

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

Nursing Program Application Packet

Fall 2019

Submit all application materials to:
Southwestern Oregon Community College
Nursing Program
1988 Newmark Ave.
Coos Bay, OR 97420
Sumner Hall, Room 4

Direct questions to:
Jade Stalcup
jstalcup@socc.edu
541-888-7443

Please make a copy of the entire packet for your records before submitting it by the 5pm, February 15, 2019 deadline.

Southwestern Oregon Community College does not discriminate on the basis of race, color, gender, sexual orientation, marital status, religion, national origin, age, disability status, gender identity, or protected veterans in employment, education, or activities as set forth in compliance with federal and state statutes and regulations.

Revised 11/15/18js

Fall 2019 Nursing Application Packet Checklist

Completed applications will be accepted 1/2/19 through 2/15/19 by 5pm. It is the applicant's responsibility to ensure that all required documents listed below are received by the deadline. Early submissions are not accepted. 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:
(Please check each item below.)

1. I have read the Fall 2019 Nursing Program Information Packet and Technical Standards document
2. I have completed the Southwestern Oregon Community College's Application for Admission and received my student ID #, including a one-time non-refundable fee of \$40.00, available online at: <http://www.socc.edu/admissions/enroll>
 - New students: receipt or check included
 - Current students: approximate date fee paid _____
3. I have completed the Southwestern Oregon Community College/OCNE Nursing Program Application. (Page 3) I understand that by applying to SWOCC'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. I paid the \$50 non-refundable nursing application-processing fee and a copy of the receipt is attached. (Students mailing in application may attach a check or money order to the application.)
5. Attached are requested official (unopened) college transcripts from all institutions where prerequisite courses have been taken through Fall term 2017 that have *not yet* been evaluated by SWOCC's Transcript Evaluator. **Do not attach SWOCC official transcripts.** I understand that a minimum of 30 credits of prerequisites must be completed by the end of Fall term 2018 and that transcripts for courses in progress during Winter term must be submitted by 4/12/19.
6. I have completed the 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 2018. I understand that all 50 credits must be completed prior to beginning the program in Fall 2019. 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 541-888-7185 and are required to have a minimum TOEFL score of 450 (paper-based) or 133 (computer-based).
8. I have signed the attached statements:
 - Regarding Program and Licensure Requirements (Page 5)
 - Regarding Proof of Health Status and Immunizations (Page 6)
 - Nursing Program Application Statistics (Page 7)
9. I have signed and completed the Nursing Application Packet Checklist. (This Page)
10. **Optional Local Criteria— Please check each and attach proof of any of the following for application points:**
 - Health care background (Certification)
 - Work Experience (Form attached)
 - Study Skills or Med Term (Unofficial transcript) even from SWOCC
 - Residency (Driver's License/ID Card) attach three years
 - Military (Member 4 copy, military ID, etc.)
 - Degree
11. Email: I understand it is my responsibility to check my assigned school email address for any program or application updates.

Name

Student ID #
(required)

Signature

Date



Southwestern Oregon Community College & Oregon Consortium for Nursing Education



Fall 2019 Nursing Application

Student Information

Please type or print neatly in blue or black ink

Last Name First Name Middle Name Previous Last Name(s)

SWOCC ID Number Social Security Number Date of birth (mm/dd/yyyy) City & State of Birth

@email.socc.edu

School Email Address (first.lastname@email.socc.edu) Alternative Email Address

**required - official notification will occur by email-it is the applicant's responsibility to ensure the college and Nursing Program assistant are notified of any change in email address*

Current mailing address City State Zip

Physical address (if different from mailing address) City State Zip

Daytime phone Evening phone Message/Cell phone

Ethnic Background and Gender (optional information that will help us provide the Oregon State Board of Nursing and/or Oregon Health Sciences University School of Nursing and/or Oregon Center for Nursing with important recruitment and admission statistics; please clearly mark responses:

Gender:

- Male Female

Primary Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> Nonresident Alien | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Race and Ethnicity unknown | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Hispanics of any race | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Do not wish to disclose |
| <input type="checkbox"/> Asian | |

Language background:

- English as Primary
 English as secondary

(if English is secondary) _____

Education Information

List all colleges/universities where you have completed your practical nursing program, nursing prerequisites and/or a degree

College	State	Dates of attendance	Degree earned/ number of credits

I have read and understand the admission criteria for the nursing program at Southwestern Oregon Community College and OCNE. I understand that it is my responsibility to meet all program and application criteria. I verify that all statements on this application are complete and true. I understand that falsification of any information may lead to disqualification or dismissal from the program. I give my permission for release of pertinent application information to the OCNE partner schools, including OHSU and the State Board of Nursing, as necessary to facilitate my program of study and to enhance the application process for future applicants.

Signature

Date

Completed packets must be received in Sumner Hall, room 4 by February 15, 2019, 5pm

Southwestern Prerequisite Planning Chart

A minimum of 30 credits of the 50 listed below must be completed by the end of Fall term 2018, including **Anatomy and Physiology I (BI 231)**. Official transcripts must be submitted by the 5pm, February 15th deadline. Official transcripts for classes completed elsewhere Winter term are due by April 12, 2019. All 50 credits must be earned with a "C" grade or higher prior to the first term of the nursing program Fall 2019. If Pass/Fall grades are used, a "Pass" grade equals a "C". The most recent grade will be used for classes that are retaken. A&P classes must be completed within seven years (taken Fall term 2012 or more recently).

Classes taken at other colleges can only be deemed equivalent by SWOCC's Transcript Evaluator based on curriculum content. Classes with the same course title and/or number may not transfer in as equivalent. Students need to contact the program assistant for proper paperwork if classes do not match on SWOCC transcripts.

****All fields must be completed****

SWOCC Required Prerequisites	Grade Earned (A, B, C, IP, NA)	Credits (At least 30 completed)	Term / Year Completed <u>OR</u> Planned	Earned at College/University (Official transcripts must be attached if taken outside of SWOCC)
<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"/> Ethics (PHL 102)		3		
<input type="checkbox"/> Chemistry (CHEM 110)		4		
<input type="checkbox"/> Computer Competency (CIS 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 (SP 218) <u>or</u> (SP 219)		3		

PREREQUISITE YEAR

SUMMER=15 CREDITS

CHEM110 (4) Foundations of General, Organic & Biochemistry ¹	FN225 (4) Nutrition	CIS120 (4) Concepts of Computing ²	(3) Any 200 level Social Science Course
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FALL=15 CREDITS

BI231 (4) Human Anatomy and Physiology ³	MTH95 (4) Intermediate Algebra II ⁴	WR121 (3) English Composition	BI234 (4) Microbiology
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THIRTY (30) CREDITS MUST BE COMPLETED BY THE END OF FALL TERM PRECEDING ADMISSION AND MUST INCLUDE ONE TERM OF ANATOMY AND PHYSIOLOGY

WINTER=10 CREDITS

BI232 (4) Human Anatomy and Physiology II	PHL102 (3) Ethics ⁵	WR122 (3) English Composition
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SPRING=10 CREDITS

BI233 (4) Human Anatomy and Physiology III	PSY237 (3) Life Span Development	SP218 (3) Interpersonal Communication ⁶
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50 CREDITS = PREREQUISITE YEAR TOTAL REQUIREMENT

PROGRAM NOTES

¹Students applying for the Nursing program must have completed either a Chemistry sequence or CHEM 110 within the last seven years.

²CIS120 or documented proficiency.

³Students must have completed BI231 prior to submitting an application.

⁴MTH95 or higher

⁵PHL205 may be substituted for PHL102.

⁶SP219 may be substituted for SP218.

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.

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.

SIGNATURE

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 or blood test (IGRA), with follow-up chest x-ray if skin test is positive.
3. Immunizations or titers, as appropriate, for Measles, Mumps, Rubella, and Chicken Pox.
4. Tetanus, diphtheria, pertussis (Tdap) immunization who have not or are unsure if they received a dose of Tdap 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.

Recommended vaccines for Healthcare Workers:

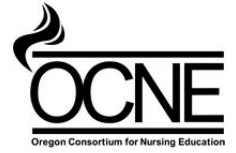
<https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

SIGNATURE

DATE



Southwestern Oregon Community College & Oregon Consortium for Nursing Education



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 2019 Admission

Please list below any nursing programs, in addition to Southwestern, that you have applied to for Fall 2019 admission.

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

Name of School City/State

Name of School City/State

Name of School City/State

Name of School City/State

Name of School City/State

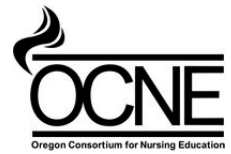
Name of School City/State

SIGNATURE

DATE



Southwestern Oregon Community College & Oregon Consortium for Nursing Education



Work Experience Verification Fall 2019

Student Name _____

Date _____

Employer/Supervisor/Human Resources Manager:

The above individual is planning to apply to the SWOCC Nursing Program. To earn 6 points in the selection process, the applicant must prove accumulation of a minimum of 600 hours work experience since February 1, 2018* in any of the following (and only the following) roles and hold current certification or licensure. (LPN, CNA, EMT, Medic or Medical Assistant) In order to receive those points, each applicant must provide official documentation and may submit document from more than one employer. 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 5pm, February 15, 2019 to earn points. If you have any questions, you may call the Nursing Program Assistant at 541-888-7443. Thank you for your help.

Can you verify that this applicant has worked as a LPN, CNA, EMT, Medical Corps, or Certified Medical Assistant for >=600 hours at your facility in the time frame given above?

[] Yes [] No

Total Number of Hours Worked here as: _____ = _____
Insert role Total Hours (since February 1, 2018)

*Veterans who served as a medic or corpsman must prove 600 hours of experience in that role since February 1, 2014.

Printed Name and Title

Signature of Supervisor/HR

Facility

Phone Number

Applicant must submit a copy of certification or licensure to receive points.

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