

GROSSMONT COLLEGE NURSING PROGRAM APPLICATION CHECKLIST

(This form must accompany the application packet)

NAME: _____

DATE: _____

- **The required following documents are needed to submit an application packet;** (Please check items being submitted)

_____ **Application**

_____ **Proof of High School graduation, GED certificate or a higher degree**

_____ copy of a U.S. High School diploma/ transcripts or

_____ copy of a GED certificate or

_____ transcripts indicating an Associates, Bachelors or Master's degree.

(Foreign High School or College transcripts must be evaluated by IERF)

_____ **Official, sealed transcripts for the required science prerequisites and any courses taken for the Nursing Major**

The required science courses must include a lab conducted in the classroom setting.

_____ **Course Descriptions-** for courses not listed on the Nursing Program Equivalency Grid (see website):

If prerequisites were taken outside of the San Diego County area, course descriptions from the college catalog must be included. Do not cut and paste the description into a document, the page must be printed as is, directly from the catalog indicating the name of the college on the printout.

_____ **Test of Essential Academic Skills (TEAS) -official transcript of required version to be sent directly from**

ATI to Grossmont College. If more than one exam was taken, a printout of all previous exams must be included in this application packet (past exams do not have to be official). Choose Grossmont College when prompted to select school.

_____ **Completed Immunizations** to include MMR, HepB and test for seropositivity, TDAP, and Varicella

(all have specific requirements; please use the immunization reference form for details)

_____ **TB test** (see attached information form for specific requirements)

_____ **LVN license** (if applicable, a copy of your current license)

_____ **LVN transcripts** (if applicable, a copy of transcripts indicating successful completion in LVN coursework)

_____ **Corpsman** (DD214 or other document indicating status)

- **For additional points awarded to your application, submit the following, if applicable:** (Please check all that apply)

(The proper documentation must accompany the application in order for points to be considered)

_____ **Academic degree** (transcripts indicating Associates, Bachelors or Master's Degree obtained in the United States)¹

_____ **Allied Health Certificate or License** (a copy of the certificate or license is required)

_____ **Relevant work or volunteer experience in healthcare with a minimum of 100 hours and within the past 3 years**

(documentation from the employer or volunteer supervisor to be submitted on company letterhead indicating time and hours of experience. Please do not submit paystubs)

_____ **Documented proficiency or advanced level of coursework in languages other than English, including**

American Sign (official transcripts indicating advanced level coursework or a letter from your employer on company letterhead verifying proficiency in one of the languages indicated on the Language Grid only)

_____ **Veteran or active military status** (copy of the DD214 form for Veteran or a Military ID)

_____ **Refugee** (copy of the card indicating refugee status)

_____ **Documented disability** (DSPS verification or a letter from your physician verifying the disability)

_____ **Low Family Income** (documented eligibility for Financial Aid, Cal Works, BOGFW-B, Federal Pell Grant or EOPS)

_____ **Need to Work while completing prerequisites** (documentation from employer on company letterhead verifying dates of employment while completing the required prerequisites. Please do not submit paystubs).

_____ **First generation of family to attend college** (statement from applicant, no other documentation is required)

_____ **Disadvantages, social or educational environment** (statement from applicant documenting disadvantages)

_____ **Difficult personal and family situations or circumstances** (statement from applicant documenting difficulties)



GROSSMONT COLLEGE: ADN AND LVN TO RN NURSING PROGRAM APPLICATION

ADN LVN TO RN

Name _____ LVN Lic/Exp: _____
Last First Middle (if applicable)

Previous Name(s) _____ Grossmont College student ID# _____
(Important if your records reflect a name different from above) (If applicable)

Primary Phone _____ Home Cell Birth Date _____
(Confidential- for records only)

Address _____
Street Number and Name City State Zip Code

E-mail Address _____ High School or GED _____
(The Nursing Program is unable to send mass emails to anyone with a Yahoo or Hotmail account and are not responsible for emails that do not reach recipient) Name (if higher degree has been achieved, proof is not required)

****Important:** After submitting your application, if you have a change in address, phone number or email, you must contact the Nursing Office in writing. If you are selected for admission and we are unable to reach you using the email address indicated, we cannot honor the invitation and your place will be forfeited. Email changes to: christy.morgan@gcccd.edu. Please initial acknowledging this requirement _____.

Note: Catalog course descriptions must be included for all prerequisite coursework if the course or college is not listed on the Equivalency Grid.

Science prerequisites & GE courses for the Nursing Major	Course Number	No. of Units	Lab Course Yes/No?	Year Completed	Name of College	Letter Grade Received	For Office use only
Anatomy <u>or</u> Anatomy & Physiology I							
Physiology & Lab <u>or</u> Anatomy & Physiology II							
Microbiology							
English Composition							
Intermediate Algebra							
Communications/Speech							
Psychology							
Sociology							

Only GCCCD transcripts can be obtained by the Nursing Program Office. Official transcripts for all courses listed above must accompany this application, do not mail.

Please note, once a student accepts a seat in any Health Professions Program at Grossmont College, his/her name will be removed from all other Grossmont College Health Professions waitlists.

Application packet received:
 (For office use only)

PLEASE NOTE: The “Fixed Set” GE courses used in this application are subject to evaluation and approval by the Nursing Program and the college for completion of the AS degree. Minimum prerequisite science GPA of 2.5 is required to apply. Physiology and Microbiology must be completed within 7 years of the application date, 10 years for Anatomy. Only one (1) repeat of one (1) science prerequisite course within 5 years of this application is allowed. Online science lab courses are not accepted. Applications will be considered only after successfully completing the required coursework and official transcripts from all prerequisites and the major are included. **Official transcripts for all prerequisite courses must be submitted to the Nursing Program Office with this application.**

College Degrees	Name of College	Years Attended	Degree Awarded	Points (Office only)
	_____	_____ - _____	_____	_____
	_____	_____ - _____	_____	_____

► I am aware that a criminal background check screening will be conducted for the participating clinical facilities during the program and for the RN licensure application at the end of the program. Results of this background check could affect my ability to enter or continue in the program and/or be eligible for licensure upon completion of the program. Applicants with prior convictions are required to contact the Director of Nursing for confidential advisement and planning prior to applying to the program and should visit the California Board of Registered Nursing website for general information. _____ (applicant's initials).

I certify that the answers I have given are true and correct and I have not withheld any facts or circumstances. I understand that all answers given are subject to verification, and any falsification, misrepresentation, or omission of facts are sufficient reason for dismissal upon discovery at any time during enrollment in the Grossmont College Nursing Program.

Date: _____

Applicant's signature: _____

GROSSONT COLLEGE SCHOOL OF NURSING IMMUNIZATION and TB testing INFORMATION

The following immunizations must be **completed** in order to submit the application packet. Please use the following pages to assist you and your healthcare provider to ensure that the correct vaccinations and/or tests are completed to the Program requirements.

MMR (Measles, Mumps and Rubella) Applicants must submit:

1. Two MMR Immunizations given at least 28 days apart.
or
2. A blood test/titer (test for immunity) for Measles, Mumps and Rubella.

HepB (Hepatitis B). Applicants must submit:

1. Proof of 3 vaccinations,
or
2. Positive / Immune Hep B titer.

Tdap (Tetanus/Diphtheria and Acellular Pertussis). Applicants must submit;

1. Tdap immunization every 10 years.

Varicella (Chickenpox) Applicants must;

1. Receive 2 vaccinations; no sooner than 30 days apart.
or
2. A positive Varicella titer.

TB (Tuberculosis) Applicants must;

1. Provide proof of negative test results for TB or submit the required documentation of a positive TB test. Refer to the TB Clearance Requirement Information document attached for complete instructions on TB testing for the program.

GROSSMONT COLLEGE HEALTH PROFESSIONS IMMUNIZATION REQUIREMENTS FOR ADMISSION TO NURSING PROGRAM

The following *Immunization Requirements* form is provided to the student for an aid in determining the immunizations/tests required to apply to the Nursing Program. In lieu of the attached form, you may submit forms obtained from your healthcare facility with the appropriate **signature and stamp at each vaccination and/or test completed or transcribed**. **The Immunization requirement form should be completed only by the appropriate Healthcare Professional to include;** Physician, Physician Assistant, Nurse Practitioner, Registered Nurse, or Grossmont College Health Services Nurse.

NAME: _____ STUDENT ID#: _____
Last First

<p>MMR (Measles, Mumps, Rubella)</p> <p><i>Must include 2 vaccinations</i></p> <p>OR</p> <p>Laboratory Evidence of Immunity (titer)</p>	<p>Date #1: _____</p> <p>Date #2: _____ (1 mo. following date #1)</p> <p>Titer Date: _____ <input type="checkbox"/> positive(immune) <input type="checkbox"/> negative</p>	<p>_____ Signature</p> <p>_____ Signature</p> <p>_____ Signature</p>	FACILITY STAMP
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<p>Hepatitis B</p> <p><i>Must include 3 vaccinations</i></p> <p>OR</p> <p>Laboratory Evidence of Immunity (titer) <i>If known past history of the Hep B infection and/or to verify immunity to Hep B. HepB Surface Antibody, <u>Quantitative (QT)</u> only.</i></p>	<p>Date #1: _____</p> <p>Date #2: _____ (1 mo. following date #1)</p> <p>Date #3: _____ (5 mo. following date #2)</p> <p>Titer Date: _____ (1 mo. following date #3) <input type="checkbox"/> positive(immune) <input type="checkbox"/> negative</p>	<p>_____ Signature</p> <p>_____ Signature</p> <p>_____ Signature</p> <p>_____ Signature</p>	FACILITY STAMP
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<p>Tetanus/ Diptheria and Acellular Pertussis (Tdap)</p> <p><i>Must be given within the past 10 years.</i></p>	<p>Tdap Date: _____</p> <p>Td Booster Date: _____</p>	<p>_____ Signature</p> <p>_____ Signature</p>	FACILITY STAMP
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<p>Varicella (Chickenpox)</p> <p><i>Must include 2 vaccinations</i></p> <p>OR</p> <p>Laboratory Evidence of Immunity (titer).</p>	<p>Date #1: _____</p> <p>Date #2: _____ (1 mo. following date #1)</p> <p>Titer Date: _____ <input type="checkbox"/> positive (immune) <input type="checkbox"/> negative</p>	<p>_____ Signature</p> <p>_____ Signature</p> <p>_____ Signature</p>	FACILITY STAMP
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ADDITIONAL IMMUNIZATIONS, BOOSTERS OR LABORATORY TESTS MAY BE REQUIRED UPON ADMISSION TO THE NURSING PROGRAM

GROSSMONT COLLEGE SCHOOL OF NURSING

TB CLEARANCE REQUIREMENTS

(PLEASE READ CAREFULLY)

1) INITIAL TB CLEARANCE

- a) If you have **never** had a TB test OR if it has been **over 12 months** since receiving your last negative TB test, you have **two options** for initial TB clearance. TB clearance is required even if you have had prior BCG inoculation.
1. A baseline “Two-Step” TB skin test (PPD)
 - i. The dates “tested” and “read” with results reported in “mm” induration must be included for all skin tests.
 - ii. A two-step series will take a minimum of 9 days to complete from the step-one “test” date to the step-two “read” date.

OR

2. A blood test for TB (Interferon-Gamma Release Assay (IGRA) test such as QuantiFERON-TB Gold). This test will take the place of the 2-step TB skin test.
- b) If you have a history of a positive TB test, or if any of your initial TB tests are positive, please refer to the section below addressing positive TB tests.

2) ANNUAL TB CLEARANCE - Your TB must be in compliance throughout each semester. It cannot expire in the middle of a semester.

- a) You have two options for annual TB testing.
1. A TB skin test which needs to be done **PRIOR** to the expiration of the previous TB skin test. If the interval between the testing is greater than 364 days, the two-step must be repeated.

OR

2. A blood test for TB (Interferon-Gamma Release Assay (IGRA) test such as QuantiFERON-TB Gold). This test will take the place of the annual TB skin test.

3) POSITIVE TB TEST

- a) If you previously have had a **positive** TB PPD skin test, you must provide the following:
1. The positive TB skin test report, with the induration measured in “mm”. If the student cannot provide a test indicating positive results, a baseline skin test must be done.
 2. Copy of the clear chest x-ray report to exclude a diagnosis of TB disease. Once you are admitted to the nursing program, you may be required to repeat the chest x-ray prior to specific clinical rotations.
 3. TB Questionnaire (you can obtain a copy on the nursing website or in the admission packet). This TB Questionnaire must be done annually.
- b) If a TB skin test converts from negative to positive, students may not be on campus or attend class or clinical until submitting a negative chest x-ray report, completing a TB questionnaire, and following up with the Grossmont Student Health Services office to be cleared to be on campus.
- c) Medical evaluation for possible treatment of Latent Tuberculosis Infection (LTBI) is recommended for those individuals with a recent conversion to a positive TB test.

