Application for Admission

How to Apply for Admission

GENERAL INSTRUCTIONS
• Complete ALL information requested on the application form. An incomplete application will delay admissions processing.
• Submit proof of high school graduation, GED, a passing score on a federal Ability to Benefit test, or its equivalent. Some programs may require high school transcripts or GED scores.
• Submit official transcripts from each previous college listed on the application.

SUBMITTING YOUR APPLICATION
Submit all documents to the following address:
North Shore Community College, Enrollment & Student Records, PO Box 3340, Danvers, MA 01923

INFORMATION
• NO application fee is required.
• NSCC has an open admissions policy.
• Some programs have specific selection procedures and interviews may be required. Prospective students are encouraged to call or visit the Enrollment Office in Danvers at 1 Ferncroft Road, or the Lynn Campus at 300 Broad Street.
• Students interested in participating in an academic program that involves working with children, the disabled, or the elderly, or includes a clinical affiliation, internship, or field placement with a private or public health care provider, may be required to undergo a Criminal Offender Record Information (CORI) check and/or SORI (Sex Offender Registry Information) check prior to participation.
• CORI and SORI checks are not used in any way as admission criteria. Depending on the contents of a student’s CORI and/or SORI, participation in a clinical affiliation, internship, or field placement may be denied. Programs involving a clinical affiliation, internship, or field placement are marked with a ✓ on the list of NSCC Credit Degree & Certificate programs.
• For more information, please call 781-477-2107 or 978-762-4188. Admissions questions may also be emailed to: info@northshore.edu.

FINANCIAL AID
North Shore Community College awards millions of dollars in federal, state and institutional financial aid each year to eligible students. Many students miss out because they do not think they are eligible and do not complete the FAFSA (Free Application for Student Aid).

• Financial aid is available to matriculated students in eligible degree and certificate programs.
  A matriculated student is one who has met all admission requirements and has been accepted into a program of study as a degree or certificate candidate.
  A non-matriculated (non-degree status) student may enroll in a course or courses, but is not considered to be pursuing a degree or certificate and is not eligible for financial aid.
• Application materials are available in NSCC’s Office of Student Financial Services (978-762-4189, 781-477-2191) or online at www.fafsa.gov.
• If you need help with your financial aid application, please contact the Student Financial services website at www.northshore.edu/services/fa for a schedule of FAFSA workshops.
NSCC Credit Degree & Certificate Programs

Welcome! NSCC offers a wide variety of Associate Degree and credit Certificate Programs. To learn more about specific programs, such as locations, schedules and admissions requirements, please visit our website, email us, or call NSCC's Admissions Department on the Lynn or Danvers campuses for more information.

www.northshore.edu • info@northshore.edu
NSCC Admissions Department: 781-477-2107 (Lynn) • 978-762-4188 (Danvers)

**CREDIT DEGREE PROGRAMS**

Accounting
Animal Care Specialist
Aviation Management
Aviation Science Professional Pilot
Biotechnology
Business Administration
Third Semester Abroad
Business Administration Transfer
Computer Applications
Computer Information Systems
Computer Networking
Computer Programming
Computer Science Transfer
Criminal Justice
Culinary Arts & Food Service
Developmental Disabilities
Digital Graphic Design
Drug & Alcohol Rehabilitation
Early Childhood Development
Elementary Education Transfer Program
Engineering Science Transfer
Energy Utility Technology
Executive Administrative Assistant
Fire Protection & Safety Technology
Food Science & Safety
Health Science
Horticulture
Hotel Management
Human Service Practitioner
Interdisciplinary Studies

**Credit Degree Programs, continued**

Legal Administrative Assistant
Liberal Arts
Liberal Arts International Management
Marketing
Medical Administrative Assistant
Nurse Education
Nutritional Science & Diet Technology
Occupational Therapy Assistant
Occupational Therapy Assistant Accelerated Option
Paralegal
Physical Therapist Assistant
Pre-Engineering
Radiologic Technology
Respiratory Care
Travel, Tourism & Hospitality
Veterinary Technology

**CREDIT CERTIFICATE PROGRAMS**

Aesthetics & Skin Care
Animal Care Specialist
Biotechnology
Computer Aided Design
Computer Applications
Computer Networking
Cosmetology
Culinary Arts & Food Service

**Credit Certificate Programs, continued**

Developmental Disabilities Direct Support
Digital Graphic Design
Early Care & Education: Infant/Toddler Child Care
Energy Utility Technology
English as a Second Language (Certificate of Completion)
Fire Protection & Safety Technology-FPS Professional Development
Gerontology
Gerontology/Activities Specialist
Law Enforcement
Legal Office Support
Medical Assisting
Medical Coding
Medical Office Support
Mental Health
Office Support
Paraeducator
Paralegal
Practical Nursing
School Age Educator
Substance Abuse Counseling
Surgical Technology
Web Development
Wellness & the Healing Arts
Youth Worker

漶 Fall-start only programs
© Clock-hour programs
@ Programs also offered online
Di Evening-only programs
✓ CORI/SORI review prior to field/clinical placements
★ Special admissions process

(Some programs have additional admissions requirements.)
NSCC Application for Admission

Please select a term:
- FALL
- WINTER/SPRING
- SUMMER

LAST NAME

FIRST NAME

MIDDLE NAME

ANY PREVIOUS LAST NAME

ADDRESS

CITY

STATE

ZIP

ENTER SOCIAL SECURITY #: Optional, but required if seeking financial aid or tax credit.

DATE OF BIRTH MONTH DAY YEAR

GENDER: [ ] FEMALE [ ] MALE

Contact Information

CELL PHONE [ ] [ ] [ ] [ ] [ ] [ ] WORK PHONE [ ] [ ] [ ] [ ] [ ]

HOME PHONE [ ] [ ] [ ] [ ] [ ]

EMAIL ADDRESS (PLEASE PRINT NEATLY):

[email]

Personal Information

· Ethnicity Information Optional.

ARE YOU HISPANIC OR LATINO? [ ] YES [ ] NO

ARE YOU: Please check any that apply.

[ ] AMERICAN INDIAN OR ALASKA NATIVE [ ] ASIAN [ ] BLACK OR AFRICAN-AMERICAN [ ] NATIVE HAWAIIAN OR PACIFIC ISLANDER

[ ] CAPE VERDEAN [ ] WHITE

· Military Information

ARE YOU PRESENT OR FORMER MILITARY PERSONNEL? [ ] YES [ ] NO

ARE YOU THE SPOUSE OR CHILD OF A VETERAN? [ ] YES [ ] NO

· Academic Information

PLEASE CHECK BOXES BELOW WHICH APPLY TO YOU. I AM:


[ ] AN NSCC GRADUATE SEEKING READMISSION. [ ] A PREVIOUS NSCC STUDENT (NON-GRADUATE). WERE YOU IN A DEGREE PROGRAM?

[ ] YES [ ] NO

· Residency Information

[ ] U.S. CITIZEN [ ] RESIDENT ALIEN (GREEN CARD)

If yes, enter Alien Registration number. If no, enter type of Visa.

WILL YOU REQUIRE A TEMPORARY STUDENT VISA (F-1) TO ATTEND NSCC? [ ] YES [ ] NO

Generally, in order to qualify for the in-state tuition rate, applicants must have proof of Massachusetts residency. A resident is defined as a person who has lived for at least six (6) months in Massachusetts, and who intends to remain in Massachusetts indefinitely. International students and, under most circumstances, Non-Resident Aliens ARE NOT eligible for Massachusetts resident rates.
Massachusetts Community Colleges In-State Tuition Eligibility Form

LAST NAME ___________________________ FIRST NAME ___________________________
MIDDLE NAME ___________________________
ANY PREVIOUS LAST NAME ___________________________
ADDRESS ___________________________
CITY ___________________________ STATE ___________________________ ZIP ___________
ENTER SOCIAL SECURITY # ___________________________
Optional, but required if seeking financial aid or tax credit.
STUDENT ID NUMBER ___________________________

ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO IF NOT, PLEASE COMPLETE THE FOLLOWING:
ARE YOU A PERMANENT RESIDENT? ☐ YES ☐ NO IF YES, LIST ALIEN REGISTRATION NUMBER.
IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, PLEASE STATE YOUR VISA OR IMMIGRATION STATUS IN DETAIL:

Please check the in-state or reduced tuition eligibility category that applies to you:

☐ I HAVE BEEN A MASSACHUSETTS RESIDENT FOR SIX CONTINUOUS MONTHS AND INTEND TO REMAIN HERE.

As proof of my intent to remain in Massachusetts, I possess at least two of the following documents, which I shall present to the institution upon request. These documents* are dated within one year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant’s status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

☐ VALID DRIVER’S LICENSE ☐ UTILITY BILLS* ☐ EMPLOYMENT PAY STUB*
☐ VALID CAR REGISTRATION ☐ VOTER REGISTRATION* ☐ STATE/FEDERAL TAX RETURNS*
☐ MASS. HIGH SCHOOL DIPLOMA ☐ SIGNED LEASE OR RENT RECEIPT* ☐ MILITARY HOME OF RECORD*
☐ RECORD OF PARENTS’ RESIDENCY FOR UNEMANCIPATED PERSON* ☐ OTHER

☐ I AM AN ELIGIBLE PARTICIPANT IN THE NEW ENGLAND BOARD OF HIGHER EDUCATION’S REGIONAL STUDENT PROGRAM.

☐ I AM A MEMBER OF THE ARMED FORCES (OR SPOUSE OR UNEMANCIPATED CHILD) ON ACTIVE DUTY IN MASSACHUSETTS.

Certification of Information
I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Signature of Applicant ___________________________ Date ___________________________
I certify that all above information is true.

Signature of Parent ___________________________ Date ___________________________
If applicant is under 18 years of age.

For official use. Do not write in this box.
I have reviewed the above information in order to determine applicant’s eligibility to receive the in-state tuition rate. Based on my review I have determined this applicant:

☐ IS eligible for the in-state tuition rate.
☐ IS NOT eligible for the in-state tuition rate.
☐ I am unable to make a determination at this time. The following additional information has been requested from the applicant:

Authorized College Personnel Signature ___________________________ Date ___________________________

Educational Objectives

Choose A or B:

A. ☐ I INTEND TO PURSUE A DEGREE OR CERTIFICATE PROGRAM. Please refer to NSCC Degree & Certificate Programs list.
   
   _______________
   
   FIRST CHOICE: ____________________________________________
   
   Some programs have specific admissions requirements. If you do not meet these requirements, your program of study will default to your second choice.
   
   _______________
   
   SECOND CHOICE: ____________________________________________

B. ☐ I PREFER UNSPECIFIED STATUS. I DO NOT INTEND TO CHOOSE A PROGRAM OF STUDY AT THIS TIME. I understand I am not eligible for financial aid unless I choose a program of study.

Choose from A or B:

A. IF YOU ARE APPLYING TO AN NSCC DEGREE OR CERTIFICATE PROGRAM, SELECT THE GOAL WHICH BEST DESCRIBES YOU.

☐ I AM PLANNING TO GRADUATE WITH A DEGREE OR CERTIFICATE

☐ I AM TAKING ONE OR MORE COURSES TO TRANSFER

OR

B. IF YOU HAVE NOT YET SELECTED AN NSCC PROGRAM, SELECT THE GOAL WHICH BEST DESCRIBES YOU.

☐ I AM TAKING ONE OR MORE COURSES TO TRANSFER.

☐ I AM TAKING ONE OR MORE COURSES TO UPGRADE OR LEARN NEW JOB/ACADEMIC SKILLS.

☐ I AM TAKING COURSES FOR PERSONAL GROWTH.

☐ I AM NOT READY TO DECLARE AT THIS TIME.

Educational Background

1). HIGH SCHOOL EDUCATION ☐ HIGH SCHOOL GRADUATE ☐ GED RECIPIENT ☐ DID NOT GRADUATE

<table>
<thead>
<tr>
<th>NAME OF HIGH SCHOOL OR GED TEST CENTER</th>
<th>CITY</th>
<th>STATE</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES ☐ NO HAVE YOU PASSED A FEDERALABILITY TO BENEFIT TEST (ATB)? DATE OF TEST: ___________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ YES ☐ NO ARE YOU A HIGH SCHOOL TECH PREP STUDENT?</td>
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</tr>
<tr>
<td>☐ YES ☐ NO DID YOUR MOTHER OR FATHER GRADUATE FROM A 4-YEAR COLLEGE?</td>
<td></td>
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</tr>
<tr>
<td>☐ YES ☐ NO WILL YOU HAVE RECEIVED A BACHELOR’S OR PROFESSIONAL DEGREE BY THE TIME YOU ENTER NSCC?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>☐ YES ☐ NO IS ENGLISH YOUR NATIVE LANGUAGE?</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

2). COLLEGE EDUCATION ☐ COLLEGE GRADUATE ☐ DID NOT GRADUATE

<table>
<thead>
<tr>
<th>NAME OF COLLEGE</th>
<th>CITY</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRADUATION DATE/DEGREE RECEIVED</td>
<td>DATES OF ATTENDANCE</td>
<td></td>
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</table>

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<thead>
<tr>
<th>NAME OF COLLEGE</th>
<th>CITY</th>
<th>STATE</th>
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<tr>
<td>GRADUATION DATE/DEGREE RECEIVED</td>
<td>DATES OF ATTENDANCE</td>
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</table>

Signature Required

☐ Signature of Applicant

I certify that all above information is true.

☐ Signature of Parent

If applicant is under 18 years of age.

Date
Additional Interests

Did you know? The following opportunities are available to you while attending NSCC. Please review and check below if you would like additional information. Some programs have eligibility requirements.

☐ Financial Aid
☐ Career Planning
☐ Dual Enrollment Program
   Enrichment program for high school students
☐ Mass Transfer Program & Transfer Agreements
   Admission to four-year colleges and universities guaranteed provided certain requirements are met. For more details on a list of participating four-year colleges and universities, contact NSCC’s Student Support & Advising Center (978-762-4036, 781-477-2132).
☐ Honors Program
   An opportunity for academic challenge, social networking, and enhanced transfer opportunities
☐ Presidential Scholars
   A leadership development opportunity, including a scholarship, for incoming high school graduates
☐ STEP
   High school or home-schooled students can take college courses to finish requirements for a high school diploma.
☐ ESL Classes
   I am interested in learning English as a second language.

Or, one of NSCC’s supportive learning communities:

☐ TRiO/Student Support Services
   An academic and college adjustment program for first generation or low-income students
☐ Women in Transition
   A program for women who have been out of school for many years.
☐ Project Enable
   An evening program for students with a GED
☐ Challenges, Choices, and Change
   A full-time program that combines academics and personal development to empower women and build a foundation for success.
☐ Bridges to the STARS
   A program for women and minorities interested in science, math, or technology.

5/2009
MASSACHUSETTS COMMUNITY COLLEGES - IN-STATE TUITION ELIGIBILITY FORM

Last Name __________________________________________ First Name __________________________ MI ______

Street Address __________________________________ City __________________ State ______ Zip Code ______

SSN# or Student I.D. Number __________________________ Date of Birth ______________________

Are you a U.S. Citizen? _______Yes _______ No. If not, please complete the following:

Are you a Permanent Resident? _______Yes _______ No (If yes, list alien registration number:________________)

If you are not a U.S. Citizen or Permanent Resident, please state your Visa or immigration status in detail:
______________________________________________________________________________________________

Please check the in-state or reduced tuition eligibility category that applies to you:

_____ I have been a Massachusetts resident for six (6) continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, I possess at least 2 of the following documents, which I shall present to the institution upon request. These documents* are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant’s status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

___ Valid Driver’s license ___ Utility bills* ___ Employment pay stub*
___ Valid Car registration ___ Voter registration* ___ State/Federal tax returns*
___ Mass. High School Diploma ___ Signed lease or rent receipt* ___ Military home of record*
___ Record of parents’ residency for unemancipated person* ___ Other ________________

_____ I am an eligible participant in the New England Board of Higher Education’s Regional Student Program.

_____ I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.

Certification of Information

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Applicant Signature: __________________________________________ Date ______

Parent/Guardian Signature (Applicant is Under 18 Years Old): __________________________ Date ______

FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS BOX

I have reviewed the above information in order to determine this individual’s eligibility to receive the in-state tuition rate. Based on my review I have determined that this individual:

_____ IS eligible for the in-state tuition rate.

_____ IS NOT eligible for the in-state tuition rate

_____ I am unable to make a determination at this time. The following additional information has been requested from the applicant: __________________________________________________________

Authorized College Personnel: __________________________________________ Date ____________
To the student: As you complete this form please consider your physical and mental/attitudinal ability to meet the Technical Standards associated with the health professions program that you are about to enter. Please carefully consider the General Job Description as you evaluate your ability to meet the Technical Standards specified. Contact the Nurse Education Program at (978) 762-4156, if you require more specific information about the physical and mental/attitudinal requirements of the program.

**General Job Description:**
Assess patients using critical thinking in decision-making. Provide physical and emotional care to clients. Apply principles of therapeutic communication and teaching appropriately.

<table>
<thead>
<tr>
<th>PHYSICAL</th>
<th>Freq*</th>
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<tbody>
<tr>
<td>LIFT:</td>
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<tr>
<td>CARRY:</td>
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<td>KNEEL:</td>
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<td>STOOP/BEND/TWIST</td>
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<td>BALANCE:</td>
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<td>CROUCH:</td>
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<td>REACH:</td>
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<td>HANDLE:</td>
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<td>PUSH/PULL:</td>
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<td>WALK:</td>
<td></td>
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<tr>
<td>STAND:</td>
<td></td>
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*Freq: F = Frequently, O = Occasionally, C = Commonly
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<thead>
<tr>
<th><strong>TACTILE</strong></th>
<th><strong>Freq</strong></th>
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<tbody>
<tr>
<td>PALPATE: pulses, skin texture, bony landmarks,</td>
<td>C</td>
</tr>
<tr>
<td>DIFFERENTIATE: between temperature and pressure variations</td>
<td>F</td>
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<thead>
<tr>
<th><strong>VISUAL</strong></th>
<th><strong>Freq</strong></th>
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<tbody>
<tr>
<td>READ: numbers, letters, cursive writing in fine and other print in varying light levels</td>
<td>C</td>
</tr>
<tr>
<td>DETECT: changes in skin color, client’s facial expressions, swelling, atrophy, forms of non-verbal communication (gestures)</td>
<td>F</td>
</tr>
<tr>
<td>OBSERVE client and environment in order to assess conditions or needs.</td>
<td>C</td>
</tr>
<tr>
<td>SEE BP manometer, small print on vials, syringes, dials, gauges and computer screens.</td>
<td>C</td>
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</table>

<table>
<thead>
<tr>
<th><strong>COMMUNICATION</strong></th>
<th><strong>Freq</strong></th>
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<tbody>
<tr>
<td>SPEAK: in English language in clear, concise manner; to communicate with clients, families, significant others and the health care team</td>
<td>C</td>
</tr>
<tr>
<td>RESPOND: to client with communication disorders (aphasia, hearing loss), or those who use ESL</td>
<td>C</td>
</tr>
<tr>
<td>COMPREHEND: oral and written language, including health care terminology in order to communicate with clients, families, significant others, health care providers, and community</td>
<td>C</td>
</tr>
<tr>
<td>WRITE/WORD PROCESS: in English, clearly, legibly; for charts, computer input of data</td>
<td>C</td>
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</table>

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<tr>
<th><strong>AUDITORY</strong></th>
<th><strong>Freq</strong></th>
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</thead>
<tbody>
<tr>
<td>HEAR: heart sounds, breath sounds, client distress sounds, machine timer bells and alarms; verbal directions and requests from health care team and clients</td>
<td>C</td>
</tr>
<tr>
<td>Function safely, effectively, and calmly under stressful situations.</td>
<td>F</td>
</tr>
<tr>
<td>Remain alert to surroundings, potential emergencies; respond to client situations, i.e. falls, burns, pain, change in physical status.</td>
<td>F</td>
</tr>
<tr>
<td>Integrate information, and make decisions based on pertinent data, in a collaborative manner.</td>
<td>C</td>
</tr>
<tr>
<td>Interact effectively and appropriately with clients, families, supervisors, and co-workers of the same or different cultures with respect, politeness, tact, collaboration, teamwork, discretion.</td>
<td>C</td>
</tr>
<tr>
<td>Communicate an understanding of basic principles of supervision, ethics, confidentiality.</td>
<td>C</td>
</tr>
<tr>
<td>Display basic interpersonal skills necessary to interact in situations requiring close, personal contact.</td>
<td>C</td>
</tr>
<tr>
<td>Display attitudes/actions consistent with the ethical standards of the profession.</td>
<td>C</td>
</tr>
<tr>
<td>Maintain personal hygiene consistent with close personal contact associated with client care</td>
<td>C</td>
</tr>
<tr>
<td>Maintain composure while managing multiple tasks simultaneously</td>
<td>C</td>
</tr>
<tr>
<td>Prioritize multiple tasks</td>
<td>C</td>
</tr>
</tbody>
</table>

*Performance Level: O = occasionally 50-74%; F = frequently 75-89%; C = constantly 90-100%*

*Applicants who are offered admission must document their ability to perform all essential tasks with or without reasonable accommodation in order to begin the professional courses. If you are an otherwise qualified individual with a disability who seeks a reasonable accommodation, you need to contact the Office of Disability Services for eligibility determination for reasonable accommodation(s). For those applicants offered admission, you will be asked to self certify by signing the Technical Standards which are included in the Health Forms packet that you will be required to complete no later than January 12, 2011 for the Spring semester 2011 and July 7th for Fall 2011.
This questionnaire is to be completed with a change of Program Application

**Instructions Page 1:** Please complete this page by word processing all of your answers. Attach additional sheet(s) if needed or submit a resume (make sure your name is on each additional sheet).

Name: ____________________________________________ Student ID #:_______________________

<table>
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<tr>
<th>Last</th>
<th>First</th>
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<th>(IF AVAILABLE)</th>
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</table>

Address:____________________________________________________________________________

Day Time Phone: (____)_______________________ Evening Phone: (____)_______________________

Cell Phone: (____)_______________________ Email:__________________@__________________

Are you applying as a returning applicant to the Nurse Education Program?

Yes       No

**Please PRINT all answers (or attach a word processed resume):**

<table>
<thead>
<tr>
<th>Your current job:</th>
<th>Employer:</th>
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<tbody>
<tr>
<td>Dates:</td>
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<tr>
<td></td>
<td>Duties and Responsibilities:</td>
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<table>
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<tr>
<th>Prior job(s)</th>
<th>Employer/Facility:</th>
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<tbody>
<tr>
<td>Dates:</td>
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<tr>
<td></td>
<td>Duties and Responsibilities:</td>
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<tr>
<td></td>
<td>Employer/Facility:</td>
</tr>
<tr>
<td></td>
<td>Duties and Responsibilities:</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Health Related Experiences or Site Visits</th>
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</thead>
<tbody>
<tr>
<td>Dates:</td>
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Please proceed to the next page and follow the instructions.
Instructions page two: Please answer all following questions. Evaluation of the answers includes but is not limited to grammar, spelling, as well as overall content and quality of the answers (e.g. accuracy, thoroughness, and relevance to the question asked). Handwritten applications will not be accepted. Make sure your name is on each of the page(s) submitted.

1. Why have you decided to re-apply to the Nurse Education Program? What changes have you made to help you succeed with your academic goals?

2. What have done to enhance your nursing knowledge since you left the Nurse Education Program?

Nurse Education

This Program prepares interested students for a career in nursing as a Registered Nurse. Graduates of the Program receive an Associate in Science degree and are eligible to enter the licensure process for Registered Nurses. The Program is approved by the board of Registration in Nursing and is accredited by the National League for Nursing Accreditation Commission.

The Program is organized as a competency-based curriculum with modified self-pacing. Nursing courses include clinical practice experiences in a variety of clinical settings, where students develop nursing skills based on theoretical concepts.

To participate in clinical practice experiences and take the National Council of State Boards Licensure Examination (NCLEX-RN), students are required to undergo a Criminal Offense Record Information check. Depending upon information in the CORI check students may be denied placement in the clinical area and will not be able to participate in the Program.

Applications for the Spring 2011 must be post marked by December 1, 2010.