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.
• 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.

FINANCIAL AID
North Shore Community College awards millions of dollars in federal, state and institutional financial aid each year to eligible students. Many students, however, miss out because they do not think they are eligible and do not complete the Free Application for Federal Student Aid (FAFSA). To apply for financial aid, students must complete the FAFSA available on the Federal Financial Aid Web site at www.fafsa.ed.gov. Financial Aid can be used to pay for tuition, fees, books, transportation, and other educational expenses.

We strongly encourage you to complete the FAFSA. If you need help with your financial aid application or college financial planning, our Financial Aid Office has counselors who can assist you.

For more information, please call 781-477-2107 or 978-762-4188. Admissions questions may also be emailed to: info@northshore.edu.
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)

ASSOCIATE DEGREE PROGRAMS
Accounting
Animal Care Specialist f ✫
Aviation Management
Aviation Science Professional Pilot
Biotechnology ✫
Business Administration Transfer ✫
Computer Applications
Computer Information Systems
Computer Networking ✫
Computer Programming ✫
Computer Science Transfer ✫
Criminal Justice
Culinary Arts & Food Service
Developmental Disabilities ✫
Drug & Alcohol Rehabilitation ✫
Early Childhood Development ✫
Early Childhood Education ✫
Elementary Education Transfer
Energy Utility Technology ✫
Engineering Science Transfer ✫
Environmental Studies
Executive Administrative Assistant
Fire Protection & Safety Technology
Food Science & Safety
Graphic Design–Integrated Media
Graphic Design–Print
Health Science
Horticulture
Hotel Management
Human Service Practitioner ✫

Credit Degree Programs, continued
Interdisciplinary Studies
Legal Administrative Assistant
Liberal Arts ✫
Management
Marketing
Medical Administrative Assistant
Nurse Education f ✫ ✫
Nutritional Science & Diet Technology
Occupational Therapy Assistant f ✫ ✫
Paralegal
Physical Therapist Assistant f ✫ ✫
Pre-Engineering
Radiologic Technology f ✫ ✫
Respiratory Care f ✫ ✫
Travel, Tourism & Hospitality
Veterinary Technology f ✫ ✫

Credit Certificate Programs, continued
Dietary Management
Graphic Design
Early Care & Education: Infant/Toddler Child Care ✫
Emergency Medical Technician ✫
Energy Utility Technology f ✫
English as a Second Language (Certificate of Completion)
Fire Protection & Safety Technology–FPS Professional Development ✫
Gerontology ✫
Law Enforcement
Legal Office Supportige
Medical Assisting f ✫ ✫ gce
Medical Coding gce
Medical Office Support
Mental Health gce
Office Support gce
Paraeducator gce
Paralegal ✫
Practical Nursing f ✫ gce
Small Business Management–Entrepreneurship
Special Education
Special Needs ✫
Substance Abuse Counseling gce
Surgical Technology f ✫ gce
Web Development ✫ gce
Wellness & the Healing Arts ✫
Youth Worker ✫

f Fall-start only
@ Programs also online
✫ Special admissions process
Programs with specific admissions requirements
 Dorm Clock-hour program
✫ CORI/SORI check required prior to field /clinical placements
gce Gainful Employment Student-consumer information available

GAINFUL EMPLOYMENT RESOURCES
NSCC Application for Admission

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

LAST NAME

MIDDLE NAME

ANY PREVIOUS LAST NAME

ADDRESS

CITY

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

STATE

ZIP

DATE OF BIRTH MONTH DAY YEAR

GENDER:  ☐ FEMALE  ☐ MALE

Contact Information

CELL PHONE  ☐ ☐ ☐ ☐ ☐  ☐ ☐ ☐ ☐  WORK PHONE  ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

HOME PHONE  ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

EMAIL ADDRESS (PLEASE PRINT NEATLY)

@

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

• 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.

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.
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>
</table>

☐ YES ☐ NO HAVE YOU PASSED A FEDERAL ABILITY TO BENEFIT TEST (ATB)? DATE OF TEST: ______________________

☐ YES ☐ NO DID YOUR MOTHER OR FATHER GRADUATE FROM A 4-YEAR COLLEGE?

☐ YES ☐ NO WILL YOU HAVE RECEIVED A BACHELOR'S OR PROFESSIONAL DEGREE BY THE TIME YOU ENTER NSCC?

☐ YES ☐ NO IS ENGLISH YOUR NATIVE LANGUAGE?

2). COLLEGE EDUCATION

☐ COLLEGE GRADUATE

☐ DID NOT GRADUATE

<table>
<thead>
<tr>
<th>NAME OF COLLEGE</th>
<th>CITY</th>
<th>STATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GRADUATION DATE/DEGREE RECEIVED</th>
<th>DATES OF ATTENDANCE</th>
</tr>
</thead>
</table>

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</table>

<table>
<thead>
<tr>
<th>GRADUATION DATE/DEGREE RECEIVED</th>
<th>DATES OF ATTENDANCE</th>
</tr>
</thead>
</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
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

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.

☐ 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:

☐ 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: ________________________________
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
Please select the option below that best describes your plans to complete a FAFSA. This information will have no impact on whether you are admitted to the college.
☐ I plan to apply for federal, state and institutional financial aid and am prepared to complete the FAFSA at www.fafsa.ed.gov.
☐ I plan to apply for federal, state and institutional financial aid, but I need help from the Financial Aid Office to complete the FAFSA.
☐ I do not plan to apply for federal, state or institutional financial aid at this time.

☐ 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.

☐ ESL Classes
I am interested in learning English as a second language.

Or, one of NSCC’s supportive learning communities:

☐ 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.

☐ 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.

☐ 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

☐ Project GRAD
A part-time evening/weekend opportunity to prepare for careers in Health and in Business. Achievement coaches work closely with students to provide support.

☐ 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.
TECHNICAL STANDARDS FOR NURSE EDUCATION

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</td>
<td>F</td>
</tr>
<tr>
<td>CARRY: equipment, objects</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</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>HANDLE: equipment such as syringes, Bp cuffs, IV infusions</td>
<td>F</td>
</tr>
<tr>
<td>DEXTERITY: to perform gross motor skills, manipulate and fine tune knobs, dials, blood pressure cuffs, equipment, scales and stretchers</td>
<td>F</td>
</tr>
<tr>
<td>PUSH/PULL: wheelchairs, stretchers, patients, Hoyer lifts</td>
<td>F</td>
</tr>
<tr>
<td>WALK: for extended periods of time and distances over a normal work day</td>
<td>C</td>
</tr>
<tr>
<td>STAND: for extended periods of time</td>
<td>C</td>
</tr>
<tr>
<td>TACTILE</td>
<td>Freq*</td>
</tr>
<tr>
<td>-------------------------------------------</td>
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</tr>
<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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VISUAL</th>
<th>Freq*</th>
</tr>
</thead>
<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>
</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 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>
<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>MENTAL/COGNITIVE</td>
<td>Freq*</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 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 11, 2012 for the Spring 2012 semester and July 16th for Fall 2012.
NURSE EDUCATION PROGRAM ADMISSIONS QUESTIONNAIRE – For Returning Applicants Spring & Fall 2012

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 #: __________________

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>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Duties and Responsibilities:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Prior job(s)</th>
<th>Employer/Facility:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td>Duties and Responsibilities:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employer/Facility:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Duties and Responsibilities:</td>
<td></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 following questions. Evaluation of the answers includes but is not limited to grammar, spelling, as well as overall content and quality of the answer(s) (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 2012 must be post marked by November 30, 2011.