NMJC - AAS in Nursing LPN to RN Transition Pathway

Application for Admission

Applications will be accepted from March 1 thru March 20th

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. 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 Physilolgy 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)= _____ **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

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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) _____
Part-time Student (≥ 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 _____