2022-2024 Nursing Program Application

Application documents start here – Required page 1 of 5

$50.00 Application Fee (Required for the Nursing Application to be processed) <u>DO NOT SEND CASH</u>

Please type or print neatly in blue or black ink.

Last Name	First Name	Middle Initial	Previous Last Name(s)

Current mailing address number and street	City	State	Zip

Physical address if different from mailing address	City	State	Zip

Daytime phone	Evening phone	Message/Cell phone

Email address

Education Information

List all colleges where you have completed nursing prerequisites and/or a degree

College	State	Dates of attendance	Degree earned/number of credits

I have read and understand the admission criteria for the nursing program at UCC and OCNE. I understand that it is my responsibility to meet all program and application criteria. I verify that all statements on this application are complete and true and **I understand that falsification of any information** may lead to disqualification or dismissal from the program. I give my permission for release of pertinent application information to the OCNE partner schools, including OHSU, as necessary to facilitate my program of study. **In addition, I am authorizing release of my information** to the Oregon Center for Nursing and the Oregon State Board of Nursing for statistical and research purposes only. **I further understand** that although co-admitted to the Oregon Health & Science University School of Nursing, those who choose to transition from Umpqua Community College Nursing Program to OHSU will have to undergo a History Background Check for OHSU prior to enrollment in OHSU courses and enrollment may be negatively impacted by any criminal history in the background.

Signature	Date	UCC Student ID

MAIL TO: Umpqua Community College - Nursing
P.O. BOX 967
ROSEBURG, OR 97470

Reviewed Date:_____

Initial_____   Check #_____

Affirmative Action: It is the policy of Umpqua Community College to provide equal educational and employment opportunities and to provide service benefits to all students and employees without regard to sex, race, color, religion, national or ethnic origin, age, sexual orientation, marital status, disability or any other status or characteristic protected by applicable state or federal law. This policy is in accordance with the laws enforced by the Department of Education and Department of Labor, including Presidential Executive Order 11246, as amended by the Civil Rights Act of 1991, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Acts of 1974-75, the Americans with Disabilities Act of 1990 and Oregon Revised Statute 659.030. Inquiries regarding application of these and other regulations should be directed to the College's Human Resources Office 541-440-4626, the Office of the Vice President for Administrative Services 541-440-4631; the Office of Civil Rights, Department of Education Office, Seattle, Washington; or the Office of Federal Contract Compliance Programs, Department of Labor, San Francisco, California.

Umpqua Community College
Condensed Application for Admission - Nursing

Intended Term & Year of Enrollment:
Fall 20____

Student Information

Last Name: _____ First Name: _____ M.I. _____ Maiden Name: _____

Current Mailing Address: _____
  Number & Street/PO Box   City   County   State   Zip/Postal Code

Home Phone: (____) _____ – _____   Work / Cell Phone: (_____) _____ – _____

E-mail: _____

Previous Home Address: _____
(If at present address less than 90 days) Number & Street/PO Box   City   County   State   Zip/Postal Code

High School Information

Check one and provide date of completion/or expected date of completion: **O** HS Diploma   **O** GED **O** Adult HS Diploma

Date Completed: (month/day/year) _____/_____ /_____

School attended _____ : City_____ _____State_____

Enrollment Information

Enrollment Status: (check one):   **O** Enrolling at UCC for the first time   **O** Returning student (absent for more that one full year)
Approx. term of last attendance _____/_____/_____   **OR**   **O** Continuing Student

Intended Program: AAOT – NUR

College background: Please list ALL colleges and universities attended. ***Official college transcripts should be requested from each school and sent to UCC.***

College/University Name	City & State	Dates Attended

What is your goal at UCC?
- O 1. Two year program
- O 2. Certificate
- O 3. Job Preparation
- O 4. Skill Improvement
- O 5. Transfer to 2-year school
- O 6. Transfer to 4-year school
- O 7. Personal Interest
- O 8. Adult High School diploma

What is the highest degree you have attained beyond high school?
- O 1 None
- O 2. Some college credits
- O 3. Certificate
- O 4. Associates Degree
- O 5. Bachelor's Degree
- O 6. Master's Degree
- O 6. PhD/Professional

By signing this form, certify that the information on this form is correct and I understand that if it is later found otherwise, it is sufficient cause for rejection or dismissal. I authorize the use of my social security number as my student identification number and in follow-up studies.

_____   _____
          Signature   Date

PREREQUISITE COURSE PLANNING SHEET
Application documents continued – Required page 3 of 5

NAME: _____ UCC ID #_____

YEAR ONE – PREREQUISITE COURSE PLANNING SHEET – 45-48 credits

- *GPA Minimum of 3.00*
- 11 of 13 of the listed prerequisites from this page must be completed by the application deadline. Official transcripts documenting completion of courses that were completed by fall term *must be received* by deadline. The 11 courses must include; BI 231 (must be completed in the last five **(5) years (COUNT FROM THE CURRENT YEAR BACK)** and the Math competency (Math placement of MTH 105 or higher) or Math 95 or higher. Select courses from those listed below:
- 45-48 credits (specified below) must be completed prior to the fall of the nursing program.

COURSES	College	Term/year completed	Grade	Credits
SECTION A - MATHEMATICS: 4 credits ☐ MTH 95 **OR** higher Math course ☐ MTH _____		/		
OR ☐ UCC Placement test scores for MTH105 higher		/		
✱SECTION B - ANATOMY AND PHYSIOLOGY I, II, III: 12 credits ☐ BI 231		/		
☐ BI 232		/		
☐ BI 233		/		
SECTION C - ENGLISH COMPOSITION :				
☐ WR121		/		
☐ WR122 **or** ☐ WR 123 **or** ☐ WR 227		/		
SECTION D - HUMAN NUTRITION: 4 credits ☐ FN225		/		
SECTION E - MICROBIOLOGY: 4 credits ☐ BI 234		/		
SECTION F - HUMAN DEVELOPMENT: 3 credits ☐ HDFS 201		/		
SECTION G - SOCIAL SCIENCE (PSY) / Arts & Letters : 9 credits From the "approved discipline studies listings" of the UCC catalog - **3 courses**				
☐ Name of Course: **One PSY** 100 or 200 level course:		/		
☐ Name of Course: Social Science or Arts and Letter		/		
☐ Name of Course: Social Science or Arts and Letter		/		
SECTION H - Genetics: 3 credits				
☐ BI 222:		/		

Total courses to apply must be 11 or greater	**Please add only the credits completed.**	Total Completed Credits:

✱ **ANATOMY AND PHYSIOLOGY I, II, III** *must be completed within the last five years*.

Application documents continued – Required page 4 of 5

2022-2024 NURSING APPLICATION PACKET CHECK LIST

Please complete this verification checklist as part of your nursing application. Be sure to attach all worksheets, official transcripts, math test scores and other supporting documentation as well as this checklist to your application. Applications will be accepted beginning **January 3, 2022**. It is the responsibility of the applicant to ensure that all required documents and data listed below are received by the deadline.

REQUIRED:

❑ **Signed and Completed Nursing Application Checklist.**

❑ **Completed OCNE/UCC Nursing Program Application form *WITH* $50.00 non-refundable processing fee; attached. <u>DO NOT SEND CASH</u>. Checks or Money order only and payable to: "Umpqua Community College – Nursing" and stapled to application.** I understand that by making application to Umpqua Community College I am also applying for co-admission and authorizing the release of my application information to OHSU. In addition, I am authorizing my information to be released to the State Board of Nursing for research purposes only.

❑ **Completed UCC admission form.**

❑ **Year One Prerequisite Course Planning Sheet.**
I have completed and attached the sheet indicating where all prerequisites have been completed ***and my GPA has been calculated to 3.00 or greater. Please provide your overall (uncalculated) GPA in the space provided (overall GPA for all courses taken) for informational purposes only:*** _____

❑ **Math Competency.**
I have met the required math competency through one of the following (proof attached): Completion of Math 95 with a "C" or better. OR; Placement into Math 105 (or higher) on the UCC math placement test taken prior to submitting the application.

❑ **Anatomy and Physiology 1 (must be completed in the last five (5) years) – has been completed.**

❑ **Proctored Essay**.
UCC has my permission to notify me of the proctored essay invite via my preferred email address and US Mail.
Circle One: **Y** or **N**.   Preferred email: _____

❑ **I understand that all prerequisites for the nursing program must be completed BEFORE Fall entry into the Nursing Program. This includes BI 222 – Genetics must be completed BEFORE entry into fall term of first year of the Nursing Program. If applicable, I understand that it is my responsibility to provide proof of completion to the Nursing Department prior to the start of fall term (nursing program). Failure to complete all prerequisites will result in elimination of the acceptance into the program.**

❑ **I have not attended any previous OCNE programs of nursing or other programs of nursing.** Failure to disclose will result in immediate dismissal in the Nursing Program at Umpqua Community College.

❑ **Yes, I have attended an OCNE program or other nursing program at:**
(college) _____ in (year) _____.
<u>Please provide the following with this application:</u>
      1. A recommendation letter from your previous program's Director of Nursing (or their successor):
         a. On official college letterhead
         b. With the Director of Nursing's current contact information
Note: Completion and submission of this nursing program application indicates that you understand and give permission to UCC's Director of Nursing to contact your previous Director of Nursing (or their successor) to discuss the nature of your dismissal from your previously attended nursing program.

Application documents continued – Required page 5 of 5

Provide if applicable:

❑ **Prior Degree Documentation:** Copy of diploma or official transcript for proof of prior degree.

❑ **Proof of Healthcare Work Experience form (and proof of Certificate or Licensure):**
See form at end of document or UCC Registered Nursing website for details.

1. Form is completed and directions are followed.
2. Hardcopy proof of current license/certificate is provided.

OR:

1. UCC Healthcare Career Pathways Certificate (for participating High-School Students):
   Students must show proof of completing the certificate via 15 credits on their UCC transcript.

❑ **Volunteerism/Community Service Form:**
See form at end of document or UCC Registered Nursing website for details.

1. Form is completed and directions are followed.

❑ **Leadership Verification Form:**
See form at end of document or UCC Registered Nursing website for details.

1. Form is completed and directions are followed.

❑ **Proof of Foreign Language:**
Transcripts - or - proficiency proof from *Language Testing International* are provided.

❑ **Acceptance to the Nursing Program.**
UCC has my permission to notify me of program acceptance via my preferred email address (same as above) and US Mail.

Circle One: **Y** or **N**.

_____
Name **(Print Legibly)**   Signature   Date

Please mail all application materials with $50.00 application fee in a check or money order to:
Umpqua Community College - Nursing
PO Box 967
Roseburg, OR 97470

Or

Hand deliver to:
Umpqua Community College
1140 Umpqua College Road,
HNSC, Nursing Office 114

This document is not required as part of the Nursing Program Application but is highly recommended
HEALTHCARE WORK EXPERIENCE
Umpqua Community College Nursing Program
Application for Fall Entry

Student Name: _____ / _____ Date: _____
   Print applicant name   *Signature of applicant*

Dear Employer/Supervisor/Human Resources Manager/Commanding Officer:

The above individual is planning to apply to the UCC Nursing program by **February 15, 2022**. To earn up to five (5) points in the selection process, the applicant must prove accumulation of a minimum of **500 hours** work experience **since February 1, 2018** caring for human patients in a position requiring them to have unencumbered certification as an Oregon certified nursing assistant (CNA-1 or 2), or licensure or national certification as a licensed practical nurse (LPN), Respiratory Therapist, emergency medical technician (EMT), paramedic, certified medical assistant, or service as a medic or corpsman in one of the Armed Services. **By providing this form to you to complete, this applicant is giving you permission to provide the requested information.** To assist this applicant with the process, **please fill in the requested information responding to all questions, seal it in an envelope (preferably a company letterhead envelope), <u>sign your name across the seal,</u> and return it to the applicant**. **Points will not be awarded if the form is incomplete.**

Even if their employment with you is for less than 500 hours, the applicant may submit documents from more than one employer in order to provide proof of required hours of work experience for up to three (3) points.

Applicants with work experience in any area of healthcare not listed above may be awarded up to two (2) points if you complete this form and they attach it to the application with their explanation for why their experience should be considered.

The applicant must attach the sealed envelope to the application and postmarked no later than February 15, 2022 to be eligible for the points. If you have any questions, you may call UCC Nursing at (541) 440-4614. Thank you for your assistance.

Sincerely,

April M. Myler, MSN, RN

April M. Myler, MSN, RN
UCC Director of Nursing

Please identify the healthcare role/position held by this applicant in your organization:
_____

Did this position require Oregon certification or licensure or national certification as indicated above?
Yes _____ No _____

If not one of the roles listed above, what degree or licensure or certification or training was required for the role?
_____

Total Number of Hours Worked here as _____/_____
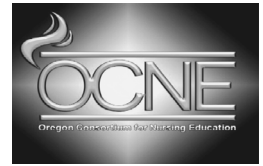   *Insert role above*   *Insert total hours above*

_____
Signature & Printed Name / Title of: Supervisor –or- HR Manager –or- Commanding Officer

_____   _____
Print Name of Facility/Organization   *Phone Number*

*This document is not required as part of the Nursing Program Application but is highly recommended

Volunteerism and/or Community Service Form – UCC Nursing

Applicants to the Umpqua Community College Nursing Program may receive up to 5 points for volunteering in any organization/circumstance where the individual was supervised (directly or indirectly) and provided a service to the community.

Applicants should not submit volunteer verification documentation with their application if they have not performed at least 50 hours of volunteer service in the last 5 years.

Note to applicant: Be sure to fill in necessary information in the top section before giving this form to the supervisor/organization where the volunteer hours were performed. Volunteer hours must be verified using this form and **include a letter of reference from your supervisor or their designee which describes the activity and how it serves the community**. You may duplicate this form as needed. You must include a reference letter from each organization filling out a verification form. Be sure the form is complete. Incomplete forms or missing reference letters cannot be given consideration in the point assignment process.

Dear Human Resources/Supervisor,
I am in the process of applying to the Umpqua Community College Nursing Program. The selection points process requires verification of volunteer hours and a reference letter. Volunteer hours must be **unpaid** and completed **within the last 5 years**.

I, _____ (*print program applicant's name*) authorize the college to contact the individuals listed on this form to verify the information provided.

Applicant's Signature: _____ Date: _____

<mark>**The portion below is to be completed by Supervisor or Human Resources**</mark>

Verification of volunteer hours:

A.   Dates of Service (*mm/dd/yy*): _____ -and-

Total Hours (*mm/dd/yy*): _____

B.   Supervised by (*Print Name/Title*): _____

C.   Organization: _____

D.   Supervisor contact number: _____

E.   Supervisor signature: _____ Date: _____

F.   **PLEASE ATTACH A LETTER OF REFERENCE FOR THE APPLICANT DESCRIBING THE VOLUNTEER ACTIVITY AND HOW IT SERVES THE COMMUNITY.**

This document is not required as part of the Nursing Program Application but is highly recommended

Leadership Verification Form – UCC Nursing

Applicants to the Umpqua Community College Nursing Program may receive up to 3 points for evidence of leadership, supervisory, or managerial role in paid or unpaid activity or positions in school, community, work, or other organizations in the **past 5 years**.

Applicants will receive no points if leadership activity involved less than 50 hours in the leadership role. Applicants may not apply for both volunteerism points and leadership points for the same activities or role.

In the space below the applicant must provide a description of the leadership role including specific responsibilities and total number of hours in that role in the past 5 years. The applicant must attach **a letter of reference from someone who worked with them and can attest to their leadership role and number of hours in that role**. The applicant may duplicate this form as needed. If multiple forms are submitted because leadership hours occurred in different organizations, the applicant must include one reference letter per organization. Be sure the form is complete. Incomplete forms or missing reference letters cannot be given consideration in the point assignment process.

Applicant's description of leadership role, including name of organization or school, position, whether it was paid or unpaid activity, and specific responsibilities regarding guiding or directing a group of people:

I verify that I have completed the following hours in the above leadership role:

A. Dates of Leadership Role (*mm/dd/yy*):_____ -and-

   Total Hours (*mm/dd/yy*): _____

B. Applicant (print name legibly): _____

C. Applicant signature: _____ Date: _____

D. **PLEASE ATTACH A LETTER OF REFERENCE FROM A PERSON WHO WORKED WITH YOU. ASK YOUR REFERENCE TO VERIFY YOUR APPROXIMATE TOTAL HOURS IN THE LEADERSHIP ROLE AND THEIR EVALUATION OF YOUR LEADERSHIP QUALITIES.**