How to Apply for Admission

GENERAL INSTRUCTIONS
- Complete ALL information requested on the application form. An incomplete application will delay admissions processing.
- Complete the In-State tuition form.
- Submit proof of high school graduation (diploma or high school transcript), GED/HISET, associate degree or higher. Some programs may require high school transcripts or GED/HISET 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 Sex Offender Registry Information (SORI) 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, 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 Student Financial Services Office has counselors who can assist you.
NSCC Application for Admission

Please select a term: ☐ FALL ☐ WINTER/SPRING ☐ SUMMER ☐ YEAR: ________

LAST NAME

FIRST 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

☐ 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 ☐ PERMANENT RESIDENT CARD (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.
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/HISET 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 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>
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<tr>
<td>YES NO IS ENGLISH YOUR PRIMARY LANGUAGE?</td>
<td></td>
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</tr>
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</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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<thead>
<tr>
<th>NAME OF COLLEGE</th>
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<tbody>
<tr>
<td>GRADUATION DATE/DEGREE RECEIVED</td>
<td>DATES OF ATTENDANCE</td>
<td></td>
</tr>
</tbody>
</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

Date
Massachusetts Community Colleges In-State Tuition Eligibility Form

LAST NAME

FIRST NAME

MIDDLE NAME

ANY PREVIOUS LAST NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

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
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.

Signature of Parent
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:

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

5/14
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 applying as a degree seeking student. I 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 at the Lynn campus, offering support and scholarship assistance for women and minority first-year college students interested in science, technology, engineering or math (STEM) programs.

☐ SAILL Program (Student Achievement in Life & Learning)
A first-year program on the Lynn campus designed for promising men and women who have overcome challenges and are seeking success through higher education.

☐ TriO/Student Support Services
An academic support and leadership development program for students who meet federal eligibility requirements.

☐ Women in Transition
Based at the Danvers campus, WIT is a strength-based supportive learning community of mature students, which is dedicated to easing the transitions to college, career, and life changing possibilities.
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: 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 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>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>
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<tr>
<td>TACTILE</td>
<td>Freq*</td>
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<td>---------------------------------------------</td>
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<tr>
<td>PALPATE: pulses, skin texture, bony landmarks,</td>
<td>C</td>
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<tr>
<td>DIFFERENTIATE: between temperature and pressure variations</td>
<td>F</td>
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<table>
<thead>
<tr>
<th>VISUAL</th>
<th>Freq*</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>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>Freq*</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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<tr>
<th>AUDITORY</th>
<th>Freq*</th>
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<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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MENTAL/COGNITIVE</th>
<th>Freq*</th>
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<tbody>
<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>MENTAL/COGNITIVE (cont.)</td>
<td>Freq*</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------</td>
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</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, and 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 5, 2016 for the Spring 2016 semester and July 5, 2016 for Fall 2016 semester.
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>
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<tr>
<td>Duties and Responsibilities:</td>
<td></td>
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</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>Duties and Responsibilities:</td>
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<tr>
<td>Employer/Facility:</td>
<td></td>
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<tr>
<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>Duties and Responsibilities:</td>
<td></td>
</tr>
</tbody>
</table>

Please proceed to the next page and follow the instructions.
NURSE EDUCATION PROGRAM Returning Student QUESTIONNAIRE
SPRING & FALL 2016 (Continued)

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.

Please be advised that students accepted to this program will be required to fully participate in patient simulation scenarios designed to closely replicate the healthcare workforce environment, which will prepare students to perform required competencies and care for patients. These scenarios are video recorded and viewed in debriefing sessions that allow for reflective learning, peer-to-peer learning, and evaluation by faculty/staff. Students are expected to respect and care for the patient simulators as if they were live patients, as well as to respect their fellow classmates during scenarios and debriefing sessions.

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 of 2016 must be post marked by November 2015.