Thank you for your interest in the Practical Nursing Program for Fall 2016. This application packet contains important information about admission requirements, the admission process, and program requirements for Fall 2016 (Note: these admission requirements are applicable to Fall 2016 only. For subsequent years, admission requirements are subject to change without notice).

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 this Program 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 21, 2015. All completed applications received by close of business on February 12, 2016 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 21, 2015 and February 12, 2016 will receive written notification of an admission decision in a letter postmarked by April 1, 2016. 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; your application will not be processed. We will mail it back to you.
# ADMISSION REQUIREMENTS CHECKLIST
## PRACTICAL NURSING PROGRAM

**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>
</table>
| **TEAS Exam - version V**          | The exam must be taken at NSCC. Applicants are limited to two attempts within an academic year; regardless of the program to which they are applying.                                                                                                                                                                                                                     | Initial: __________  
**TEAS V Minimum required scores:** Reading = 69%, English = 60%, Math = 63.3%, and Science = 45.8%  
There are study guides on reserve in the library on the Danvers and Lynn campus for version V or you can purchase your own. See the TEAS Policy and procedure document in this packet for further details on study/preparation information. |
| **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: http://www.northshore.edu/academics/proficiency/basic_skills.html                                                                                                                                                                                                                                           | Initial: __________ |
| **Mandatory Information Session Attendance Form** | Upcoming dates are included in this packet. When you attend the orientation, you will be given an attendance form to submit.                                                                                                                                                                                                                                                                                                                                                                                                         | Initial: __________ |
| **Admission Reference Forms**      | A master copy of this form is in this packet. You will need to make copies so that you can distribute a copy to each of the following people to submit the reference form directly to us:  
- immediate supervisor  
- employer or teacher  
- friend of at least 2 year’s duration  
**Note:** If you have attended another nursing program, the Program Director from your former program must also complete and submit an Admission Reference Form (this is in addition to the three listed above).  
**Recommendation:** Give the reference people sufficient time to write and submit the forms to us. You may want to give them a date by which to submit. We cannot accept the rest of your application material without all of these reference forms. | Initial: __________ |
| **Questionnaire**                  | The questionnaire is included in this packet. A word-processed questionnaire must be submitted for the year in which you are applying.                                                                                                                                                                                                                                                                                                                                                                                             | Initial: __________ |
## Admission Requirements Checklist

<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: Initial: ________ ____ submitted now with packet of application material. ____ previously submitted</td>
</tr>
<tr>
<td>Program’s Student Handbook</td>
<td>The Practical Nursing Student Handbook must be read in its entirety. This can be accessed in the Library or on the website: <a href="http://www.northshore.edu/academics/programs/pnr/student_handbook">http://www.northshore.edu/academics/programs/pnr/student_handbook</a></td>
<td>Initial: ________________</td>
</tr>
<tr>
<td>NSCC Application for Admission</td>
<td>This form must be completed for the year for which you are applying; regardless of whether you are a new or current student (a previously submitted application does not count).</td>
<td>Initial: ________________</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. 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. Transfer students from another ACEN accredited school of professional nursing or practical nursing program or a practical nursing program approved by the Massachusetts Board of Registration in Nursing:  - must also provide an official transcript from previous school of nursing or practical nursing program within the last 10 years  - must also provide course syllabi from all previous nursing courses  - will be evaluated for admission and advanced placement in nursing on an INDIVIDUAL BASIS. An informational interview may be required by the Department Chairperson.</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 from other colleges.</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 below 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 Practical Nursing 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 **Tuesday June 7, 2016**. Also, you will be **required** to attend additional orientation day(s) during the months of July and/or August, during which time you will receive further important program information and be orientated to guidelines for patient simulation scenarios. Further information (including dates/times) for these additional orientations will be given to you at the June 7, 2016 orientation.

2. **The program anticipates accepting approximately 40 students for Fall 2016**. The decision in response to your completed application will be: accepted to Practical Nursing; accepted conditionally to Practical Nursing; or wait list for Practical Nursing; or denied admission to Practical Nursing.

3. 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.

4. **Anatomy and Physiology 1 (BIO103) & 2 (BIO104) and Microbiology (BIO110)** Some students chose to take the BIO103 and BIO104, and BIO110 courses in place of the HLS102 and HLS104 courses outlined in the Practical Nursing Program. If this is the case, then the following are true:
   - In order to substitute BIO103 and BIO104 for HLS102, you must have both BIO103 and BIO104 completed with a final grade of C or higher by September 3, 2014. If a student is unable to have both courses completed by that time, then they must take HLS102 during the first semester of the program, regardless of whether they successfully passed BIO103 with a C or higher.
   - For BIO103, BIO104 and BIO110: these courses must be completed within 10 years of the date of entry into the Practical Nursing 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 Practical Nursing 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.
   - For BIO103: In order to register for this course, you must have completed **ONE** of the following:
     - BIO101 or BIO105 with a grade of C or higher (no time limit)
     - LPN Certificate (no time limit)
     - Bachelor of Science in Biological Science (no time limit)
     - High School Biology with a C or higher within the last 5 calendar years
     - CLEP test with a score of 50 or higher within the last 5 calendar years
     - AP Biology Test with a 3 or higher within the last 5 calendar years
     - Score of 50 or higher on the science section of the TEAS version V Entrance Exam
5. 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), and/or National County Background Check(s)**. Depending on the contents of student’s CORI(s) or SORI(s), a student’s participation in clinical internship or field placement course may not be allowed, and therefore may impact a student’s ability to complete program requirements. Furthermore, please note that all screening requirements that occurred during the student’s enrollment in the program do not presume a guarantee of eligibility to sit for professional credentialing examination(s) or employment in a medical facility upon graduation.

6. **Drug Screening** - Student(s) accepted to a Health Profession program and/or enrolled in a health profession course may be required to undergo a drug screening analysis in order to be eligible for participation in clinical internship(s). The drug screening(s) may be random or for cause, and the student will be notified if they are required to undergo such drug screening(s). Students who either fail to pass, or refuse to submit to, or fail to schedule and take a drug screening analysis within the designated time frame required in the notification of drug screening, will be deemed ineligible for clinical placement, which will affect their status in the program. If you have any questions pertaining to this policy, please contact the Dean of Health Professions, Human Services and Emergency Response Pathways, Maryanne Atkinson at matkinso@northshore.edu.

7. **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 Practical Nursing, 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](http://www.mass.gov/dph/boards/rn), click on Licensing, then Good Moral Character Requirements for Licensure.

8. **Working as a Practical 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 Practical Nursing Program”.

9. **All students must document immunity** to measles, mumps, rubella, varicella and Hepatitis B via immunization or titer; document one-dose of tetanus, diphtheria and acellular pertussis vaccination; 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. Please be advised that most clinical facilities may also require you to document status of an annual flu vaccine within the prior 12 months of your clinical placement. **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 5, 2016**. 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).
10. Prior to beginning clinical placements, students must subscribe to **Student Liability Insurance**.

11. Prior to beginning clinical placements, students must document that they have **CPR certification** at the Health Provider Level.

12. 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).
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.
• 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.

North Shore Community College is committed to sustainable and responsible environmental practices. All publications are printed on recycled papers.
NSCC Application for Admission

Please select a term: □ FALL  □ WINTER/SPRING  □ SUMMER  □ YEAR: __________

LAST NAME
MIDDLE NAME
FIRST NAME
ANY PREVIOUS LAST NAME

ADDRESS

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

DATE OF BIRTH MONTH DAY YEAR

GENDER: □ FEMALE  □ MALE

Contact Information

CELL PHONE: ___________________ WORK PHONE: ___________________
HOME PHONE: ___________________

EMAIL ADDRESS (PLEASE PRINT NEATLY): _____________________________

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  □ PERMANENT RESIDENT CARD (GREEN CARD)

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

WILL YOU REQUIRE A TEMPORARY STUDENT VISAA (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</td>
<td>NO</td>
<td>DID YOUR MOTHER OR FATHER GRADUATE FROM A 4-YEAR COLLEGE?</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>WILL YOU HAVE RECEIVED A BACHELOR'S OR PROFESSIONAL DEGREE BY THE TIME YOU ENTER NSCC?</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>IS ENGLISH YOUR PRIMARY LANGUAGE?</td>
<td></td>
</tr>
</tbody>
</table>

2) COLLEGE EDUCATION □ COLLEGE GRADUATE □ DID NOT GRADUATE

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

Signature Required

X

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

X

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

Date
Massachusetts Community Colleges In-State Tuition Eligibility Form

LAST NAME

MIDDLE NAME

FIRST 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.

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.

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

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.
This questionnaire is NOT an application for admission. Instructions, page one: 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: __________________________________________ Soc Sec #:__________________________

_Last_  _First_  _MI_

Address:_________________________________________________________________________________

Day Time Phone:_(____)_________________________ Evening Phone:_(____)_____________________________

Cell Phone: (_____)_________________________________Email:_____________________@___________________

Are you applying for advanced placement from another nursing program? Yes ☐ No ☐
If yes: RN ☐ PN ☐

_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>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>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>Duties and Responsibilities:</td>
</tr>
</tbody>
</table>

Please proceed to the next page and follow the instructions.
Instructions page 2: 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. **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. **What do you believe is the role of a Licensed Practical Nurse in healthcare today?**

   *Please provide examples of the duties and responsibilities of a nurse.*

3. **Discuss two policies in the Practical Nursing Student Handbook and the impact they will have on you while you are in the Program.**

4. **Currently in Massachusetts, approximately 20% of Licensed Practical Nurses go on to become Registered Nurses. Other than the purpose of becoming a Registered Nurse, why have you chosen to enter the Nursing Profession as a Licensed Practical Nurse?**

5. **Please describe your academic accomplishments and personal attributes that will contribute to your functioning as a competent Licensed Practical Nurse.**
has applied for admission to the Practical Nursing Program. She/he has indicated that you are willing to provide a reference. Please complete this form and return it to North Shore Community College, Office of Enrollment and Student Records, 1 Ferncroft Road, Danvers, MA 01923. Thank you.

Waiver: Applicant waives all rights to review or have access to the completed reference.

1. How long have you known this applicant? ____________________________________________
   In what capacity? ___________________________________________________________________

2. On a scale of 1 (low) to 5 (high), rate this applicant on the following personal characteristics:
   Promptness _______ Enthusiasm _______ Motivation _______
   Dependability _______ Competence _______ Interpersonal Skills _______
   Appearance _______ Self-Direction _______

   Comments:

3. What do you believe is a major strength of the applicant?

4. What do you recognize as a possible weakness of the applicant?

5. Please circle one of the following:
   Highly recommend  recommend  recommend with reservation

   Name (Print):__________________________________________  Company/Position:__________________________________
   Signature:__________________________________________  Date:_______________
**TECHNICAL STANDARDS FOR PRACTICAL NURSING**

**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 Practical Nursing Program at (978) 762-4206 if you require more specific information about the physical and mental/attitudinal requirements of the program.

**General Job Description:**
Utilizes the nursing process to participate in assessing, planning, implementing, and evaluating client needs. Applies critical thinking skills in performing safe, competent nursing care. Communicates effectively with clients, families, and the healthcare team. Instructs clients regarding appropriate health teachings.

<table>
<thead>
<tr>
<th><strong>PHYSICAL</strong></th>
<th><strong>Freq</strong></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>
<tr>
<td>PALPATE:</td>
<td>C</td>
</tr>
<tr>
<td>PULSES, SKIN TEXTURE, BONY LANDMARKS</td>
<td></td>
</tr>
<tr>
<td>DIFFERENTIATE:</td>
<td>F</td>
</tr>
<tr>
<td>BETWEEN TEMPERATURE AND PRESSURE VARIATIONS</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>VISUAL</th>
<th>Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td>READ:</td>
<td>C</td>
</tr>
<tr>
<td>ACCURATELY READ NUMBERS, LETTERS, CURSIVE WRITING IN FINE AND OTHER PRINT IN VARYING LIGHT LEVELS</td>
<td></td>
</tr>
<tr>
<td>DETECT:</td>
<td>F</td>
</tr>
<tr>
<td>CHANGES IN SKIN COLOR, CLIENT’S FACIAL EXPRESSIONS, SWELLING, ATROPHY, FORMS OF NON-VOLVERAL COMMUNICATION (GESTURES)</td>
<td></td>
</tr>
<tr>
<td>OBSERVE:</td>
<td>C</td>
</tr>
<tr>
<td>CLIENT AND ENVIRONMENT IN ORDER TO ASSESS CONDITIONS OR NEEDS</td>
<td></td>
</tr>
<tr>
<td>SEE:</td>
<td>C</td>
</tr>
<tr>
<td>BP MANOMETER, SMALL PRINT ON VIALS, SYRINGES, DIALS, GAUGES AND COMPUTER SCREENS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPEAK:</td>
<td>C</td>
</tr>
<tr>
<td>IN ENGLISH LANGUAGE IN CLEAR, CONCISE MANNER; TO COMMUNICATE WITH CLIENTS, FAMILIES, SIGNIFICANT OTHERS AND THE HEALTH CARE TEAM</td>
<td></td>
</tr>
<tr>
<td>RESPOND:</td>
<td>C</td>
</tr>
<tr>
<td>TO CLIENT WITH COMMUNICATION DISORDERS (APHASIA, HEARING LOSS), OR THOSE WHO USE ELL</td>
<td></td>
</tr>
<tr>
<td>COMPREHEND:</td>
<td>C</td>
</tr>
<tr>
<td>ORAL AND WRITTEN LANGUAGE, INCLUDING HEALTH CARE TERMINOLOGY IN ORDER TO COMMUNICATE WITH CLIENTS, FAMILIES, SIGNIFICANT OTHERS, HEALTH CARE PROVIDERS, AND COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>WRITE/WORD PROCESS:</td>
<td>C</td>
</tr>
<tr>
<td>IN ENGLISH, CLEARLY, LEGIBLY; FOR CHARTS, COMPUTER INPUT OF DATA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AUDITORY</th>
<th>Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAR:</td>
<td>C</td>
</tr>
<tr>
<td>HEART SOUNDS, BREATH SOUNDS, CLIENT DISTRESS SOUNDS, MACHINE TIMER BELLS AND ALARMS; VERBAL DIRECTIONS AND REQUESTS FROM HEALTH CARE TEAM AND CLIENTS</td>
<td></td>
</tr>
<tr>
<td><strong>MENTAL/COGNITIVE/BEHAVIORAL</strong></td>
<td><strong>Freq</strong></td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Function safely, effectively, and calmly under stressful situations.</td>
<td>F</td>
</tr>
<tr>
<td>Remain alert to surroundings, potential emergencies; respond to client situations, i.e. falls, burns, pain, change in physical status.</td>
<td>F</td>
</tr>
<tr>
<td>Integrate information, and make decisions based on pertinent data, in a collaborative manner.</td>
<td>C</td>
</tr>
<tr>
<td>Interact effectively, 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, and 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 5, 2016.**
GENERAL INFORMATION
The “Test of Essential Academic Skills v 5” (TEAS) is a computerized test composed of multiple-choice questions organized into four sections, which measure reading ability, basic mathematics skills, science and English grammar. It is a timed test published by Assessment Technologies Institute (ATI Testing), LLP. Testers should plan to spend approximately 4 hours at the test center. The use of calculators, dictionaries or other aids is not permitted.

<table>
<thead>
<tr>
<th>Section</th>
<th># of Questions</th>
<th>Time Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reading</td>
<td>48 questions</td>
<td>58 minutes</td>
</tr>
<tr>
<td>2. Mathematical Skills</td>
<td>34 questions</td>
<td>51 minutes</td>
</tr>
<tr>
<td>3. Science</td>
<td>54 questions</td>
<td>66 minutes</td>
</tr>
<tr>
<td>4. English and Language Usage</td>
<td>34 questions</td>
<td>34 minutes</td>
</tr>
</tbody>
</table>

2016 PROGRAM REQUIREMENTS

<table>
<thead>
<tr>
<th>Program</th>
<th>TEAS Required</th>
<th>Sections Required</th>
<th>Scores Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Education (NSG)</td>
<td>Yes</td>
<td>ALL</td>
<td>69%</td>
</tr>
<tr>
<td>Occupational Therapy Assist. (OTA)</td>
<td>Yes</td>
<td>ALL</td>
<td>*</td>
</tr>
<tr>
<td>Occupational Therapy Assist. Accelerated (OTX)</td>
<td>Yes</td>
<td>ALL</td>
<td>*</td>
</tr>
<tr>
<td>Physical Therapy Assistant (PTA)</td>
<td>Yes</td>
<td>ALL</td>
<td>*</td>
</tr>
<tr>
<td>Practical Nursing (PNR)</td>
<td>Yes</td>
<td>ALL</td>
<td>69%</td>
</tr>
<tr>
<td>Radiological Tech (RAD)</td>
<td>Yes</td>
<td>ALL</td>
<td>69%</td>
</tr>
<tr>
<td>Respiratory Care (RSP)</td>
<td>Yes</td>
<td>ALL</td>
<td>69%</td>
</tr>
<tr>
<td>Veterinary Tech (VET)</td>
<td>Yes</td>
<td>ALL</td>
<td>69%</td>
</tr>
</tbody>
</table>

* Section is required but no minimum score has been determined.

NOTE: Nurse Education, Practical Nursing programs and Respiratory Care require that the TEAS test be taken at North Shore Community College Lynn or Danvers Campus.

ELIGIBILITY
Any individual may take the TEAS test at the Center for Alternative Studies and Educational Testing. However, students may only take the test two (2) times in the academic year prior to submitting their application. The academic year is September 1 through August 31.

SCHEDULE – The TEAS test is offered on a regular basis in Lynn and Danvers. To access the schedule go to www.atitesting.com. Click ‘Register for the TEAS’ then select Massachusetts and either Lynn or Danvers to see the dates and times available. Space is limited and students are scheduled on a first come-first serve basis. See “Registering and Paying for the Test” for more information.

REGISTERING and PAYING FOR THE TEST
Space is limited. It is recommended that applicants for the Fall Semester of 2016 prepare for the exam early and register to take the test as soon as they feel prepared. Registration and payment for the TEAS test are done online. Registrations are final.
To view available testing dates, register and pay:
- Go to www.atitesting.com.
- Log into ATI or create an ATI account if you don’t already have one.
- Follow the prompts to “Register for the TEAS.” You may select and register for a Nursing or Allied Health session regardless of your program plans.
- Choose Massachusetts and then either Lynn or Danvers to view NSCC’s TEAS schedule.
- Select your test date and enter your credit card information.
- Payment is due online at the time of registration. The fee is $90 per test.
- Payment is NON REFUNDABLE and ALL TEAS REGISTRATIONS ARE FINAL so be sure that you have read the admissions packet thoroughly and that you are ready to test on the date scheduled.
- You will receive an email confirmation of your testing appointment. You will need your ATI Username and Password on the date of testing.

If you need help registering for the TEAS, call ATI at 1-800-667-7531.

PREPARATION for TEAS Version 5.0
Students are strongly encouraged to prepare for this exam. The ATI Study Manual is available in the reference section of the NSCC libraries, for sale at the NSCC College Bookstores or online at www.atitesting.com. An online practice test is available for a fee from the ATI website (atitesting.com). NSCC also offers non-credit prep courses for the TEAS test. For more information, consult the college website or call Corporate and Community Ed at (978) 236-1200.

ADMISSION TO THE TEST
Report to ROOM LE232 (Lynn) or ROOM DB213 (Danvers) fifteen minutes before the start time of the test. Students arriving late will not be admitted to the testing session and must pay the $90 testing fee to reschedule.
The following are required for admission to your TEAS testing session:
- A photo ID (valid driver’s license or school ID with photo)
- Your ATI username and password

SCORING
Students receive their individual TEAS score reports immediately upon completion of the exam. Students can also access their score reports by logging into www.atitesting.com. The test administrator will send student’s scores to the Enrollment Office at NSCC for the student’s file. However, students must also submit a copy of the scores with their completed application packet.

RETEST POLICY
Applicants to health programs may take the test a total of two (2) times in the academic year prior to submitting their application. Students should not take the test unless properly prepared. See Preparation above for more information. If a student takes the test a third time, the Admissions office will deem these scores invalid and testing fees will not be refunded.

CONFIDENTIALITY
The Center for Alternative Studies and Educational Testing will not provide information to any external sources regarding an individual’s test scores unless written permission is received from the student. This policy is in accordance with the student confidentiality policy of North Shore Community College.

ACCOMMODATIONS
Accommodations are available to students with documented disabilities. NSCC students may have their accommodation forms sent directly from Disability Services. Non-NSCC students may send documentation to either Jane Saunders in DB213 (978-739-5429 or email jsaunder@northshore.edu) or Kerry Breeze in LE232 (781-593-6722 x 6682 or kbreeze@northshore.edu). Documentation must be received at least 2 weeks prior to the test date. Please call if you have any questions.

ACADEMIC DISHONESTY
The use of calculators, dictionaries or other aids is not permitted on the TEAS test. Other rules are posted throughout the Testing Center. Students who fail to comply with these rules face disciplinary action according to NSCC student guidelines. Disciplinary action may include: forfeited test scores, ineligibility for refunds, and the student may be deemed permanently ineligible for services of the testing center.
MANDATORY INFORMATION SESSIONS FOR APPLICANTS TO PRACTICAL NURSING PROGRAM

Applicants to the Practical Nursing Program must attend an information session. Please come 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 Practical Nursing Program.

Information Sessions are held in the Health Professions and Student Services building on the Danvers Campus (One Ferncroft Road, Danvers). The application packet can be obtained in the Enrollment Center in Danvers or Lynn or on the website on the Practical Nursing Program’s web page.

All Mandatory Information sessions will be held at the Danvers Campus Health Professions and Student Services Building 1 Ferncroft Road, Danvers MA

SPRING 2016 SCHEDULE

Tuesday, January 12, at 12:00pm in room HPSS-226
Thursday, January 28, at 3:00pm in room HPSS-227
Tuesday, February 16, at 1:00pm in room HPSS-305
Wednesday, March 23, at 9:00am in room HPSS-106
Tuesday, April 19, at 12:00pm in room HPSS-227
Monday, May 16, at 4:00pm in room HPSS-226
Tuesday, June 14 at 9:00am in room HPSS-226

Last Updated: 2/2/16