



Fort Scott Community College  
Department of Nursing  
2108 South Horton  
Fort Scott, Kansas 66701

Dear Prospective Nursing Student:

Thank you for your interest in our nursing program. The nursing program is not an open admission program. The selection of nursing students is a four-step process. Admission is not guaranteed to any student.

Enclosed you will find all the information and the forms you will need to apply to the nursing program as well as information on costs, scholarships and RN Licensing.

Please look over and read carefully the information in the enclosed packet.

Pre-nursing students are requested to fill out the application in the packet and send it back to the department upon receipt. A file will be started for you at that time.

If you are enrolling in college classes for the first time and wish to become a pre-nursing student, you should call to schedule an advisement appointment with the Director of Nursing. If you have 15 or more college credit hours, please enroll with an advisor in the nursing department.

If you have any questions or concerns, please call the Nursing Department at 620-768-2908. We are looking forward to hearing from you.

Sincerely,

*Shelly Brennon*

Administrative Assistant  
Nursing Department

Enclosures

620-768-2908  
[www.fortscott.edu/nursing](http://www.fortscott.edu/nursing)



FORT SCOTT COMMUNITY COLLEGE  
DEPARTMENT OF NURSING  
STUDENT APPLICATION

Date: \_\_\_\_\_

**Deadline: Applications for the August/Fall class will be accepted until May 1<sup>st</sup>.**

Name: \_\_\_\_\_ Soc. Sec.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_ Length of Residence: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

I am applying for: \_\_\_\_ Fall – Fort Scott Only (Limit 20)  
\_\_\_\_ LPN Advance Standing/Transfer (5 additional students)

Have you ever attended or applied to any nursing program? \_\_\_\_ Yes \_\_\_\_ No

If yes, give name and address of school: \_\_\_\_\_

\_\_\_\_\_ Dates attended: \_\_\_\_\_

**WORK EXPERIENCE:** (In the last ten years – attach additional page if needed. List the most recent employer first.)

| Type of Work | Name of Employer | Complete Address | Date Employed From | To | Reason Leaving |
|--------------|------------------|------------------|--------------------|----|----------------|
|              |                  |                  |                    |    |                |
|              |                  |                  |                    |    |                |
|              |                  |                  |                    |    |                |

If you need financial assistance with your education, call the Financial Aide Officer on our campus -1-800-TRI-FSCC (800-874-3722).

**REFERENCES:** Give the names of at least three people who can give references to academic ability &/or job performance. These will be the same as those completing your reference forms.  
**Do NOT list relatives or close friends.**

| NAME     | COMPLETE ADDRESS | OCCUPATION |
|----------|------------------|------------|
| 1. _____ |                  |            |
| 2. _____ |                  |            |
| 3. _____ |                  |            |

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

---

---

Describe why you have chosen nursing as a profession:

---

---

---

If you attend school at FSCC and have to work, how do you plan to manage school and work responsibilities?

---

---

---

The Department of Nursing recommends that nursing students not work more than 20 hours per week and require students not to work the shift prior to a clinical experience. Do you plan to adhere to this recommendation and requirement? Yes \_\_\_ No \_\_\_

If no, please explain:

---

---

---

---

Have you ever had unpleasant experiences working with people in an employee/employer relationship? Yes \_\_\_ No \_\_\_

If yes, please explain:

---

---

---

RE: 120975; 121278; 090281; 060986; 051388; 041890; 051492; 030700; 100702; 070307; 082108; 052914; 061318; 072925

Application

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ (Optional) Social Security #: \_\_\_\_\_ - \_\_\_\_\_ (Optional)  
Month Day Year

Address: \_\_\_\_\_  
Street City State Zip

Telephone (Home): (\_\_\_\_) \_\_\_\_\_ Telephone (Work): (\_\_\_\_) \_\_\_\_\_

**A decision about student participation in program activities will be made on an individual basis by the Director and Faculty of the nursing program. Students are responsible for meeting all course, clinical and program objectives. Students may be asked to provide a physician's statement to explain absences and/or to justify re-entry into the class or clinical setting. This is for the safety of the patients who will be treated, as well as the student.**

Do you have any communicable or infectious diseases?    Yes \_\_\_\_    No \_\_\_\_

Is there anything that would prevent you from performing all course, clinical and program objectives?

Yes \_\_\_\_    No \_\_\_\_

---

**To be read and signed by the applicant: (This must be notarized – Sign in front of a notary.)**

“I acknowledge that neither the College nor any of its affiliations is responsible for health care provisions or costs in the case of any injury or the exposure to or infection with a disease while I am participating in program-related activities. I hereby waive and release Fort Scott Community College and the affiliating agencies from any and all claims or responsibility for insurance and hospital or health insurance benefits for health care services.”

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_

## LATEX ALLERGY QUESTIONNAIRE

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

1. Have you ever experienced skin irritation, including redness, rash, hives, or itching when exposed to latex products, such as balloons, condoms or gloves?

Yes

No

2. If yes, did you seek treatment for the symptoms?

Yes

No

3. Have you been diagnosed with having latex allergies?

Yes

No

4. If yes, do you wear Medic alert bracelet?

Yes

No

---

I, \_\_\_\_\_, have had symptoms of latex allergy and need to be provided with non-latex gloves during clinical or lab practice.

I, \_\_\_\_\_, have had NO symptoms of latex allergies that I am aware of.



Fort Scott Community College  
Department of Nursing  
2108 South Horton  
Fort Scott, Kansas 66701

\_\_\_\_\_, is a candidate for admission to the nursing program. We desire your estimate of the applicant's suitability for nursing. Your comments will be used to help arrive at a better understanding of the applicant. **Please return this form directly to the Department of Nursing at Fort Scott Community College.**

I, \_\_\_\_\_, (student nurse applicant), waive my right to review this reference.

Please check your evaluation of the student nurse applicant:

|                        | Satisfactory             | Needs Improvement (please explain) |
|------------------------|--------------------------|------------------------------------|
| 1. Personal appearance | <input type="checkbox"/> | <input type="checkbox"/>           |
| 2. Dependability       | <input type="checkbox"/> | <input type="checkbox"/>           |
| 3. Honesty             | <input type="checkbox"/> | <input type="checkbox"/>           |
| 4. Uses time wisely    | <input type="checkbox"/> | <input type="checkbox"/>           |
| 5. Emotionally stable  | <input type="checkbox"/> | <input type="checkbox"/>           |

What are the major strengths of this applicant?

What are the major weaknesses of the applicant?

Has this applicant, so far as you know, any handicaps which might limit success in nursing?

No ☐ Yes ☐ (Please Explain)

I endorse this applicant as a nursing student ☐

I do not endorse this applicant as a nursing student ☐

Additional comments:

How long have you known the applicant and in what capacity?

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Fort Scott Community College  
Department of Nursing  
2108 South Horton  
Fort Scott, Kansas 66701

\_\_\_\_\_, is a candidate for admission to the nursing program. We desire your estimate of the applicant's suitability for nursing. Your comments will be used to help achieve a better understanding of the applicant. **Please return this form directly to the Department of Nursing at Fort Scott Community College.**

I, \_\_\_\_\_, (student nurse applicant), waive my right to review this reference.

Please check your evaluation of the student nurse applicant:

|                        | Satisfactory             | Needs Improvement (please explain) |
|------------------------|--------------------------|------------------------------------|
| 1. Personal appearance | <input type="checkbox"/> | <input type="checkbox"/>           |
| 2. Dependability       | <input type="checkbox"/> | <input type="checkbox"/>           |
| 3. Honesty             | <input type="checkbox"/> | <input type="checkbox"/>           |
| 4. Uses time wisely    | <input type="checkbox"/> | <input type="checkbox"/>           |
| 5. Emotionally stable  | <input type="checkbox"/> | <input type="checkbox"/>           |

What are the major strengths of this applicant?

What are the major weaknesses of the applicant?

Has this applicant, so far as you know, any handicaps which might limit success in nursing?

No ☐ Yes ☐ (Please Explain)

I endorse this applicant as a nursing student ☐

I do not endorse this applicant as a nursing student ☐

Additional comments:

How long have you known the applicant and in what capacity?

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Fort Scott Community College  
Department of Nursing  
2108 South Horton  
Fort Scott, Kansas 66701

\_\_\_\_\_, is a candidate for admission to the nursing program. We desire your estimate of the applicant's suitability for nursing. Your comments will be used to help achieve a better understanding of the applicant. **Please return this form directly to the Department of Nursing at Fort Scott Community College.**

I, \_\_\_\_\_, (student nurse applicant), waive my right to review this reference.

Please check your evaluation of the student nurse applicant:

|                        | Satisfactory             | Needs Improvement (please explain) |
|------------------------|--------------------------|------------------------------------|
| 1. Personal appearance | <input type="checkbox"/> | <input type="checkbox"/>           |
| 2. Dependability       | <input type="checkbox"/> | <input type="checkbox"/>           |
| 3. Honesty             | <input type="checkbox"/> | <input type="checkbox"/>           |
| 4. Uses time wisely    | <input type="checkbox"/> | <input type="checkbox"/>           |
| 5. Emotionally stable  | <input type="checkbox"/> | <input type="checkbox"/>           |

What are the major strengths of this applicant?

What are the major weaknesses of the applicant?

Has this applicant, so far as you know, any handicaps which might limit success in nursing?

No ☐ Yes ☐ (Please Explain)

I endorse this applicant as a nursing student ☐

I do not endorse this applicant as a nursing student ☐

Additional comments:

How long have you known the applicant and in what capacity?

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



FORT SCOTT COMMUNITY COLLEGE  
DEPARTMENT OF NURSING

**Generic Nursing Student Admission Procedure**

**Step 1.**

Fort Scott Community College is an equal opportunity institution. In order to be admitted to the community college, an applicant must:

- a. Complete the FSCC admission application using the online or paper form.
- b. Submit to the Registrar's Office a high school transcript or GED.
- c. Submit to the Registrar's Office "official" transcripts from all colleges and/or universities attended.
- d. Complete the Accuplacer exam or submit placement test scores.
- e. Admission to the college does not automatically mean admission to the nursing program.

**Step 2.**

The nursing program admits students selectively based on admission points determined by GPA in the prerequisite courses, performance on the TEAS Admission Assessment Exam, all prerequisite courses completed at FSCC, and a complete application file submitted by deadline. The number of admissions is determined by the Kansas State Board of Nursing and available faculty and clinical agencies.

- Students must complete the following prerequisite courses with a 3.0 GPA:
  - a. Anatomy and Physiology 5 credit hours
  - b. General Psychology 3 credit hours
  - c. English 101 3 credit hours
  - d. College Algebra or Applied Math for Nursing 3 credit hours
  - e. Nutrition 3 credit hours

**CNA or MHT certification is required prior to entry.**

- Nursing does not use a cumulative GPA for determining admission points. Required science courses must be within seven years of admission.
- Students are allowed to repeat a course in the curriculum sequence one time. Students may only repeat a total of two pre-requisite courses to meet entrance requirements. The passing standard for all nursing (NUR) courses is a "B" grade or higher. All other general education and support courses must be completed with a 'C' or higher grade.
- Students **must submit a complete application** A complete application includes:
  - a. Nursing Application form
  - b. Health Record form
  - c. Latex Allergy form
  - d. Three (3) Reference forms with positive endorsements.
- Students will complete the TEAS Admission Assessment Exam. Students may take the exam a maximum of two (2) attempts per semester.

**Step 3.**

Acceptance is based on the number of available openings and admission point ranking. Only applicants whose file is complete will be considered. Only “official” transcripts with final grades will be used. In the event of a tie, the TEAS Admission Assessment Exam score will be used to determine applicant selection.

#### **Step 4.**

Selection and acknowledgement:

- Selected applicants will be notified in writing and/or email and given ten (10) business days to accept their position by returning the Letter of Intent and non-refundable deposit.
- Applicants who are not selected will be notified via email.
- In the event of a vacancy, the opportunity to enter the program will be given to the next highest qualifier.
- Applicants who were not accepted must reapply in writing and meet entrance requirements in place at the time of the new application process.
- Files of applicants who do not notify the department for reapplication will be discarded.

Original: 072982; Revisions: 121782.072384.060986.051388.041890.0511492.121192.101793.  
102194.030896.021398.030700.031601.051701.100702.053003.060903.090903.080305.061406.070307  
.080808.052510.020711.1052011; 051013; 3/2014; 052914; 082715; 050316; 122016; 052018;  
062019;052022; 072925



Fort Scott Community College – Nursing Education  
**Suggested Curriculum Sequence**

**Prerequisites:**

• Prerequisite courses require a 3.0 GPA in these 17 credit hours. The program does not use a cumulative GPA for admission. These courses must be completed in the semester prior to the anticipated start of the nursing semesters. Although General Biology is waived for pre-nursing students, students without this course are strongly advised to take it to be successful in A&P, Microbiology, and on the TEAS Admission Assessment Exam. **Pre-nursing students should be in contact with the Nursing Department and should seek academic advisement through the program director.**

|   |                |
|---|----------------|
| BIO 1255 - Anatomy and Physiology (A&P) | 5 credit hours |
| ENG 1013 - English 101                  | 3 credit hours |
| MAT 1083 - College Algebra              |                |
| Or ALH 2423 – Applied Math for Nursing  | 3 credit hours |
| PSY 1013 - General Psychology           | 3 credit hours |
| NUT 1213 – Nutrition                    | 3 credit hours |
| Total 17 credit hours                   |                |

**CNA or MHT certification is required prior to entry**

• Applications are due **May 1** for fall admission. The TEAS Admission Assessment Exam must be scheduled and completed prior to the end of the semester when application is made.

**Nursing Courses:**

**First Nursing Semester:**

|  |                |
|--|----------------|
| NUR 1217-Foundations of Nursing Care       | 7 credit hours |
| NUR 1213-Health Assessment                 | 3 credit hour  |
| PSY 1023 –Psychology of the Human Lifespan | 3 credit hours |
| ALH 2263-Pathophysiology                   | 3 credit hours |
| Total 16 credit hours                      |                |

**Second Nursing Semester:**

|  |                |
|--|----------------|
| NUR 1223- Mental Health Nursing          | 3 credit hours |
| NUR 1226- Basic Medical Surgical Nursing | 6 credit hours |
| NUR 1253- Nursing Pharmacology           | 3 credit hours |
| Total 12 credit hours                    |                |

**Third Nursing Semester:**

|  |                |
|--|----------------|
| NUR 2312- Maternal Newborn Nursing                   | 2 credit hours |
| NUR 2323 -Nursing Care of the Child                  | 3 credit hours |
| NUR 2335- Acute and Chronic Medical Surgical Nursing | 5 credit hours |
| BIO 1245- Microbiology                               | 5 credit hours |
| Total 15 credit hours                                |                |

**Fourth Nursing Semester:**

|   |                |
|---|----------------|
| NUR 2515-Complex Medical Surgical Nursing             | 5 credit hours |
| ENG 1023 or SPE 1093 – English 102 or Public Speaking | 3 credit hours |
| NUR 2542-Nursing Leadership and Management (Hybrid)   | 2 credit hours |
| NUR 2531 -Capstone Clinical Immersion                 | 1 credit hour  |
| NUR 2541- Transition to Nursing Practice              | 1 credit hour  |
| Total 12 credit hours                                 |                |

General Education = 31 Credit Hours Nursing = 41 Credit Hours Total = 72 Credit Hours

Revised 7/2007; 11/2007; 2/2009; 1/2011; 10/2011; 4/2014; 05/2015; 05/2016; 05/2017; 05/2025

# FSCC/KU ADN & BSN Partnership

## Earn Your ADN & BSN at the same time



You can now earn your four-year degree and never leave FSCC's campus. Once all the general education/ liberal arts classes are completed (approximately 60 credit hours) you will be able to complete both the ADN from FSCC and BSN from KU at the same time therefore saving you time and money! The level of education provides quality as two accredited Kansas education programs partner together. Students take face-to-face instruction at FSCC while taking KU Nursing courses online.

### NEXT STEPS:

1. Apply to FSCC and declare the pre-nursing major.
2. Complete all required general education courses and maintain a 3.0 GPA or higher in pre-requisite courses for FSCC's Nursing program, 2.5 GPA overall for KU. General Education credits from other regionally-accredited institutions may be accepted.
3. Apply to FSCC Nursing Program by completing the steps outlined in [Admission Policies & Procedures](#).
4. Apply to [KU School of Nursing](#) program through the institution's application process.
5. Complete 41 hours of nursing curriculum face-to-face at FSCC and complete approximately 30 hours of nursing curriculum online through the KU School of Nursing.
6. Upon graduation from FSCC, student will be eligible to apply for the NCLEX-RN licensure exam.

**Once you are done, graduate as a FSCC Greyhound and a KU Jayhawk!**



## PROGRAM DETAILS

- The nursing partnership model is accredited by the [Higher Learning Commission](#), the [Accreditation Commission for Education in Nursing](#) (ACEN), and the [Commission on Collegiate Nursing Education](#) (CCNE).
- Students may enter the FSCC and KU nursing program in the fall or spring.
- A student cannot progress in the KU Partnership if they do not progress in the FSCC Program.
- The FSCC/ KU Partnership is for students seeking both an associate and bachelor's degree in nursing.
- Clinicals are included in the FSCC curriculum.
- KU classes can be taken in the summer.
- Students are required to take a minimum of six (6) credit hours within the KU nursing curriculum each semester in addition to the semester coursework for FSCC.
- Graduate with your ADN & BSN at the same time.

FORT SCOTT COMMUNITY COLLEGE  
DEPARTMENT OF NURSING EDUCATION  
2025-2026 ESTIMATED COST

These costs are not definite, but only estimates and are subject to change at any time. Book costs are for new textbooks.

Expenses for food, housing and transportation are not included in this listing. However, Fort Scott Community College does have a dorm and meals available for student use. Transportation to and from clinical facilities is the responsibility of the student. Often times, a car pool is available. **Each student is required to have a physical examination and current immunizations prior to attending nursing classes.** This will be the responsibility of the student. This listing is based on full-time enrollment.

|  | <b>KANSAS</b>              | <b>KS.</b>                | <b>Out of State</b> | <b>International</b> |
|--|----------------------------|---------------------------|---------------------|----------------------|
| <b><u>PRE-NURSING</u></b>                  | <b><u>(Bourbon Co)</u></b> | <b><u>(Other Cos)</u></b> |                     |                      |
| Tuition & Fees<br>(Does not include books) | \$2,023.00                 | \$2,261.00                | \$2,618.00          | \$3,417.00           |
| <b>PRE-NSG. SEMESTER TOTAL</b>             | <b>\$2,023.00</b>          | <b>\$2,261.00</b>         | <b>\$2,618.00</b>   | <b>\$3,417.00</b>    |

**FIRST SEMESTER OF NURSING**

|                                  |                   |                   |                   |                   |
|----------------------------------|-------------------|-------------------|-------------------|-------------------|
| Nursing Learning (ATI)           | \$ 519.50         | \$ 519.50         | \$ 519.50         | \$ 519.50         |
| General Education Books          | 250.00            | 250.00            | 250.00            | 250.00            |
| Tuition & Fees (Nsg. & Gen. Ed.) | 1,904.00          | 2,128.00          | 2,464.00          | 3,216.00          |
| Program Fees & Deposit           | 450.00            | 450.00            | 450.00            | 450.00            |
|                                  | <u>\$3,123.50</u> | <u>\$3,347.50</u> | <u>\$3,683.50</u> | <u>\$4,435.50</u> |

**Personal laptop required**

**MALE/FEMALE UNIFORMS**

(Suggest 2 uniforms)

|  |          |                                  |       |
|--|----------|----------------------------------|-------|
| V-Neck Tunic Top (White) (School Seal)   | \$ 31.00 | Shoes – White (no tennis)        | 62.00 |
| Pant (Drawstring or Cargo – Wine)        | 13-16.00 | Watch with second hand (approx.) | 30.00 |
| Lab Coat (White) optional                | 24-37.00 | Bandage Scissors (approx.)       | 6.00  |
| Patch @ \$4.00 (if purchased separately) |          | Web Orders UPS (est. by weight)  | 9.00  |
| Personal Earphone/Headset                | 20.00    |                                  |       |

**Uniform Total    \$195.00 approximately**  
(Note: Size 2XL & larger slightly higher)

Students must purchase the tunic tops, pants and patches from the school's uniform company. Lab coat, shoes, watch, etc., can be purchased anywhere following the school's guidelines.

Physical Exam - \$ 40.00

Mumps, Rubella & Rubeola Screening Lab Work (Approximate) - \$140.00  
(OR) – Proof of Immunity is required either through immunization records or  
titer lab work (Not figured in total cost)

MMR Immunizations (2 required) can be obtained at the Public Health Office for approximately (one figured in total cost at \$10.00 each) \$10.00

Hepatitis B Vaccinations can be obtained at Bourbon County Public Health Office at \$40 each) \$120.00

Tuberculin Test (TB) - \$ 15.00  
**FIRST SEMESTER TOTAL            \$3,643.50    \$3,867.50    \$4,203.50    \$4,955.50**

| <b><u>SECOND SEMESTER</u></b>    | <b>KANSAS</b><br><b>(Bourbon Co)</b> | <b>KS.</b><br><b>(Other Cos)</b> | <b>Out of State</b> | <b>International</b> |
|----------------------------------|--------------------------------------|----------------------------------|---------------------|----------------------|
| Nursing ATI                      | \$ 519.50                            | \$ 519.50                        | \$ 519.50           | \$ 519.50            |
| General Education Books          | 200.00                               | 200.00                           | 200.00              | 200.00               |
| Tuition & fees (Nsg. & Gen. Ed.) | 1,428.00                             | 1,596.00                         | 1,848.00            | 2,412.00             |
| Program Fees                     | <u>450.00</u>                        | <u>450.00</u>                    | <u>450.00</u>       | <u>450.00</u>        |
| <b>SEMESTER TOTAL</b>            | <b>\$2,597.50</b>                    | <b>\$2,765.50</b>                | <b>\$3,017.50</b>   | <b>\$3,581.50</b>    |

| <b><u>THIRD SEMESTER</u></b>     |                   |                   |                  |                  |
|----------------------------------|-------------------|-------------------|------------------|------------------|
| Nursing ATI                      | \$ 519.50         | \$ 519.50         | \$ 519.50        | \$ 519.50        |
| General Education Books          | 200.00            | 200.00            | 200.00           | 200.00           |
| Tuition & Fees (Nsg. & Gen. Ed.) | 1,785.00          | 1,995.00          | 2,310.00         | 3,015.00         |
| Program Fees                     | <u>450.00</u>     | <u>450.00</u>     | <u>450.00</u>    | <u>450.00</u>    |
| <b>SEMESTER TOTAL</b>            | <b>\$2,954.50</b> | <b>\$3,164.50</b> | <b>\$3479.50</b> | <b>\$4184.50</b> |

| <b><u>FOURTH SEMESTER</u></b>  |                   |                   |                   |                   |
|--|-------------------|-------------------|-------------------|-------------------|
| Nursing ATI  | \$ 519.50         | \$ 519.50         | \$ 519.50         | \$ 519.50         |
| General Education Books  | 200.00            | 200.00            | 200.00            | 200.00            |
| Tuition & Fees (Nsg. & Gen. Ed.)   | 1,428.00          | 1,596.00          | 1,848.00          | 2,412.00          |
| Program Fees   | 450.00            | 450.00            | 450.00            | 450.00            |
| Pictures   | 30.00             | 30.00             | 30.00             | 30.00             |
| N-CLEX (RN)  | 200.00            | 200.00            | 200.00            | 200.00            |
| State Board Testing Fee (depending on<br>State you are to be licensed as RN) | 75.00             | 75.00             | 83.00             | 50.00             |
| School Pin   | 60.00             | 60.00             | 60.00             | 60.00             |
| Graduation Fees (Approximately)  | <u>40.00</u>      | <u>40.00</u>      | <u>40.00</u>      | <u>40.00</u>      |
| <b>SEMESTER TOTAL</b>  | <b>\$3,002.50</b> | <b>\$3,170.50</b> | <b>\$3,430.50</b> | <b>\$3,961.50</b> |

Total estimated cost for the entire program is: **\$12,198.00 (Kansas – Bourbon County)**  
**\$12,968.00 (Kansas – Other Counties)**  
**(Plus mileage to clinical if applicable)**

**\$14,131.00 (Out of State)**  
**(Plus mileage to clinical if applicable)**

**\$16,683.00 (International)**  
**(Plus mileage to clinical if applicable)**

## LEGAL QUALIFICATIONS FOR R.N. LICENSURE

### **Qualifications for Applying for a Registered Nurse License in Kansas**

Kansas State Law, as documented by the Kansas Nurse Practice Act:

1. Qualifications of applicants. An applicant for a license to practice as a registered professional nurse shall:
  - have graduated from an approved school of professional nursing in the United States or its territories or from a school of professional nursing in a foreign country which is approved by the board as defined in rules and regulations; ○ Instructions for Foreign Nurses:  
<http://www.ksbn.org/forms/Instructions%20for%20Foreign%20Nurses.pdf>
  - have obtained other qualifications not in conflict with this act as the board may prescribe by rule and regulation; and
  - file with the board a written application for a license.
2. The board may deny, revoke, limit or suspend any license or authorization to practice nursing as a registered professional nurse or as a licensed practical nurse if the applicant, licensee or holder of a temporary permit or authorization is found after hearing:
  - to have been guilty of a felony or to have been guilty of a misdemeanor involving an illegal drug offense unless the applicant or licensee establishes sufficient rehabilitation to warrant the public trust, except that notwithstanding K.S.A. 74-120, and amendments thereto, no license or authorization to practice nursing as a licensed professional nurse, as a licensed practical nurse, as an advanced practice registered nurse or registered nurse anesthetist shall be granted to a person with a felony conviction for a crime against persons as specified in article 34 of chapter 21 of the Kansas Statutes Annotated, prior to their repeal, or article 54 chapter 21 of the Kansas Statutes Annotated, or K.S.A. 2012 Supp. 21-6104, 21-6325, 21-6326 or 21-6418, and amendments thereto;

From: Kansas Nurse Practice Act Statutes & Administrative Regulations. Topeka, KS. Kansas State Board of Nursing, October, 2023. Sections 65-1115 and 65-1120.

<https://ksbn.kansas.gov.npa>

Automatic bars to licensure are contained in K.S.A. 65-1120(a)(2):

**65-1120. Grounds for disciplinary actions; proceedings; witnesses; costs; professional incompetency defined; criminal justice record information.** (a) *Grounds for disciplinary actions.* The board may deny, revoke, limit or suspend any license or authorization to practice nursing as a registered professional nurse, as a licensed practical nurse, as an advanced practice registered nurse or as a registered nurse anesthetist that is issued by the board or applied for under this act, or may require the licensee to attend a specific number of hours of continuing education in addition to any hours the licensee may already be required to attend or may publicly or privately censure a licensee or holder of a temporary permit or authorization, if the applicant, licensee or holder of a temporary permit or authorization is found after hearing:

- (1) To be guilty of fraud or deceit in practicing nursing or in procuring or attempting to procure a license to practice nursing;
- (2) to have been guilty of a felony or to have been guilty of a misdemeanor involving an illegal drug offense unless the applicant or licensee establishes sufficient rehabilitation to warrant the public trust, except that notwithstanding K.S.A. 74-120, and amendments thereto, no license or authorization to practice nursing as a licensed professional nurse, as a licensed practical nurse, as an advanced practice registered nurse or registered nurse anesthetist shall be granted to a person with a felony conviction for a crime against persons as specified in article 34 of chapter 21 of the Kansas

Statutes Annotated, prior to their repeal, or article 54 of chapter 21 of the Kansas Statutes Annotated, or K.S.A. 21-

6104, 21-6325, 21-6326 or 21-6418, and amendments thereto;

- (3) has been convicted or found guilty or has entered into an agreed disposition of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;
- (4) to have committed an act of professional incompetency as defined in subsection (e);
- (5) to be unable to practice with skill and safety due to current abuse of drugs or alcohol;
- (6) to be a person who has been adjudged in need of a guardian or conservator, or both, under the act for obtaining a guardian or conservator, or both, and who has not been restored to capacity under that act;
- (7) to be guilty of unprofessional conduct as defined by rules and regulations of the board;
- (8) to have willfully or repeatedly violated the provisions of the Kansas nurse practice act or any rules and regulations adopted pursuant to that act, including K.S.A. 65-1114 and 65-1122, and amendments thereto;

(9) to have a license to practice nursing as a registered nurse or as a practical nurse denied, revoked, limited or suspended, or to be publicly or privately censured, by a licensing authority of another state, agency of the United States government, territory of the United States or country or to have other disciplinary action taken against the applicant or licensee by a licensing authority of another state, agency of the United States government, territory of the United States or country. A certified copy of the record or order of public or private censure, denial, suspension, limitation, revocation or other disciplinary action of the licensing authority of another state, agency of the United States government, territory of the United States or country shall constitute prima facie evidence of such a fact for purposes of this paragraph (9); or (10) to have assisted suicide in violation of K.S.A. 21-3406, prior to its repeal, or K.S.A. 21-5407, and amendments thereto, as established by any of the following:

- (A) A copy of the record of criminal conviction or plea of guilty for a felony in violation of K.S.A. 21-3406, prior to its repeal, or K.S.A. 21-5407, and amendments thereto.
- (B) A copy of the record of a judgment of contempt of court for violating an injunction issued under K.S.A. 60-4404, and amendments thereto.
- (C) A copy of the record of a judgment assessing damages under K.S.A. 60-4405, and amendments thereto.

(b) *Proceedings.* Upon filing of a sworn complaint with the board charging a person with having been guilty of any of the unlawful practices specified in subsection (a), two or more members of the board shall investigate the charges, or the board may designate and authorize an employee or employees of the board to conduct an investigation. After

investigation, the board may institute charges. If an investigation, in the opinion of the board, reveals reasonable grounds for believing the applicant or licensee is guilty of the charges, the board shall fix a time and place for proceedings, which shall be conducted in accordance with the provisions of the Kansas administrative procedure act.

(c) *Witnesses.* No person shall be excused from testifying in any proceedings before the board under this act or in any civil proceedings under this act before a court of competent jurisdiction on the ground that such testimony may incriminate the person testifying, but such testimony shall not be used against the person for the prosecution of any crime under the laws of this state except the crime of perjury as defined in K.S.A. 21-5903, and amendments thereto.

(d) *Costs.* If final agency action of the board in a proceeding under this section is adverse to the applicant or licensee, the costs of the board's proceedings shall be charged to the applicant or licensee as in ordinary civil actions in the district court, but if the board is the unsuccessful

party, the costs shall be paid by the board. Witness fees and costs may be taxed by the board according to the statutes relating to procedure in the district court. All costs accrued by the board, when it is the successful party, and which the attorney general certifies cannot be collected from the applicant or licensee shall be paid from the board of nursing fee fund. All moneys collected following board proceedings shall be credited in full to the board of nursing fee fund.

- (e) *Professional incompetency defined.* As used in this section, "professional incompetency" means:
  - (1) One or more instances involving failure to adhere to the applicable standard of care to a degree which constitutes gross negligence, as determined by the board;
  - (2) repeated instances involving failure to adhere to the applicable standard of care to a degree which constitutes ordinary negligence, as determined by the board; or
  - (3) a pattern of practice or other behavior which demonstrates a manifest incapacity or incompetence to practice nursing.
- (f) *Criminal justice information.* The board upon request shall receive from the Kansas bureau of investigation such criminal history record information relating to arrests and criminal convictions as necessary for the purpose of determining initial and continuing qualifications of licensees of and applicants for licensure by the board.

**History:** L. 1949, ch. 331, § 9; L. 1963, ch. 314, § 6; L. 1972, ch. 231, § 10; L. 1975, ch. 316, § 7; L. 1978, ch. 240, § 6; L. 1981, ch. 245, § 1; L. 1983, ch. 206, § 10; L. 1985, ch. 88, § 6; L. 1986, ch. 233, § 4; L. 1990, ch. 221, § 5; L. 1993, ch. 194, § 1; L. 1995, ch. 97, § 2; L. 1997, ch. 158, § 4; L. 1998, ch. 142, § 8; L. 2011, ch. 30, § 236; L. 2011, ch. 114, § 42; L. 2018, ch. 42, § 5; July 1, 2019.

RE: 031786; 062790; 051492; 021894; 021799; 061301; 052510; 042318

## **Kansas Crimes Against Persons**

Chapter 21 – Article 54

Kansas Statutes > Chapter 21 > Article 54 – Crimes Against Persons

Current as of: 2023 |

[§ 21-5401Capital murder](#)

[§ 21-5402Murder in the first degree](#)

[§ 21-5403Murder in the second degree](#)

[§ 21-5404Voluntary manslaughter](#)

[§ 21-5405Involuntary manslaughter](#)

[§ 21-5406Vehicular homicide](#)

[§ 21-5407Assisting suicide](#)

[§ 21-5408Kidnapping; aggravated kidnapping](#)

[§ 21-5409Interference with parental custody; aggravated interference with parental custody](#)

[§ 21-5410Interference with custody of a committed person](#)

[§ 21-5411Criminal restraint](#)

[§ 21-5412Assault; aggravated assault; assault of a law enforcement officer; aggravated assault of a law enforcement officer](#)

[§ 21-5413Battery; aggravated battery; battery against certain persons; aggravated battery against certain persons](#)

[§ 21-5414Domestic battery; aggravated domestic battery](#)

[§ 21-5415Criminal threat; aggravated criminal threat](#)

[§ 21-5416Mistreatment of a confined person](#)

[§ 21-5417Mistreatment of a dependent adult; mistreatment of an elder person](#)

[§ 21-5418Hazing](#)

[§ 21-5419Application of certain crimes to an unborn child](#)

[§ 21-5420Robbery; aggravated robbery](#)

[§ 21-5421Terrorism](#)

[§ 21-5422Illegal use of weapons of mass destruction](#)

[§ 21-5423Furtherance of terrorism or illegal use of weapons of mass destruction](#)

[§ 21-5424Exposing another to a life threatening communicable disease](#)

[§ 21-5425Unlawful administration of a substance](#)

[§ 21-5426Human trafficking; aggravated human trafficking](#)

[§ 21-5427Stalking](#)

[§ 21-5428Blackmail](#)

[§ 21-5429Endangerment](#)

[§ 21-5430Distribution of a controlled substance causing great bodily harm or death](#)

[§ 21-5431Female genital mutilation](#)

[§ 21-5432Human smuggling; aggravated human smuggling](#)



FORT SCOTT COMMUNITY COLLEGE  
DEPARTMENT OF NURSING/ALLIED HEALTH  
**NURSING SCHOLARSHIPS**

|  |   |
|--|---|
| Mamie Scott Bakeman Memorial                               | Health Occupation/Nursing Major<br>Reside in Bourbon County<br>2.5 GPA  |
| Henry L. Benedict  | Prefer psychology, mental health, or Allied Health  |
| Blue Cross Blue Shield of Kansas<br>Foundation Scholarship | Must be health-related curriculum "Recipient<br>to be KS that resides in plan's service area<br>(Not Johnson or Wyandotte) Recipient has interest in<br>practicing /working in KS once degree of Certificate is completed |
| Bourbon County Medical Auxiliary                           | Nursing Student<br>Resident of Bourbon County / Kansas resident<br>Financial Need   |
| Roy & Nellie Clark Scholarship                             | 1 <sup>st</sup> preference-Uniontown High School Graduate<br>2 <sup>nd</sup> preference-Nursing or Elementary Education<br>Student from Bourbon County<br>2.7 GPA   |
| Joyce Smith Endicott Nursing Scholarship                   | Fort Scott High School graduate<br>Expresses a desire for a nursing career<br>3.0 GPA   |
| Ronald & Jimmie Ehmann Fawcett Scholarship                 | Majoring in education or nursing<br>Out of State Football player  |
| Fort Scott High School Alumni                              | Fort Scott High School graduate<br>Expresses a desire for a nursing career<br>3.0 GPA   |
| FSCC Nursing   | Permanent resident of Bourbon County<br>Bourbon County High School Graduate<br>2.0 GPA<br>Nursing major   |
| Jack & Jean Gilmore  | Health Care Field   |
| Caroline A. Helton   | Nursing /Financial Need   |
| Julie Jarvis Good Samaritan                                | Nursing Student   |
| Jesse E. & Gazel E Maberry Memorial                        | Students pursuing a nursing career<br>Must be a Bourbon County resident<br>Based on need  |
| David G and Carrie L Memorial                              | Nursing Student   |

|  |   |
|--|---|
|  | 1 <sup>st</sup> preference to family member, whether<br>Nursing or not<br>Financial need  |
| Dr Patrick McCann Memorial   | Nursing or Pre-med<br>Bourbon County resident<br>Financial need<br>3.5 GPA  |
| Mollie E Miller and Clarence A Miiller Nurse<br>Training Scholarship | Deserving Nursing Student<br>2.7 GPA<br>Letter of recommendation required upon applying   |
| Sister Mary Victoria Clark/Mercy School of Nursing                   | Nursing Student<br>1 <sup>st</sup> preference-resident of Bourbon County<br>2 <sup>nd</sup> preference- to service area<br>2.5 GPA  |
| Beulah I Crays Monday  | Nursing student<br>2.7 GPA  |
| Becky Murray Memorial  | Nursing student   |
| The Uta Nater Memorial Scholarship                                   | Nursing Program/non-tradition student<br>Preferably a student over 30 years old with dependents<br>Must Show financial need   |
| Edwin & Louise Perdue  | 1 <sup>st</sup> preference student from Louisburg KS & Drexel, MO area  |
| Elizabeth Robison Nursing Scholarship                                | 1 <sup>st</sup> preference-Nursing student<br>Financial need/ 3.0 GPA   |
| Tammy Shay Memorial  | Nursing student/financial need<br>Not for transportation costs  |
| Helen Marie Smith Memorial Scholarship                               | Must be a nursing student<br>Non-traditional student is preference  |
| SNO (Student Nurse Organization)                                     | Nursing student /SNO Member<br>Priority to students not receiving other financial aid<br>2.5 GPA  |
| Dale & Jewell Stringer Memorial                                      | 3.0 GPA<br>Nursing/Pre-Med  |
| VandeWynkel Family   | Prefer a qualified student entering 2 <sup>nd</sup> level of nursing<br>Program to be determined based on the following: Personality<br>Potential as a nurse, Acceptant of personal and nursing<br>Responsibility<br>Financial need/2.0 GPA |
| Vincent & Welcome VanSickle  | Resident of Bourbon County<br>Prefer Agriculture, Education, Business or Nursing  |

|  |   |
|--|---|
|  | Industrious person with good moral character<br>Financial need/2.0 GPA  |
| Annabelle Wilson Memorial                                | Nursing student   |
| 40 + 8 Nursing Scholarship                               | Must have attained LPN status (can be a 3 <sup>rd</sup> or 4 <sup>th</sup> semester Nursing student)<br>Must be a resident of Kansas and intend to practice in KS   |
| Fort Scott Pioneer Kiwanis Scholarship                   | Female nursing student/Financial need<br>Bourbon County resident<br>2.5 GPA<br>Contact Gayle Sackett  |
| Kansas Promise Act Scholarship                           | See attached flyer  |
| The Kansas Nursing Student Scholarship Program           | Must have a sponsor (medical facility employee) paying a portion of the scholarship<br>Must apply to Kansas Board of Regents<br>Details on Kansas Board of Regents Nursing Service Scholarship Program  |
| Leonard W Hester & Helen L Hester Student Memorial Trust | Nursing or medical students of farm families living in Vernon and Cedar Counties, Missouri<br>Must have graduated in upper 25% of their graduating class<br>Must carry 3.0 GPA<br>Scholarship renewable<br>Deadline for application June 15 <sup>th</sup> for Fall Semester<br>Application online at Hester Trust |

**There are many other scholarships available to all FSCC students. You would be able to apply for those Scholarships also. All scholarships require you to fill out a scholarship application, and to reapply in the Spring. Applications can be completed online through FSCC website, Foundation tab, Scholarship tab, Apply Today.**

**Updated: 2/2025**



Over the next **10 years**,  
**24,100** new health care  
positions will be added in  
**KANSAS.**

## KANSAS HEALTH PROFESSION OPPORTUNITY PROJECT

### Do YOU...

- Want a well-paying, in-demand health care career?
- Need assistance in removing barriers to pursuing education and training?

### Are YOU...

- Currently a TANF (Temporary Assistance for Needy Families) Recipient
- Currently a SNAP (Supplemental Nutrition Assistance Program) Recipient

### If SO...

YOU may qualify for the Kansas Health Profession Opportunity Project (**KHPPOP**)

### **KHPPOP** will help pave the way to careers like:

- |                            |   |                                  |
|----------------------------|---|----------------------------------|
| • Biological Technician    | • Medical & Clinical Lab Technician               | • Phlebotomist                   |
| • Certified Nurse Aide     | • Medical Records & Health Information Technician | • Pharmacy Technician            |
| • Dental Assistant         | • Medical & Clinical Lab Technologist             | • Physical Therapy Assistant     |
| • Dental Hygienist         | • Medical Transcription                           | • Radiologic Technologist        |
| • Home Health Aide         | • Nursing Assistant                               | • Registered Nurse               |
| • Licensed Practical Nurse |   | • Occupational Therapy Assistant |
| • Medical Assistant        |   |                                  |

### You may be eligible to receive...

- Interest & skill assessment, career coaching and mentoring
- Child care & transportation assistance
- GED & basic skills enhancement
- Customized training
- Financial assistance for training & education

SOUTHEAST  
**KANSASWORKS**  
sekworks.org

A proud partner of the americanjobcenter<sup>®</sup> network

**Amy Kauffman**  
Career Advisor

216 N. Broadway, Suite K  
Pittsburg, Kansas 66762  
akauffman@sekworks.org

Office: 620-232-1785  
Cell: 620-687-0462  
Fax: 620-231-6448

**More information on the Kansas Health Profession Opportunity Project  
visit your local workforce center or call (877) 509-6757**

This document was supported by Grant 90FX0047-01-01 from the Administration for Children and Families, U.S. Department of Health & Human Services (HHS). Its content are solely the responsibility of the authors and do not necessarily represent the official views of HHS.

HPOG is a study funded by the federal government which is being conducted to determine how these training opportunities help people improve their skills and find better jobs. During the study, all new eligible applicants will be selected by lottery to participate in these training opportunities. Not all eligible applicants will be selected to participate in these opportunities.