Full Legal Name

(Last Name) (First Name) (Middle Name)

Other Names Used

(Current Mailing Address) (City) (State) (Zip Code)

(Permanent Mailing Address) (City) (State) (Zip Code)

NMJC Student ID# (A number) Email Address @

Home Telephone Number Cellular Telephone Number

Anticipated Admission: Fall (year)

Have you previously been admitted to the NMJC Nursing Program? Date:

Have you previously been admitted to any other nursing program? \_ Date:

**Step I: Completion of Pre-Nursing Requirements**

|  |  |  |
| --- | --- | --- |
|  | **Semester/Year** | **Grade** |
| Basic Science  |   |   |
| BIOL2210C & BIOL2210Z Human Anatomy and Physiology I |   |   |
| BIOL2225C & BIOL2225Z Human Anatomy and Physiology IIENGL1110 Composition I |    |   |
| PSYC1110 Introduction to Psychology |   |   |
| PSYC2120 Developmental Psychology |   |   |

All prerequisite courses must be completed with a grade of “C” or higher and within five (5) years of application. Grades below “C” are not

accepted by the nursing program.

**A cumulative GPA of 2.75 must be achieved for the following courses (17 credit hours):**

|  |  |  |  |
| --- | --- | --- | --- |
| **COURSE** | **GRADE\*** | **x CREDIT HOURS** | **GRADE POINTS** |
| Basic Science Course  |  | x 4 = |  |
| BIOL2225C & BIOL2225ZAnatomy and Physiology I |  | x 4 = |  |
| ENGL1110 Composition and Rhetoric |  | x 3 = |  |
| PSYC1110 Introduction to Psychology |  | x 3 = |  |
| PSYC2120 Developmental Psychology |  | x 3 = |  |
| **\* A = 4 points; B = 3 points; C = 2 points** |  | **Total Grade Points →** |  |

Total grade points divided by 17 (credit hours) = grade point average (GPA)

**Test of Essential Academic Skills (TEAS) Score Date Scores**

Adjusted Individual Total Score

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Adjusted Individual Score(58.7%) | Reading (72.8%) | Math (68.8%) | Science (58%) | English (66.8%) |
|  |  |  |  |  |

*Please list most recent scores from ATI TEAS Exam (Limit of three attempts on TEAS within the one-year period prior to the May 20th nursing application deadline; there must be at 30 days between attempts)*

**Step II: Completion of Nursing Program Admission Application Requirements**

Con-current enrollment at NMJC

Overall NMJC Grade Point Average (GPA) > 2.0

Completion and submission of Nursing Program Application by 5:00 pm on May 20th Formal Letter of Intent

Current Resume

Completed Nursing Program Application Form

College transcripts transferred from NMJC Registrar’s Office to Nursing Program Office

Appointment for Interview with Director and/or Coordinators ***(we will contact you regarding appt.)***

Verify with Nursing Program Secretary that application packet is complete prior to 5:00 pm on May 20th

**Incomplete application packets will not be considered for admission.**

I certify that the information contained in this application is true and correct. I understand that misrepresentation or omission of information may be cause for denial of admission or dismissal from the nursing program. I understand I am applying for the Associate Degree Registered Nursing Program.

**Date: Signature:**

Full Legal Name

Last First Middle Maiden

Address

Number and Street City State Zip

Telephone Numbers

Home Work Cellular

Emergency Contact Information

(Name) (Relationship) (Address) (Telephone Number)

(Name) (Relationship) (Address) (Telephone Number)

Nearest Relative (not living with you)

(Name) (Relationship) (Address) (Telephone Number)

Name(s) of Children Name of School or Sitter Telephone Number

Place of Employment Work Hours

Name of Supervisor Telephone Number

Allergies

Physician

(Name) (Address) (Telephone Number)

Student Signature Date

**Please circle yes or no to indicate your answers to the following questions:**

1. Do you have a medical condition(s) that affect your ability to: move, think, complete nursing education, or practice as a nurse? YES NO
2. Are you currently using any chemical substances that may affect your ability to move, think, complete nursing education, or practice as a nurse (**see note below**)? YES NO
3. Do you have a criminal record? YES NO
4. Have you ever been denied clearance for employment by the New Mexico Caregivers Criminal History Screening Program? YES NO
5. Are you behind on child support payments? YES NO

**If you answered “YES” to any of these questions, please contact the Director of the NMJC Nursing Program to discuss**

**these issues *prior* to the admission deadline.**

Printed Name:

Signature: Date:

**Please Note**: As stated in the NMJC Student Nursing Handbook, in the section *Nursing Program – Substance Use/Abuse Screening and Testing Policy,* pp. 35-39,

**Clinical Contracts:** An important part of a nursing student’s education is the ability to participate and practice in various clinical settings. To ensure nursing students have these opportunities, New Mexico Junior College and various clinical agencies enter into contractual agreements that enable nursing students to practice within the clinical agencies (“Clinical Contracts”). These clinical agencies may have additional policies, procedures and requirements for their employees and clinical participants, including, but not limited to additional drug and/or alcohol screening. It is the responsibility of each nursing student to learn about and comply with the policies, procedures and requirements of the clinical agency where the nursing student participates in the clinical setting. Failure to comply with such additional policies, procedures and requirements may result in a nursing student’s removal from the clinical setting and/or removal from the NMJC nursing program.

**Use of Medication and Prescribed Drugs**. Use of *medical marijuana is not acceptable for students in the nursing program, even with a valid prescription.*Students shall notify their instructor when taking prescribed medication which could adversely affect their performance. If a student is taking a prescribed drug which may hinder the safe and efficient performance of the student’s duties or the safe participation in any activity, the **student must obtain a release to return to such College programs and activities, including returning to any clinical sites.** Such release must come from the prescribing health care professional. If a release cannot be obtained, the student may be suspended from the activity or program without any refund of tuition or fees. Students are advised to check with a health care provider when taking any over-the-counter medication to determine if the medication may cause, or give the appearance of causing, side effects which might hinder the safe and efficient performance of the student’s duties. It is the student’s responsibility to exercise conscientious judgment when considering whether he or she can properly function in College programs and activities in which he or she is participating. **A student should notify his or her instructor or immediate supervisor if he or she is feeling adverse effects from any medications which might adversely affect performance or the safety of the student or others. Sharing of any prescribed medications with others for whom they are not prescribed is strictly prohibited and is illegal. Do not share prescription medications with classmates.**

The data on this questionnaire is strictly confidential and anonymous. Please do not put your name on this form. The data will be utilized in the development of funding proposals and preparation of reports for professional nursing organizations. It is required by the New Mexico State Board of Nursing to inform the required annual report.

**Student Status:**

**Full-time Student (> 12 Hours) X Part-time Student (< 12 Hours)**

**Gender**: Male

Female

**Age:**

**Date of Birth:**

**Ethnicity:**

American Indian or Native Alaskan Asian

Black or African American Latino or Hispanic

Native Hawaiian or Pacific Islander White or Caucasian

Other

**Financial Resources:**

Grant Recipient Yes No Type of Grant: Student Loan Recipient Yes No \_ Type of Loan: Scholarship Recipient Yes No Type of Scholarship: Work-study Funds Recipient Yes No

Workforce Investment Act (WIA) Funds Recipient Yes No Financial Aid Yes No

Other

**Is English a second language for you?** Yes No

**Are you a citizen of the United States?** Yes No

**Are you considered an International Student?** Yes No

**Does either parent have a 4-year college degree**? **Yes No**

**Do you have a degree in a field other than nursing?** Yes No **Degree: Are you retraining due to job loss?** Yes No