



**Southwestern Oregon Community College  
& Oregon Consortium for Nursing Education**

## **Nursing Program Application Packet**

**Fall 2012**

**Submit all application materials to:**

Southwestern Oregon Community College  
Jade Stalcup  
1988 Newmark  
Coos Bay OR 97420  
[jstalcup@socc.edu](mailto:jstalcup@socc.edu)  
541-888-7443  
Sumner Hall, Room 4

**Please make a copy of the entire packet for your records before submitting it by the February 15, 2012 deadline.**

*It is the policy of Southwestern Oregon Community College Board of Education that there will be no discrimination or harassment on the grounds of race, color, gender, marital status, sexual orientation, religion, national origin, age, political affiliation, parental status, veteran status or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the Vice President of Administrative Services in Tioga 512. Phone 541-888-7206 or TDD 541-888-7368. All other issues, concerns, and complaints should also be directed to the Vice President of Administrative Services for referral to the appropriate administrator.*



Fall 2012 Nursing Application Packet Checklist

Completed applications will be accepted postmarked 1/5/12 through 2/15/12. It is the applicant’s responsibility to ensure that all required documents listed below are received by the deadline. Due to the high volume of submissions, candidates are not guaranteed notification of missing application items. Make a copy of the completed packet for your files. Documents submitted but not requested (e.g. letters of reference) will be discarded.

I attest that I have fulfilled the following requirements:

1.  **Read the Fall 2012 Nursing Program Information Packet and Technical Standards document**
2.  **Completed Southwestern Oregon Community College’s Application for Admission**, including a one-time non-refundable fee of \$40.00, available online at: [http://www.oregonmentor.org/applications/southwestern\\_oregon\\_cc/apply.html](http://www.oregonmentor.org/applications/southwestern_oregon_cc/apply.html).
  - New students: receipt or check included
  - Current students: approximate date fee paid \_\_\_\_\_
3.  **Completed Southwestern Oregon Community College/OCNE Nursing Program Application. (Page 3)**  
I understand that by applying to SOCC’s Nursing Program, I am also applying for co-admission and authorizing the release of my application information to OHSU. In addition, I am authorizing my information to be released to the State Board of Nursing for research purposes only.
4.  **Paid \$50 non-refundable nursing application-processing fee**, copy of receipt attached.
5.  **Attached or requested official (unopened) college transcripts** from all institutions where prerequisite courses have been taken through Fall term 2011 *that have not yet been evaluated by SOCC’s Transcript Evaluator. SOCC transcripts do not need to be attached.* I understand that a minimum of 30 credits of prerequisites must be completed by the end of Fall term 2011 and that transcripts for courses in progress during Winter term must be submitted by 4/13/12.
6.  **Attached completed Prerequisite Planning Chart: (Page 4)** I understand that I must complete BI 231 Anatomy & Physiology with a “C” grade or higher by the end of Fall term 2011. I understand that all 50 credits must be completed prior to beginning the program in Fall 2012. The cumulative GPA for all 50 credits of pre-requisites must be 3.0 or higher.
7.  **International students** are required to check in with the International Student Advisor at 541-888-7251 and are required to have a minimum TOEFL score of 450 (paper-based) or 133 (computer-based).
8.  **Attached signed statements:**
  - Regarding Program and Licensure Requirements (Page 5)
  - Regarding Proof of Health Status and Immunizations (Page 6)
  - Nursing Program Application Statistics (Page 7)
9.  **Signed and completed Nursing Application Packet Checklist. (This Page)**
10. **Optional - attached proof of any of the following for application points:**  
 Health care background     Volunteer Work     Study Skills

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Name	Signature	Date
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## Southwestern Oregon Community College & Oregon Consortium for Nursing Education



### Southwestern Prerequisite Planning Chart

A minimum of 30 credits of the 50 listed below must be completed by the end of Fall term 2011, **including Anatomy and Physiology I (BI 231)**. Official transcripts must be included in the application packet for completed classes, unless taken at SOCC. Official transcripts for classes completed elsewhere Winter term are due by April 13, 2012. All 50 credits must be earned with a “C” grade or higher prior to the first term of the nursing program Fall 2012. If Pass/Fall grades are used, a “Pass” grade equals a “C”. The most recent grade will be used for classes that are retaken. Science and computer science classes must be completed within seven years (taken Fall term 2005 or more recently).

**All fields must be completed.**

**Classes taken at other colleges can only be deemed equivalent by SOCC’s Transcript Evaluator based on curriculum content. Classes with the same course title and/or number may not transfer in as equivalent.**

SOCC Required Prerequisites	Grade Earned (A, B, C, IP, NA)	Credits (At least 30 completed)	Term / Year Completed or Planned	Earned at College/University (Official transcripts must be attached if taken outside of SOCC)	Course Number	Course Title
<input type="checkbox"/> Anatomy and Physiology I (BI 231)		4	/			
<input type="checkbox"/> Anatomy and Physiology II (BI 232)		4	/			
<input type="checkbox"/> Anatomy and Physiology III (BI 233)		4	/			
<input type="checkbox"/> Bioethics <b>OR</b> <input type="checkbox"/> Ethics (PHL 205) (PHL 102)		3	/			
<input type="checkbox"/> Chemistry (CHEM 110)		4	/			
<input type="checkbox"/> Computer Competency (CS 120)		4	/			
<input type="checkbox"/> English Composition I (WR 121)		3	/			
<input type="checkbox"/> English Composition II (WR 122)		3	/			
<input type="checkbox"/> Microbiology (BI 234)		4	/			
<input type="checkbox"/> Life Span Development (PSY 237)		3	/			
<input type="checkbox"/> Math Competency (MTH 95 or higher)		4	/			
<input type="checkbox"/> Nutrition (FN 225)		4	/			
<input type="checkbox"/> Social Science Course (200 level) Course: _____		3	/			
<input type="checkbox"/> Speech <b>OR</b> <input type="checkbox"/> Speech (SP 218) (SP 219)		3	/			



**Statement Regarding Program and Licensure Requirements**

Students accepted for provisional admission into the Nursing Program at Southwestern Oregon Community College are advised, prior to enrollment, of the following Oregon State Board of Nursing (OSBN) rules concerning Application for Licensure by Examination:

*If the applicant has a physical or mental condition that could affect their ability to practice nursing safely, a physical or mental assessment may be required. The assessment will assist in the determination as to whether or not the applicant’s physical or mental health is adequate to serve the public safely.*

*An applicant who has been arrested, charged or convicted of any criminal offense will be evaluated and a determination will then be made as to whether the arrest, charge or conviction bears a demonstrable relationship to the practice of nursing.*

The College cannot be responsible for a student’s physical, mental, or emotional health or ability to qualify for licensure. If you are unable to qualify under the above requirements, you may wish to reconsider your choice of program.

Examples of crimes for which an individual will be denied licensure include:

- Crimes against another person such as murder, manslaughter, assault, rape, sexual abuse, child abandonment or neglect.
- Conviction within seven years for a crime against property such as first degree offenses including burglary, arson, criminal mischief, robbery or forgery.
- An extended history of arrests and convictions demonstrating habitual disregard for societal rules.

You will be required to complete a criminal records check after you are provisionally accepted to the nursing program. Some clinical agencies may require another security check. A criminal background check will also be required by OSBN when you apply for licensure. A criminal record detected in this manner will preclude your ability to complete the required clinical experience and result in dismissal from the Program.

Contact the OSBN office (call 503-731-4745 or email [Oregon.bn.info@state.or.us](mailto:Oregon.bn.info@state.or.us)) if you have questions concerning your eligibility for licensure. Individual circumstances vary. OSBN staff can provide complete and accurate information and may be able to advise you so as to save unnecessary time and expense.

*I have read the above statement and I verify that I qualify for clinical experience at all clinical sites and for nursing licensure in the State of Oregon. I also agree to release any criminal background information to Southwestern Oregon Community College for use in the Nursing Program.*

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**SIGNATURE**

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**DATE**



**Proof of Health Status and Immunizations**

**Listed items are to be completed once you have been notified that you are provisionally accepted. However, this signed form is to be turned in with application as acknowledgement of student responsibility.**

I understand that once provisionally accepted to the Southwestern Nursing Program, I must complete the following and provide proper documentation by the deadline stated in the acceptance letter:

1. A physical examination by a licensed health care professional, including urine and blood tests within a specific timeframe.
2. A tuberculosis skin test, with follow-up chest x-ray if skin test is positive. NOTE: This test must be repeated each year in the program.
3. Immunizations or titers, as appropriate, for Measles, Mumps, Rubella, and Chicken Pox.
4. Tetanus immunizations within the last 10 years.
5. As a nursing student you may be at risk for contracting Hepatitis B. Therefore, you are required to obtain the Hepatitis B vaccination. This is a series of three injections given over a six month period. Only the first dose must be completed prior to the start of the program.
6. It is also recommended that you obtain the following immunizations: influenza, pneumonia and meningitis. These immunizations are not required, but they are recommended for your safety and the safety of patients.
7. I further understand that I will be required to take a drug test **at my expense** prior to the start of the clinical portion of the program. Results of the testing will remain confidential.

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**SIGNATURE**

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**DATE**

*Southwestern Oregon Community College is an equal opportunity educator and employer.*



**Nursing Program Application Statistics**

*The requested information will be used to determine an accurate representation of the actual students applying to nursing programs in order to assist in obtaining grants and maintaining statistics on a statewide basis. The form has no bearing on your application status at Southwestern Oregon Community College.*

**Programs Applied To For Fall 2012 Admission**

Please list below any nursing programs, in addition to Southwestern, that you have applied to for Fall 2012 admission.

I have only applied for admission to SOCC's Nursing Program

\_\_\_\_\_  
Name of School City/State

\_\_\_\_\_  
Name of School City/State

\_\_\_\_\_  
Name of School City/State

\_\_\_\_\_  
Name of School City/State

**Language**

- English is my native language.
- English is my secondary language. My native language is \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**Volunteer/Community Service Activities Form**

**Student Name** \_\_\_\_\_

**Date** \_\_\_\_\_

Supervisor:

The above individual is planning to apply to the SOCC Nursing Program and can earn points in the selection process with proof of volunteer/community service activities within the last 5 years. In order to receive those points, each applicant must provide official documentation. We are asking you to assist this applicant with the process. Please do the following:

- Keep this form intact
- Fill in the requested information below
- Seal it in an envelope (preferably a company letterhead envelope)
- Sign your name across the seal.

The sealed envelope must be received no later than February 15, 2012 to earn points. If you have any questions, you may call the Nursing Program Secretary at 541-888-7443. Thank you for your help.

Please verify (by checking the appropriate box) the amount of hours this applicant has volunteered within the last five years using the scale provided:

0 hours of service       1 to 260 hours       261 to 416 hours       417 or more hours

\_\_\_\_\_  
**Volunteer Beginning Date**

\_\_\_\_\_  
**Volunteer End Date**

\_\_\_\_\_  
**Organization**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Supervisor Printed Name**

\_\_\_\_\_  
**Position/Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**