

Application Check List for Associate Degree Nursing Program (Healthcare Transition Option)

For Spring 2024 admission, the student must meet the following minimum criteria by the application deadline in order to be eligible for consideration for admission into the Associate Degree Nursing Program (Healthcare Transition Option) at Northwest-Shoals Community College:

1. _____ Complete and submit college admissions application to the Admissions Office
2. _____ Complete and submit application for the Nursing Program to the Nursing Office on the Phil Campbell Campus. (Separate from college admissions application) by the deadline
Deadline for **Spring Admission Track One: October 15th** annually
Faxed or scanned applications will not be accepted.
3. _____ Have an unconditional admission to the college
4. _____ Be in good standing with the college
5. _____ Submit official high school transcripts showing graduation **OR** official GED report to the Admissions Office
6. _____ Submit official transcripts from ALL other colleges attended to the Admissions Office **(It is highly suggested that students call the Admissions Office at NW-SCC before the October 15th deadline to ensure that ALL college transcripts have arrived.)**
 - i. LPNs: Must provide transcript from a state approved practical nursing program showing graduation. (An unofficial copy of transcripts must be attached to application.)
 - ii. Paramedics (Track One only): Must provide transcript from CAAHEP accredited program showing completion. (An unofficial copy of transcripts must be attached to application.)
7. _____ Have a minimum of 2.50 grade point average (GPA) calculated on the required academic core courses for Nursing, and;
 - i. Current or previous NW-SCC students must have a minimum 2.0 GPA or higher at NW-SCC.
 - ii. Transfer students must enter NW-SCC on clear academic status (cumulative 2.0 GPA)
8. _____ Provide proof of licensure/certification to the nursing office
 - i. LPNs: Proof of current, active, unencumbered Alabama or Multistate (MSL) LPN license in application packet
 - ii. Paramedics: Proof of current, active, unencumbered Alabama Paramedic license and proof of Alabama CNA certification in application packet
8. _____ Must have taken the National or Residual ACT by October 15th, have a minimum composite score of 18, and have scores submitted to the NW-SCC Admissions Office. (No ACT Residual exams will be administered by NW-SCC during October.) (A copy of scores must be attached to application.)
9. _____ Have completed ENG 101, MTH 100 (or higher), BIO 201, BIO 202, PSY 210, SPH 106 or 107 with a grade of C or higher **(Classes must have been completed with official documentation before the October 15th deadline.)**
10. _____ Meeting the eligibility requirements for nursing

If you have previously attended another nursing program without completing it prior to applying to our program, the nursing program director at your prior college must provide a letter of good standing on your behalf. It is your responsibility to contact your prior college nursing program director and request the letter of good standing. **This letter must be sent directly to the NW-SCC Nursing Program Office.**

Please note: A complete application packet includes:

- 1. Nursing Application**
- 2. Unofficial copy of ACT Score**
- 3. Unofficial transcripts from all colleges attended**
- 4. LPNs: Proof of current unencumbered Alabama LPN license or Multistate (MSL) LPN license**
- 5. Paramedics: Proof of current, unencumbered Alabama Paramedic license and proof of Alabama CNA Certification**

Meeting minimum admission criteria does not guarantee admission into the nursing program. This option will be offered only if there is space and availability.

After meeting all minimum criteria, applicants are ranked using a point system.

Notification of Status: All applicants will be notified **by e-mail** of the decision regarding their application, regardless of outcome.
All official communication will go to your NW-SCC e-mail.

MAIL TO:
Northwest-Shoals Community
College
Attn: Nursing Program
2080 College Road
Phil Campbell, AL 35581
Telephone: (256) 331-6279 or
1-800-645-8967 ext. 6279



OFFICIAL USE ONLY

DATE RECEIVED:

RECEIVED BY:

Alabama Board of Nursing Licensure Verification/Renewal

Alabama Paramedic Licensure Verification

Expiration Date: _____

Name: _____

Address: _____

Phone Number: _____

License Number: _____

(Signature & Title)

Verified: _____
(Name, Title, & Organization)

Date: _____

**NURSING PROGRAM APPLICATION
ADN HEALTHCARE TRANSITION OPTION**

MAIL TO: Nursing Department Northwest-Shoals Community College 2080 College Road Phil Campbell, AL 35581 Telephone: 256.331.6279 or 1-800-645-8967 ext 6279		OFFICE USE ONLY DATE RECEIVED: RECEIVED BY: KEYED BY:
--	---	---

PLEASE PRINT

Track I: X Spring 2024

For LPNs who completed under the old nursing curriculum or other and for Paramedics
MUST TAKE NUR209
DEADLINE: OCTOBER 15TH

Last Name:	First Name:	Middle Name:	Maiden/Previous Name(s):		
Social Security Number:		NW-SCC Student Number:			
Home Phone:	Cell/Alternate Phone:	Personal E-mail Address:	NW-SCC Student E-mail Address (REQUIRED):		
Mailing Address:		City:	State:	Zip Code:	County:

PRACTICAL NURSING OR PARAMEDIC GRADUATE

Name and Address of Practical Nursing or Paramedic Program Attended:	Dates of Attendance:
--	----------------------

Do you hold a current Alabama or multistate LPN License? <input type="checkbox"/> YES <input type="checkbox"/> NO License Number: _____ Expiration Date: _____	Do you hold a current Alabama Paramedic License? <input type="checkbox"/> YES <input type="checkbox"/> NO License Number: _____ Expiration Date: _____
--	---

Have you ever received CNA Certification? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach Proof of CNA Certification. ALABAMA CNA CERTIFICATION IS REQUIRED FOR PARAMEDIC STUDENTS.	Have you taken the ACT? <input type="checkbox"/> YES <input type="checkbox"/> NO; If yes, Date: _____ Composite Score: _____; If no, you must take the ACT by the nursing application deadline, and submit official scores to the NW-SCC Admissions Office and unofficial scores to the Nursing Office. A minimum of 18 ACT Composite Score National or Residual is required.
--	---

Have you previously been admitted to either NW-SCC Nursing Program? YES NO; ADN PN;
 If yes, enrollment: from _____ until _____; Reason for Withdrawal _____
 Semester/Year Semester/Year

Have you ever been enrolled in another Nursing Program at another college? YES NO
 If yes, what college did you attend and what was the reason for withdrawal? _____

A letter of good standing from the Nursing Program Dean/Director from the school listed above must be submitted to the NW-SCC Nursing Department by the application deadline.

Have you attended any other colleges? YES NO
 If yes, please list name of all accredited colleges and universities attended

Name of College(s) Attended	Last Term Enrolled <u>(Indicate if Currently Enrolled & Term)</u>
_____	_____
_____	_____
_____	_____

Official transcripts of all accredited colleges and universities attended must be on file in the Admissions Office and unofficial copies must be attached to the nursing application by the application deadline.

FOR STATISTICAL PURPOSES ONLY
(For compliance with State and Federal Reports/Regulations)

The Associate Degree Nursing Program adheres to the policy of Northwest-Shoals Community College related to Non-Discrimination, Disabilities Policy, and the Family Education and Privacy Act of 1974.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Racial/Ethnic: <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	Date of Birth: Month, Day, Year
--	---	------------------------------------

High School Diploma or GED (Please check one) <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED	Highest Degree Earned (Please check one) <input type="checkbox"/> No Degree <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorial <input type="checkbox"/> Other, please specify; _____
--	---

Student Signature is Required on the Next Page *(Continue on the Back)*

**NURSING PROGRAM APPLICATION
ADN HEALTHCARE TRANSITION OPTION**

THE ALABAMA COMMUNITY COLLEGE SYSTEM (ACCS) HEALTH STUDIES PROGRAM ELIGIBILITY CRITERIA

The ACCS endorses the Americans' with Disabilities Act (ADA). In accordance with College policy, when requested, reasonable accommodations may be provided for individuals with disabilities. Physical, cognitive, psychomotor, affective and social abilities are required in unique combinations to provide safe and effective care. The applicant/student must be able to meet the eligibility criteria with or without reasonable accommodations throughout the program of learning. Admission, progression and graduation are contingent upon one's ability to demonstrate the eligibility criteria delineated for the program with or without reasonable accommodations. The program and/or affiliated clinical agencies may identify additional eligibility criteria. The program reserves the right to amend the eligibility criteria as deemed necessary. In order to be admitted and to progress in the program one must possess a functional level of ability to perform the duties required of a nurse. Admission or progression may be denied if a student is unable to demonstrate the eligibility criteria with or without reasonable accommodations. The eligibility criteria delineated are those deemed necessary the ACCS health studies programs. No representation regarding industrial standards is implied. Similarly, any reasonable accommodations made will be determined and applied to the nursing program and may vary from reasonable accommodations made by healthcare employers. The eligibility criteria delineated below are necessary for program admission, progression and graduation and for the provision of safe and effective care. The eligibility criteria include, but are not limited to, the ability to:

- 1) Sensory Perception
 - a) Visual
 - i) Observe and discern subtle changes in physical conditions and the environment
 - ii) Visualize different color spectrums and color changes
 - iii) Read fine print in varying levels of light
 - iv) Read for prolonged periods of time
 - v) Read cursive writing
 - vi) Read at varying distances
 - vii) Read data/information displayed on monitors/equipment
 - b) Auditory
 - i) Interpret monitoring devices
 - ii) Distinguish muffled sounds heard through a stethoscope
 - iii) Hear and discriminate high and low frequency sounds produced by the body and the environment
 - iv) Effectively hear to communicate with others
 - c) Tactile
 - i) Discern tremors, vibrations, pulses, textures, temperature, shapes, size, location and other physical characteristics
 - d) Olfactory
 - i) Detect body odors and odors in the environment
- 2) Communication/ Interpersonal Relationships
 - a) Verbally and in writing, engage in a two-way communication and interact effectively with others, from a variety of social, emotional, cultural and intellectual backgrounds
 - b) Work effectively in groups
 - c) Work effectively independently
 - d) Discern and interpret nonverbal communication
 - e) Express one's ideas and feelings clearly
 - f) Communicate with others accurately in a timely manner
 - g) Obtain communications from a computer
- 3) Cognitive/Critical Thinking
 - a) Effectively read, write and comprehend the English language
 - b) Consistently and dependably engage in the process of critical thinking in order to formulate and implement safe and ethical decisions in a variety of health care settings
 - c) Demonstrate satisfactory performance on written examinations including mathematical computations without a calculator
 - d) Satisfactorily achieve the program objectives
- 4) Motor Function
 - a) Handle small delicate equipment/objects without extraneous movement, contamination or destruction
 - b) Move, position, turn, transfer, assist with lifting or lift and carry clients without injury to clients, self or others
 - c) Maintain balance from any position
 - d) Stand on both legs
 - e) Coordinate hand/eye movements
 - f) Push/pull heavy objects without injury to client, self or others
 - g) Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others
 - h) Walk without a cane, walker or crutches
 - i) Function with hands free for care and transporting items
 - j) Transport self and client without the use of electrical devices
 - k) Flex, abduct and rotate all joints freely
 - l) Respond rapidly to emergency situations
 - m) Maneuver in small areas
 - n) Perform daily care functions for the client
 - o) Coordinate fine and gross motor hand movements to provide safe effective care
 - p) Calibrate/use equipment
 - q) Execute movement required to provide care in all health care settings
 - r) Perform CPR and physical assessment
 - s) Operate a computer
- 5) Professional Behavior
 - a) Convey caring, respect, sensitivity, tact, compassion, empathy, tolerance and a healthy attitude toward others
 - b) Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client
 - c) Handle multiple tasks concurrently
 - d) Perform safe, effective care for clients in a caring context
 - e) Understand and follow the policies and procedures of the College and clinical agencies
 - f) Understand the consequences of violating the student code of conduct
 - g) Understand that posing a direct threat to others is unacceptable and subjects one to discipline
 - h) Meet qualifications for licensure/certification by examination as stipulated by the respective program
 - i) Not to pose a threat to self or others
 - j) Function effectively in situations of uncertainty and stress inherent in providing care
 - k) Adapt to changing environments and situations
 - l) Remain free of chemical dependency
 - m) Report promptly to clinicals and remain for 6-12 hours on the clinical unit
 - n) Provide care in an appropriate time frame
 - o) Accept responsibility, accountability, and ownership of one's actions
 - p) Seek supervision/consultation in a timely manner
 - q) Examine and modify one's own behavior when it interferes with care or learning

Upon admission, an individual who discloses a disability can request reasonable accommodations. Individuals will be asked to provide documentation of the disability in order to assist with the provision of appropriate reasonable accommodations. The respective College will provide reasonable accommodations but is not required to substantially alter the requirements or nature of the program or provide accommodations that inflict an undue burden on the respective College. In order to be admitted, one must be able to perform all of the eligibility criteria with or without reasonable accommodations. If an individual's health changes during the program of learning, so that the eligibility criteria cannot be met with or without reasonable accommodations, the student will be withdrawn from the program. The faculty reserves the right at any time to require an additional medical examination at the student's expense in order to assist with the evaluation of the student's ability to perform the eligibility criteria.

STUDENT STATEMENT

Please initial by only one statement below

_____ I have reviewed the Eligibility Criteria for the nursing program, and I certify that my mental and physical health is sufficient to perform the Eligibility Criteria of the program in the classroom and clinical settings. I understand that a further evaluation of my ability may be required by the faculty if deemed necessary to evaluate my ability prior to admission to the program and for retention and progression through the program.

_____ I have read the Eligibility Criteria for the nursing program and to the best of my knowledge I currently **unable** to fully meet the items indicated without accommodations. I am requesting the following reasonable accommodations:

(use additional sheet if needed)

Requests for reasonable accommodations should be directed to:
ADA Coordinator's Office at 256-331-5262.

X _____
Student Signature Date

X _____
Student PRINTED Name