

# Arapahoe Community College (ACC) Nursing Program

## **APPLICATION** Revised July 2017

Submit a complete Nursing Program Application and required forms. Every item contained in the Application Checklist on pages 1 and 2 must be addressed, with required documents attached. Leave no blank spaces. Application dates and deadlines are firm. Incomplete applications will not be considered, and student may not resubmit for the current semester.

- It is the student's responsibility to check the Arapahoe Community College Nursing Program website for any changes or updates in requirements prior to submittal of the Application.

### **LEAVE NO SPACES BLANK – PLEASE PRINT LEGIBLY**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Student Number S \_\_\_\_\_

Student Email \_\_\_\_\_ @student.cccs.edu Telephone 1 \_\_\_\_\_

Personal Email \_\_\_\_\_ Telephone 2 \_\_\_\_\_

### **NURSING PROGRAM APPLICATION CHECKLIST AND REQUIRED DOCUMENTS: Indicate document attached and/or information provided with a ✓ in the box**

- Information Session Verification Form (must obtain at the Information Session attended)
- Current Arapahoe Community College (ACC) Application: **SELECT ONE:**
  - The date of application to Arapahoe Community College \_\_\_\_\_ **OR**
  - This semester/year most recent course was taken at ACC: semester \_\_\_\_\_ year \_\_\_\_\_

NOTE: You must have an active ACC application with student email on file at time of nursing application
- Transcript – Print a Student/Unofficial copy of your Arapahoe Community College Transcript**
  - If any of your prerequisites were taken at another community college, college, university or institution, you **MUST** have your transcripts officially evaluated at Arapahoe Community College prior to submitting a Nursing Application
  - In the event you submit documentation of required prerequisites on any transcript other than Arapahoe Community College, your application will be returned and you may not resubmit for the current semester
  - If you completed all Nursing Program prerequisites at Arapahoe Community College, you need only to print a student/unofficial copy



# HEALTHCARE RELATED EMPLOYMENT

Please print. Complete one separate page/form for each Employer; you may include more than one position with the same Employer.

NURSING CANDIDATE NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SUPERVISOR/HUMAN RESOURCES CONTACT NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

SUPERVISOR/HUMAN RESOURCES EMAIL \_\_\_\_\_

<p><b>CANDIDATE JOB TITLE</b> _____</p> <p>START DATE _____ END DATE _____</p> <p>TOTAL ESTIMATED HOURS IN THE POSITION _____</p> <p>DUTIES _____</p> <p>_____</p>
<p><b>CANDIDATE JOBTITLE</b> _____</p> <p>START DATE _____ END DATE _____</p> <p>TOTAL ESTIMATED HOURS IN THE POSITION _____</p> <p>DUTIES _____</p> <p>_____</p>
<p>My signature on this "Health Care Related Employment Verification Form," attests that I was employed in the position(s) noted above.</p> <p><b>Signature –Applicant</b> _____ <b>Date</b> _____</p>
<p>This Employment Verification is Page ____ of ____ Total Pages</p>

**HEALTH CARE RELATED CERTIFICATIONS, LICENSES, DEGREES**

CANDIDATE NAME \_\_\_\_\_  
**PLEASE PRINT**

Certification(s), license(s) and degree(s) related to health care may include, but not be limited to Medical Assistant, Massage Therapist, Emergency Medical Technician, Paramedic, Unit Secretary, Pharmacy Technician, Laboratory Technician, Phlebotomist, and Physical Therapist Assistant.

CERTIFICATION, LICENSE OR DEGREE	AGENCY and/or TRAINING INSTITUTION	DATE AWARDED	EXPIRATION DATE

I understand by signing this Verification of Health Care Related Certification(s), License(s) and Degree(s) form, I attest the information to be true.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

## IMMUNIZATIONS AND HEALTH ASSESSMENT REPORT

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Student "S" Number \_\_\_\_\_ Personal Email \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Telephone #1 \_\_\_\_\_ Telephone #2 \_\_\_\_\_  
Student.ccs.edu email address(required) \_\_\_\_\_

**In case of Emergency contact:**

Contact Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Telephone #1 \_\_\_\_\_  
Address \_\_\_\_\_ Telephone #2 \_\_\_\_\_

**IMMUNIZATIONS AND TESTS REQUIRED – Fill in ALL blanks – if an element does not apply to you, write "N/A" or " --- " . Do not write "see attached." Must be signed by a Health Care Provider (you may include lab reports):**

→ **Tuberculin Skin test, ANNUAL REQUIREMENT** Month \_\_\_\_\_ Year \_\_\_\_\_

**OR**

Chest X-Ray results if positive reactor: Month \_\_\_\_\_ Year \_\_\_\_\_  
Prophylactic medication prescribed and completed or not  
and the dates OR Previous BCG vaccine with positive reaction Result \_\_\_\_\_

→ **Measles, Mumps and Rubella:** 2 documented doses Dose1: Month \_\_\_\_\_ Year \_\_\_\_\_ AND  
Dose2: Month \_\_\_\_\_ Year \_\_\_\_\_

**OR**

If born after 1956, Laboratory evidence of positive  
Rubella and Rubeola immunity by **titers:** Rubella: Month \_\_\_\_\_ Year \_\_\_\_\_ Result \_\_\_\_\_  
Rubeola: Month \_\_\_\_\_ Year \_\_\_\_\_ Result \_\_\_\_\_

→ **Hepatitis B status, Dates of vaccine (three doses)** Dose1: Month \_\_\_\_\_ Year \_\_\_\_\_  
Dose2: Month \_\_\_\_\_ Year \_\_\_\_\_  
Dose3: Month \_\_\_\_\_ Year \_\_\_\_\_

**OR**

Hepatitis B surface antibody results **titer** required for immunity Month \_\_\_\_\_ Year \_\_\_\_\_ Result \_\_\_\_\_ **OR**  
History of Hepatitis B disease (Anti-HBc positive) \_\_\_\_\_ **OR**  
Hepatitis B declination waiver signed \_\_\_\_\_

→ **Chickenpox (Varicella) - Dates of vaccinations**  
*Attestation of History of Disease is NOT accepted* 2 documented doses, Dose 1: Month \_\_\_\_\_ Year \_\_\_\_\_  
Dose 2: Month \_\_\_\_\_ Year \_\_\_\_\_

**OR**

Documented immunity by **titer:** Month \_\_\_\_\_ Year \_\_\_\_\_ Result \_\_\_\_\_

→ **Diphtheria/Tetanus** (every 10 years) Month \_\_\_\_\_ Year \_\_\_\_\_

Name of Physician or Nurse Practitioner (PRINT) \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_  
Physician or Primary Care Provider Signature (May include lab report and dates must still be entered)



**PLEASE PRINT– complete this form entirely – leave no question unanswered.  
 If a question does not apply to you, write “NA” or draw a line through it.**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Past Illness: \_\_\_\_\_

Injuries: \_\_\_\_\_

Hospitalization: \_\_\_\_\_

**✓ If Applicable**

**WRITE “N/A” IF NOT APPLICABLE**

- Anemia \_\_\_\_\_
- Arthritis \_\_\_\_\_
- Asthma \_\_\_\_\_
- Back Injuries \_\_\_\_\_
- Birth Defect \_\_\_\_\_
- Bladder Infections \_\_\_\_\_
- Bowel Problems \_\_\_\_\_
- Cancer \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Hearing Problems \_\_\_\_\_
- Heart Disease \_\_\_\_\_
- High B/P \_\_\_\_\_
- High Cholesterol or Lipids \_\_\_\_\_
- Infectious Mono \_\_\_\_\_
- Kidney Disease \_\_\_\_\_
- Liver Disease \_\_\_\_\_
- Rheumatic Fever \_\_\_\_\_
- Seizures \_\_\_\_\_
- Thyroid Disease \_\_\_\_\_
- Ulcer (duodenal or stomach) \_\_\_\_\_
- Visual Problems \_\_\_\_\_

MEDICATIONS YOU ARE PRESENTLY TAKING: \_\_\_\_\_

ALLERGIES: (to medications and other substances-please list) \_\_\_\_\_  
 \_\_\_\_\_

PRESENT OR CHRONIC MEDICAL PROBLEMS: \_\_\_\_\_

PRINT STUDENT NAME \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE PRINT – complete this form entirely. If a question does not apply to you, write “NA” or draw a line through it.

Name \_\_\_\_\_ Birth date \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN OR PRIMARY CARE PROVIDER::**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_  
Blood Pressure \_\_\_\_\_ Resp \_\_\_\_\_  
Vision (Snellen) / R/L Corrected / R/L  
Near Vision \_\_\_\_\_ Hearing \_\_\_\_\_ R \_\_\_\_\_ L

<b>CHECK</b> ✓	<b>IF NORMAL:</b>	<b>COMMENTS</b>
_____ General Appearance	_____	_____
_____ Head & Scalp	_____	_____
_____ Face & Skin	_____	_____
_____ E.E.N.T.	_____	_____
_____ Neck	_____	_____
_____ Heart	_____	_____
_____ Lungs	_____	_____
_____ Breasts	_____	_____
_____ Abdomen	_____	_____
_____ Back & Spine	_____	_____
_____ Extremities	_____	_____
_____ Lymphatics	_____	_____
_____ Neurological	_____	_____
_____ Genitourinary	_____	_____

**\* Is general health adequate to allow participation in a nursing education program and to perform essential duties of an RN working in a hospital, including CPR, administration of IV medication, opening of obstructed airways, catheterization, safe patient transfer/lifting and other motor skills? \_\_\_\_\_ YES \_\_\_\_\_ NO**

Name of Physician/Nurse Practitioner/Health Care Provider (PRINT) \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE of Physician or Nurse Practitioner (Primary Care Provider) Date



**RANKING CRITERIA – FOR INFORMATION ONLY  
PLEASE DO NOT SUBMIT WITH APPLICATION**

<b>CRITERIA POINTS</b>	<b>Awarded</b>
<p><b>GPA POINT VALUE ACHIEVED = POINTS AWARDED</b></p> <ul style="list-style-type: none"> <li>Maximum Point Award is <b>4.00</b></li> <li>GPA calculated on prerequisite classes ONLY: ENG 121 (3 credits), PSY 235 (3 credits), BIO 201 (4 credits), HPR 108 (1 credit) or HWE 100 (3 credits)</li> </ul> <p>A = 4, B = 3, C = 2. Multiply grade value by number of credits for each class. Divide by total number of credits for GPA. If you took HPR 108, divide by 11; if you took HW E 100, divide by 13.</p>	<p><b>TOTAL GPA</b></p> <p>_____</p>
<p><b>HEALTH CARE EMPLOYMENT – Maximum Point Award is 3*</b></p> <p>Employer verification of healthcare employment in the last 5 years</p> <p>600-750 hours = .5 points _____</p> <p>751-1000 hours = .75 points _____</p> <p>1001-1500 hours = 1.0 point _____</p> <p>1501-1750 hours = 1.5 points _____</p> <p>1751-2000 hours = 1.75 points _____</p> <p>2001-2500 hours = 2.0 points _____</p> <p>2501-2750 hours = 2.5 points _____</p> <p>2751-3000hours = 2.75 points _____</p> <p>Over 3000 hours = 3.00 points _____</p> <p><u>*Only CNA employment is guaranteed to count for the points above.</u></p>	<p><b>TOTAL HEALTH CARE</b></p> <p>_____</p>
<p><b>HESI NURSING ADMISSION ASSESSMENT EXAM</b></p> <ul style="list-style-type: none"> <li>Maximum Point Award is <b>3</b></li> </ul> <p>Science Composite Score</p> <p>70% to 80% = 1 point _____</p> <p>81% to 90% = 2 points _____</p> <p>91% to 100% = 3 points _____</p>	<p><b>TOTAL HESI</b></p> <p>_____</p>
<p><b>HEALTH CARE RELATED CERTIFICATIONS, LICENSES AND DEGREES</b></p> <ul style="list-style-type: none"> <li>Maximum Point Award is <b>1 (less than 1 point may be awarded)</b></li> </ul> <p>Certifications, Licenses, Degrees – Health Care Related (other than CNA or CPR) = 1 point _____</p>	<p><b>TOTAL Certifications, Licenses, Degrees</b></p> <p>_____</p>
<p><b>CANDIDATE CRITERIA TOTAL POINTS</b></p> <ul style="list-style-type: none"> <li>GPA, HESI, Employment and Certifications (maximum 11)</li> </ul>	<p><b>+</b></p>
<p><b>AVERAGE OF HESI English Language Composite and Math</b> Must score at least 70% in Reading Comprehension, Grammar, Vocabulary and General Knowledge under English Language, and Math. Maximum 100 points.</p> <ul style="list-style-type: none"> <li>The HESI Nursing Admissions Assessment Exam scores will be used as the determining factor to rank candidates who share the same total score.</li> </ul>	<p><b>=</b></p>
<p><b>TOTAL COMBINED SCORE OF CRITERIA POINTS + HESI AVERAGE OF ENGLISH AND MATH SCORES</b></p>	<p><b>➤</b></p>

**Documents and Information Requiring a Copy (or copies) and/or Action  
DO NOT INCLUDE THIS PAGE WITH APPLICATION – INFORMATION PURPOSES ONLY!**

Application – Pages 1 and 2

Information Session Attendance Verification Form

Date of application to Arapahoe Community College (if prerequisites were taken at another institution)  
or semester and year of most recent course taken at Arapahoe Community College

Student/Unofficial Copy of **Arapahoe Community College** transcript, and highlight prerequisites.

MAT103 Pre-requisite

- Prerequisite course of MAT050 or higher
- Elementary Algebra Accuplacer score of 61 or higher
- BAAD score of 106 or higher, PADI score of 80 or higher, any IADI score
- ACT score of 19 or higher (within 5 years)
- Completion of MAT103 within one year of application

Non-nursing Curriculum Courses, Highlight if Completed – **REQUIRED** for graduation but **OPTIONAL**  
for application submittal

- MAT 103 Math for Clinical Calculations – may not be taken more than one year prior to the start of the nursing program.
- BIO 202 Anatomy & Physiology II, BIO 204 Microbiology, BIO 216 Pathophysiology – may not be taken more than seven years prior to the start of the nursing program. 3 credit Social or Behavioral Science course.

Health Care Employment Form

Health Care Certification(s)

HESI Nursing Admission Assessment Exam Summary Page

Health Assessment Report , pages 5-7

ACC Informed Consent Form

Certified Nurse Aide - Copy of Current Card

CPR/BLS Card for Healthcare Providers

Proof of Current Health Insurance Coverage

**PLEASE DO NOT SUBMIT THIS PAGE OR SUBSEQUENT PAGES WITH YOUR APPLICATION -  
Information and Instructions Follow on Pages 12 through 22**

# Arapahoe Community College Nursing Program INFORMATION

Thank you for your interest in the Arapahoe Community College Nursing Program.

## Nursing Program Information Sessions

You must attend a Nursing Program Information Session prior to submittal of your application to the Nursing Program. When you attend the Information Session, you will receive an "Information Session Attendance Verification Form," and must retain this Form to submit with your Nursing Program Application. Information Session dates and times may be found on the Nursing Program home page: [www.arapahoe.edu/nursing](http://www.arapahoe.edu/nursing)

Reservations are required. Email [nursing@arapahoe.edu](mailto:nursing@arapahoe.edu) with *one date only*. In the SUBJECT line of the email, type "Information Session RSVP" and in the content of your email give 1) your name, 2) telephone number and 3) the date you wish to attend. You will receive a reply email confirming your reservation. Please bring a copy of the Nursing Program Application to the Information Session if you wish; no copies will be available at the Session.

Attendees at previous Information Sessions have been polled to determine the best time to attend a session and 85% consistently recommend attending at the beginning of the process. You may attend an Information Session at any time, however (your choice). You are welcome to meet one-on-one with a Nursing Program staff member after you attend an Information Session.

## Application to Arapahoe Community College (ACC)

The prerequisite courses for Arapahoe Community College's Nursing Program may be completed at Arapahoe Community College **OR** at any regionally accredited college or institution. To prepare to begin your prerequisite course requirements, or to have your prerequisites from other schools transferred to ACC, your first step is to complete an Arapahoe Community College application with the Admissions and Records office at the main campus in Littleton, Colorado. You may also apply online at [www.arapahoe.edu](http://www.arapahoe.edu); select Admissions, then select "Apply to ACC." Contact Information Central at 303-797-4222 with questions. **Your MAJOR at the time you apply to the College will be "PRE NURSING"**. By PRE NURSING, you will facilitate the transcript evaluation process if you have completed any or all of your prerequisites at another institution. If you are offered admission to the ACC Nursing Program, you will be instructed to change your major to Nursing, at the time of your acceptance.

If you have taken all of your prerequisite courses at Arapahoe Community College, or if you have a current and active ACC application on file at ACC at the time you apply to the Nursing Program, you do not need to repeat this step.

The Arapahoe Community College application is a separate process and document than the Nursing Program Application, and admission to Arapahoe Community College *does not guarantee admission* to the ACC Associate Degree Nursing (ADN) program.

## **Transcript Evaluation**

To apply to the Arapahoe Community College Nursing Program, your transcripts from other school(s), including other Colorado community colleges, must be officially evaluated and transferred to Arapahoe Community College. As part of the application process, you are required to submit a student/unofficial copy of an ACC transcript showing the four prerequisite courses. Follow these steps if you took any or all of your prerequisites at another school:

1. Apply for admission to Arapahoe Community College.
2. Select **PRE NURSING** as your initial major.
3. Request copies of official transcripts from any college(s) attended, other than ACC, and have the official transcripts SENT DIRECTLY TO: Arapahoe Community College, Admissions and Records, Campus Box 14, 5900 South Santa Fe Drive, Littleton, CO 80160-9002. You CANNOT “touch” the transcript, even if your former school gives you the document in a sealed envelope.
4. Your transcript will be evaluated. After official evaluation by Admissions and Records, you will receive an email advising you the transcript evaluation is complete. You may also be instructed to contact Advising for final review for nursing pre-requisites. Follow the instructions in the correspondence from Admissions upon receipt of the email.

All nursing program candidates must submit a student/unofficial copy of their *Arapahoe Community College* transcript as part of the application; you are further asked to highlight the prerequisites on the student copy you submit. Be sure to allow for the time it takes to have the transcripts officially evaluated and completed when planning your targeted Nursing Program Application Deadline.

In the event you submit documentation of required prerequisites on any transcript other than Arapahoe Community College, your application will be returned and you may not resubmit for the current semester.

If all of your prerequisites were taken at Arapahoe Community College, you need ONLY to print a student/ unofficial copy of your ACC transcript and highlight the prerequisites.

## **Prerequisites**

The following four (4) prerequisite courses must be completed with a minimum combined GPA of 3.0 for these five courses only. Each course must be completed with a grade of C or better. All prerequisite BIO courses must be completed within seven (7) years at the time of application. Remember, all five prerequisites must appear on an Arapahoe Community College transcript at the time you apply to the Nursing Program (see “Transcript Evaluation”):

ENG 121      English Composition I  
PSY 235 Human Growth and Development BIO  
201 Human Anatomy and Physiology I HPR 108  
Nutrition

**OR**

HW E 100      Nutrition

Meet with an Advisor regarding prerequisites for ENG 121, PSY 235 and BIO201.

Call 303-797-5664 for an appointment. Any CLEP, DANTES or testing instrument with a “pass or fail” for a grade will be awarded as a grade of “C” for purposes of the Nursing Program prerequisites.

**ARAPAHOE COMMUNITY COLLEGE SCHOOL OF NURSING  
ASSOCIATE DEGREE IN NURSING COURSE SEQUENCE GUIDE:  
5 SEMESTER  
PLAN~ 12 ~**

<b>COURSE #</b>	<b>COURSE TITLE</b>	<b>CREDIT HOURS</b>
<b>1<sup>ST</sup> SEMESTER</b>		
ENG 121	English Composition 1	3
BIO 201	Anatomy and Physiology 1	4
PSY 101*	General Psychology	3
PSY 235	Human Growth and Development	3
HPR 108**	Nutrition	1
<b>2<sup>ND</sup> SEMESTER</b> <b>(Formal admission to the Nursing Program required for NUR courses)</b>		
BIO 202	Anatomy and Physiology II	4
MAT 103	Math for Clinical Calculations	3
NUR 109	Fundamentals of Nursing	6
NUR 112	Pharmacology of Nursing I	2
<b>3<sup>RD</sup> SEMESTER</b>		
Bio 204	Microbiology	4
NUR 150	Maternal Child Nursing	6
NUR 106	Med-Surg Nursing Concepts	7
<b>4<sup>TH</sup> SEMESTER</b>		
BIO 216	Pathophysiology	4
NUR 206	Advanced Concepts of Med/Surg Nursing 1	6.5
NUR 211	Psychiatric-Mental Health Nursing	4
NUR 212	Pharmacology II	2
<b>5<sup>TH</sup> SEMESTER</b>		
NUR 216	Advanced Concepts of Med/Surg Nursing II	5
NUR 230	Transition to Professional Nursing Practice	4

\* Any Arts & Humanities or Social & Behavioral Science may be substituted for PSY 101

\*\* or HWE 100 (3 credits)

## **Math Prerequisite and Additional Non-Nursing Curriculum Courses**

**Prerequisite for MAT103** is MAT050 or higher, a score of 61 or higher on the Elementary Algebra (EA) portion of the Accuplacer, or ACT score of 19 or higher within 5 years of application.

There are four courses within the nursing curriculum that **may be taken** prior to acceptance to the Nursing Program (required for graduation, but need not be completed before application):

MAT 103 Math for Clinical Calculations – **one year time limit**

- May not be taken more than one year prior to the start of the Nursing Program
- The semester you take MAT 103 is not considered in the one year time limit.

BIO 202 Anatomy & Physiology

BIO 204 Microbiology

BIO 216 Pathophysiology – all have a **seven year time limit**

- May not be taken more than seven years prior to the start of the Nursing Program.
- 3-credit Social or Behavioral Science elective (some restrictions may apply)

## **Health Care Employment Verification Form**

You may receive up to three points for health care related employment. Use the Health Care Employment Verification form to document healthcare experience. Your experience may be for a paid position or for volunteer assignments. You must include a supervisor or employer name and contact information.

The experience you submit on the form may go back no more than five years. Your health care experience may include, but not be limited to (for example) Certified Nurse Assistant, Medical Assistant, Massage Therapist, Emergency Medical Technician, Paramedic, Unit Secretary, Pharmacy Technician, Laboratory Technician, Physical Therapist Assistant, and Phlebotomist.

## **Health Care Certifications, Licenses and Degrees**

Certification(s), license(s) and degree(s) related to health care may include, but not be limited to Medical Assistant, Massage Therapist, Emergency Medical Technician, Paramedic, Unit Secretary, Pharmacy Technician, Laboratory Technician, Physical Therapist Assistant, and Phlebotomist.

Please do not list your current CPR or CNA, as those are minimum requirements to apply to the Nursing Program. The Health Care Certifications form is contained in the Nursing Program Application.

## **Health Education Systems Inc. (HESI) Nursing Admission Assessment Exam**

You must take the HESI Nursing Admission Assessment Exam, version A2-ADN, and must achieve scores of 70% or greater on English Language Composite and Math, to be eligible to apply to the Nursing Program.

The test has 11 sections in 3 major areas: **English Language** (reading comprehension, meaning-word use, conclusions, implications, understanding, grammar, vocabulary & general knowledge), **Science** (biology, chemistry, anatomy & physiology), and **Math**.

You may take the Exam a maximum of two times in the twelve (12) months prior to Nursing Program Application submission. A Resource and Study Guide is available at [evolve.elsevier.com](http://evolve.elsevier.com), type in "Admission" in the search box on the home page. Study Guide Information: Publisher is Elsevier, HESI: Admission Assessment Exam Review, **ISBN: 9781455703333**.

To schedule an appointment to take the HESI Nursing Admission Assessment Exam, or for questions regarding the Exam, contact the ACC Testing Center at 303-797-5993. You may schedule only one test date at a time. Don't wait until the last minute to schedule your test, prior to submitting your application, **as test dates fill up**.

**After scheduling your exam, YOU MUST PRE-REGISTER for the exam on the HESI website. Instructions can be found on the Nursing Program webpage: [www.arapahoe.edu/nursing](http://www.arapahoe.edu/nursing)**

The Testing Center will confirm the cost of the exam when you schedule your appointment, as the cost is subject to change. **You may reschedule a test date only ONCE.**

There will be a \$20 charge for a "NO CALL/NO SHOW" per Testing Center policy, with an endorsement by the ACC Nursing Program. If you fail to take the test at your scheduled appointment, you will not be allowed to test until you pay the \$20.

You are allowed four hours to complete the HESI Nursing Admission Assessment Exam. Upon completion of the Exam, the Testing Center will provide you with two student copies of the Test Summary Page. One copy is for you to submit with your Nursing Program Application; the second copy is for your files.

An official report of your results may also be sent directly to the ACC Nursing Program by the Testing Center.

## **Immunizations and Health Assessment**

The Arapahoe Community College Nursing Program includes clinical rotations scheduled in a variety of health care facilities. Documentation of specific immunizations is required prior to these experiences. The immune status is for the protection of both clients and students. Review the list of immunizations below, and complete the three (3) page ACC Nursing Program Health Assessment Report (on the Nursing Program Application, pages 5-7).

**PAGE 5:** A signature is required UNLESS you have a shot record and/or lab report for titers. You may use a combination of shot record documents, lab reports and/or health care provider signature. If no documentation is available regarding dates, the signature of a physician and/or health care provider is required.

**PAGE 7:** The signature of a physician and/or health care provider is REQUIRED on page 7, to confirm your general health is adequate to participate in a nursing education program.

### ***Rubeola (Measles)***

Persons born before 1957 are considered naturally immune to measles (Rubeola). Persons born in or after 1957 must present **evidence of two (2) live vaccine immunizations** since 1968, **or laboratory documentation** (positive rubeola antibody polyvalent screen) to be considered immune. Persons who cannot present such documentation must be immunized.

### ***Rubella (German Measles)***

Documentation of two MMR immunizations or laboratory titer which indicates immunity to Rubella is required. **All students, male and female, must show immune titer to Rubella or proof of two immunizations.**

### ***Hepatitis B***

The series of three Hepatitis B vaccinations is required. The first of the three vaccinations must be completed before school begins and the second before clinical assignments begin. The series will be waived for students with documentation of Hepatitis immune titer.

### ***PPD Tuberculin Test***

The tuberculin skin test that is required is the intradermal PPD, (Mantoux method, not the multi-pronged Tine test). This skin test must be **REPEATED ANNUALLY** while enrolled in the nursing program, unless required more frequently by a specific facility. If the PPD test result is positive or contraindicated, a current chest x-ray taken within five years of beginning the program demonstrating no active disease must be submitted or a verification of freedom of TB symptoms issued by a healthcare provider or the Disease Control Service of the City and County of Denver.

### ***Chickenpox (Varicella)***

A Chickenpox (Varicella) titer or the vaccination is required. **A physician's verification that you have had the disease is no longer accepted as proof of immunity to Varicella.**

**TDAP** Must have proof of inoculation record, within 10 years.



## **Certified Nurse Aide**

You must have current certification as a Certified Nurse Aide (CNA) at the time you apply to the Nursing Program. ACC has a Nurse Aide Program, separate from the Nursing Program. Find information on ACC's website under Departments and Programs; select "Nurse Aide."

For a list of other approved nurse aide training programs in Colorado, you may visit the Colorado Board of Nursing website at [www.dora.state.co.us/nursing](http://www.dora.state.co.us/nursing), type "Approved Nurse Aide Training Programs in Colorado" in the search box or call 303-894-2430.

## **Certification in Basic Life Support (BLS) for Health Care Providers –CPR**

Certification in Basic Life Support (BLS) for **Health Care Providers** is required of Nursing Program students and must be kept current throughout the Program. The course **MUST** include two-person, infant/child CPR and airway obstruction, and must be the **two-year Healthcare Provider level**. After completing the CPR course, it may take 2 to 4 weeks to receive your CPR card in the mail, so plan ahead.

CPR classes are available widely available in the metropolitan Denver area. We recommend that you receive your training through:

- American Heart Association, 800-242-8721, or [www.heart.org/](http://www.heart.org/)

## **Proof of Health Insurance**

You must have proof of health insurance coverage at the time you apply to the Nursing Program. You may make a copy of your insurance card or submit a letter and/or email of coverage. Coverage may include private, public or military health care coverage.

If accepted to the Nursing Program, you will have liability insurance and Workman's Compensation when you are participating in clinical assignments.

## **Disqualifying Offenses**

### **An Applicant will be disqualified from a CCCS nursing program based on the following guidelines:**

- Any violent felony convictions of homicide. (No time limit)
- Crimes of violence (assault, sexual offenses, arson, kidnapping, any crime against an at-risk adult or juvenile, etc.) as defined in section 18-1.3-406 C.R.S. in the 10 years immediately preceding the submittal of application.
- Any offense involving unlawful sexual behavior in the 10 years immediately preceding the submittal of application.
- Any crime, the underlying basis of which has been found by the court on the record to include an act of domestic violence, as defined in section 18-6-800.3 C.R.S. in the 7 years immediately preceding the submittal of application.
- Any crime of child abuse, as defined in section 18-6-401 C.R.S. in the 7 years immediately preceding the submittal of application.
- Any crime related to the sale, possession, distribution or transfer of narcotics or controlled substances in the 7 years immediately preceding the submittal of application.
- Any felony theft crimes in the 7 years immediately preceding the submittal of application.
- Any misdemeanor theft crimes in the 5 years immediately preceding the submittal of application.
- Any offense of sexual assault on a client by a psychotherapist, as defined in section 18-3-405.5 C.R.S. in the 7 years immediately preceding the submittal of application.
- Crimes of moral turpitude (prostitution, public lewdness/exposure, etc.) in the 7 years immediately preceding the submittal of application.
- Registered Sex Offenders. ( No time limit)
- Any offense in another state, the elements of which are substantially similar to the elements of any of the above offenses.
- More than one (1) D.U.I. in the 7 years immediately preceding the submittal of application.

If the investigation reveals information that could be relevant to the application, the designated individual responsible for background checks may request additional information from the applicant. The offense shall be reviewed on a case-by-case basis. Students who have successfully completed the terms of a deferred adjudication agreement will not be disqualified.

If any applicant feels the criminal background check is inaccurate, they may appeal the decision and request a review with the specific community college with whom they applied. It is the applicant's burden to produce substantial evidence that proves the crimes charged are incorrect. (CCCS 6/8/07)

## **Equal Opportunity**

Arapahoe Community College is an equal opportunity employer. The College operates under an Equal Opportunity Plan that ensures equal access to opportunities for all students, faculty and staff.

Arapahoe Community College does not discriminate on the basis of race, sex, creed, color, age, national origin, veteran status, or individual disability in the admission or access to, treatment of or employment in, its education programs or activities.

Inquiries concerning the Equal Opportunity policy and/or compliance with Federal and State regulations should be directed to the Director of Human Resources, Arapahoe Community College, 5900 S. Santa Fe Drive, P.O. Box 9002, Littleton, Colorado 80160-9002, the Vice President of Legal Services at the Community Colleges of Colorado, 9101 East Lowry Boulevard, Denver, CO 80230, or the Office of Civil Rights, U.S. Department of Education, 1244 Speer Blvd., #310, Denver, Colorado 80204.

## **Nursing Program Application Submission**

Review your Nursing Program Application materials and utilize the checklist on the Application to confirm your Nursing Program Application and required documents are complete. If you cannot check each of the elements on the application, you are not ready to apply! MAKE A COPY of the application for yourself before you submit it to the ACC Nursing Program.

Applicants who submit a Nursing Program Application with required documents will have their application and documents reviewed by the ACC Associate Degree Nursing (ADN) Admissions Committee. Provisional admission is based on a merit evaluation. Applicants meeting all minimum admission criteria will be ranked on a point system.

Applications may be submitted by U.S. Mail or hand-delivered. Be sure your application is complete and contains all required documents before posting or delivering.

- If hand-delivered, your application WILL NOT be reviewed at the time of delivery.
- The Nursing Program will not accept any additional application materials after the student has submitted the application and documents.
- NO electronic (email or facsimile) Nursing Program Application will be accepted.

Hand delivery is recommended. If you hand deliver your application, please be aware, your application will NOT be reviewed at the time of submittal; please do not ask. You may submit your application in person to the Arapahoe Community College Nursing Program.

Nursing Program Assistant, Arapahoe Community College (Main Campus)  
ANNEX Building, Room 2335  
5900 South Santa Fe Drive, Littleton, CO 80120

Applications submitted by U.S. Mail should include a confirmed delivery method. The Nursing Program is not responsible for misplaced application materials, late delivery, or failed delivery of application materials. Please check with the nursing program the day before the deadline to be sure your application was received. Mail your Nursing Program Application and required attachments to:

Nursing Program, Campus Box 31  
Arapahoe Community College  
5900 South Santa Fe Drive, Littleton, CO 80120

**APPLICATION DATES AND DEADLINES ARE FIRM AND APPLICATIONS ARE ACCEPTED ONLY WITHIN THE TIME FRAMES AND DEADLINES LISTED BELOW.**

Inquiries regarding the status of an application before the scheduled notification date will not be accepted, and will only slow down the process.

**Application dates and deadline for FALL SEMESTER (August) STARTS**

Applications for Fall Semester will open on the THIRD MONDAY OF APRIL at 9:00 a.m. and close on the THIRD FRIDAY IN MAY at NOON, immediately preceding the Fall semester for which the student seeks admission.

**Application dates and deadlines for SPRING SEMESTER (January) STARTS**

Applications for Spring Semester will open on the FIRST MONDAY OF NOVEMBER at 9:00 a.m. and close on the THIRD FRIDAY OF DECEMBER at NOON, immediately preceding the Spring semester for which the student seeks admission.

**Nursing Program Review Process and Letters of Offer and Decline**

**OFFER LETTERS FOR ADMISSION** will be mailed to the physical address contained in the Nursing Program Application, following the Admissions Committee review of all applications, and no later than two (2) weeks following the application deadline. Offer letters will include orientation, criminal background check, and additional information needed to prepare selected candidates for the Nursing Program. Notify the Nursing Program directly and immediately if your mailing address or contact information changes; you must also notify Admissions and Records.

**LETTERS OF REFUSAL** will be mailed to the physical address contained in the Nursing Program Application, following the Admission Committee review of all applications, and no later than two (2) weeks following the application deadline.

In the event you are not selected as a candidate, you will be required to re-submit your entire Nursing Program Application Packet for a subsequent semester. Be sure to **MAKE YOUR COPIES** before submitting your application and required documents.

Thank you for your interest in the Arapahoe Community College Nursing Program. If you have questions regarding the Nursing Program, please contact:

Assistant, Nursing Program  
Arapahoe Community College, 5900 South Santa Fe Drive, Littleton, CO80120  
303-797-5939  
[nursing@arapahoe.edu](mailto:nursing@arapahoe.edu)

**Note**

**Information regarding median loan debt, completion and placement rates, occupations and tuition/fees may be found at [www.arapahoe.edu/gainful](http://www.arapahoe.edu/gainful).**

## Essential Skills and Functional Abilities for Nursing Students

Functional Ability	Standard	Examples of Required Activities
Motor Abilities	Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide client care.	Mobility sufficient to carry out client care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting clients, providing care in confined spaces such as a treatment room or operating suite.
Manual Dexterity	Demonstrate fine motor skills sufficient for providing safe nursing care.	Motor skills sufficient to handle small equipment such as insulin syringe and administer medications by all routes, perform tracheotomy suctioning, insert urinary catheter.
Perceptual/Sensory Ability	Sensory/perceptual ability to monitor and assess clients.	<ul style="list-style-type: none"> <li>Sensory abilities sufficient to hear alarms, auscultatory sounds, cries for help, etc.</li> <li>Visual acuity to read calibrations on 1 cc syringe, assess color (cyanosis, pallor, etc.).</li> <li>Tactile ability to feel pulses, temperature, palpate veins, etc.</li> <li>Olfactory ability to detect smoke or noxious odor, etc.</li> </ul>
Behavioral/Interpersonal/Emotional	<p>Ability to relate to colleagues, staff and clients with honesty, civility, integrity and in a nondiscriminatory manner.</p> <ul style="list-style-type: none"> <li>Capacity for development of mature, sensitive and effective therapeutic relationships.</li> <li>Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds.</li> <li>Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism.</li> <li>Capacity to demonstrate ethical behavior, including adherence to the professional nursing code and student code of conduct.</li> </ul>	<ul style="list-style-type: none"> <li>Establish rapport with clients and colleagues.</li> <li>Work with teams and work groups.</li> <li>Emotional skills sufficient to remain calm in an emergency situation.</li> <li>Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of clients.</li> <li>Adapt rapidly to environmental changes and multiple task demands.</li> <li>Maintain behavioral decorum in stressful situations.</li> </ul>
Safe environment for clients families and co-workers	<ul style="list-style-type: none"> <li>Ability to accurately identify clients.</li> <li>Ability to effectively communicate with other caregivers.</li> <li>Ability to administer medications safely and accurately.</li> <li>Ability to operate equipment safely in the clinical area.</li> <li>Ability to recognize and minimize hazards that could increase healthcare associated infections.</li> <li>Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to client family and co-worker falls.</li> </ul>	<ul style="list-style-type: none"> <li>Prioritizes tasks to ensure client safety and standard of care.</li> <li>Maintains adequate concentration and attention in client care settings.</li> <li>Seeks assistance when clinical situation requires a higher level or expertise/experience.</li> <li>Responds to monitor alarms, emergency signals, call bell from clients, and orders in a rapid effective manner.</li> </ul>
Communication	<ul style="list-style-type: none"> <li>Ability to communicate in English with accuracy, clarity and efficiency with clients, their families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language).</li> <li>Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy.</li> <li>Communicate professionally and civilly to the healthcare team including peers, instructors, and preceptors.</li> </ul>	<ul style="list-style-type: none"> <li>Gives verbal directions to or follows verbal directions from other members of the healthcare team and participates in health care team discussions on client care.</li> <li>Elicits and records information about the health history, current health state and responses to treatment from clients or family members.</li> <li>Conveys information to clients and others as necessary to teach, direct and counsel individuals in an accurate, effective and timely manner.</li> <li>Establishes and maintains effective working relations with clients and co-workers.</li> <li>Recognizes and reports critical client information to other caregivers.</li> </ul>
Cognitive/Conceptual/Quantitative Abilities	<ul style="list-style-type: none"> <li>Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis.</li> <li>Ability to gather data, to develop a plan of action, establish priorities and monitor and evaluate treatment plans and modalities.</li> <li>Ability to comprehend three-dimensional and spatial relationships.</li> <li>Ability to react effectively in an emergency situation.</li> </ul>	<ul style="list-style-type: none"> <li>Calculates appropriate medication dosage given specific client parameters.</li> <li>Analyzes and synthesizes data and develop an appropriate plan of care.</li> <li>Collects data, prioritize needs and anticipate reactions.</li> <li>Comprehend spatial relationships adequate to properly administer injections, start intravenous lines or assess wounds of varying depths.</li> <li>Recognizes an emergency situation and respond effectively to safeguard the client and other caregivers.</li> <li>Transfers knowledge from one situation to another.</li> <li>Accurately processes information on medication container, physicians' orders, and monitor and equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and policy procedural manuals.</li> </ul>
Punctuality/Work habits	<ul style="list-style-type: none"> <li>Ability to adhere to MCCDNP policies, procedures and requirements as described in the Student Nurse Handbook, college catalog and student handbook and courses/lababus.</li> <li>Ability to complete classroom and clinical assignments and submit assignments at the required time.</li> <li>Ability to adhere to classroom and clinical schedules.</li> </ul>	<ul style="list-style-type: none"> <li>Attends class and clinical assignments punctually.</li> <li>Reads, understands and adheres to all policies related to classroom and clinical experiences.</li> <li>Contact instructor in advance of any absence or late arrival.</li> <li>Understand and complete classroom and clinical assignments by due date and time.</li> </ul>

