

ADVANCED PLACEMENT APPLICATION

(Current LPNs applying for admission into
the 2nd year of the nursing program.)

January 2012

Dear Advanced Placement Applicant:

Thank you for your interest in Advanced Placement Admission into the nursing program at Treasure Valley Community College.

Enclosed you will find a list of requirements in order to be considered as an Advanced Placement applicant, application instructions and other information about the nursing program. The preadmission testing date is included in the instructions. If you have any questions concerning the application process or admission requirements, please phone or e-mail the Nursing Department. Our selection process is based on a point system. Enclosed is the score sheet used in this process.

The number of qualified applicants to be admitted into the second year is determined by space availability, budgetary restrictions and faculty availability.

We wish you well in pursuing your goal.

Sincerely,

Sandra Kellogg, RN, MSN
Nursing Program Director
(541) 881-5945
E-Mail: skellogg@tvcc.cc

TREASURE VALLEY COMMUNITY COLLEGE
ASSOCIATE OF APPLIED SCIENCE IN NURSING (AAS DEGREE)
Advanced Placement for LPN's
APPLICATION INSTRUCTIONS 2012
PLEASE FOLLOW THESE DIRECTIONS

AN APPLICANT WILL BE CONSIDERED FOR ADMISSION IF ALL OF THE FOLLOWING CRITERIA HAS BEEN MET AND THERE ARE POSITIONS AVAILABLE (SEE SCORE SHEET).

- LPN who has graduated from an accredited LPN program (as dictated by the Oregon State Board of Nursing) with a 3.00 grade in nursing.
 - All non nursing courses required in the first year TVCC program have been satisfactorily completed with a GPA of 2.70 and a minimum grade of "C" in each course.
 - Has successfully completed MTH 95 (intermediate algebra) or above with a minimum grade of "C".
 - Currently has an Oregon License (LPN).
 - Kaplan Transition test is required for all students who have not completed his/her LPN from TVCC within the past 5 years.
 - Two work references from persons supervising LPN practice.
 - Letters from program Director and supervising instructor from LPN school of nursing.
- Waived if:
- A. Graduated from TVCC Practical Nursing Program
 - B. Graduated from her/his Practical Nursing Program more than two years ago.
- NOTE: Students not meeting these requirements can petition the nursing department in writing for an evaluation. Kaplan examination score, GPA of general education requirements and nursing courses, and letters of reference will be used in this evaluation. Your application will only be reviewed if we have "spots" remaining after we have accepted applicants who meet all requirements. The nursing department faculty will make the final decision regarding admission.

All of the following documents must be in the applicant's file in the TVCC Nursing Secretary's Office by **April 13, 2012**. It is the applicant's responsibility to see that the file is complete; only completed files will be reviewed.

1. Completed Personal Data form (attached, page 3-4) for nursing program.
2. Nursing Program Regulations for Admission and Continued Participation Statement signed (attached, page 7).
3. Signed Authorization of Records form (attached, page 8).
4. Completed Conditions Affecting Licensure form (attached, page 9).
5. Completed TVCC Application for Admission form (attached), if one has not been completed prior to now.
6. Two completed work references (Nursing Program Recommendation Form, see attached) by persons who are supervising your work to be mailed directly to the nursing department by the supervisors. There is a note to be signed by the applicant at the beginning of the form.
7. Letters from program Director and supervising instructor from LPN school of nursing (if applicable, see above).
8. An official transcript from each college or university attended and from the LPN school from which you graduated (other than TVCC).

9. SCORES from Kaplan test will be sent to the nursing department. Minimum score will be determined by Kaplan. *This requirement is waived for TVCC LPN graduates who have completed the program within the past 5 years.

The test will be administered, Tuesday, March 6, 2012, 5:00 p.m. - 7:00 p.m. in WTC-3. Preregistration for test and payment of a nonrefundable fee of \$45.00 (cashiers check or money order only) payable to TVCC - **NO CASH or personal checks**. Bring to the nursing department **no later than February 16, 2012**.

We will verify Oregon LPN licensure through the Oregon State Board of Nursing's on-line verification system.

SUBMIT APPLICATION MATERIALS TO:

TVCC NURSING DEPARTMENT
ATTN: NANCY OLSON
650 COLLEGE BLVD.
ONTARIO, OR 97914

TREASURE VALLEY COMMUNITY COLLEGE
NURSING PROGRAM APPLICATION

PERSONAL DATA FORM
Advanced Placement

NAME _____
LAST FIRST MIDDLE

PREVIOUS NAMES _____
(List all previous names for identification on college transcripts)

ADDRESS _____
ADDRESS CITY STATE ZIP

TELEPHONE _____

TVCC Student ID# _____ (if currently enrolled at TVCC)

RESIDENCY

Residence is defined as a person's domicile, his/her true fixed and permanent home and place of habitation. It is the place where one intends to remain, and to which one expects to return when one leaves without intending to establish a new domicile elsewhere. Domicile is not established by mere attendance at the College.

If you believe that you qualify for the 10 points given to applicants "living in the community", reside in the TVCC taxing district and/or reside within a 30 air-mile radius of Ontario (your city of residence is used to determine the 30 mile radius), you must submit proof of physical residence by the following documents:

Utility receipts with your name and physical address listed showing proof of residence in the "community" for a 12 month period. Submit the following two receipts:

1. Utility receipts from January 2011 and January 2012
OR
2. Utility receipts from February 2011 and February 2012
OR
3. Utility receipts from March 2011 and March 2012.

If the applicant is a dependent and resides in the "community" with a parent(s), the following documentation must be provided:

1. Driver's license with physical residence listed
AND
2. A letter from the parent verifying your place of residence and dependent status.

**The points for "living in the community" will not be given without this documentation.
If there appears to be an inconsistency, the nursing faculty will require further documentation.
All nursing department written communication will be mailed to the address listed.**

P.N. Program: Where _____ When _____

Current Licensure: What state(s) _____ (must have an Oregon Practical Nursing license)

List previous post-high school education. List all colleges/universities you have attended. Include any prior enrollment in an RN program and describe the reason for withdrawal.

List all LPN employment you have had beginning with most recent:

<u>Name and Address of Employer</u>	<u>Dates</u>	<u>Job Title and Description</u>
1. _____		
2. _____		
3. _____		

Applicants must list and have two (2) references sent from the current supervisor/employer of your LPN work and two (2) reference letters from the LPN school of nursing attended (1 letter from the Director and 1 letter from any primary instructor. See “waivers” listed on application instruction sheet, page 1.) Any deviation from the request must be discussed with the TVCC Nursing Program Director.

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Telephone No.</u>	<u>Relationship</u>
1. _____				
2. _____				
3. _____				
4. _____				

PRINT NAME _____

SIGNATURE

DATE

TREASURE VALLEY COMMUNITY COLLEGE
NURSING PROGRAM APPLICATION
REGULATIONS FOR ADMISSION AND CONTINUED PARTICIPATION

These regulations describe requirements relating to admission to the nursing program and for continued participation in the program. Persons applying for admission are referred to as "applicants". Persons admitted to the program are referred to as "students".

1. Academic requirements for Advanced Placement admission include:
 - (a) LPN who has graduated from an accredited program (dictated by Oregon State Board of Nursing) with a 3.00 GPA in nursing;
 - (b) all non nursing courses required in the first year TVCC program have been satisfactorily completed with a GPA of 2.70 and a minimum grade of "C" in each course (including MTH 95 or higher level math);
 - (c) currently has an Oregon License (LPN);
 - (d) score from the Kaplan Transition test for all students who have not completed his/her LPN from TVCC within the past 5 years;
 - (e) two work references from persons supervising LPN practice;
 - (f) letters from program Director and supervising instructor from LPN school of nursing (waived if applicant graduated from TVCC's Practical Nursing Program or if applicant graduated from a practical nursing program more than two years ago).
2. Continuation in the program requires successful completion of all required courses with a grade of "Satisfactory", "C" or above.
3. A physical examination and medical history are required to be submitted prior June 20, 2012.
 - A. Applicants and students must demonstrate a personal history compatible with obtaining a license to practice Nursing in Oregon. Admission to and graduation from the nursing program does not assure eligibility for licensure. The Oregon State Board of Nursing (OSBN) makes the determination about eligibility for licensure. The OSBN may not license persons with certain criminal convictions or with a major mental or physical illness that could affect ability to practice safely. Applicants or students with questions about licensing regulations may want to call the OSBN at (971) 673-0685.
 - B. Students admitted into the program will be required to pass a criminal background check (at the student's expense). Final acceptance is contingent upon passing the criminal background check. If a student is arrested during the time he/she is enrolled in the nursing program, he/she must notify the Nursing Director of the arrest. The student's status in the program will be reviewed by the Nursing Director. A possible outcome of the review may be the student's inability to continue in the program.
 - C. Students admitted into the program will be required to have a physical examination indicating physical and mental health sufficient to complete the program and function as a nurse (see "Technical Standards", page 14-15). Current immunizations are also required.
 - D. A student admitted to the program with a history of substance abuse with subsequent treatment will be monitored throughout the program for observation of substance abuse. Random drug testing may be required.
 - E. Any student whose behavior indicates use of alcohol and/or drugs will be required to undergo urine and blood testing to detect the presence of alcohol and/or drugs. Results must be provided to the Nursing Program Director at the student's expense. A positive test will result in immediate dismissal from the program.
 - F. Any student with a chronic or recurring illness (physical or mental) may be asked to provide a physician's statement indicating the student's prognosis and treatment plan. A student shall comply with the provisions of the treatment plan in order to progress in the program. Behaviors indicating inability of the student to satisfactorily complete requirements of the nursing program and behaviors that jeopardize patient safety will cause the student to be denied progression in the program.

- G. Students admitted into the program are required to submit the following by June 20, 2012:
1. A completed physical examination form;
 2. Results of a current TB screening test;
 3. Tetanus immunization within the past 10 years;
 4. Documentation of immunity to measles (both rubeola and rubella) and hepatitis B (if a student has not had the three hepatitis B immunizations, he/she must have had a minimum of one immunization prior to the first day of class.)
 5. Documentation of current CPR (Healthcare Provider Level) certification.
 6. Documentation of personal health/accident insurance coverage.

Students who DO NOT submit all documents will not be allowed to begin NURS 200.

4. Every nursing program applicant and student must answer questions to determine if there is a personal history of a
1) conviction for a criminal offense, or
2) physical or mental health problems that might interfere with the requirements of nursing practice. Failure to provide truthful and complete answers to these questions will result in denial of admission for applicants and dismissal for students.
5. Any applicant whose license to perform duties as a practical nurse, in any state has been suspended or revoked will be denied admission to the program.
6. Failure of an applicant or student to provide information requested about health and criminal record will result in denial of admission to or dismissal from the program. Falsification of any information will also result in denial of admission to or dismissal from the program.

Nursing courses for advanced placement students begin **SUMMER** quarter, 2012.

Nursing students have a \$2000/year clinical fee which will be assessed over fall, winter, and spring quarters, and a \$500/year simulation fee which is assessed fall quarter.

TREASURE VALLEY COMMUNITY COLLEGE
NURSING PROGRAM APPLICATION

AGREEMENT OF REGULATIONS FOR ADMISSION AND CONTINUED PARTICIPATION

I hereby state that I:

- (a) Have read and have a copy of the Nursing Program Regulation Requirements for Admission and Continued Participation;

- (b) Have asked nursing faculty/staff to clarify any questions about the regulations that are unclear to me, and understand its contents and provisions;

- (c) Agree to comply with the Nursing Program Regulation/Requirements for Admission and Continued Participation and the procedures provided therein, including specifically the requirements for testing for the presence of substances and for subsequent assessment and treatment.

- (d) Understand that final acceptance into the nursing program is contingent upon passing a physical and a criminal background check which I will be required to obtain at my expense.

Date_____

Print Name_____

Signature_____

TREASURE VALLEY COMMUNITY COLLEGE
NURSING PROGRAM APPLICATION

AUTHORIZATION OF RECORDS

I authorize Treasure Valley Community College to inquire as to my records or personal references of any or all persons, agencies, and of former employers with no liability arising there-from.

Signature

Date

CONDITIONS AFFECTING LICENSURE

Please complete and submit. Attach additional pages if needed. The Oregon State Board of Nursing may rule on questions that will be asked when you apply for licensure.

1. Have you ever suffered from or had treatment for drug or alcohol problems? If yes, please describe, including your current recovery status.

2. Are you currently or have you ever been licensed or certified to practice nursing as an RN, LPN, or Nurse's Aide in Oregon or another state? Please describe.

3. If yes, were you ever the subject of a disciplinary action by the state agency in charge of licensure? What was the outcome?

4. Have you been arrested, charged with, entered a plea of guilty, nolo contendere, or convicted of or been sentenced for any criminal offense, including driving under the influence in any state? If yes, please attach detailed information.

5. Have any disciplinary actions been taken against your nursing license?

6. Are any disciplinary actions pending against your nursing license?

7. Do you have a physical, mental or emotional condition that might effect your ability to practice nursing?

PRINT NAME _____

Signature

Date

SUBMIT

TVCC NURSING DEPARTMENT
ATTENTION: NANCY OLSON
650 COLLEGE BLVD.
ONTARIO, OREGON 97914

NURSING PROGRAM RECOMMENDATION FORM

ADVANCED PLACEMENT LPN TO RN _____

Applicant's Name _____

The above person is applying for the nursing program at TVCC. You have been selected by the applicant to complete this recommendation form. A provision of the Family Educational Rights and Privacy Act of 1974 allows students to review recommendations unless the student waives the right in writing.

PLEASE return this form to the TVCC Nursing Department before April 13, 2012 at the above address in a SEALED ENVELOPE.

I waive the right to review this Nursing Program Recommendation form

Student Signature

Treasure Valley Community College complies with Section 504 of the Rehabilitation Act of 1973 and does not discriminate against qualified handicapped persons.

Please circle one number on the following scale:

	(High Rating)		(Low Rating)
1. OVERALL RATING of recommendation to program:	1	2	3
2. To what extent did the applicant's work show:			
Resourcefulness	1	2	3
Orderliness	1	2	3
Systematic Planning	1	2	3
Initiative	1	2	3
3. In behavior, to what extent was the applicant:			
Assertive	1	2	3
Confident	1	2	3
Sensitive to reaction of others	1	2	3

4. In assuming responsibility in work and conduct, to what extent was the applicant:

Accountable	1	2	3
Dependable	1	2	3
Thorough	1	2	3
Punctual	1	2	3

5. In responding to changing situations, to what extent was the applicant:

Flexible	1	2	3
Able to win cooperation of others	1	2	3

6. To what extent did the applicant demonstrate integrity 1 2 3

7. How well did the applicant work as a member of the team 1 2 3
(Highly (Low
Recommend) Recommend)

COMMENTS:

NAME(Print) _____ POSITION _____

AGENCY REPRESENTED _____ PHONE _____

ADDRESS _____

DATE _____

APPLICANT'S JOB
RESPONSIBILITIES: _____

RELATIONSHIP TO STUDENT _____
(Supervisor, Counselor, etc.)

SIGNATURE _____

ADDITIONAL COMMENTS:

SUBMIT

TVCC NURSING DEPARTMENT
ATTENTION: NANCY OLSON
650 COLLEGE BLVD.
ONTARIO, OREGON 97914

NURSING PROGRAM RECOMMENDATION FORM

ADVANCED PLACEMENT LPN TO RN _____

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Confident	1	2	3
Sensitive to reaction of others	1	2	3

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Dependable	1	2	3
Thorough	1	2	3
Punctual	1	2	3

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Flexible	1	2	3
Able to win cooperation of others	1	2	3

6. To what extent did the applicant demonstrate integrity 1 2 3

7. How well did the applicant work as a member of the team 1 2 3
(Highly (Low
Recommend) Recommend)

COMMENTS:

NAME(Print) _____ POSITION _____

AGENCY REPRESENTED _____ PHONE _____

ADDRESS _____

DATE _____

APPLICANT'S JOB
RESPONSIBILITIES: _____

RELATIONSHIP TO STUDENT _____
(Supervisor, Counselor, etc.)

SIGNATURE _____

ADDITIONAL COMMENTS:

TECHNICAL STANDARDS

TVCC provides the following technical standards with examples of learning activities to inform prospective and enrolled students of the skills required in completing their chosen profession's curriculum and in the provision of health care services. These technical standards reflect the performance abilities and characteristics that are necessary to successfully complete the requirements of clinical based health care program(s). These standards are not a requirement of admission into the program(s). Individuals interested in applying for admission to the program(s) should review these standards to develop a better understanding of the skills, abilities, and behavioral characteristics required to successfully complete the program.

Students admitted to the Nursing Program are expected to be able to complete curriculum requirements, which include physical, cognitive, and behavioral core competencies that are essential to the functions of the entry-level professional nurse. These core competencies are considered to be the minimum and essential skills necessary to protect the public. These abilities are encountered in unique combinations in the provision of safe and effective nursing care.

Progression in the program may be denied if a student is unable to demonstrate the technical standards.

Cognitive:

1. Recall, collect, analyze, synthesize, and integrate information from a variety of sources.
2. Measure, calculate, reason, analyze, and synthesize data.
3. Problem-solve and think critically in order to apply knowledge and skill.
4. Communicate verbally, and through reading and writing, with individuals from a variety of social, emotional, cultural, and intellectual backgrounds.
5. Relay information in oral and written form effectively, accurately, reliably, and intelligibly to individuals and groups, using the English language.

Examples of learning activities found in the nursing curriculum and related to industry standards:

- Process information thoroughly and quickly to prioritize and implement nursing care.
- Sequence or cluster data to determine client needs.
- Develop and implement a nursing plan of care for clients in acute, long term and community settings.
- Discriminate fine/subtle differences in medical word endings.
- Report verbally and in writing client data to members of the healthcare team.
- Read and comprehend medical orders and client information found in the medical record.
- Perform math computations for medication dosage calculations both with and without a calculator.

Physical:

Motor:

1. Coordinate fine and gross motor movements.
2. Coordinate hand/eye movements.
3. Maintain balance from any position.
4. Negotiate level surfaces, ramps, and stairs.
5. Function with both hands free for performing psychomotor tasks.
6. Maneuver in small areas.
7. Attend to cognitive and psychomotor tasks for up to 7-12 hours.

Examples of learning activities found in the nursing curriculum and related to industry standards:

- Transfer patients/clients in and out of bed from stretchers and wheelchairs.
- Control a fall by slowly lowering client to the floor.
- Perform cardiopulmonary resuscitation (CPR).
- Lift or move (turn, position) clients or objects, pull or push objects, weighing up to 35 pounds and maintain a "medium activity level" as defined by the State of Oregon Department of Insurance Index of occupational characteristics.
- Reach to shoulder or higher level to place or access equipment such as intravenous fluid bags, bend or squat to access equipment below bed level.
- Carry equipment and supplies to the client bedside.
- Manipulate small equipment and containers, such as syringes, vials, ampules, and medication packages to administer medications.
- Dispose of needles in sharps container.

- Complete assigned periods of clinical practice (7-12 hour shifts, days, evenings, or nights).

Sensory:

1. Acquire information from demonstrations and experiences, including but not limited to information conveyed through online coursework, lecture, small group activities, demonstrations, and application experiences.
2. Collect information through observation, listening, touching, and smelling.
3. Use and interpret information from diagnostic maneuvers.

Examples of learning activities found in the nursing curriculum and related to industry standards:

- Detect changes in skin color or condition. (Pale, ashen, grey, or bluish)
- Detect a fire in the client care environment.
- Draw up a prescribed quantity of medication into a syringe.
- Observe clients in a room from a distance of 20 feet away.
- Detect sounds related to bodily functions using a stethoscope.
- Detect audible alarms generated by mechanical systems such as those that monitor bodily functions, fire alarms, call bells.
- Observe and collect data from recording equipment and measurement devices used in client care.
- Communicate with client and members of the healthcare team in person and over the phone in a variety of settings, including isolation and the operating room where health team members are wearing masks and there is background noise.
- Detect foul odors of bodily fluids or spoiled foods.
- Detect smoke from burning materials.
- Detect changes in skin temperature.
- Detect unsafe temperature levels in heat-producing devices used in client care.
- Detect anatomical abnormalities, such as subcutaneous crepitus, edema, or infiltrated intravenous fluids.
- Feel vibrations such as an arterial pulse.

Behavioral:

1. Demonstrate emotional stability to function effectively under stress and adapt to changing environments.
2. Maintain effective, mature, and sensitive relationships with others.
3. Examine and modify one's own behavior when it interferes with others or the learning environment.
4. Possess attributes that include compassion, empathy, altruism, integrity, honesty, responsibility, and tolerance.

Examples of learning activities found in the nursing curriculum and related to industry standards:

- Exercise judgment, meet acceptable timeframes for client care delivery (acceptable timeframes are reflected by ability to carry out the usual client care assignment for a particular point in the program within the allotted clinical time), work effectively under stress, and adapt to rapidly changing client care environments.
- Accept accountability for actions that resulted in client care errors.
- Deal effectively with interpersonal conflict if it arises; maintain effective and harmonious relationships with members of the healthcare team.

TREASURE VALLEY COLLEGE
NURSING PROGRAM
APPLICATION FILE CHECK LIST
ADVANCED PLACEMENT

FOR YOUR INFORMATION ONLY

DO NOT SUBMIT

SUBMIT DOCUMENTS TO THE TVCC NURSING DEPARTMENT	DATE IN FILE
1. Personal Data Form. (Page 3-4)	
2. Signed nursing department "Regulations for Admission and Continued Participation" Form. (Page 7)	
3. Authorization of Records Signed. (Page 8)	
4. Completed Conditions Affecting Licensure form. (Page 9)	
5. TVCC Application for admission, if not previously on file. (Last page)	
6. References (write name of person). Nursing Recommendation Form. (Page 10) A. B.	
7. Letters from Director <u>and</u> direct supervising Instructor from LPN school of nursing (if applicable). Have persons send directly to the nursing department.	
8. College Transcripts from all colleges other than TVCC. (List any previous name you had for identification of transcript)	
9. Kaplan Nursing Test. Minimum score will be determined by Kaplan.	

NAME _____ ADDRESS _____ TELEPHONE _____

SS# _____

**ADVANCED PLACEMENT APPLICATION
SCORESHEET AND CHECKLIST**

TRANSCRIPTS FROM COLLEGES OTHER THAN TVCC

- 1.
- 2.
- 3.

CHECKLIST FOR DEGREE REQUIREMENTS

LPN PROGRAM COLLEGE _____

CRITERIA	EXPLANATION OF CRITERIA EVALUATION
Kaplan Nursing Test. Minimum score will be determined by Kaplan. Waived if student is a TVCC graduate within past 5 years.	0 points
Term hours of second year required general education offered courses.	One point for EACH credit hour <u>completed</u> as listed above for TVCC second year required general education courses.
GPA of general education courses applicable to nursing education at TVCC. Each course must have grade of "C" or above to be counted. C- is not acceptable.	Four point grading system: Actual cumulative GPA X 12 = _____
TVCC LPN Graduate within past 5 years	10 points
Resident of the community (10) (see documentation requirements)	You will be awarded the points if 1) you reside in the TVCC taxing district or 2) you reside within a 30 mile radius of Ontario (air miles) Your city residence is used to determine the 30 mile radius. (See specific requirements)

CHECKLIST FOR LPN/ADN DEGREE REQUIREMENTS

GRADE	COURSE	APPLICABLE CREDIT HOURS AT TVCC	AREA EVALUATION	POINTS
	WR 121 * English Composition	3	GPA of LPN nursing courses (3.0 required) Kaplan Nursing Test (minimum score determined by Kaplan)	
	WR 122* English Composition	3		
	BIOL 231 * Anatomy & Physiology	4	Completion of all first year general education courses with a minimum GPA of 2.70 and a minimum of "C" in each course.	
	BIOL 232 * Anatomy & Physiology	4	Completed REQUIRED general education courses of second year (max:15)	
	BIOL 233 * Anatomy & Physiology	4	GPA of required general education courses (both years) (max: 48)	
	BIOL 234 * Microbiology	4	TVCC LPN Graduate within last 5 years (10 pts)	
	PSY 201 OR 202 OR 203 *General Psychology	3	Resident of the Community (10 pts)	
	PSY 201 OR 202 OR 203 *General Psychology	3	TOTAL SCORE	
	WR 123 English Composition OR SP 111 Fundamentals of Speech OR SP 219 Small Group Discussion		Reference letters: 2 RNs who are supervising LPN practice (must be current) and 2 references from LPN Program. (1 from the Director and 1 from Primary Instructor)	
	FNUT 225 Nutrition	4	1. _____ 2. _____ 3. _____ 4. _____	
	Minimum of 6 credits chosen from two of the following: 3 credits MUST be Social Science: (circle those taken) Sociology, Cultural Anthropology, Ethnic Studies, Human Growth & Development, Computer Course	3 or 4 credits per class with a maximum of 8 credits counted in the application point system	Personal Data Form: _____ _____	
			MATH 95 or higher with a grade of "C" or above _____ *References and personal data form will be considered in the selection process.	
			Nursing Program Regulation signed statement: _____ Done	

*Required in First year curriculum

2011



2ND YEAR!!!

HAVE YOU
REGISTERED
FOR THE
KAPLAN
NURSING
TEST?

REGISTRATION
AND MONEY DUE
FEBRUARY 16TH , 2012.

TEST DATE:

TUESDAY, MARCH 6TH, 2012

5:00-7:00PM

PLEASE COMPLETE EVERY ITEM - LEAVE NOTHING BLANK

_____	_____	_____	_____
Last Name	First Name	Middle Name	Suffix
_____	_____	_____	_____
Permanent Physical Address	City	State	Zip
_____	_____	_____	_____
Mailing Address (if different than above)	City	State	Zip
_____	_____	_____	_____
Home Phone	Cell Phone	E-mail Address	
_____	_____	_____	
Social Security Number	Date of Birth	_____	

Have you attended TVCC under another name? If so, what name?: _____

Gender: __ Male __ Female	U.S. Veteran?: __ Yes __ No	Residency: __ Permanent resident of Oregon __ Permanent resident of ID/WA/NV/CA __ Other US State
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Select your ethnicity: __ Hispanic / Latino __ Not Hispanic / Latino	Select your preferred race: __ American Indian / Alaskan Native __ Black / African American __ Native Hawaiian / Pacific Islander	__ Asian __ White __ Other
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Program of study:
Intended Program of Study _____ Program Code _____ **

I PLAN TO ENROLL AT TVCC THE FOLLOWING TERM(S):
School Year: _____ Fall __ Winter __ Spring __ Summer __ Full Time (12+ credits) __ Part Time

Primary reason for attending TVCC:

__ Take transferrable classes	__ Explore Career/Academics	__ Learn English Language
__ Learn job skills	__ Take Classes to earn HS diploma/GED	__ Personal Interests
__ Improve job skills	__ Improve reading/writing/math skills	__ Other

Do you plan to earn a degree or certificate at TVCC?
__ Yes, certificate or 2-year degree __ Yes, High School Diploma or GED __ No __ Undecided

Which TVCC location do you plan to attend: __ Ontario __ Caldwell __ Burns __ Lakeview __ Online Only

High school completed:

__ Still in high school	__ CIM	__ High School Diploma from a community college
__ High School Diploma	__ Proficiency exam	__ External diploma program
__ GED	__ Home school	

Highest level of post-secondary education or degree you have completed:

__ None	__ 2-Year Associate Degree	__ Ph.D./Professional Degree
__ Other (short term training)	__ Bachelor's Degree	
__ 1-Year Certificate	__ Master's Degree	

LAST HIGH SCHOOL/ GED CENTER/ HIGH SCHOOL EQUIVALENCY PROGRAM ATTENDED:

_____	_____	_____
School	City	State
Year you graduated from high school or obtained your GED (if still in high school, year you will graduate) _____		

PREVIOUS COLLEGES ATTENDED: (Please list TVCC if you have attended previously.)

_____	_____	_____	_____
School	Year Attended	City	State
_____	_____	_____	_____
School	Year Attended	City	State
_____	_____	_____	_____
School	Year Attended	City	State

Please have all colleges you have previously attended send official transcripts to TVCC Admissions.

I certify that all information I have provided in this application is true and complete.

Signature _____

Date _____

Providing your social security number is voluntary. If you provide it, the college will use your social security number for keeping records, doing research, reporting, extending credit, and collecting debts. The college will not use your number to make any decision directly affecting you or any other person. Your social security number will not be given to the general public. If you choose not to provide your social security number, you will not be denied any rights as a student. Providing your SSN means that you consent to the use of your number in the manner described.

TVCC releases student "directory information" which includes name, hometown, enrollment status, major, enrollment dates, degrees or certificates earned/honors posted, athletic participation, weight & height of members of athletic teams, and for military purposes only - age, and address. If you do not want directory information released, please contact the Student Services Center, (541) 881-8822, for the necessary form and additional information.

* This information is required for institutional compliance with the Civil Rights Act of 1964 and is used for statistical and demographic purposes only.

It is the policy of Treasure Valley Community College that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, religion, national origin, age or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and non-discrimination should contact the Human Resources Director located in the Student Services Center on the south side of the Four Rivers Cultural Center Building. Telephone (541) 881-8822, ext. 226 or TDD (541) 881-2723.

Persons having questions about or requests for special needs and accommodations should contact the Disabilities Services Coordinator at Treasure Valley Community College, 650 College Blvd., Ontario, OR 97914. Telephone (541) 881-8822 x234 or TDD (541) 881-2723.

Treasure Valley Community College admits applicants who have earned a high school diploma (or equivalent) or whose high school class has graduated. Underage students who have not yet graduated from high school need permission from their high school and TVCC to enroll.

**NOTE: You must select a degree or vocational certificate program in order to be eligible for financial aid. Program codes can be found on the back of this application.

SEND COMPLETED APPLICATIONS TO:
TVCC - Admissions
650 College Blvd.
Ontario, OR 97914
(541) 881-2721 fax