed by the Department of Health and Human Services (HHS), these new standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed. They represent a uniform, federal base of privacy protections for consumers across the county. State laws providing additional protections to consumers are not affected by this new rule.

The HIPAA legislation had four primary objectives:
1. Assure health insurance portability by eliminating some instances of failure to insure due to pre-existing conditions.
2. Reduce healthcare fraud and abuse.

Congress called on HHS to issue patient privacy protections as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA included provisions designed to encourage electronic transactions and also required new safeguards to protect the security and confidentiality of health information.

Patient Protections:
The new privacy regulations ensure a national floor of privacy protections for patients by limiting the ways that health plans, pharmacies, hospitals, and other covered entities can use patients’ personal medical information. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in computers, or communicated orally. Key provisions of these new standards include:

- **Access to Medical Records.** Patients generally should be able to see and obtain copies of their medical records and request corrections if they identify errors. Health plans, doctors, hospitals, clinics, nursing homes, and other covered entities generally should provide access to these records within 30 days and may charge patients for the cost of copying and sending the records.
• Notice of Privacy Practices. Covered health plans, doctors, and other health care providers must provide a notice to their patients how they may use personal medical information and their rights under the new regulation. Patients will be asked to sign, initial, or otherwise acknowledge that they received this notice.

• Limits on Use of Personal Medical Information. The privacy rule sets limits on how health plans and covered providers may use individually identifiable health information. To promote the best quality care for patients, the rule does not restrict the ability of doctors, nurses, or other health care providers to share information needed to treat their patients. In other situations, though, personal health information generally may not be used for purposes not related to health care, and covered entities may use or share only the minimum amount of protected information needed for a particular purpose. In addition, patients would have to sign a specific authorization before a covered entity could release their medical information to a life insurer, a bank, a marketing firm or another outside business for purposes not related to their health care.

• Prohibition on Marketing. The privacy rule sets new restrictions and limits on the use of patient information for marketing purposes. Pharmacies, health plans, and other covered entities must first obtain an individual’s specific authorization before disclosing their patient information for marketing. At the same time, the rule permits doctors and other covered entities to communicate freely with patients about treatment options and other health-related information, including disease-management programs.

• Stronger State Laws. The new federal privacy standards do not affect state laws that provide additional privacy protections for patients. They confidentiality protections are cumulative; the privacy rule will set a nations “floor” of privacy standards that protect all Americans, and any state law providing additional protections would continue to apply. When a state law requires a certain disclosure----such as reporting an infectious disease outbreak to the public health authorities----the federal privacy regulations would not preempt the state law.

• Confidential Communications. Under the privacy rule, patients can request that their doctors, health plans, and other covered entities take reasonable steps to ensure that their communications with the patient are confidential. For example a patient could ask a doctor to call his or her office rather than home, and the doctor’s office should comply with that request if it can be reasonably accommodated.

• Complaints. Consumers may file a formal complaint regarding the privacy practices of a covered health plan or provider. Such complaints can be made directly to the covered provider or health plan or to HHS’ Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulations. Information about filing complaints should be included in each covered entity’s notice or privacy practices. NOTE: 866-627-7748 or http://www.hhs.gov/ocr/hipaa.

Civil and Criminal Penalties. Congress provided civil and criminal penalties for covered entities that misuse personal health information. Penalties may range from $100 per violation up to $25,000 per year for each requirement or prohibition violated. A more severe penalty may be
levied (up to $250,000 and 10 years in prison) if the offenses are committed with the intent to sell, transfer, or use protected health information for commercial advantage, personal gain, or malicious harm.

A major outcome of HIPAA is the creation of security rules that ensure the safety and privacy of individually identifiable healthcare information and records.

REFERENCES/RESOURCES:


Acknowledgement of Receipt of HIPAA Privacy Guidelines

I have received a copy of the HIPAA Privacy Guidelines. I have read and understand the privacy regulations set form in the Health Insurance Portability Accountability Act of 1996. I will not violate these guidelines in any way when working with clients, patients, or residents in healthcare facilities.

________________________________________
Signature

________________________________________
Printed Name

________________________________________
Date
# Evaluation of Graduate Transfer Credits

**Master of Science in Nursing Degree Program**  
**William Carey University**  
**Hattiesburg/Gulfport/New Orleans**

Name: ___________________________  SS Number: ___________________________

<table>
<thead>
<tr>
<th>YEAR &amp; TERM TAKEN</th>
<th>COURSE TITLE &amp; NUMBER</th>
<th>GRADE</th>
<th>HRS. AWARDED</th>
<th>HRS. ACCEPTED</th>
<th>CAREY COURSE NUMBER</th>
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College where credits were earned ____________________________________________

College where credits were earned ____________________________________________

Remarks ______________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Date of Evaluation ___________  Signature ________________________________

Copy to:  
_______ Graduate File  
_______ Registrar  
_______ Student
Exit Interview

1. Reason for Exit Interview:  ____ Academic  ____ Clinical  ____ Other List: ______________

2. Are you eligible to be readmitted?  ____ Yes  ____ No

3. What are your future plans?
   _______ Reapply to the nursing program
   _______ Change career goals  ____________ List: ____________________________
   _______ Other  ____________________________

4. Check the factors listed below which played a role in your not continuing in the nursing program:
   ____ Academic factors
   _______ Reading comprehension  _______ Study skills
   _______ Science background  _______ Instructor/student conflict
   _______ Writing skills  _______ Math skills
   _______ Verbal skills  _______ Computer skills
   _______ Clinical performance  _______ Test taking skills
   _______ Other  ____________________________

   ____ Personal factors
   _______ Personal illness/crisis
   _______ Time management
   _______ Other  ____________________________

   ____ Family factors
   _______ Family illness/crisis
   _______ Child care
   _______ Other  ____________________________

   ____ Work related factors
   _______ Worked too many hours List # of hours/week  _______
   _______ Other  ____________________________

   ____ Financial factors
   _______ No financial support
   _______ Limited financial support
   _______ Other  ____________________________

5. Did you seek assistance from faculty/counselor for help with the above areas?  Yes  ____ No
   If no, was help available to you?  Yes  ____ No

6. What could have been done to assist you in successfully completing this nursing program?  __________________________________________
   __________________________________________
HEALTHCARE CRIMINAL HISTORY

BACKGROUND AFFIDAVIT

State of Mississippi/Louisiana, County/Parish of ____________________________

Before me, a Notary Public and for the County and State aforesaid, personally appeared the undersigned ____________________________, who, after being by me first duly sworn did state upon his/her oath as follows:

a. That the affiant is currently a nursing or other health-related student at William Carey University School of Nursing, who will be performing a clinical practice and/or learning experience at a facility/entity licensed by the Mississippi State Department of Health.

b. That the affiant has not been convicted of or pleaded guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offenses, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult.

c. That the affiant has not been convicted of or pleaded guilty or nolo contendere to other crimes which any such licensed facility/entity has informed William Carey University School of Nursing that it (1) has determined to be of a nature and/or frequency as to be disqualifying for doing clinical practice; (2) has adopted such as part of its written policies; and (3) has fully disclosed such requirement to the affiant prior to performing his/her clinical practice, in addition to this affidavit.

d. Further, the affiant sayeth not.

Name of Affiant (printed) ____________________________

Signature of Affiant ____________________________

Student ID Number ____________________________

SWORN TO AND SUBSCRIBED BEFORE ME, this the _________ day of ____________, 2008.

__________________________
Notary Public

My Commission Expires ____________________________

William Carey University
Graduate Student Handbook 2008-2009
Rev. 7/31/07/ff - 6/27/08/ff - 11/03/10/mc
To Whom It May Concern:

Public Law #93-380, Family Educational Rights and Privacy Act of 1974, effective November 19, 1974, prohibits the release of certain information about students without the written permission of the student.

If you have further questions, please contact ______________________ at _____________.
(phone number)

RELEASE

I, ________________________, authorize the release of the following information for William Carey University:

Collection of information is mandatory as part of the state law, Section 43-11-13, Mississippi Code of 1972 Annotated, the state and national criminal history record check processed by the Mississippi State Department of Health. This law requires criminal background checks on all individuals involved in patient care.

I, hereby, understand that my signature grant Joseph and Nancy Fail School of Nursing, William Carey University, permission to release this information to its clinical affiliates as part of the process of completing required criminal background check. Further, I have been informed of the purpose of this law and process for compliance.

Full Legal Name: ________________________________

Current Address: ________________________________

___________________________________________ Phone Number: ________________________________

Social Security Number: __________________________ Birthdate: ________________________________

Date Admitted to Program: ________________________ Projected Date of Graduation: ________________________

___________________________________________ Student’s Signature __________________________ Date

___________________________________________ Witness

Revised 9/14/04
HISTORY AND PHYSICAL
Joseph and Nancy Fail School of Nursing
William Carey University

Name (type or print): ___________________________ Phone: ___________________________

(First) (Middle) (Last)

Address: ____________________________________________________________

(Street) (City & State) (Zip)

Date of Birth: ___________ Sex: ___________ Soc. Sec. No.: ___________

In Case of Emergency Notify: ___________________________________________

Address: ____________________________________________________________

Do you have hospitalization insurance? ____________________________

Name of Insured: ____________________________________ Contract No.: ________

TO BE FILLED IN BY EACH APPLICANT. Do you have, have you ever had, or are you now taking treatment for any of the following conditions? Check “Yes” or “No” as an answer to each.

1. Rheumatic fever or heart problems No ( ) Yes ( )
2. Liver trouble or jaundice No ( ) Yes ( )
3. Asthma or tuberculosis No ( ) Yes ( )
4. Ulcers or gastroenteritis problems No ( ) Yes ( )
5. Diabetes No ( ) Yes ( )
6. Back or joint problem No ( ) Yes ( )
7. Kidney trouble No ( ) Yes ( )
8. Major surgery or injury No ( ) Yes ( )
9. Severe headache No ( ) Yes ( )
10. Epilepsy or convulsions No ( ) Yes ( )
11. Obesity No ( ) Yes ( )
12. Gynecological problem No ( ) Yes ( )
13. Hernia No ( ) Yes ( )
14. Hypertension No ( ) Yes ( )
15. Do you have, have you ever had, or have any doctor said you have an emotional disorder? No ( ) Yes ( )
16. Have you ever withdrawn from any secondary school or any college for health reasons? No ( ) Yes ( )
17. Do you have any illness or medical condition that requires regular treatment or alteration of your manner of living? No ( ) Yes ( )
18. Does any physical condition make you miss school? No ( ) Yes ( )
19. Is there any medical reason for restriction of your activity in the school which you are applying? No ( ) Yes ( )
20. Have you ever been hospitalized? No ( ) Yes ( )
21. Do you have a disability as defined by the 1990 American Disability Act for which "reasonable accommodation or modification" is necessary? No ( ) Yes ( )

Details: Answers of "Yes" to any question (1 through 21) should be accompanied by appropriate documentation as to diagnosis/treatment and any required accommodations.

Immunizations (Official documentation of immunizations or positive serum titer must be attached to this form.)

Tetanus Toxoid ____________ (required within the past 10 yrs.)

MMR Vaccine: 1st Date ____________ 2nd Date ____________

Varicella Vaccine: 1st Date ____________ 2nd Date ____________ 3rd Date ____________

Hepatitis B: 1st Date ____________ 2nd Date ____________

Required yearly: TB Skin Test: Date: ____________ Results: ____________

If POSITIVE, documentation of adherence to Department of Health protocol is required.

ALL STATEMENTS ABOVE ARE TRUE TO MY KNOWLEDGE:

Signed: __________________________________ Date: ____________________________
Name: ________________________________

To be completed by the health care provider:

Height: _______ in.   Weight: ______ lbs.   Skeletal Size: Small _____ Med _____ Large _____ Extra Large _____

Pulse: _______   BP: _______   Allergies: _______________________________________

Eyes: Are glasses/contacts worn? No ( ) Yes ( )
Is color vision defective? No ( ) Yes ( )
Ears: Is hearing Normal? No ( ) Yes ( )
Are drums intact? No ( ) Yes ( )
Note: Wearers of contact lenses should be advised to have a pair of glasses for alternate use.

<table>
<thead>
<tr>
<th>Skin</th>
<th>Normal ( )</th>
<th>Abnormal ( )</th>
<th>Heart</th>
<th>Normal ( )</th>
<th>Abnormal ( )</th>
</tr>
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<tbody>
<tr>
<td>Head, Face, Neck</td>
<td>Normal ( )</td>
<td>Abnormal ( )</td>
<td>Vascular System</td>
<td>Normal ( )</td>
<td>Abnormal ( )</td>
</tr>
<tr>
<td>Nose and Sinuses</td>
<td>Normal ( )</td>
<td>Abnormal ( )</td>
<td>Abdomen</td>
<td>Normal ( )</td>
<td>Abnormal ( )</td>
</tr>
<tr>
<td>Mouth and Throat</td>
<td>Normal ( )</td>
<td>Abnormal ( )</td>
<td>Endocrine System</td>
<td>Normal ( )</td>
<td>Abnormal ( )</td>
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<tr>
<td>Teeth</td>
<td>Normal ( )</td>
<td>Abnormal ( )</td>
<td>Spine</td>
<td>Normal ( )</td>
<td>Abnormal ( )</td>
</tr>
<tr>
<td>Lungs and Chest</td>
<td>Normal ( )</td>
<td>Abnormal ( )</td>
<td>Neurologic</td>
<td>Normal ( )</td>
<td>Abnormal ( )</td>
</tr>
</tbody>
</table>

Are muscle strength and function of extremities normal and all digit present?

May this person, without harm to his/her health, participate in the following?
Moderately Strenuous Exercise No ( ) Yes ( )
Lifting and moving patients No ( ) Yes ( )

Health Care Provider’s Opinion: Is there or has there been any physical or emotional problem that is likely to interfere with the student’s adjustment or activities within the college setting?
No ( ) Yes ( )
If “YES,” please elaborate below.

Details of abnormalities noted above or by applicant. Please also itemize any regular prescription/over the counter medication.

______________________________________________________________

Date of Examination: ________________________________

Signed: ________________________________

Printed Name
And Address: ________________________________________________

______________________________________________________________

Revised 8/05/If
MSN GRADUATE
END OF PROGRAM/Follow Up SURVEY

Date of Completion: __________________________  Department: Nursing  Major: MSN
Name ________________________________  Graduation Date __________________________
Phone Number __________________ E-Mail ____________________
Where are you employed? __________________________
Job description __________________________
Anticipated change in employment as a result of degree completion: __________________________

Directions: Please place an “X” in the square that best describes your achievement of the objectives while enrolled in the graduate program in nursing at William Carey University:

1. Demonstrate competency in practice through application of advanced nursing knowledge and skills.
   1) Poor □  2) Fair □  3) Average □  4) Good □  5) Excellent □

2. Incorporate sound educational principles into the practice of professional nursing education.
   1) Poor □  2) Fair □  3) Average □  4) Good □  5) Excellent □

3. Incorporate nursing theory and research skills into the practice of the nurse educator role.
   1) Poor □  2) Fair □  3) Average □  4) Good □  5) Excellent □

4. Utilize collaborative skills to affect change within the nursing profession.
   1) Poor □  2) Fair □  3) Average □  4) Good □  5) Excellent □

5. Be a Christian role model in practice as a nurse educator.
   1) Poor □  2) Fair □  3) Average □  4) Good □  5) Excellent □

6. Are you:
   Presently enrolled in a graduate program? □
   Plan to enroll in the near future? □
   Plan to enroll in the next five years? □
   Do not plan to ever enroll in a graduate program? □

7. List the areas of strength in the MSN program.

8. List the areas of improvement needed in the MSN program.

Thank you for your response!
WILLIAM CAREY UNIVERSITY
JOSEPH AND NANCY FAIL
SCHOOL OF NURSING
Preceptor Evaluation of Student

Student’s Name ____________________________________________________________

Agency ________________________________________________________________

Please circle the appropriate response. (Likert Scale, 1 = poor and 5 = excellent)

Evaluation of Student’s Preparation for Clinical Experience:

1. Student discussed goals with preceptor. Yes No

Evaluation of Student Performance:

The Student:

2. Was punctual 1 2 3 4 5
3. Was dressed appropriately 1 2 3 4 5
4. Attended as scheduled 1 2 3 4 5
5. Used advanced assessment skills 1 2 3 4 5
6. Developed comprehensive care plan for patient, family, others 1 2 3 4 5
7. Used effective communication skills with patients, staff, etc 1 2 3 4 5
8. Utilized research findings in planning care 1 2 3 4 5
9. Utilized critical thinking in analyzing diagnostic tests 1 2 3 4 5
10. Incorporated Christian principles in developing and implementing care plan 1 2 3 4 5

Evaluation of Benefit of Preceptorship Experience

11. The experience with nursing student from William Carey University was enjoyable for preceptor, clients, staff 1 2 3 4 5
12. The agency benefited from the experience 1 2 3 4 5
13. Would you be willing to precept a William Carey student again? 1 2 3 4 5
Comments:

Please list any suggestions for future students.

Name: ________________________________

Signature: ____________________________

Title: ________________________________

Date: ________________________________

Please return this form via student or mail to:

Associate Dean
William Carey University
School of Nursing
498 Tuscan Avenue, Box 8
Hattiesburg, MS 39401
We at Joseph and Nancy Fail School of Nursing are pleased that you and your facility (Agency) have agreed to allow the following student to engage in a working relationship in order to fulfill the requirements of the Master of Science in Nursing Program.

Student Name: _________________________________________

Address: _____________________________________________ Phone #: (w) _________________________

_______________________________________ (h) _________________________

(c) _________________________

Student Malpractice Blanket Liability through: ________________________________

RN License Number: ________________________________

CPR Certification Expiration Date: __________________________

Hepatitis B Series Dates: ___________________________ __________________________

TB Skin Test: Date _______________ CXR: Date __________________________

HIPAA: Date __________________________

Criminal Background Check/Fingerprinting:

Date: ___________________________ Agency: ________________________________

Signature of person verifying above information: ________________________________
Graduate Faculty Name: ___________________________ Phone #: (w) ____________________
                                         (h) ____________________
                                         (c) ____________________

Course Number and Name ____________________________

Number of Hours to be completed: ____________________

Period beginning: ____________________ and ending ____________________

Preceptor Name: ___________________________ Phone #: (w) ____________________
                                         (h) ____________________
                                         (c) ____________________
Joseph and Nancy Fail School of Nursing (SON) agrees:

1. The faculty from the SON will provide indirect supervision for the student in mutually agreed upon learning experience.
2. That faculty from SON will participate in conference with student and/or agency personnel as deemed necessary.
3. That the nursing faculty and student will work in accordance with agency and SON policies in planning and implementing the learning experience.
4. That the SON will endeavor to maintain state, regional and national accreditation during the time period of the learning experience.
5. That to the best of the knowledge of the SON, the student meets all health and immunization requirements in order to perform the activities necessary for the learning experience.

The Agency Agrees:

1. To make available for the nursing faculty and the student of the SON a preceptor that meets SON and accrediting agency requirements.
2. To inform the faculty and student of changes in agency policies and procedures that would pertain to the learning experience.
3. That the agency is responsible for care or services rendered to consumers.
4. To provide emergency medical care for the student in the event of an accident or illness while on agency premises during learning experience.
5. That during the learning experience the agency will endeavor to maintain appropriate accreditation.

The SON Graduate Student Agrees:

1. To develop, in conjunction with preceptor, objectives that will guide implementation and evaluation of the learning experience.
2. Abide by the policies and procedures of the agency and the SON during the learning experience.
3. Assume responsibility of the services rendered at the agency during the learning experience.
4. Appropriately notify agency preceptor and SON of untoward incidents during the learning experience.
5. Dress professionally as indicated by agency policy with SON name tag clearly visible.
6. Respect confidentiality issues related to patients/students receiving services during the learning experience.
7. Maintain RN licensure, CPR and immunization status during the learning experience.
Signatures

Student

Date

Address:

Phone:

Email:

Faculty Member

Date

Address: William Carey University
1856 Beach Drive
Gulfport, MS 39507

Phone:

Email:

Preceptor

Date

Address:

Phone:

Email:

College/University which granted MSN

Date degree awarded

Years of experience

Agency Official

Date

Address:

Phone:

Email:

Return to:

Associate Dean
Joseph and Nancy Fail School of Nursing
William Carey University
490 Tuscan Avenue
Hattiesburg, MS 39401

Revised 4/05
An Interventional Program to Address the Needs of

A Specific Population of Interest

First MI. Last

William Carey University
Joseph and Nancy Fail School of Nursing

Hattiesburg, MS

Submitted in Partial Fulfillment
of NUR ___

Summer Term 2008
TUITION DISCOUNT FOR RN-BSN AND MSN STUDENTS
Joseph and Nancy Fail School of Nursing
William Carey University

10% tuition discount will be allowed for RN to BSN and MSN students who are employed in agencies utilized for clinical practice by William Carey University nursing students.

This form must be completed and taken to the Business Office by the student at the time of registration.

This is to certify that ___________________________ is a current employee of ___________________________.

(student name)                                  (agency name)

________________________________________________________________________________________

Student SSN                     Term requesting discount

________________________________________________________________________________________

Signature of Agency Official     Verification of Faculty Advisor

________________________________________________________________________________________

Title                        Date

________________________________________________________________________________________

Date

________________________________________________________________________________________

FOR OFFICE USE:

Date received: ____________________________

Total tuition $ _______________ Business office official _______________

Discount $ _______________ Financial Aid official _______________

William Carey University
Graduate Student Handbook 2008-2009
Rev. 7/31/07/IF - 6/27/08/IF - 11/03/10/mc
POLICY ON ASSIGNMENT OF GRADES OF INCOMPLETE

A grade of “I”, (incomplete), will be assigned only when unavoidable circumstances prevent completion of the work of the course on schedule and must be approved by the instructor and the academic dean. Requests are made using the Incomplete Grade Request Form obtained from the registrar’s office. When the work is completed satisfactorily, the “I” may be changed to any grade assigned by the instructor. If a grade of “I” is not changed to a passing grade by the end of the next trimester, it will automatically be changed to an “F”.

The grade of “I” is not to be abused to provide preferential treatment for a student who is unprepared through choice or carelessness. It is given only when circumstances beyond the student’s control (such as illness on examination day, family emergency, etc.) make it impossible to complete the course on schedule. The following criteria must be met:

1. Semester attendance requirements have been met;
2. Most (80%) of the required work for the class has been done;
3. The student is doing passing work;
4. The student has requested the grade of incomplete on the proper form prior to the time when faculty must submit the term’s grades to the Registrar (12:00 p.m. on the last day of exam week);
5. The appropriate documentation has been provided by the student regarding the reason for requesting the incomplete (e.g. accident reports, medical records, etc.)

The grade of “I” must be removed by the end of the next trimester regardless of the student’s enrollment status at William Carey. However, students receiving a grade of “I” at the end of the Spring trimester will have until the end of the Fall trimester to complete the work. An “I” cannot be removed by repeating the course. If a student does repeat the course, the “I” becomes an “F” and counts among the hours attempted, as does the new grade. Once the work is finished, the faculty member fills out a change of grade form and submits it to the Registrar.

It is the responsibility of the student to make the request for a grade of “I” on the proper form. It is also the student’s responsibility to complete the required course work by the end of the designated time period.
WILLIAM CAREY UNIVERSITY
INCOMPLETE GRADE REQUEST FORM

Name: First Number Middle Last

Social Security

I request a grade of Incomplete in ______________________ taken ______________________

Reason for the request:

The following arrangements have been made with the instructor:

I understand that these requirements must be completed by the end of the next term or the Incomplete grade will be changed to an “F”.

Student’s Signature _____________________________ Date

Instructor’s Signature _____________________________ Date

Approved by: Academic Dean ______________________ Date

(Attach appropriate documentation)