Applications will not be taken before May 1st All applications MUST be COMPLETE before they will be accepted

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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 N	MJC Nursing Program?	Date:	
Have you previously been admitted to any o	ther nursing program?	Date:	
Step I: Completion of Pre-Nursing Require	<u>ements</u>		
Pre-Nursing Course Re	equirements	Semester/Ye	ear Grade
Basic Science			
BIOL2210C & BIOL2210Z Human Anatomy ar	nd Physiology I		
BIOL2225C & BIOL2225Z Human Anatomy ar	nd Physiology II		
ENGL1110 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.

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

divided by 17 (credit hours) -

COURSE	GRADE*	x CREDIT HOURS	GRADE POINTS
Example: Math 101	В	3 x 3 =	9
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 →	

1	divided by 17 (credit flours) =	_5 course grade point average (OFA)
기	ease list Test of Essential Academic Skills (TEAS) scores-list <u>ALL</u> attempts	:
	TFAS Scores & Minimum Cut Scores	

TEAS Scores & Minimum Cut Scores					
Date of Test	FTest Adjusted Individual Total Score (minimum) Reading Math Science English				English
	58.7%	72.8%	68.8%	58%	66.8%
1.					
2.					
3.					

Limit of three attempts on TEAS within the one-year period prior to the May 20th nursing application deadline; there must be at least 30 days between attempts. **Turn in a printed copy of all TEAS scores with application.

Several factors that are considered during the selection process.

- -Medical Terminology, Introduction to Nutrition, Microbiology (B or better)
- -Healthcare experience (if certified or licensed, please include a copy in your application packet)
- -How the application is filled out. Are ALL areas addressed? NO BLANKS. Attention to detail is IMPORTANT!
- -Content, formatting, spelling/grammar of Letter of Intent.
- -Interview (dress, performance, plan for success) **** The interview is a VERY important part of the selection process!
- -Overall GPA (NMJC and other institutions)
- -5 course GPA (see above)
- -Academic history

Total grade points

-TEAS performance

Date:

-Have you been in the program before?

<u>Step II: Completion of Nursing Program Admission Application Requirements</u>

Signature:

Con-current enrollment at NMJC
Overall NMJC Grade Point Average (GPA) ≥ 2.0; 5 course GPA ≥ 2.75
Completion and submission of Nursing Program Application by 5:00 pm on May 20th
Current Resume and Letter of Intent
Completed Nursing Program Application Form (with printed copies of all TEAS scores)
Completed Nursing Physical Form
Completed Dept of Health or Childhood vaccine record with required Immunizations.
College transcripts transferred from NMJC Registrar's Office to Nursing Program Office
Verify with Nursing Program Secretary that application packet is complete prior to 5:00 pm on May 20th
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.

5 course grade point average (CDA)

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Incomplete application packets will not be considered for admission.

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Last	Firs	t Middle		Maiden
Address	FIIS	ivildale		ividiueii
Number an	d Street	City	State	Zip
Telephone Numbers				
5	Home	Work		Cellular
Emergency Contact II	ntormation			
(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	Ages	Name of School or Sitter	·	Telephone Numbe
Diago of Employment			14/4	ork Hours
Place of Employment			VVC	ork nours
Name of Supervisor			Tel	ephone Number
Allergies				
Physician				
	(Name)	(Address)	(Telep	phone Number)
Student Signa				Date

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

 Do you have a medical condition(s) that affects 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 <u>prior</u> to the admission deadline.
Printed Name:
Signature:Date:

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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.

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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)
<u>Gender:</u>
Male
Female
Age:
Date of Birth:
Ethnicity
Ethnicity: American Indian or Native Alaskan
Asian
Black or African American
Latino or Hispanic
Native Hawaiian or Pacific Islander
White or Caucasian
Other
Other
Financial Resources:
Grant Recipient YesNoType of Grant:
Student Loan Recipient YesNo Type of Loan:
Scholarship Recipient Yes No Type of Scholarship:
Work-study Funds Recipient Yes No
Workforce Investment Act (WIA) Funds Recipient YesNo
Financial Aid YesNo
Other
Is English a second language for you? YesNo
Are you a citizen of the United States? YesNo
Are you considered an International Student? YesNo
Does either parent have a 4-year college degree? YesNo
Do you have a degree in a field other than nursing? YesNoDegree:
Are you retraining due to job loss? Yes No