NURSE EDUCATION PROGRAM (LPN-to-RN Option)
APPLICATION PACKET
FALL 2011

Thank you for your interest in the Nurse Education Program (LPN-to-RN Option) for Fall 2011. This application packet contains important information about admission requirements, the admission process, and program requirements.

Here are the Steps that must be followed to successfully apply to the program:

STEP 1: READ THE INFORMATION IN THIS PACKET
Please read all of the information in this packet carefully and follow all instructions. Admission to the Nurse Education Program (LPN-to-RN Option) is highly competitive and has a selective admission process. It is your responsibility to assure that you accurately understand the information in this packet and follow it accordingly.

STEP 2: COMPLETE ALL ADMISSION CHECKLIST REQUIREMENTS
The Admission Requirements Checklist in this packet details admission requirements and other important information. You must complete all checklist items for your application to be considered complete and ready for review. Please note that it is the applicant’s responsibility for assuring that the application is complete and received. If any of the required items are incomplete/missing when you submit your application material, your application will not be processed (i.e. reviewed). We will mail it back to you.

STEP 3: SUBMIT YOUR COMPLETED APPLICATION
We will begin taking completed applications on September 20, 2010. All completed applications received by close of business on February 7, 2011 will be reviewed for potential acceptance to the program. Completed applications may be considered under the same procedure after this date because space remains available in the program or waitlist, but there is no guarantee of such consideration. Admission to this program may close at any time after this date without notice. Thus, the only guarantee of consideration is to have the completed application submitted within the above dates. Applicants who submit completed applications between September 20, 2010 and February 7, 2011 will receive written notification of an admission decision in a letter postmarked by April 4, 2011. If offered admission, a non-refundable $100.00 deposit will be required to secure your acceptance to this Program.

- Walk-in Submission
  We strongly recommend that you submit your items in person so that we can review them with you to make sure that your application items are complete.

- Mail-in Submission
  As stated above, it is the applicant’s responsibility for assuring that the application is complete and received. You can mail the items to us (see the NSCC application form for address). However, if any of the required items are incomplete/missing when you submit your application material, then your application will not be processed. We will mail it back to you.
ADMISSION REQUIREMENTS CHECKLIST
NURSE EDUCATION PROGRAM (LPN-to-RN Option)

CHECKLIST INSTRUCTIONS: The last Column of this form is to be completed by the applicant. It identifies the admission requirements for this program.

<table>
<thead>
<tr>
<th>Checklist Item</th>
<th>Important Information</th>
<th>Applicant: initial below when complete (NOTE: Requirements are considered incomplete if in progress, scheduled, or requested)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algebra</td>
<td>Course can be High School or College level; must have a final grade of C or higher, no time limit</td>
<td>Initial:</td>
</tr>
<tr>
<td>Chemistry</td>
<td>Course can be High School or College level; must have a final grade of C or higher, no time limit</td>
<td>Initial:</td>
</tr>
</tbody>
</table>
| Course Requirements Form: | Complete the Course Requirements Form included in this packet. On this form, you will need to provide details on the successful completion (final grade of C or higher) of ALL of the following college-level courses, which are required for admission to this Program Option:  
  - Anatomy and Physiology 1 (see “Additional Important Information” for details on time limits)  
  - Anatomy and Physiology 2 (see “Additional Important Information” for details on time limits)  
  - Composition 1*  
  - Composition 2 Elective*  
  - Introduction to General Psychology*  
  - Human Growth and Development* - must cover life span from birth to death  
* You may get credit for these courses by passing certain examinations. For further information, visit [http://www.northshore.edu/cas/examination_credit.html](http://www.northshore.edu/cas/examination_credit.html) | Initial: |
<p>| Questionnaire  | A word-processed questionnaire (included in this packet) must be submitted for the year in which you are applying. | Initial: |
| Communications and Math Proficiency | There are many ways to demonstrate this, including but not limited to: placement testing, by course work here or at another College, SAT scores, and some Entrance Exams. For details visit <a href="http://www.northshore.edu/academics/basic_skills.html">http://www.northshore.edu/academics/basic_skills.html</a> | Initial: |
| NSCC Application for Admission | This form must be completed for the year in which you are applying; regardless of whether you are a new or current student. (a previously submitted application does not count). | Initial: |
| Employment as an LPN | Must submit proof of at least 6 months employment as an LPN within 1 year prior to this application | |
| Self Assessment of Clinical Skills | Submit a completed Self Assessment of Clinical Skills Form (included in this packet). The LPN applicant completes this form. | |
| MA LPN License | Submit a copy of a valid license as an LPN from the Commonwealth of Massachusetts | |</p>
<table>
<thead>
<tr>
<th>Checklist Item</th>
<th>Important Information</th>
<th>Applicant: initial below when complete (NOTE: Requirements are considered incomplete if in progress, scheduled, or requested)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school transcript or GED score report</td>
<td>Submit an official copy of the high school transcript or GED score report. If you previously submitted the transcript or score report and attended classes within the past 5 years, then Enrollment likely has it on file.</td>
<td>Initial and check: ___ submitted now with packet of application material. ____ previously submitted</td>
</tr>
<tr>
<td>Official transcripts from all Colleges/Universities previously attended</td>
<td>You must submit official transcripts from all Colleges/Universities previously attended, including an official transcript with proof of graduation from a practical/vocational school approved by the Massachusetts State Board of Nursing. If the College/University will give an official transcript directly to you, then have them do so. This is the most efficient way for you to ensure that receipt of transcripts do not hold up your application. If you have previously submitted transcripts and have since completed courses or are currently registered for courses, then you need to submit an updated transcript. NOTE: LPNs who have not graduated from a school approved by the Massachusetts State Board of Nursing will be evaluated on a case-by-case basis and are required to take the Excelsior College tests in Fundamentals of Nursing and Maternal-Child Health Nursing. This is in addition to other Colleges/Universities that you may have attended.</td>
<td>Initial and check the option(s) that apply : ____ submitted with this packet of application material. ____ mailed directly to NSCC ____ previously submitted (no new courses). NOTE: The sooner you start the transfer request process the better. It has been the College’s experience that it can take on average 1-2 months for transcript requests to be processed and sent to us</td>
</tr>
<tr>
<td>Employment as an LPN</td>
<td>Must submit proof of at least 6 months employment as an LPN within 1 year prior to this application</td>
<td></td>
</tr>
<tr>
<td>Employer Reference Form</td>
<td>Submit a completed LPN Employer Reference Form (included in this packet). The LPN’s employer completes this form.</td>
<td></td>
</tr>
<tr>
<td>Mandatory Information Session Form</td>
<td>Applicants must attend a Mandatory Information Session. Upcoming dates are included in this packet. At the session, applicants will be given an Attendance Form to submit.</td>
<td>Initial:</td>
</tr>
<tr>
<td>Program’s Student Handbook</td>
<td>Read the Nurse Education Student Handbook in its entirety. This can be accessed in the Library or on the website: <a href="http://www.northshore.edu/academics/departments/nsg/announcements">http://www.northshore.edu/academics/departments/nsg/announcements</a></td>
<td>Initial:</td>
</tr>
</tbody>
</table>

### Evaluation Information

Admission decisions are based on careful evaluation of all admission requirements detailed in the checklist. All submitted transcripts will be evaluated for overall academic performance/history and course work in specific subjects (including but not limited to science, English, behavioral sciences, health courses and math). Questionnaire evaluation includes but is not limited to the following: correct grammar/spelling, overall content and quality of answer (e.g. accuracy, thoroughness, and relevance to the question asked).

### Confirmation Statement

When you can initial every checklist item (on this page and the previous pages) as complete, then sign the confirmation statement and submit your application to the Enrollment Center in Lynn or Danvers (submit in person if possible, but you can mail it to the address on the NSCC application form):

I acknowledge that I have read all of the information in this admission application packet and the Nurse Education Program’s Student Handbook in its entirety. I acknowledge that it is my responsibility that I understand all of the information contained in these items by seeking further information/clarification from an Academic Advisor and/or other appropriate College personnel. Furthermore, I agree to comply with all College policies including but not limited to Program policies should I be granted admission to this program.

Signature: ___________________________ Date: _________________________
Additional Important Information

1. **If you are accepted** you MUST attend a Mandatory Orientation/Registration day scheduled for Thursday, May 19, 2011.

2. The Nurse Education Program anticipates accepting approximately 60 students for Fall 2011. This includes students who enter the Nurse Education Program as freshmen and those who enter as sophomores. LPN applicants will be admitted for sophomore status based on space availability which is limited. The decision in response to your completed application will be: accepted to Nurse Education LPN-to-RN Option; accepted conditionally to Nurse Education LPN-to-RN Option; or wait list for Nurse Education LPN-to-RN Option; or denied admission to Nurse Education LPN-to-RN Option.

3. **Anatomy and Physiology 1 & 2 and Microbiology** – If you have previously completed these courses with a final grade of C or higher, they must have been completed within 10 years of the date of entry into the Nurse Education Program in order to use them to meet graduation requirements. If these courses were completed more than ten years from the date of entry into the Nurse Education Program, then the student must also pass the Excelsior College Examination with a cut off score equivalent to a "C" or better at NSCC (www.excelsior.edu or 888-647-2388) or take the course again and earn a C or better.

4. Students interested in participating in an academic program that involves working with children, the disabled, or the elderly, or which 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) and/or Sex Offender Record Information (SORI) check(s). Depending on the contents of student’s CORI(s) or SORI(s), participation in clinical, internship, or field placement course(s) may impact a student’s ability to complete program requirements.

5. **In order to practice Nursing in Massachusetts, individuals must obtain a license**, which according to law requires that individuals graduate from an approved program of Nurse Education, apply to the Board of Registration in Nursing, be of good moral character, pass a licensure examination, and pay the appropriate fee. The license application requires individuals to answer specific questions about disciplinary actions (if any), other licenses (if any), and felony/ misdemeanor convictions (if any). Individuals may need to submit documentation in accordance with the Board’s Good Moral Character Licensure Requirement Information Sheet. After reviewing information submitted by an applicant, the Board will determine whether the applicant meets the statutory requirement of “good moral character.” For additional information, refer to the Board’s web site at: http://www.mass.gov/dph/boards/rn

6. **Working as a Nurse is physically, mentally, and emotionally demanding**. 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). A list of the essential tasks is in this packet under the section entitled, “Technical Standards for The Nurse Education Program”.

7. **All students must document immunity** to measles, mumps, rubella, varicella and Hepatitis B via immunization or titer; document inoculation against diphtheria and tetanus within the last 10 years; and to provide evidence of a negative TST (Tuberculin Skin Test) within 6 months or one negative chest x-ray per OSHA/CDC requirements following a positive TST. Require students to be in compliance with the current OSHA requirements and standard precaution training. **If you are accepted** a Health Packet will be mailed to you and must be thoroughly completed by your physician or nurse practitioner AS SOON AS POSSIBLE, but **no later than July 7, 2011**. Additionally, if accepted, you will be sent and will need to sign the Technical Standards form (a copy is included in this packet for your review as part of the admission application process).
8. During the program, students are responsible for their own transportation to a variety of clinical facilities (which may or may not be accessible by public transportation).

9. Prior to beginning clinical placements, students must subscribe to Student Liability Insurance.

10. Prior to beginning clinical placements, students must document that they have American Heart Association CPR certification at the health provider level.

11. Students enrolled in the Nurse Education Program are required to purchase Student Nurse Uniforms, a Nursing Skills Laboratory Kit and a Personal Digital Assistant (iTouch) with textbook software, and text books. The total cost is estimated to be $1000.00.
### NURSE EDUCATION (LPN-to-RN Option)

**COURSE REQUIREMENTS FORM**

**INSTRUCTIONS:** Applicants must complete the second and third columns of the following table. Please note that the data you provide here must also be evident on the official transcripts that you submit from all previously attended College/Universities (or official score reports for examinations):

<table>
<thead>
<tr>
<th>Required course (NSCC course code)</th>
<th>College/University where course was completed</th>
<th>Provide the date of completion with a final grade of C or higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. Composition 1</td>
<td>NSCC</td>
<td>completed: Fall 2001</td>
</tr>
<tr>
<td>e.g. Anatomy and Physiology 1</td>
<td>College X</td>
<td>completed: 5/15/09</td>
</tr>
<tr>
<td>e.g. Introduction to Psychology</td>
<td>NSCC</td>
<td>completed: CLEP exam on 5/14/09</td>
</tr>
<tr>
<td>Composition 1 (CMP101)</td>
<td></td>
<td>completed:</td>
</tr>
<tr>
<td>Composition 2 Elective (CMP104-CMP150)</td>
<td></td>
<td>completed:</td>
</tr>
<tr>
<td>*Anatomy and Physiology 1 (BIO103)</td>
<td></td>
<td>*completed:</td>
</tr>
<tr>
<td>*Anatomy and Physiology 2 (BIO104)</td>
<td></td>
<td>*completed:</td>
</tr>
<tr>
<td>Introduction to General Psychology (PSY102)</td>
<td></td>
<td>completed:</td>
</tr>
<tr>
<td>Human Growth and Development (PSY118)</td>
<td>(if taken at another college, the course(s) must cover the life span from birth to death)</td>
<td>completed:</td>
</tr>
</tbody>
</table>

**NOTE:** – These courses must be completed within 10 years of the date of entry into the Program (i.e. completed between September 2001 and the submittal of the completed application for entry in September 2011). If these courses were completed more than ten years from the date of entry into the Program, then the student must also pass the Excelsior College Examination with a cut off score equivalent to a "C" or better at NSCC (www.excelsior.edu) or take the course(s) again so that they are completed before the application is submitted.
NURSE EDUCATION PROGRAM

LPN Employer Reference Form

Date: _______________________

LPN Employee Name: ______________________________________________

Employer/Facility: ______________________________________________

Dates of Employment: ______________________________________________

Position Held: ____________________________________________________

Number of Hours/Week:______________________________________________

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reliability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Clinical Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Communication Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Potential for Program Success</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OPTIONAL
Additional Comments:

Signature: ________________________________________________________________

Title: ________________________________________________________________
The following section is to be completed by the applicant.

**Clinical Skills**

<table>
<thead>
<tr>
<th>Competent performance with:</th>
<th>Skilled</th>
<th>Skills Need Update</th>
<th>Unfamiliar with Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital signs</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Basic lung sounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel sounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peripheral pulses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intake &amp; Output</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration of PO meds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration of SC, IM and ID medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration of IV fluids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calculation of IV flow rates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calculation of divided doses</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Communication Skills**

<table>
<thead>
<tr>
<th>Competent performance with:</th>
<th>Skilled</th>
<th>Skills Need Update</th>
<th>Unfamiliar with Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate therapeutically with clients at all levels of development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use clear concise pertinent and correctly written communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document information according to legal and agency standards</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LPN to RN Option Self-Assessment of Skills
(to determine Preparedness for Advanced Standing)...continued

**Nursing Process:**

<table>
<thead>
<tr>
<th>Competent performance with:</th>
<th>Skilled</th>
<th>Skills Need Update</th>
<th>Unfamiliar with Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify nursing diagnosis on the basis of assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop a nursing care plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organize a nursing care plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate nursing care</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Theoretical Basis of Practice**

<table>
<thead>
<tr>
<th>Understands the Current Foundations of Nursing Principles including:</th>
<th>Skilled</th>
<th>Skills Need Update</th>
<th>Unfamiliar with Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Asepsis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Asepsis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Precautions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Mechanics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hazards of Immobility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principles of Rest and Sleep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chain of Infection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principles of Elimination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principles of Care for the Surgical Client</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principles of Fluid Balance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Students who took Maternal Child Nursing greater than seven years ago and do not have current skills in the care of clients in the maternal child setting are encouraged to take Maternal Child Nursing (MCN 102) or a similar review course.

I acknowledge that I answered the above questions truthfully and to the best of my ability.

Applicant’s Signature: ____________________________________________________________

Date: __________________________________________________________________________
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 ★
Early Childhood Education ★
Elementary Education Transfer Program
Energy Utility Technology ★
Engineering Science Transfer ★
Environmental Studies
Executive Administrative Assistant
Fire Protection & Safety Technology
Food Science & Safety
Health Science
Horticulture
Hotel Management
Human Service Practitioner ★

Credit Degree Programs, continued
Interdisciplinary Studies
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, continued
Criminal Justice
Culinary Arts & Food Service
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 ★

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

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

LAST NAME

FIRST NAME

MIDDLE NAME

ANY PREVIOUS LAST NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

MONTH

DAY

YEAR

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

GENDER: □ FEMALE □ MALE

Contact Information

CELL PHONE

WORK PHONE

HOME PHONE

EMAIL ADDRESS (PLEASE PRINT NEATLY.)

Personal Information

• Ethnicity Information

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 VERDIEAN □ 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:

□ A TRANSFER STUDENT (PREVIOUSLY ATTENDED ANOTHER COLLEGE). □ A FIRST-TIME STUDENT (NEVER ATTENDED COLLEGE BEFORE).

□ 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.

DATE OF BIRTH

MONTH

DAY

YEAR

STUDENT ID NUMBER

ARE YOU A U.S. CITIZEN? 

○ YES ○ NO

ARE YOU A PERMANENT RESIDENT? 

○ YES ○ NO

IF NOT, PLEASE COMPLETE THE FOLLOWING:

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.

○ VALID DRIVER'S LICENSE

○ VALID CAR REGISTRATION

○ MASS. HIGH SCHOOL DIPLOMA

○ RECORD OF PARENTS' RESIDENCY FOR UNEMANCIPATED PERSON*

○ UTILITY BILLS*

○ VOTER REGISTRATION*

○ SIGNED LEASE OR RENT RECEIPT*

○ EMPLOYMENT PAY STUB*

○ STATE/FEDERAL TAX RETURNS*

○ MILITARY HOME OF RECORD*

○ 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

I certify that all above information is true.

Date

Signature of Parent

If applicant is under 18 years of age.

Date

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:

I IS eligible for the in-state tuition rate.

I 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:

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 FEDERAL ABILITY TO BENEFIT TEST (ATB)? DATE OF TEST: ____________</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>YES ☐ NO ☐ ARE YOU A HIGH SCHOOL TECH PREP STUDENT?</td>
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<tr>
<td>YES ☐ NO ☐ DID YOUR MOTHER OR FATHER GRADUATE FROM A 4-YEAR COLLEGE?</td>
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<tr>
<td>YES ☐ NO ☐ WILL YOU HAVE RECEIVED A BACHELOR’S OR PROFESSIONAL DEGREE BY THE TIME YOU ENTER NSCC?</td>
<td></td>
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<tr>
<td>YES ☐ NO ☐ IS ENGLISH YOUR NATIVE LANGUAGE?</td>
<td></td>
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</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>
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</table>

<table>
<thead>
<tr>
<th>NAME OF COLLEGE</th>
<th>CITY</th>
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<td>DATES OF ATTENDANCE</td>
<td></td>
</tr>
</tbody>
</table>

Signature Required

☐ Signature of Applicant

I certify that all above information is true.

Date

☐ 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 Exploration**
  Explore your career path through guided and self-directed Career Exploration and Advising.
- **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 scholarship opportunity for eligible incoming high school graduates which includes leadership development.
- **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 support and leadership development program for students who meet federal eligibility requirements.
- **Women in Transition**
  Based on the Danvers campus, a strength-based supportive learning community of mature students, which is dedicated to easing the transitions to college, career, and life changing possibilities
- **Project Enable**
  A part-time evening program, providing GED recipients with small classes, academic advisement and an opportunity to earn nine college credits in a supportive learning environment.
- **Challenges, Choices, and Change**
  A full-time transitional program, based on the Lynn campus that combines academics and personal development to empower women and build a foundation for success.
- **Bridges to the Stars**
  A bridge program, based on the Lynn campus, offering support and scholarship assistance for women and minority students interested science, technology, engineering or math (STEM) programs.
NURSE EDUCATION PROGRAM ADMISSIONS QUESTIONNAIRE - FALL 2011
LPN to RN Option

This questionnaire is NOT an application for admission. Instructions Page 1: Please complete this page by printing 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: ____________________

Last    First     MI           (IF AVAILABLE)

Address:____________________________________________________________________________

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

Cell Phone: _(____)_________________________________ Email:__________________@__________________

Are you an LPN from an NLNAC accredited School of Nursing or a practical nursing program approved by the Massachusetts Board of Registration in Nursing? Yes □ No □

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

<table>
<thead>
<tr>
<th>Your current job:</th>
<th>Employer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Duties and Responsibilities:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Health Related Experiences or Site Visits</th>
<th>Employer/Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Duties and Responsibilities:</td>
</tr>
</tbody>
</table>

Please proceed to the next page and follow the instructions.
Instructions page two: Please answer all of the 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 pages submitted.

1. **How do you plan to manage your academic commitments and your other commitments while enrolled in the Program?** How are you planning to balance your life and academic responsibilities so as to optimize your chances to be successful in this rigorous Program.

2. **Describe your personal attributes and accomplishments you believe will contribute to your success as a registered nurse.**
   *Please provide examples of the duties and responsibilities of a nurse.*

3. **Describe how your life experiences have enhanced your knowledge of yourself and nursing?**
   *Describe how your life/work experiences and extracurricular, and/or volunteer activities contributed to choosing the nursing profession.*

4. **What are your academic and professional goals?**
   *What are the educational requirements to become a Nurse? What are the career opportunities for advancement within the Nursing profession and what are the educational requirements for such advancements? How does this relate to your personal values and goals?*

5. **Describe a challenging personal or work situation.** How did you manage the situation? What did you learn from the situation?
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>
</tr>
</thead>
<tbody>
<tr>
<td>LIFT: clients, equipment up to 25 lbs safely</td>
<td>F</td>
</tr>
<tr>
<td>CARRY/MOVE: equipment, objects up to 25 lbs safely</td>
<td>F</td>
</tr>
<tr>
<td>KNEEL: to perform CPR, work with clients, assist clients who fall</td>
<td>O</td>
</tr>
<tr>
<td>STOOP/BEND/TWIST: assist in ADL; perform transfers, operate low level equipment</td>
<td>F</td>
</tr>
<tr>
<td>BALANCE: safely maintain while assisting clients in ambulation, and transfer.</td>
<td>C</td>
</tr>
<tr>
<td>CROUCH: to locate and plug in equipment.</td>
<td>O</td>
</tr>
<tr>
<td>REACH: to adjust equipment, to guard patient, to reach supplies</td>
<td>F</td>
</tr>
<tr>
<td>WALK: for extended periods of time and distances over an eight (8) hour period</td>
<td>C</td>
</tr>
<tr>
<td>STAND: for extended periods of time over an eight (8) hour period</td>
<td>C</td>
</tr>
<tr>
<td>HANDLE: equipment such as syringes, Bp cuffs, IV infusions, buttons, switches and touch pads</td>
<td>F</td>
</tr>
<tr>
<td>DEXTERITY: to perform fine motor skills, manipulate and fine tune knobs, dials, blood pressure cuffs, equipment, scales and stretchers. DON and remove protective clothing. Safely handle sterile supplies to prevent contamination.</td>
<td>F</td>
</tr>
<tr>
<td>PUSH/PULL: wheelchairs, stretchers, patients, Hoyer lifts</td>
<td>F</td>
</tr>
<tr>
<td>TACTILE</td>
<td>Freq*</td>
</tr>
<tr>
<td>-----------------------</td>
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<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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</tbody>
</table>

<table>
<thead>
<tr>
<th>VISUAL</th>
<th>Freq*</th>
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</thead>
<tbody>
<tr>
<td>READ: accurately 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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>Freq*</th>
</tr>
</thead>
<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 ELL</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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AUDITORY</th>
<th>Freq*</th>
</tr>
</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><strong>MENTAL/COGNITIVE/BEHAVIORAL</strong></td>
<td><strong>Freq</strong>*</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
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</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, appropriately and exhibit respect for cultural and ethnic differences of clients, peers and individuals in the clinical and classroom settings.</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 effective 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>
<tr>
<td>Remain free from alcohol and/or chemical impairment in the clinical and classroom settings.</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 July 7, 2011.**
TEAS entrance exam information will be posted to this packet no later than July 15, 2010.
MANDATORY INFORMATION SESSIONS
FOR LPN-RN APPLICANTS TO THE
NURSE EDUCATION PROGRAM

LPN-RN applicants to the Nurse Education Program are required to attend an information session to learn more about the admissions process and the program. Please come prepared to ask questions. This information should enable you to make a more informed decision about the Nurse Education Program.

Information Sessions are held in The Health Professions and Science Building on the Danvers Campus. The application packet can be obtained in the Enrollment Center in Danvers or Lynn or on the website on the Nurse Education Program’s web page, which can be accessed at http://www.northshore.edu/departments/index.php
Select Nurse Education and then click on the Nurse Education Application Packet link.

ALL SESSIONS HELD AT DANVERS CAMPUS
HEALTH PROFESSIONS BUILDING
Room 110 DH

Thursday, October 7, 2010 3:15 p.m. – 4:15 p.m.
Thursday, November 4, 2010 3:15 p.m. – 4:15 p.m.
Thursday, December 9, 2010 3:15 p.m. – 4:15 p.m.