

*PART-TIME NURSING PROGRAM APPLICATION PACKET FOR NURSING 2010**

*Member of the Oregon Consortium for Nursing
Education (OCNE)*

*** APPLICATION OPEN AND CLOSE DATES:**

- Open date: November 2, 2009 – applicants can begin submitting completed program applications.
 - Close date: Monday, February 15, 2010, 5 p.m. (All required documentation listed on the application checklist must be received by the Admissions, Registration and Records Office no later than 5 p.m. on Monday, February 15, 2010.)
- *Please see the Part-Time OCNE Application 2010 Resource Guide for MHCC at <http://www.mhcc.edu/pages/623.asp> for assistance in the application process.*



**Part-Time Nursing Program
2010-2011**



OCNE/Mt. Hood Community College 2010-2011 Nursing Program Application Form

Student Information

Please type or print neatly in blue or black ink

Last Name	First Name	Middle Initial	Previous Last Name(s)
Male <input type="checkbox"/> Female <input type="checkbox"/>		Email address _____	

Social Security Number	Date of Birth (mm/dd/yy)
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Current mailing address number and street	City	State	Zip
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Physical address if different from mailing address	City	State	Zip
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Daytime phone	Evening phone	Message/Cell phone
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High school diploma or college degree earned? Yes No GED earned? Yes No

Education Information

List all colleges where you have completed nursing prerequisites and/or a degree

College	State	Dates of attendance	Degree earned/number of credits

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

Signature	Date
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Please mail all application materials to:
 Mt. Hood Community College
 Admissions, Registration, and Records
 Nursing Application
 26000 SE Stark Street
 Gresham, OR 97030



Part-Time Nursing Program 2010-2011



YEAR ONE – PREREQUISITE COURSE PLANNING SHEET

PRINT FULL NAME

- **For Part-Nursing Applicants**, by the application deadline date, February 15, 2010, a minimum of 30 credits of the 45 prerequisite courses must be completed or in progress and must include BI231 and MTH95 completion or competency through MHCC Placement Test.
- Official (sealed) transcripts from all institutions where prerequisite courses have been taken must be attached to this application. (*Mt. Hood Community College transcripts do not need to be attached*). **PART-TIME NURSING APPLICANTS:** Official transcripts documenting completion of courses that were in progress winter term 2010, must be received by April 9, 2010. Only courses completed with a letter grade of “C” or better will be used.

MHCC NURSING PREREQUISITES	COURSE	TERM/YEAR	GRADE	CREDITS	INSTITUTION
PART-TIME NURSING APPLICANTS, ONLY: Prerequisites courses that must be completed or in progress by February 15, 2010 to apply for the program (indicate courses in progress winter term 2010 with an “IP”).					
BI-231 - Anatomy & Physiology I (Completed during or after 2003)					
MTH95 or higher Math course (Completed during or after 2003) or MHCC Placement test scores for MTH105					
PART-TIME NURSING APPLICANTS, ONLY: You may select from any of the remaining prerequisite courses to meet 30-45 required credits by February 15, 2010 to apply for the program. (courses in progress winter term 2010, must have official transcripts to the office admissions no later than April 9, 2010) *Courses that must be completed before starting the program					
*BI-232 - Anatomy & Physiology II (Completed during or after 2003)					
*BI-233 - Anatomy & Physiology III (Completed during or after 2003)					
BI234 - Microbiology (if used for admission must complete an additional 4 credits of electives during the program)					
*WR-121 - English Composition I Waived with Bachelor’s degree.					
*WR-122 - English Composition II Waived with Bachelor’s degree.					
*BI112 or an approved biology course with genetics course					
*FN-225 – Nutrition (Completed during or after 2003)					
*CIS120L – Computer Concepts Lab					
*PSY-237 - Human Development					
*Social Science Elective (3 credits)					
*Humanities Elective (3 credits)					

Note: THIS FORM MUST BE FILLED OUT AND SUBMITTED AS PART OF A COMPLETED APPLICATION.

- Microbiology must be completed before starting the nursing course in winter term.
- For additional OCNE and MHCC degree requirements, please see *Part Time 2010 OCNE Resource Guide* at <http://www.mhcc.edu/pages/623.asp> and the *Mt. Hood Community College Catalog, 2009 – 2010*



Part-Time Nursing Program
2010-2011



Certified Nursing Assistant (CNA) or License Practical Nurse (LPN) WORK EXPERIENCE FORM

Student Name _____

Date: _____

Dear Employer/Supervisor:

The above individual is planning to apply to the MHCC Nursing program in 2009 (for fall entry) and **can earn points** in the selection process with proof of work experience as a CNA or an LPN. In order to receive those points each applicant must provide official documentation. We are therefore asking you to assist this applicant with the process. Please do the following:

- Keep this form intact
- Fill in the requested information below
- Seal it in an envelope (preferably a company letterhead envelope)
- Employer/Supervisor - sign your name across the seal.

To obtain the work experience points, the applicant must hold a current OSBN issued CNA certificate (card) or LPN License. The sealed envelope must be received no later than the application deadline **February 15, 2010** to earn points. If you have any questions you may call me at (503) 491-7341. Thank you for your help.

Sincerely,

Judy Froehlich
Admissions/Records Evaluator

CNA or LPN experience must qualify the individual for renewal of CNA certification or LPN License by the Oregon State Board of Nursing (OSBN). In other words, the individual must have been performing authorized duties as defined by the OSBN and must have received ongoing or regular supervision by a licensed nurse, and must have been in a position that required CNA certification or an LPN license.

Please verify (by checking the appropriate box) the amount of hours this applicant has worked as a CNA using the scale provided:

- 0 hours of work experience _____
- 1,548 to 2,040 hours of work experience (equal to full-time employment for 9 months to a year) _____
- 2,236 to 4,128 hours of work experience (equal to full-time employment for 13 months to 2 years) _____
- 4,300 or more hours of work experience (equal to full-time employment for 25 months and beyond) _____

Please note Employment Beginning Date: _____ and Employment End Date: _____.

Does this position require a CNA certification or an LPN license? Yes ___ No ___

Does a licensed nurse regularly supervise this individual? Yes ___ No ___

Name/ Signature of Supervisor

Printed Name

Supervisor's phone number

Facility

Position/Title



NURSING ADMISSION FORM

Admissions, Registration and Records Office, 26000 S.E. Stark Street, Gresham, OR 97030

For new students and students returning after four terms or more. There is a one-time \$25.00 admission fee assessed at the time of registration for all new students registering for credit courses. If you have taken credit courses at Mt. Hood Community College prior to Summer 2003, you will not be required to pay this fee.

*Providing your social security number (SSN) is voluntary. If you provide it, Mt. Hood Community College (MHCC) will use your SSN for keeping records, doing research, reporting, extending credit, and collecting debts. MHCC will not use your number to make any decision directly affecting you or any other person. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Please refer to the Disclosure Statement listed on the MHCC Web site at www.mhcc.edu/ssn, which describes how your number will be used. Providing your SSN means that you consent to the use of your number in the manner described.

Returning Students: MHCC ID Number _____

* Social Security Number _____ - _____ - _____

Name _____
LAST FIRST M.I.

Previous name(s) _____

Address _____ Apt# _____

CITY _____ STATE _____ ZIP _____

COUNTY (i.e. Multnomah) _____

E-mail _____

MHCC Major _____

Phone _____ Gender: M F

Racial / Ethnic Information:
(Voluntary questions, but required for federal and state reporting)
Do you consider yourself to be Hispanic or Latino:
 Yes No

In addition, select one or more of the following racial categories to describe yourself:
 -American Indian or Alaskan Native -Asian
 -African American or Black -White
 - Native Hawaiian or Other Pacific Islander

Date of Birth ____ / ____ / ____

Mother's Maiden Name _____

Residency Status – required for assessing tuition charges.
Will you have lived in Oregon 90 days prior to the 1st day of the term?
 -yes -no AND, check one below:

- Permanent resident of Oregon, CA, ID, WA or NV
- Permanent resident outside of Oregon, CA, ID, WA or NV
- International Student (requires an I-20)
- International Visitor (B, J, H or other non-student Visa)
please tell us your Visa type: _____

Term Summer Fall Winter Spring
Year _____

Previous college(s) attended

What is your attendance history at MHCC?
 -New Student
 -Attended MHCC more than four terms ago

What is your current high school education?
 (D)-Adult High School Diploma, Yr _____
 (G)-GED, Yr _____
 (H)-High School Graduate, Yr _____
 (N)-Did not complete
 (S)-Still in High School
Name of last high school attended

State _____
Check here if Home Schooled _____

What is the highest level of education / training you have received beyond high school?
 (0)-None
 (1)-Some college, short-term training, private vocational school
 (2)-1-year certificate from a community college
 (3)-2-year degree from a community college
 (4)-Bachelor's degree
 (5)-Master's degree
 (6)-Ph.D. / Professional degree

Do you plan to earn a degree, certificate or diploma at MHCC?
 (A)-Yes, a 1-year certificate or 2-year degree
 (B)-Yes, High School diploma or GED
 (C)-No, here to take classes
 (D)-Undecided

Select the one main reason for attending MHCC this term.
 (A)-Take classes to transfer to a 4-year college
 (B)-Learn skills to get a job
 (C)-Improve existing job skills
 (D)-Explore career or educational options
 (E)-Take classes to finish High School or GED
 (F)-Improve reading, writing or math skills
 (G)-Learn English
 (H)-Personal interest / enrichment
 (I)-Other

Will you be employed while attending classes this term?
 (F)-Yes, full-time (35+ hours per week)
 (P)-Yes, part-time (Less than 35 hours per week)
 (N)-No, not employed

Check here if you are a U.S. Veteran:
 Yes

“Student Right to Know” information is available at <http://www.mhcc.edu/pages/1451.asp>

If you need assistance due to a disability, please contact the Disability Services Office at (503)-491-6923 or at (503)-491-7670 (TDD)

Submitting this form electronically is the equivalent of a legal signature and creates the same obligation for the student.

Read before submitting: I acknowledge I am legally obligated to pay all charges incurred by registering. Charges may include late fees, reasonable collection costs, attorney fees, and Oregon Department of Revenue charges to the collection of all delinquent debts owed to the college. To have course tuition/fee charges removed, I must process a drop or withdrawal on MyMHCC or through the Admissions, Registration and Records Office within the refund period. (Form Updated: 6/25/2009)



Part-Time Nursing Program 2010-2011



2010-2011 APPLICATION PACKET CHECKLIST - Please complete this verification checklist as part of your nursing application. Be sure to attach all worksheets, transcripts, test scores and other supporting documentation as well as this checklist to your application. Applications will be accepted beginning November 2, 2009 through February 15, 2010. It is the responsibility of the applicant to ensure that all required documents listed below are received by the February 15, 2010 deadline.

REQUIRED – PART-TIME NURSING APPLICANTS

- Signed and Completed Nursing Application Checklist.**
- Completed OCNE 2010-2011 Nursing Program Application Form.** I understand that by making application to Mt. Hood Community College I am also applying for co-admission and authorizing the release of my application information to OHSU. In addition, I am authorizing my information to be released to the State Board of Nursing for research purposes only.
- Completed MHCC Nursing Admission Form.** This form is required as part of the application process even if you were or are a student at MHCC. You are not required to pay the \$25 fee as part of the Nursing application process. If you have not paid the fee in the past, it will automatically be added to your bill for tuition the first time you register for classes. If you have taken credit courses at MHCC prior to Summer term, 2003, you will not be required to pay this fee.
- \$75.00 non-refundable nursing application-processing fee.** This fee of \$75.00 is an additional fee to the general admission fee and is due by the application deadline. Submit the \$75.00 non-refundable Nursing Program application fee with the packet. Your application will not be considered without the fee.
- Year One Prerequisite Course Planning Sheet.** I have completed and attached the chart indicating where all prerequisites will or have been completed. I understand I must complete it entirely and only the courses I list will be assessed for application.
- Official (unopened) College Transcripts. For Part-Time Nursing Applicants:** I understand that a minimum of 30 credits of prerequisite/preparatory classes must be completed or in progress by the application deadline of February 15, 2010. Official transcripts documenting completion of courses, which were in progress winter term 2010 must be received by April 9, 2010. For coursework completed at Mt. Hood Community College, those transcripts will be ordered and placed in your application packet if it has been indicated as a college attended.
- Math/Math Competency.** I have met the required math/math competency through **one** of the following:
 - Completion of Math 95 with a "C" or better must be completed within the last 7 years (during or after 2003).
 - Placement into Math 105 (or higher) on the MHCC math placement test taken prior to or by February 15, 2010, 5:00 p.m.

OPTIONAL – discretionary points documentation (*please see OCNE Application 2010 Resource Guide for MHCC*)

- Certified Nursing Assistant or Practical Nursing License:** Photocopy (front and back) of Certified Nursing Assistant (CNA) certificate issued from the State Board of Nursing or a Practical Nursing License (LPN) and a CNA or LPN Work Experience Form(s)
- Medical Assistant:** An official transcript showing completion of a Medical Assistant Program of Study within the last 5 years **or** a photocopy of his or her current active credential as a Certified Medical Assistant.
- Emergency Medical Technician:** Photocopy of certificate documenting a minimum of Basic EMT certification
- Military DD214 or military transcript** for:
 - verification of service in a branch of the U.S. military
 - Medic/corpsman training and experience
- Photocopy of diploma for proof of prior degree.

This checklist must accompany your application materials. Due to the high volume of Nursing program applicants, candidates are not guaranteed notification of missing application items. It is the applicant's responsibility to ensure all items are received by the application deadline. Only complete applications will be evaluated for admission. Furthermore, I have read and understand the admission requirements and procedures for application. It is understood that withholding information or giving untruthful answers to questions on this application could be cause for non-acceptance or dismissal from the program. **I understand that by applying for the part-time program I may not apply for the full time nursing program.**

Name

Signature

Date