

ADVANCED PLACEMENT APPLICATION

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

January 2010

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,

Maureen McDonough, RN, MS
Nursing Program Director
(541) 881-8822 Ext: 345
E-Mail: mmcdonou@tvcc.cc

TREASURE VALLEY COMMUNITY COLLEGE
ASSOCIATE OF APPLIED SCIENCE IN NURSING (AAS DEGREE)
Advanced Placement for LPN's
APPLICATION INSTRUCTIONS 2010
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).
- A Decision Score of 75 on the National League for Nursing "Foundations of Nursing" examination (waived if applicant is a TVCC graduate within 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. NLN 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, 2010**. 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 TVCC Application for Admission form (attached), if one has not been completed prior to now.
5. Completed Conditions Affecting Licensure form (attached, page 9).
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).

10. SCORES from NLN (Foundations of Nursing) preadmission test will be sent to the nursing department. You may pick up a second copy for yourself in the nursing department. If you have taken the test prior to 2010, submit a copy to the nursing department. *This requirement is waived for TVCC LPN graduates who have completed the program within the past 5 years.

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

The test will be administered, Thursday, March 10, 2010, 5:00 p.m. - 9:00 p.m. in TL-1. Preregistration for test and payment of a nonrefundable fee of \$60.00 (cashiers check or money order only) payable to TVCC - **NO CASH or personal checks**. Bring to the nursing department **no later than February 22, 2010**. Testing time will be at least 4 hours and will cover foundations of nursing which includes content related to nursing care to meet basic physiological and psychosocial needs. The nursing questions are written within the framework of the nursing process and related to the Practical Nurse level. A Decision score of 75 is required to be considered for admission to the nursing program.

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 2009 and January 2010
OR
2. Utility receipts from February 2009 and February 2010
OR
3. Utility receipts from March 2009 and March 2010.

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) a Decision Score of 75 on the National League for Nursing Foundation of Nursing examination (waived if student is a TVCC graduate within 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 before June 21, 2010.
 - 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 "Essential Nursing Functions", 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 22, 2010:
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, 2010.

Nursing students have a \$2000/year clinical fee which will be assessed over fall, winter, summer 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, 2010 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

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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:

ESSENTIAL FUNCTIONS:

The practice of Nursing requires the following functional abilities:

Gross Motor/Physical Endurance:

Sufficient physical endurance, strength and mobility to perform required client care activities in a safe and effective manner for the entire length of the clinical experience.

Examples of relevant activities:

- Working 8 or 12-hour shifts, days, evenings or nights, weekends, holidays.
- Standing, walking, bending, squatting, lifting or moving clients or objects weighing 25 to 50 pounds or more.
- Able to ambulate up minimum of four flights of stairs.

Fine Motor:

Sufficient to perform manual psychomotor skills integral to patient care.

Examples of relevant activities:

- Manipulate small equipment and containers (i.e. syringes, vials, ampules, and medication packages) to administer medications.

Visual Ability:

Sufficient to independently assess patients and their environments.

Examples of relevant activities:

- Detect changes in skin color or condition.
- Collect data from recording equipment and measurement devices used in patient care.
- Detect a fire in a patient area and initiate emergency action.
- Draw up the correct quantity of medication into a syringe.

Hearing Ability:

Sufficient to physical monitoring and assessment of client health care needs.

Examples of relevant activities:

- Hear faint body sounds (i.e. blood pressure sounds, assess placement of tubes).
- Hear auditory alarms (i.e. monitors, fire alarms, call bells).
- Hear normal speaking level sounds (i.e. person-to-person reports).

Olfactory Ability:

Sufficient to detect significant environment and client odors.

Example of relevant activity:

- Detect odors from client and environment.

Tactile Ability:

Sufficient to independently assess patients and to implement the nursing care plans that are developed from such assessments.

Examples of relevant activities:

- Detect changes in skin temperature.
- Detect unsafe temperature levels in heat-producing devices used in patient care.
- Detect anatomical abnormalities (i.e. subcutaneous crepitus, edema, or infiltrated intravenous fluid).
- Detect vibrations.

Communication Ability:

Sufficient ability to speak, comprehend, read, and write (print and cursive) in English at a level that meets the need for accurate, clear, and effective communication.

Examples of relevant activities:

- Give clear oral reports.
- Direct activities of others by providing clear written and oral instructions to others.
- Influence people's actions.
- Be able to communicate effectively on the telephone.
- Legibly convey information through writing.

Reading Ability:

Sufficient to comprehend the written word.

Examples of relevant activities:

- Read graphs (i.e. vital signs sheets).
- Read and understand English printed and hand written documents.

Math Ability:

Sufficient to do accurate computations.

Examples of relevant activities:

- Read measurement marks.
- Count rates.
- Read digital displays.
- Tell and measure time (i.e. count duration of contractions, etc.).
- Accurately calculate medication dosages.
- Accurately calculate intake and output.

Critical Thinking Ability:

Sufficient to collect, analyze, integrate, and generalize information and knowledge to make clinical judgements and management decisions that promote positive patient outcomes.

Examples of relevant activities:

- Evaluate outcomes.
- Transfer knowledge from one situation to another.
- Process information.
- Prioritize tasks.
- Use long and short term memory.
- Problem solve.

Emotional Stability:

Sufficient to assume responsibility/accountability for actions.

Examples of relevant activities:

- Establish therapeutic relationships and communicate in a supportive manner.
- Deal with the unexpected (i.e. client becoming critical, crisis).
- Handle strong emotions.
- Adapt to changing environment/stress.
- Focus attention on task.
- Monitor own emotions and be able to keep emotional control.

Interpersonal Skills:

Sufficient to interact with individuals, families and groups respecting social, cultural and spiritual diversity.

Examples of relevant activities:

- Negotiate interpersonal conflict.
- Establish positive rapport with clients, co-workers, and faculty.
- Interact with others effectively.

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. Pre-Admission Test Scores; NLN Foundations for Nursing for Advanced Placement candidates taken in March. (Not College Compass Test). See Application Instructions for minimum scores.	

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
Foundations of Nursing Test Decision Score (minimum 75). 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) Foundations of Nursing Test (minimum Decision Score of 75)	
	WR 122* English Composition	3	Completion of all first year general education courses with a minimum GPA of 2.70 and a minimum of "C" in each course.	
	BIOL 231 * Anatomy & Physiology	4	Completed REQUIRED general education courses of second year (max:15)	
	BIOL 232 * Anatomy & Physiology	4	GPA of required general education courses (both years) (max: 48)	
	BIOL 233 * Anatomy & Physiology	4	TVCC LPN Graduate within last 5 years (10 pts)	
	BIOL 234 * Microbiology	4	Resident of the Community (10 pts)	
	PSY 201 OR 202 OR 203 *General Psychology	3		
	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) 1. _____ 2. _____ 3. _____ 4. _____	
	FNUT 225 Nutrition	4	Personal Data Form: _____ _____	
	Minimum of 6 credits chosen from two of the following: 3 credits MUST be Social Science: (<u>circle those taken</u>) 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	MATH 95 or higher with a grade of "C" or above _____ *References and personal data form will be considered in the selection process.	
*Required in First year curriculum			Copy of current Oregon LPN License: _____ in file.	
			Nursing Program Regulation signed statement: _____ Done	



2ND YEAR!!!

HAVE YOU
REGISTERED
FOR THE
FOUNDATIONS
OF
NURSING
TEST?

REGISTRATION AND
MONEY DUE FEBRUARY
22ND, 2010.

TEST DATE:
MARCH 10TH, 2010

PLEASE COMPLETE EVERY ITEM - LEAVE NOTHING BLANK

_____ Last Name	_____ First Name	_____ M.I.
_____ Permanent Physical Address	_____ City	_____ State
_____ Mailing Address (if different than above)	_____ City	_____ State
_____ Telephone	_____ E-mail Address	
_____ Social Security Number	_____ Date of Birth	

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship: <input type="checkbox"/> U.S. Citizen/Permanent resident of Oregon <input type="checkbox"/> U.S. Citizen/NOT residing in Oregon <input type="checkbox"/> International Student	U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
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***Ethnic Identity:**
 American Indian / Alaskan Native
 Black/African American
 Asian / Pacific Islander
 Latino / Hispanic
 White-Non-Hispanic
 Other

Is English your second language? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you the first person in your family household to attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Current Employment:
 Employed 35 hours/week or more
 Employed less than 35 hours/week
 Retired
 Not Employed

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

Primary reason for attending TVCC:
 Take transferrable classes
 Learn job skills
 Improve job skills
 Explore Career/Academics
 Take Classes to earn HS diploma/GED
 Improve reading/writing/math skills
 Learn English Language
 Personal Interests
 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

Highest level of post-secondary education or degree you have completed:
 None
 Other (short term training)
 1-Year Certificate
 2-Year Associate Degree
 Bachelor's Degree
 Master's Degree
 Ph.D./Professional Degree

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

_____ School	_____ State	_____ Year	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PREVIOUS COLLEGES ATTENDED: (Please list TVCC if you have attended previously.)

_____ School	_____ Year	_____ State	_____ Degree(s) or Certificate(s) Earned
_____ School	_____ Year	_____ State	_____ Degree(s) or Certificate(s) Earned
_____ School	_____ Year	_____ State	_____ Degree(s) or Certificate(s) Earned

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

I PLAN TO ENROLL AT TVCC THE FOLLOWING TERM(S):

School Year: _____ Fall Winter Spring Summer Full Time (12+ credits) Part Time

Intended Program of Study _____ Program Code _____** Interested in on-campus housing? Yes No

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

_____ Signature	_____ Date
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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 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 - name, 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 the Treasure Valley Community College Board of Education and the College that there will be no discrimination or harassment on the grounds of race, color, gender, marital status, religion, national origin, age or disability in any educational program, activity 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

Getting Started at Treasure Valley Community College!

PROGRAM CODES:

Select the program name and code that is closest to your intended program of study at Treasure Valley Community College. Please enter the code and description on the front of this application. If you need assistance choosing a code or have questions about the degrees or programs offered, please contact us at (541) 881-8822 x239.

TRANSFER PROGRAMS

Preparation for transfer to a 4-year institution. May lead to an Associate of Arts (AA) or Associate of Science (AS) degree.

1010	AGRICULTURE, GENERAL (AS)
1011	AGRICULTURE, EDUCATION (AS)
1012	AGRICULTURE, ECONOMICS (AS)
1013	AGRICULTURE, BUSINESS (AS)
1014	ANIMAL SCIENCE (AS)
1015	CROP SCIENCE (AS)
1016	SOIL SCIENCE (AA)
1017	HORTICULTURE (AS)
1020	ART (AA)
1030	BUSINESS (AA)
1035	BUSINESS (AS)
1040	COMMUNICATIONS (AA)
1050	COMPUTER SCIENCE (AA)
1071	ELEMENTARY EDUCATION (AA)
1072	SECONDARY EDUCATION (AA)
1075	BILINGUAL EDUCATION (AA)
1090	ENGLISH (AA)
1110	FOREIGN LANGUAGE (AA)
1125	NATURAL RESOURCES (AS)
1130	HISTORY (AA)
1140	GENERAL STUDIES (AA)
1141	OREGON BLOCK TRANSFER (AA)
1145	PRE-NURSING (AA)
1180	PRE-LAW (AA)
1190	CRIMINAL JUSTICE (AA)
1210	MATHEMATICS (AA)
1220	MUSIC (AA)
1230	PHYSICAL EDUCATION (AA)
1240	ATHLETIC TRAINING (AA)
1250	PRE-PROFESSIONAL (AA)
1251	PRE-MEDICINE (AA)
1252	PRE-DENTAL (AA)
1253	PRE-VETERINARY (AA)
1254	PRE-ENGINEERING (AA)
1255	PRE-CHIROPRACTIC (AA)
1256	PRE-DENTAL HYGIENE (AA)
1257	PRE-PHARMACY (AA)
1258	PRE-PHYSICAL THERAPY (AA)
1259	PRE-RADIOLOGICAL SCIENCE (AA)
1260	PSYCHOLOGY (AA)
1280	SCIENCE (AA)
1281	BIOLOGICAL SCIENCE (AA)
1282	CHEMISTRY (AA)
1283	GEOLOGY (AA)
1284	PHYSICS (AA)
1290	SOCIAL SCIENCE (AA)
1291	SOCIAL WORK (AA)
1292	POLITICAL SCIENCE/ECONOMICS (AA)
1310	THEATRE (AA)
1330	WILDLIFE SCIENCE (AS)

PROFESSIONAL TECHNICAL CERTIFICATE PROGRAMS (1YR)

Occupational preparation and training. May lead to a certificate.

3040	APPLIED ACCOUNTING
3064	JUVENILE CORRECTIONS (BURNS)
3065	CORRECTIONS
3120	NURSING (LPN)
3121	EMERGENCY MEDICAL TECHNICIAN
3130	WELDING TECHNOLOGY
3151	EARLY CHILDHOOD EDUCATION
3195	OFFICE SPECIALIST
3200	AG BUSINESS TECHNICIAN
3410	NATURAL RESOURCES, FORESTRY
3420	NATURAL RESOURCES, RANGE MANAGEMENT
3430	NATURAL RESOURCES, NOXIOUS WEEDS
3440	NATURAL RESOURCES, WILDLAND FIRE

1 Complete this application for admission and return it to:
TVCC Admissions
650 College Blvd.
Ontario, OR 97914
fax: (541) 881-2721

2 Submit official transcripts:
If you have previously attend a college or university, submit official transcripts from each institution. High school transcripts are not required.

3 Apply for Financial Aid:
Applications are available from the Financial Aid Office or online at www.fafsa.ed.gov. Annual scholarships are also available through the TVCC Foundation. Visit us at www.tvcc.cc/financialaid/ for information, application materials, forms, and aid resources.

4 Take the COMPASS placement test prior to registration:
Testing schedules are available online at www.tvcc.cc, in the Student Services Center, or in the Testing Center. Please call (541) 881-8822 x200 or x239 for information.

5 Complete New Student Orientation:
Make an appointment to attend a live New Student Orientation, or complete the Online New Student Orientation at www.tvcc.cc/prospective.cfm

6 Schedule and Attend an Advising Session:
Your advisor will help you select the most appropriate schedule of classes for your interests and help you complete the registration process. Please contact Student Services at (541) 881-8822 x200 to schedule your appointment.

www.tvcc.cc

PROFESSIONAL TECHNICAL DEGREE PROGRAMS

Occupational preparation and training. May lead to an Associate of Applied Science (AAS) degree.

2050	BUSINESS MANAGEMENT (AAS)
2060	COMPUTER NETWORKING (AAS)
2080	DRAFTING TECHNOLOGY (AAS)
2081	GIS TECHNOLOGY (AAS)
2092	WILDLAND FIRE MANAGEMENT (AAS)
2120	CRIMINAL JUSTICE (AAS)
2151	EARLY CHILDHOOD EDUCATION (AAS)
2152	PARA-EDUCATOR/BILINGUAL EDUCATION (AAS)
2160	NURSING (AAS)
2170	RANCH MANAGEMENT (AAS)
2192	LEGAL OFFICE TECHNOLOGY (AAS)
2193	MEDICAL OFFICE TECHNOLOGY (AAS)
2194	MEDICAL TRANSCRIPTION (AAS)
2195	BUSINESS OFFICE ADMINISTRATION (AAS)
2210	WELDING TECHNOLOGY (AAS)