

# NMJC - AAS in Nursing LPN to RN Transition Pathway

## Application for Admission

**Applications will not be taken before March 23rd**

**All applications MUST be COMPLETE before they will be accepted**

**DO NOT PRINT APPLICATION ON BOTH SIDES OF PAPER**

**Full Legal Name** \_\_\_\_\_

Last

First

Middle

**Other Names Used** \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

City

State

Zip Code

Permanent Mailing Address \_\_\_\_\_

City

State

Zip Code

**Emergency Contact Information** \_\_\_\_\_

Name

Relationship

Phone Number

**NMJC Student ID# (A number)** \_\_\_\_\_

**Email Address** \_\_\_\_\_

@ \_\_\_\_\_

**Home Telephone Number** \_\_\_\_\_

**Cell Number** \_\_\_\_\_

**Anticipated Admission: Summer** \_\_\_\_\_ **(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

Pre-Nursing Course Requirements	Semester/Year	Grade
Basic Science _____		
BIOL2210C & BIOL2210Z Human Anatomy and Physiology I		
BIOL2225C & BIOL2225Z Human Anatomy and 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.

**Place of Employment** \_\_\_\_\_

**Work Hours** \_\_\_\_\_

**Name of Supervisor** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Physician** \_\_\_\_\_

Name

Address

Phone Number

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

COURSE	GRADE*	x CREDIT HOURS	GRADE POINTS
Example: Math 101	B	3 x 3 = 9	9
Basic Science Course _____		x 4 =	
BIOL2225C & BIOL2225Z Anatomy 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		<b>Total Grade Points →</b>	

Total grade points \_\_\_\_\_ divided by **17** (credit hours)= \_\_\_\_\_ **5 course grade point average (GPA)**

**Please list Test of Essential Academic Skills (TEAS) scores - list best 3 attempts:**

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

Limit of three attempts on TEAS within the one-year period prior to the April 24th 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
- TEAS performance
- Have you been in the program before?

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

- \_\_\_\_ 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 April 24th.
- \_\_\_\_ Current Resume
- \_\_\_\_ 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 the Nursing Program Admin that your application packet is complete prior to 5:00 pm on April 10th.

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.

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **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
- 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
- Do you have a criminal Record? YES NO
- Have you ever been denied clearance for employment by the New Mexico Caregivers Criminal History Screening Program? 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.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Please Note:** As stated in the NMJC Student Nursing Handbook, in the section Nursing Handbook, in the section Nursing Program - Substance Use/Abuse Screening and Testing Policy, pp 28-30

**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 judgement 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.**

**NMJC - Associate Degree Nursing Program**  
**Application for Admission**  
**Applications will not be taken before May 1st**  
**All applications MUST be COMPLETE before they will be accepted**

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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 ( $\geq 12$  Hours) \_\_\_\_\_

Part-time Student ( $\geq 12$  Hours) \_\_\_\_\_

**Gender:**

Female \_\_\_\_\_

Male \_\_\_\_\_

**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 \_\_\_\_\_