



# NORTH SHORE COMMUNITY COLLEGE

1 Ferncroft Road  
P.O. Box 3340  
Danvers, Massachusetts 01923-0840

**Danvers Campus** | 978-762-4000  
**Lynn Campus** | 781-593-6722  
**CentroHub** | northshore.edu/centro-hub  
Corporate Training Solutions | 978-236-1200

[northshore.edu](http://northshore.edu)



## NORTH SHORE COMMUNITY COLLEGE **RESPIRATORY CARE** SELECTIVE ADMISSIONS APPLICATION PACKET

Thank you for your interest in the NSCC Selective Admissions Programs for Fall 2025. Below contains important information about admission requirements, the admission process, and program requirements for Fall 2025 (**Note:** these admission requirements are applicable for Fall 2025 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 BELOW AND THROUGHOUT THE APPLICATION**

Please read all of the information below and throughout the online application carefully and follow all instructions. Admission to this program is highly competitive and has a selective admission process. It is **your responsibility** to ensure that you accurately understand the information and follow accordingly.

### **STEP 2: COMPLETE ALL ADMISSION CHECKLIST REQUIREMENTS (page 2)**

The Admission Requirements Checklist 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 ensuring that the application is complete and received. **If any required items are incomplete/missing when you submit your application, your application will not be processed (i.e. reviewed).**

### **STEP 3: SUBMIT YOUR APPLICATION AND SUBMIT ALL REQUIRED MATERIALS**

**All completed applications received by priority deadline will be reviewed for potential acceptance to the program.** Completed applications may be considered under the same procedure after this date if 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 the priority deadline without notice. Thus, the only guarantee of consideration is to have the completed application submitted within the dates listed below.

### **Information**

- No application fee is required. NSCC has an open admissions policy.
- 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.

### **For more information**

Phone: 781-477-2107 or 978-762-4188.  
Email: [SelectiveAdmissions@northshore.edu](mailto:SelectiveAdmissions@northshore.edu)

The **Office of Student Financial Services** is available to answer any questions about paying for your education.

Phone: 978-762-4189  
Email: [sfs@northshore.edu](mailto:sfs@northshore.edu)

### **Mail Selective Admissions Application Packet to:**

NSCC Admissions Office  
1 Ferncroft Road  
Danvers, MA 01923  
Email: [SelectiveAdmissions@northshore.edu](mailto:SelectiveAdmissions@northshore.edu)

Priority Application Deadline: Applications will be accepted until the program is full.

Application inquiries may be direct to: [SelectiveAdmissions@northshore.edu](mailto:SelectiveAdmissions@northshore.edu)

## The Application Process Checklist

Initial when complete	Required Documentation
	<p><b>1. Mandatory Information Session Attendance</b> Applicants must attend a Mandatory Information Session prior to submission of your application. Applicants must attend a session during the academic year prior to admission. Monthly information sessions will be held starting after September 4th, and are available by visiting:</p> <p><a href="http://northshore.edu/academics/programs/pnr/mandatory-information-sessions.html">northshore.edu/academics/programs/pnr/mandatory-information-sessions.html</a> Attendance will be recorded.</p>
	<p><b>2. NSCC Application for Admission</b> Complete the <b>application</b> 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). Submit your application along with your essay and TEAS score (if you tested at NSCC).</p>
	<p><b>3. TEAS Exam</b> The preferred site for the ATI TEAS exam is North Shore Community College. Online TEAS exams are not accepted at this time. Students must take the ATI TEAS Version 7. Students whose score reports reflect that they have tested more than two times or at another location other than NSCC must also submit an official TEAS transcript from ATI: <a href="https://atitesting.com/ati_store/">https://atitesting.com/ati_store/</a> Additional charges may apply. TEAS inquiries may be directed to: <a href="mailto:TEAS@northshore.edu">TEAS@northshore.edu</a></p> <p>NSCC reserves the right to verify all TEAS score reports. Exams taken in testing locations other than at NSCC must adhere to the proctoring requirements with a secured browser. Applicants are limited to three attempts within an academic year (September 1-August 31), regardless of the testing site and program to which they are applying.</p> <p><b>ATI TEAS Minimum Required Scores for the Practical Nursing Program:</b> Reading = 65%    Math = 60%    Science = 44%    English = No minimum score</p> <p><b>EXEMPTION:</b> Applicants who have earned a Bachelor of Science degree from an academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education will have the TEAS requirement waived.</p>
	<p><b>4. Essay</b> A word-processed essay written in the English language must be attached:</p> <p><i>Why would you like to pursue a career in Respiratory Care and what qualities do you feel would make you a good candidate for our program?</i></p>
	<p><b>5. High School Transcript or GED score report</b> Attach a copy of your 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. You can confirm by emailing: <a href="mailto:SelectiveAdmissions@northshore.edu">SelectiveAdmissions@northshore.edu</a></p>

(continued)

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Application inquiries may be direct to: **SelectiveAdmissions@northshore.edu**

**The following items must be satisfied and submitted to NSCC**  
 in order for the application to be complete and considered for admission.

Checklist Item	Required Documentation
<b>Math Requirement</b>	<p>ONE of the following (no time limit on any of the following):</p> <ul style="list-style-type: none"> <li>• MAT091, MAT094, MAT002, or MAT061 or equivalent with a final grade of C or higher.</li> <li>• Module 8 or higher.</li> <li>• Math proficiency and CEAR score of 54/NGQA score of 262 or higher</li> <li>• Math ACT score of 22 or higher</li> <li>• PSAT Math Score of 540 or higher</li> <li>• Math SAT score of 510 or higher (if taken prior to 2016)</li> <li>• Math SAT score of 540 or higher (if taken in 2016 or later)</li> </ul>
<b>Chemistry Requirement</b>	<p>Course can be High School or College level and must have a final grade of C or higher (no time limit)</p>
<b>Biology Requirement</b>	<p>Complete ONE of the following courses or testing options OR submit a written plan explaining how this requirement will be completed by the end of the Spring 2025 semester:</p> <ul style="list-style-type: none"> <li>• BIO211 with a grade of C or higher A&amp;P1</li> <li>• BIO101 or BIO105 with a grade of C or higher (no time limit)</li> <li>• TEAS version V or later - Science section score of 50% or higher (no time limit)</li> <li>• LPN Certificate (no time limit)</li> <li>• Bachelor of Science in Biological science (no time limit)</li> <li>• One of the following within the past 5 calendar years:               <ul style="list-style-type: none"> <li>• H.S. Biology with a C or higher</li> <li>• CLEP test with a score of 50 or higher</li> <li>• AP Biology Test with a 3 or higher</li> </ul> </li> </ul>
<b>Communications Proficiency</b>	<p>There are many ways to demonstrate this (see link below). If you have demonstrated proficiency with your SAT scores or Accuplacer testing from another institution, please attach that document to your application. If you have demonstrated proficiency with your high school GPA or with college level courses, this will be updated upon review of your submitted materials.</p> <p><b><a href="http://northshore.edu/academics/proficiency/communications-proficiency.html">northshore.edu/academics/proficiency/communications-proficiency.html</a></b></p>
<b>Official transcripts from all colleges/ Universities previously attended</b>	<p><b>Official transcripts from ALL Colleges/Universities previously attended</b></p> <p>All official college transcripts from previously attended Colleges/Universities <b>MUST</b> be submitted directly to NSCC and uploaded by Admissions staff. If you have previously submitted transcripts and have since completed courses or are currently registered for courses, then you need to <b>submit an updated transcript</b>.</p> <p>Transcripts may be sent electronically from your college(s) to NSCC at: <b>SelectiveAdmissions@northshore.edu</b> or mailed to:</p> <p>NSCC Admissions Office          1 Ferncroft Road          Danvers, MA 01923</p>

*(continued)*

*Priority Application Deadline: Applications will be accepted until the program is full.*  
*Application inquiries may be direct to: **SelectiveAdmissions@northshore.edu***

## Respiratory Care Transfer Students Requirements ONLY

Transfer students from another Respiratory Care accredited program must also provide:

Initial when complete	Required Documentation
	An official transcript proving enrollment in Respiratory Care within the last 3 years
	Course syllabi from all previous Respiratory Care courses. Additional documents can be emailed to: <a href="mailto:SelectiveAdmissions@northshore.edu">SelectiveAdmissions@northshore.edu</a>
	If you have sent us your transcript electronically, please complete, sign and attach the electronic transcript form.

*Priority Application Deadline: Applications will be accepted until the program is full.*  
Application inquiries may be direct to: **SelectiveAdmissions@northshore.edu**

## Evaluation Information

- Admissions 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).
- Essay evaluation includes but is not limited to the following: correct grammar/spelling, overall content and quality of answer (accuracy, thoroughness, and relevance to the question asked).
- The application and admission process abides by the college's policy of non-discrimination on the basis of race, creed, religion, color, gender, sexual orientation, age, disability, genetic information, maternity leave, and national origin.

### Confirmation Statement

Each requirement with a checkbox is required to be passed in with your application:

- Application form
- TEAS scores (if taken at NSCC)
- Essay

When you have each of these documents, sign the confirmation statement and submit all documents in person to the Enrollment Center in Danvers or Lynn, or, mail to:

**NSCC Admissions Office**  
**1 Ferncroft Road**  
**Danvers, MA 01923**

Please be aware that your application will not be entered until it is complete. This includes receipt of all transcripts, proficiencies, courses, and TEAS scores (if required and taken elsewhere).

I acknowledge that I have read all of the information in this admission application packet in its entirety and 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.

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SIGNATURE

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DATE

Please select a term:  FALL  WINTER/SPRING  SUMMER YEAR: \_\_\_\_\_

PLEASE PRINT CLEARLY

Contact Information			
LEGAL LAST NAME/SURNAME	LEGAL FIRST NAME	MIDDLE NAME	
PREFERRED NAME	ALL PREVIOUS LAST NAMES		
ADDRESS			
CITY	STATE	ZIP	COUNTRY
SOCIAL SECURITY #: <small>Optional, but required if seeking financial aid or tax credit.</small>	DATE OF BIRTH MM / DD / YYYY		
SEX	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
CELL PHONE	HOME PHONE		
EMAIL ADDRESS (PLEASE PRINT NEATLY)			

Emergency Contact		
NAME	RELATIONSHIP	PHONE #

PLEASE CHECK APPLICABLE BOXES

Citizenship	
<input type="checkbox"/> U.S. CITIZEN	<input type="checkbox"/> PERMANENT RESIDENT CARD (GREEN CARD) _____ <small>If yes, enter Permanent Green Card number. If no, enter type of Visa. # of Visa type</small>
WILL YOU REQUIRE AN F1 STUDENT VISA TO ATTEND NSCC? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Ethnicity	
Choose one:	<input type="checkbox"/> HISPANIC/LATINX <input type="checkbox"/> NON-HISPANIC/LATINX

Race			
<small>Please select one or more categories to describe yourself.</small>			
<input type="checkbox"/> AMERICAN INDIAN/ ALASKAN NATIVE	<input type="checkbox"/> NATIVE HAWAIIAN/ PACIFIC ISLANDER	<input type="checkbox"/> ASIAN	
<input type="checkbox"/> WHITE	<input type="checkbox"/> CAPE VERDEAN	<input type="checkbox"/> BLACK/ AFRICAN AMERICAN	

Military	
ARE YOU PRESENT OR FORMER MILITARY PERSONNEL?	<input type="checkbox"/> YES <input type="checkbox"/> NO BRANCH _____

BY SUBMITTING THIS APPLICATION, I AGREE TO RECEIVE PHONE CALLS AND/OR TEXT MESSAGES FROM OR ON BEHALF OF NORTH SHORE COMMUNITY COLLEGE REGARDING THEIR PRODUCTS AND SERVICES, AT THE PHONE NUMBER(S) PROVIDED ON THIS FORM, INCLUDING MY WIRELESS NUMBER. I UNDERSTAND THAT THESE CALLS AND/OR TEXTS MAY BE GENERATED USING AN AUTOMATED TECHNOLOGY. PLEASE NOTE, ADDITIONAL FEES MAY APPLY AS REQUIRED BY YOUR TELEPHONE PROVIDER.

TEXT MESSAGE OPT IN:  YES  NO AUTOMATED CALL OPT IN:  YES  NO

X  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

X  
Signature of Parent (If applicant is under 18 years of age.) \_\_\_\_\_ Date \_\_\_\_\_

LAST NAME/SURNAME		FIRST NAME	
MIDDLE NAME		ANY PREVIOUS LAST NAMES	
ADDRESS			
CITY		STATE	ZIP
		COUNTRY	
SOCIAL SECURITY #: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		DATE OF BIRTH MM / DD / YYYY	
<small>Optional, but required if seeking financial aid or tax credit.</small>			
STUDENT ID #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

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.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> VALID DRIVER'S LICENSE                                 | <input type="checkbox"/> UTILITY BILLS*                | <input type="checkbox"/> EMPLOYMENT PAY STUB*       |
| <input type="checkbox"/> VALID CAR REGISTRATION                                 | <input type="checkbox"/> VOTER REGISTRATION*           | <input type="checkbox"/> STATE/FEDERAL TAX RETURNS* |
| <input type="checkbox"/> MASS. HIGH SCHOOL DIPLOMA                              | <input type="checkbox"/> SIGNED LEASE OR RENT RECEIPT* | <input type="checkbox"/> MILITARY HOME OF RECORD*   |
| <input type="checkbox"/> RECORD OF PARENTS' RESIDENCY FOR UNEMANCIPATED PERSON* |  | <input type="checkbox"/> OTHER _____                |

\_\_\_\_ I AM AN ELIGIBLE PARTICIPANT IN THE NEW ENGLAND BOARD OF HIGHER EDUCATION'S REGIONAL STUDENT PROGRAM.

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

## Certification of Information

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

\_\_\_\_\_  
**Signature of Applicant** Date  
*I certify that all above information is true.*

\_\_\_\_\_  
**Signature of Parent** Date  
*If applicant is under 18 years of age.*

## For official use. Do not write in this box.

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

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

\_\_\_\_\_  
**Authorized College Personnel Signature** Date

## Academic Information PLEASE CHECK BOXES BELOW WHICH APPLY TO YOU.

- I AM:  A FIRST-TIME STUDENT (NEVER ATTENDED COLLEGE BEFORE).  AN NSCC GRADUATE SEEKING READMISSION.  
 A TRANSFER STUDENT (PREVIOUSLY ATTENDED ANOTHER COLLEGE).  A PREVIOUS NSCC STUDENT (NON-GRADUATE).  
 WERE YOU IN A DEGREE PROGRAM?  YES  NO
- 1) CAMPUS LOCATION PREFERENCE:  DANVERS  LYNN  ONLINE  
*Check all that apply*
- 2) MODE OF STUDY:  DAY  EVENING  
*Check all that apply*

## 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: \_\_\_\_\_

 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

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.*

 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

NAME OF HIGH SCHOOL OR GED TEST CENTER CITY STATE YEAR

- YES  NO DID A PARENT, RELATIVE OR SIBLING GRADUATE FROM NSCC?  
 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  WILL GRADUATE \_\_\_\_\_ (YEAR)

NAME OF COLLEGE	CITY	STATE
GRADUATION DATE/DEGREE RECEIVED	DATES OF ATTENDANCE	
NAME OF COLLEGE	CITY	STATE
GRADUATION DATE/DEGREE RECEIVED	DATES OF ATTENDANCE	

## Signature Required

Signature of Applicant

*I certify that all above information is true.*

Date

Signature of Parent

*If applicant is under 18 years of age.*

Date