

Nursing Program ♦ P.O. Box 610 ♦ Holbrook, AZ 86025 ♦ (928) 532-6136

NURSING PROGRAM APPLICATION PACKET APPLICATION DEADLINE: FEBRUARY 15, 2017 4:00 PM

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|-------------|-------|----------------------------------|--------------------|
| Name: Date: | Name: | | Date: |

Thank you for your interest in the Northland Pioneer College Associate of Applied Science Degree Nursing Program

<u>Only complete</u> applications received in the Nursing Department Office by February 15, 2017 at 4:00 p.m. will be considered for admission. Late applicants will be considered on a space available basis if they meet the admission criteria, but will not be accepted before applications submitted on time. Please include this checklist as the first page of your application packet.

If you are not already an NPC student, please enroll and obtain a Student ID# prior to submitting an application. You may enroll online at http://www.npc.edu/enroll-now or by going to your nearest campus or center.

Submit the following items:

- ♦ Completed, signed and notarized application to the Nursing Program
- ♦ Signed Notice of No Guarantee of Licensure/Certification
- ♦ Transfer students must submit official transcripts (in original sealed envelope) from original institution(s) for all prerequisite and co-requisite courses to the Records and Registration (R&R) office at PO Box 610 Holbrook, AZ 86025. Submit the attached Request for Evaluation of Transfer Credit form to R&R at the time you order your transcript(s). The online submission version is available at: http://www.npc.edu/nursing-programs-LPN-RN. In order to guarantee that your transcripts are evaluated and sent to the nursing department by February 15, 2017 we strongly recommend that your transcripts are received in the R&R office by January 15, 2017. Please plan accordingly. If an official transcript has previously been received and posted to your NPC account you do not need to order it again, unless you have taken additional coursework.
- ♦ You are required to meet with an NPC Academic Advisor and have a **Degree Audit** printed to include with your application. If you are transferring credits you should meet with the advisor after the courses have been posted to your NPC transcript but before the deadline date. You may check your MyNPC account to see if the courses have been posted.
- ♦ Include a copy of either a CNA or LNA certification or an LPN license **in good standing** from the Arizona State Board of Nursing. (If it is in process a copy of the certification must be received no later than July 1, 2017)
- ♦ Provide a copy of the **HESI** Test Admission Assessment Cumulative Report. Test results **must include** all of the following: anatomy & physiology, biology, chemistry, math, reading, vocabulary and grammar and the cumulative scores for Science and English. HESI test dates at NPC will be made available in November. If you require testing accommodations, you must contact the Disability Resources and Access Coordinator at least a week prior to the test. If you do not take your test at NPC, the results must be emailed directly from the test administrator to the Nursing Department at cathy.reed@npc.edu or debra.mcginty@npc.edu. A study guide is available at the NPC online bookstore under the course NUR100.
- ♦ Include a copy of your current Arizona DPS Level 1Fingerprint Clearance Card (front and back). A packet may be obtained from the Nursing Office. *Plan ahead* as the process requires **6-8 weeks** or more barring any problems. (If it is in process enclose a copy of the completed application and/or receipt. A copy of the card must be received no later than July 1, 2017)
- A one page typed double spaced "Personal Statement" must be submitted with the application. The "personal statement" should address why you wish to attend the nursing program, what you have done to meet your goals, and what you bring to our nursing program.

You are responsible to make sure that all of the required documents are received in the Nursing Department office *on time*. If *all items* are not received on time your entire application will be considered late.

MAIL your application to: Northland Pioneer College Nursing Program - WMC P.O. Box 610 Holbrook, AZ 86025 OR Hand Deliver your application to:

Nursing Office White Mountain Campus, Ponderosa 111 1001 W. Deuce of Clubs Show Low, AZ 85901



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NURSING PROGRAM NOTICE OF NO GUARANTEE OF LICENSURE/CERTIFICATION

Admission or graduation from the Program does not guarantee obtaining a license or certificate to practice nursing. Licensure and certification requirements and the subsequent procedures are the exclusive right and responsibility of the Arizona State Board of Nursing. Students must satisfy the requirements of the Nurse Practice Act: Statues, Rules, and Regulations independently of any college or school requirements for graduation as they exist at the time of licensure/certification. Although this explanation and handbook materials may provide information concerning the licensing process, the applicant/student is solely responsible for understanding and meeting licensure/certification requirements. NPC does not guarantee the accuracy of any of the information presented here or in any other materials presented to the applicant/student concerning the licensure process. Verifying the accuracy of such information is solely the responsibility of the applicant/student.

If convicted of a felony, an applicant for licensure/certification must submit proof that he/she "has received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application" (Nursing Practice Act 2002, 32-1632 and 32-1637). Such proof includes completion of any sentence including imprisonment, probation, parole, community supervision, or any form of court supervision. Examples of unprofessional conduct, but not limited to, are felony or misdemeanor convictions, substance abuse, conviction of an offense involving immoral behavior, or being guilty of acts which deceive, defraud, or harm the public in any way.

Fingerprinting will be part of the application process for the nursing assistant, LPN and RN applicants.

If there is any question about eligibility for licensure or certification, contact the Arizona State Board of Nursing (602-889-5150).

I have read and understood the above statement.

Signature Print Name Date

PUBLIC NOTICE OF NONDISCRIMINATION: Northland Pioneer College does not discriminate on the basis of race, color, national origin, veteran status, religion, marital status, gender, age or disability in admission or access to, or treatment or employment in its educational programs or activities. District grievance procedures will be followed for compliance with Title IX and Section 504 requirements. The Affirmative Action Compliance Officer is the Director of Human Resources, 2251 E. Navajo Blvd., Holbrook, Arizona 86025, (800) 266-7845. The Section 504 Compliance Officer is the Coordinator of Disability Resource and Access, 1001 W. Deuce of Clubs, Show Low, Arizona 85901, (800) 266-7845. The lack of English language skills will not be a barrier to admission and participation in vocational education programs. Revised 9-12-14

This statement will become part of your permanent record.



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NURSING PROGRAM APPLICATION FOR ADMISSION

| | Application Deadline: Fe | bruary 15, 2017 4:00 PM Please fi | ill out all spaces | |
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| Iomo | | | | |
| Jame Last | First | Middle | Other names used now or | r in the past |
| PC ID# NPC e- | mail address | Personal e-mail addre | ess | |
| 141 C C-1 | mail addressPreferred for contact | by the nursing office | <u>.</u> | |
| Iailing Address | | | | |
| Number | Street | City | State | Zip |
| hone | | | | |
| Cell | Home | | Work | |
| Then do you anticipate starting | g the Nursing Program? Fall | semester | | |
| igh school graduation date | | or GED date | | |
| r the courses listed below. Your efore you will be considered of amulative GPA of 3.0 "B" or lourses, your application may s | ou must submit the attached eligible to enroll in the nursing higher is preferred for the pre- till be considered by the Adm | CIAL sealed transcripts by February 15, 2 Request for Evaluation of Transfer Creg program, all courses must be completed we requisite courses. If you are currently enrousission Committee. Please submit your applyears old may be accepted with appropriate transcription. | dit form to Records and lead that a grade of "C" or high lled in any of the below prication with "IP" listed for | Registration. er. A erequisite r the course |
| PRE-REQUISITE COURSE | DATE COMPLETED OR SCHEDULED FOR COMPLETION | SCHOOL/COLLEGE ATTENDED | INSTRUCTOR | GRADE |
| BIO 181 | TOR COMPEDITOR | | | |
| General Biology | | | | |
| BIO 201 Human Anatomy & Physiology I | | | | |
| SIO 202 Human | | | | |
| Anatomy & Physiology II | | | | |
| BIO 205 | | | | |
| Aicrobiology | | | | |
| CHM 130 | | | | |
| Fundamental Chemistry | | | | |
| ENL 101 | | | | |
| College Composition I | SEC. (N. 4 ' 1' 4 | 1'' | | <u> </u> |
| * | SES: (Not required prior to | admission) | | |
| ENL 102 College Composition II | | | | |
| PSY 240 | | | | |
| Developmental Psychology | | | | |
| SOC 120 | | | | |
| General Sociology <u>or</u> | | | | |
| ANT 102 | | | | |
| Cultural Anthropology | | | | |
| re you an AZ CNA or LNA?_ | If yes, Certification | or License # | Expiration Date | |
| If not, are you curren | itly enrolled in a Nursing Assi | istant Training program?If yes, date sc | heduled for completion | |
| e you an LPN applying for ac | dvanced placement in the Ass | ociate Degree Nursing Program?e? License # | | |
| If so, do you have a | n Arizona license or certificat | te? License # | Expiration Date | |
| | | | | |
| Which le | ocation would you prefer | to attend? (Please check one - keep i | n mind seats are limite | (bs |
| | • • | | | |
| | | how Low) ~2 nd Choice: Little Colorado | | |
| | | inslow) ~ 2 nd Choice: White Mountain | Campus (Show Low) | |
| | ittle Colorado Campus Onl | | | |
| l | hite Mountain Campus Or | าเง | | |

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| Explain your career goals as an RN. (What do you want to do when you graduate from NPC?) | | | | |
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| | | | | |
| Bearing in mind the essential functions delineated in the Admissi successfully perform these functions? \Box Yes \Box No | on Information, are you able, with or wi | ithout reasonable accommodations, to | | |
| Have you ever been convicted of a felony? $\ \ \Box$ Yes $\ \Box$ No | | | | |
| Are you a legal resident of the United States of America? \Box Yes | s 🗆 No | | | |
| Are you currently using illegal drugs, misusing prescription drugs | s? □ Yes □ No | | | |
| Is there now or has there ever been regulatory action against any If yes, please explain: | license you have held? ☐ Yes ☐ No | | | |
| | | | | |
| (Regulatory action against any licenses you hold may be grounds constitute a basis for denial of admission or for dismissal from the may be reason for denial of Registered Nurse License by the State | e Nursing Program. Felony conviction, | | | |
| Right of Refusal | | | | |
| The Northland Pioneer College Nursing Program rese based on evidence that the applicant cannot perform t application packet, for prior documented conduct requ Arizona State Board of Nursing, the American Nurse | he functional abilities essential furing disciplinary action, or for | or nursing practice as defined in the unethical behavior as defined by the | | |
| | AFFIDAVIT | | | |
| STATE OF | | | | |
| The undersigned being duly sworn declares that he/she is the pers respect; that he/she has not suppressed any information that woul in the profession of nursing; and that he/she has read and understand | son referred to in the foregoing applicati d affect this application: that he/she wi | ion; that the statements are true in every | | |
| | SIGNATURE | | | |
| SUBSCRIBED AND SWORN to before me this | _day of | , 20 | | |
| | Notary Public | - | | |
| | | | | |

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REQUEST FOR EVALUATION OF TRANSFER CREDITS FOR THE NURSING PROGRAM

| Student's Name: | | Student ID: | |
|------------------------------------|----------------------|-------------|--|
| Mailing Address: | | | |
| City: | State: | Zip Code: | |
| Phone: | | | |
| College(s) to be evaluated: | | | |
| | | | |
| | | | |
| | | | |
| Name(s) as shown on the above co | ollege records: | | |
| | | | |
| Request Date: (| Completed by: | | |
| Degree Type: AAS Emphasis A | Area: Nursing | | |

Send this form to: Records and Registration PO Box 610 Holbrook, AZ 86025 or email to: Deena.gillespie@npc.edu

Completed evaluation to: WMC Nursing Department

Official transcripts (in original sealed envelope) from previous colleges for all prerequisite and co-requisite courses must be submitted to the Records and Registration office at PO Box 610 Holbrook, AZ 86025. In order to guarantee that your transcripts are evaluated by February 15, 2017 we highly recommend that your transcripts are received in the R&R office by *January 15, 2017*. If an official transcript has been previously received and posted to your NPC account you do not need to order it again, unless you have taken additional coursework. You may look up your transcript on MyNPC to see if the courses have been posted.

An online submission version of this form is available at: http://www.npc.edu/nursing-programs-LPN-RN. Submit this form to the Records and Registration office at the time you order your transcripts so they can be processed and sent to the Nursing Department by the deadline of February 15, 2017. If this form is not received by the Records and Registration office they will not know that you are a potential nursing student. If all of your pre-requisite and co-requisite courses were taken at NPC you do not need to send in this form.

Revised 10/16