

NURSING APPLICATION CHECKLIST

Before submitting your Nursing Program Application, make sure you have included **ALL** the following documentation:
Application period is **January 1 – March 1** for admission beginning in the fall 2017

- Submit an admission application to West Shore Community College available on line @ <https://my.westshore.edu/ICS/Admissions/1>
- Eligibility for Math 120 as evidenced by (one of the following)
 - MTH 051 with a C (2.0) or better
 - MTH 120 with a C (2.0) or higher, or transfer equivalent, or applicable test scores to bypass requirement (check with Student Services for verification)
 - ACT math score of at least 16 within the last 5 years
- Eligibility for ENG 111 as evidenced by
 - English Comp I with a C (2.0) or better or equivalent transfer credit
 - One or a combination of the following within the past 5 years:
 - Successful completion of ENG 051 & ENG 052 must have a C (2.0) or better
 - Applicable test scores to place into ENG 111 (check with Student Services for verification)
 - ACT English score of 18 and an ACT reading score of 17 or higher
- Submit all OFFICIAL high school and college Transcript/s to Student Services.
Address: West Shore Community College 3000 N. Stiles Road, Scottville, MI 49454.

THEN

- Submit the Nursing Application Form, and all necessary documentation, to Student Services
- Attach proof of Completed HESI test. Must score a 75 or higher. May only take the test twice
- Medical Math Test (Earn bonus points for completing this test by Feb 23rd. Must score 100% **(three tries/application year allowed)**). Passage of the Medical Math Test is good for two years. There will be a Medical Math review offered online, through Canvas, and free of charge after January 1, 2017. If interested, please contact Wanell Cabot (231) 843-5818, wkcabot@westshore.edu for details.
- Attach, if pertinent, verification of direct care (employment) within the past 3 years. For example a letter from an employer on agency letterhead indicating employment dates and job responsibilities.
- Attach signed background check authorization form
- Attach completed point sheet and any certifications

Student services will accept only completed packets. If any of the above items are missing, the application may be considered incomplete and will not be considered for acceptance. COLLEGE PLACEMENT/HESI/MEDICAL MATH tests & scores can be retrieved in the testing center (231.843.5528). Picture ID must be presented.

West Shore Community College

Nursing Program Application

PART 1 - Applicant Status

- I am applying for admission to the First-level nursing program.
- I am applying for re-admission to the First-level nursing program.
- I am currently a Practical Nurse or in a PN program and am applying for the Second-level nursing program.

PART 2 - Applicant Information

Applicant Name (Last, First, Middle Initial)	Maiden Name
Address _____	
City, State _____	Zip _____
Telephone (____) _____	
Last Four Digits of Social Security Number _____	

PART 3 - To be Completed by Second-level Applicants only

I am currently enrolled in or have successfully completed a Practical Nursing Program _____ Yes _____ No

If yes, name of school _____

Anticipated or actual date of completion _____

My Practical Nursing License expires on _____

PART 4 - Certification Statement

I certify that the above information is true and correct. I understand that knowingly giving false information may result in my dismissal from West Shore Community College. I have also read and understand the information on the back of this application form.

_____ Date _____ Signature

Please return to:
Admissions Office
West Shore Community College
3000 N. Stiles Rd.
Scottville, MI 49454

Important Notes To All WSCC Nursing Applicants

It is the applicant's responsibility to ensure that the WSCC Admissions Office is in receipt of all required admissions documentation.

1. You must have an Application for Admission to West Shore Community College on file to be considered for admission to the Nursing Program.
2. If you are interested in the Academic Progression Program (BSN) please make an appointment today with student services for advising at 231.843.5510 or call the nursing office at 231.843.5818 – space is limited.
3. New students must submit an application packet, which includes your WSCC Nursing Application, yearly between January 1st and March 1st. Only completed application packets will be considered.
4. If you are an LPN wishing to transition into our RN program, we encourage you to submit your application between January 1st and March 1st of the year in which you wish to begin the program.
5. Your high school or GED transcripts must be on file with the WSCC Admission's Office prior to action being taken on your application. Be sure your high school transcript is complete, showing all eight semesters.
6. You must have official copies of all post-secondary education transcripts forwarded to the WSCC Admission's Office prior to action being taken on your application.
7. If it has been more than five years since you graduated from your Practical Nursing program, you must submit a letter from your employer(s) verifying your dates of employment proving one or more years of employment prior to action being taken on your application.
8. Admission to the Associate Degree Nursing program is contingent upon verification of PN licensure or PN program completion.

West Shore Community College Nursing Program Application and Point Sheet

NAME _____ **Student ID #** _____ **Fall 2017**

Section A- High School GPA or Calculated College GPA (Applicant to provide transcript)

HIGH SCHOOL GPA (GED SCORE*) <i>Use for less than 12 college credits</i>			CALCULATED COLLEGE GPA <i>USE FOR 12 COLLEGE CREDITS OR MORE</i>			TOTAL POINTS _____ (40 possible points)
(2002 GED Series)	(2014 GED Series)					
3.90 +	(765 - 800)	(195 – 200)	36 POINTS	3.90+	40 POINTS	Check One: <input type="checkbox"/> Use all college classes <input type="checkbox"/> Use only college classes within last 8 years (from F 2008 forward)
3.80 - 3.89	(730 - 764)	(190 – 194)	34 POINTS	3.80 - 3.89	38 POINTS	
3.70 - 3.79	(695 - 729)	(185 – 189)	32 POINTS	3.70 - 3.79	36 POINTS	
3.60 - 3.69	(660 - 694)	(180 – 184)	30 POINTS	3.60 - 3.69	34 POINTS	
3.50 - 3.59	(625 - 659)	(175 – 179)	28 POINTS	3.50 - 3.59	32 POINTS	
3.40 - 3.49	(590 - 624)	(170 – 174)	26 POINTS	3.40 - 3.49	30 POINTS	
3.30 - 3.39	(555 - 589)	(165 – 169)	24 POINTS	3.30 - 3.39	28 POINTS	
3.20 - 3.29	(520 - 554)	(160 – 164)	22 POINTS	3.20 - 3.29	26 POINTS	
3.10 - 3.19	(485 - 519)	(155 – 159)	20 POINTS	3.10 - 3.19	24 POINTS	
3.00 - 3.09	(450 - 484)	(150 – 154)	18 POINTS	3.00 - 3.09	22 POINTS	
2.50 - 2.99			16 POINTS	2.50 - 2.99	20 POINTS	

Section B - HESI COMPOSITE SCORE (Average of English Composite & Math scores)

HESI ADMISSIONS TEST SCORE		
99 - 95 10 POINTS	94 - 90 8 POINTS	89 - 85 6 POINTS
84 - 80 4 POINTS	79 - 75 2 POINTS	TOTAL POINTS _____ (10 points possible)

Section C – Bonus Points General Education College Coursework (Coursework transferable for BSN)

All courses in SECTION C are awarded 1 point for B- or B. An A or A- is awarded 2 points

ANP 230 _____	ENG 111 _____	CHM 107 _____	PSY 161 _____
ANP 231 _____	BIO 232 _____	100 % on Medical Math Test _____	(5 points if taken prior to March 1 st)
TOTAL POINTS _____			(17 points possible)

Section D- Work Experience (Applicant to provide letter from employer verifying length of employment & duties)

Health Care Work Experience (Letter must be on letterhead and experience in direct care in past 3 years)

6 months – 1 year work experience _____ (2 points) 1- 2 years work experience _____ (4 points)

2+ years work experience _____ (6 points)

Allied Health Class w/o CENA cert. _____ (2 points)

Current CENA/MA/EMT certification (must provide copy of certification) _____ (4 points)

TOTAL POINTS _____ **(10 points possible)**

SECTION A + SECTION B + SECTION C + SECTION D + 2 POINTS = TOTAL POINTS

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2 points awarded for In District students.

Applicant is responsible for providing ALL DOCUMENTATION to Student Services. The application period is January 1 – March 1.

**West Shore Community College
Criminal Background Check Authorization Form**

PLEASE PRINT CLEARLY

Name (Last, First, Middle): _____

List all other names you have ever used or by which you have ever been known:

(Last, First, Middle): _____

Date of Birth (Month, Day, Year): ____/ ____/ ____ Gender: Male ____ Female ____

Race: _____ (White, Black, Asian or Pacific Islander, American Indian, Alaskan Native, Unknown/Other)

Social Security #: _____ Michigan Driver's Lic. # _____

I CERTIFY THAT I HAVE RESIDED IN THE STATE OF MICHIGAN FOR 3 YEARS OR MORE.

I authorize the Michigan State Police, its authorized agent(s), and/or West Shore Community College to conduct a criminal background check, as set forth in Michigan Public Health Code Section 20173 and to release those results to West Shore Community College. I understand and agree that if I am arrested for or convicted of any criminal offenses covered by Michigan Public Health Code Section 20173, I will immediately inform the Director of Nursing and Allied Health. I also understand that if I refuse to authorize a criminal background check, do not pass a criminal background check or am subsequently arrested for or convicted of any criminal offenses covered by Michigan Public Health Code Section 20173, I will not be placed into the clinical component or rotation of any course which requires such clinical components or rotations, and will be removed from any such clinical component or rotation if already placed.

I authorize West Shore Community College to release the results of my criminal background check to any hospital, facility, or other partner healthcare agency which requests the results as a part of fulfilling my education/training requirements, or assessing my qualifications for a clinical component or rotation.

I understand that completion of all clinical components or rotations is a graduation requirement, and that a degree will not be granted me if I do not successfully complete all clinical components or rotations.

Signature

Date

**West Shore Community College
Criminal Background Check Authorization Form**

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Name (Last, First, Middle): _____

List all other names you have ever used or by which you have ever been known:

(Last, First, Middle): _____

Date of Birth (Month, Day, Year): ____/ ____/ ____ Gender: Male ____ Female ____

Race: _____ (White, Black, Asian or Pacific Islander, American Indian, Alaskan Native, Unknown/Other)

Social Security #: _____ Michigan Driver's Lic. # _____

I CERTIFY THAT I HAVE RESIDED IN THE STATE OF MICHIGAN FOR LESS THAN 3 YEARS.

I certify that I will obtain a set of my fingerprints from a police department or authorized law enforcement agency, to be sent to the Federal Bureau of Investigation ("FBI") to determine if there is any national criminal history pertaining to me. I will promptly take all required forms, my set of fingerprints, and the required check or money order to a U.S. Post Office and obtain a stamped Certificate of Mailing form which confirms when the materials were sent to the FBI. I will promptly turn in the Certificate of Mailing to the Nursing Office to verify that I have complied with this requirement, and I will immediately provide the results of the FBI criminal history check to the West Shore Community College Nursing Office upon receipt from the FBI.

I authorize the FBI, Michigan State Police, their authorized agent(s), and/or West Shore Community College to conduct a criminal background check as set forth in Michigan Public Health Code Section 20173, and to release those results to West Shore Community College. I understand and agree that if I do not authorize these criminal background checks, or if the criminal background checks report convictions for any violation set forth in Michigan Public Health Code Section 20173, I will be precluded from participation in all clinical components or rotations, and thus will be removed from the program.

I understand and agree that if I am arrested for or convicted of any criminal offenses covered by Michigan Public Health Code 20173, I will immediately inform the Director of Nursing and Allied Health. I also understand that if I do not pass a criminal background check or am subsequently arrested for or convicted of criminal offenses covered by Michigan Public Health Code Section 20173, I will not be placed into the clinical component or rotation of any course which requires such clinical components or rotations, and will be removed from any such clinical component or rotation if already placed.

I authorize West Shore Community College to release the results of my criminal background check to any hospital, facility, or other partner healthcare agency which requests the results as a part of fulfilling my education/training requirements, or assessing my qualifications for a clinical component or rotation.

I understand that completion of all clinical components or rotations is a graduation requirement, and that a degree will not be granted to me if I do not successfully complete all clinical components or rotations.

Signature

Date

