

S.H.I.N.E.

Student Help Initiative for Nurse
Exploration

Application Packet
2010

June 14-17, 2010

*Eastern Oklahoma State College
Wilburton, OK*

June 28-July 1, 2010

*EOSC Idabel Campus-SOSU McCurtain
County Campus
Idabel, OK*

Submission Deadline: May 28, 2010

S.H.I.N.E. is a project by Eastern Oklahoma
State College and the Southeast Nursing
Project Community-Based Job Training Grant
from the Department of Labor.

Contact: Anne Hester EOSC 918-465-1824

Introduction

We are excited to offer you the opportunity to experience the world of nursing through the Student Help Initiative for Nurse Exploration (SHINE). This exceptional program was designed with you in mind . . . a young person with aspirations of becoming a nurse in the healthcare industry.

SHINE will allow you to thoroughly explore aspects of nursing. You will be introduced to many nursing concepts and skills through hands-on activities in a state-of-the-art teaching lab. Have fun learning the importance of math and science to nursing and get the facts about the many specialties nursing has to offer. Get first hand information by talking to a nurse, tour facilities where nurses are employed and participate in a cross cultural simulation . . . these are experiences you want to have in preparation for a career in nursing!

Don't miss your opportunity to SHINE!

**Students who successfully complete the SHINE Program can receive one (1)
bonus point on their Eastern Oklahoma State College
Nursing Program Application.**

The Student Help Initiative for Nurse Exploration (SHINE) is a program of the Southeast Oklahoma Nurse (SON) Project funded by a President's Community Based Job Training Grant from the Department of Labor. Administration of the grant and SHINE program is provided by Eastern Oklahoma State College and SON Grant Partners.

Requirements and Qualifications

The purpose of **SHINE** is to identify students who are committed to pursuing a career in nursing; foster their development with meaningful explorative experiences and establish an educational relationship with Eastern Oklahoma State College and the partners of the Southeast Oklahoma Nursing grant.

Students accepted into **SHINE** must meet the following minimal qualifications:

- Male or female student must be entering 9th through 12th grade for the 2010-2011 school year
- Student must possess 3.0 grade point average (GPA)
- If GPA is below 3.0, recommendation from teacher or counselor is required
- Student must submit a copy of transcript.
- Student must submit a completed questionnaire with application (page 11)
- Must have interest in exploring the nursing field
- Must submit a \$25 application fee (non-refundable after a student has been accepted)

Rules and Regulations

- ☆ Student will arrive on time each morning as outlined in the SHINE schedule. The official schedule will be sent home with students on the first day of SHINE.
- ☆ Student will respect SHINE instructors, presenters, volunteers, Eastern Oklahoma State College and Southeast Oklahoma Nursing Partner employees.
- ☆ Student will observe all written and verbal rules given at Eastern Oklahoma State College and SOSU-Idabel campuses, in transport vehicles and at all field trip locations.
- ☆ Inappropriate behavior will result in dismissal from program. Dismissal is at the discretion of Southeast Oklahoma Nursing project Staff.
- ☆ Absolute zero tolerance of any student using or possessing tobacco products, alcohol or illegal drugs. Violation of this rule will result in immediate dismissal from SHINE
- ☆ Absolute zero tolerance of any student using foul or belligerent language. Violation of this rule will result in immediate dismissal from SHINE.
- ☆ Appropriate dress is expected of all students. Halter, crop and tube tops, belly shirts, muscle shirts, very short skirts or shorts, or clothing advertising tobacco, alcohol or drug use, or contains profanity or sexually explicit messages is considered inappropriate. Flip flops are inappropriate footwear.
- ☆ Student cannot, at anytime, bring guest(s) to SHINE.

Tentative Schedules-Subject to change.

S.H.I.N.E. 2010 WILBURTON

This is a tentative schedule for the Wilburton SHINE Program.
Schedule is subject to change.

Time	Day 1-June 14	Time	Day 2-June 15	Time	Day 3-June 16	Time	Day 4-June 17
8:15-3:30	Orientation Medical Technology The 'Ology Factor Comparing Nursing programs	8:15-3:30	Deciphering the class schedule Legal Issues in Nursing Skills Lab	8:15-3:30	CPR Skills Lab	8:00-5:00	Visit to health care facilities

S.H.I.N.E. 2010 IDABEL

This is a tentative schedule for the Idabel SHINE Program.
Schedule is subject to change.

Time	Day 1-June 28	Time	Day 2-June 29	Time	Day 3-June 30	Time	Day 4-July 1
8:15-3:30	Orientation Medical Technology The 'Ology Factor Comparing Nursing programs	8:15-3:30	Deciphering the class schedule Legal Issues in Nursing Skills Lab	8:15-3:30	CPR Skills Lab	8:00-5:00	Visit to health care facilities

***Please contact Anne Hester to arrange early drop-offs and late pick-ups**

DUE DATE

May 28, 2010

Please send completed application to:

**EASTERN OKLAHOMA STATE COLLEGE
ATTN: ANNE HESTER BROOKS
1301 W. MAIN
WILBURTON, OK 74578**

IMPORTANT

This application must have a copy of your school transcript
to verify grade point average.

Applications submitted without transcript will not be considered.



Application Consents

I understand that this application packet will be used only for admission consideration into *Student Help Initiative for Nurse Exploration (SHINE)* program. The information provided will be held in strict confidence and will be released only where indicated and where permission is given. The Southeast Oklahoma Nurse Partners are responsible for final decision of admission of student into **SHINE**. Further, I understand that if my child is admitted into **SHINE** but does not comply with the agreements set forth in the application packet, he or she will be dismissed from the program. I understand that if my child is admitted into **SHINE**, they will participate in field trips that require transportation by bus, van, or private car. By signing below I hereby release **SHINE**, its volunteer participants, Eastern Oklahoma State College and employees, as well as Southeast Oklahoma Nursing Project Partners and employees from any claims for injury or damages arising out of my son/daughter's participation in **SHINE**.

I give consent for my child, _____, if accepted, to participate in *Student Help Initiative for Nurse Exploration* sponsored by Southeast Oklahoma Nurse Partnership.

Print your name here

Parent/Guardian Signature

Date

Photo Release

I hereby assign all rights of photography made of my child to Southeast Oklahoma Nurse Partnership for educational and promotional purposes. I authorize the reproduction, exhibition and distribution of said photograph(s) without limitation.

Parent / Guardian Signature _____

Date: _____

Medical Authorization

Student's Name _____ School _____

Parent's/Guardian's Name _____

Address _____

Work Phone _____ Cell and/or Home Phone _____

Emergency Contact Name _____ Phone _____

Birth Date _____ Gender _____ Date of Last Physical Exam _____

Does your child wear glasses? _____ Contact Lenses? _____ Or both? _____

Is your child under a doctor's care or taking any prescription medication? Explain:

Does your child have any allergies, especially to food or medication? Explain:

Rate your child's general health (circle one): Excellent Good Fair Poor

Other medical information (please include any physical limitations):

Does your child have a history of the following (circle all that apply):

Asthma

Diabetes

Hemophilia

Panic Attacks

Depression/Anxiety

Frequent Headaches

Motion Sickness

Seizures

Other _____

Does your child have any special dietary requirements? _____

I, _____, certify that I am the parent and/or guardian of
(Parent's/Guardian's Name)

_____, This release will be in effect for the duration of my
(Son's/Daughter's Name)
my son's/daughter's participation in S.H.I.N.E.

I authorize S.H.I.N.E. staff to obtain the services of a qualified physician and/or to use local hospitals and clinics for the treatment of emergency illness or accident and to sign, as a competent adult, forms permitting examination and possible treatment. I understand the physicians and hospitals are reluctant and sometimes unwilling to examine and treat patients without such authorized signatures. I understand that in the event of accident or illness all actions of the S.H.I.N.E. staff will be guided in the best interest of my son/daughter and that S.H.I.N.E. will seek only emergency procedures. Any major or medical and dental information is deemed necessary and appropriate in providing the proper health care for my son/daughter. Such information will be regarded as confidential and shared with medical practitioners for emergency care only. I further understand that I am responsible for all medical and hospital expenses incurred by my son/daughter and have adequate insurance or a means to cover such expenses.

Parent's or Guardian's Signature _____ Date _____

Health Insurance Information

Health Insurance Company _____

Policy Number _____ Group Number _____

Doctor/Clinic Preferred _____ Phone _____

Student Questionnaire

Please write at least 1 paragraph per question.
You may use the back side of this page if necessary.

Why are you interested in Nursing?

What do you hope to accomplish by participating in SHINE?

What kind of nurse do you see yourself as in the future?

Recommendation

If grade point average (GPA) is below 3.0, completion of this recommendation form is required. Recommendation must be completed by a teacher or counselor.

Student's name: _____

How long have you known applicant? _____

Please print Recommender's name here

Signature of Recommender

Address

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