Please remit application to:
Associate Degree Nursing
Program DAVIS HALL
815 N WALNUT
HUTCHINSON, KS 67501
620-665-4930
800-289-3501

Associate Degree Nursing Program
Bridge Online Program Option
APPLICATION FOR ADMISSION
CLASS OF 2020

KAPLAN EXAM

<table>
<thead>
<tr>
<th>Date of Exam</th>
<th>Where exam was taken</th>
<th>Reading score 73% or higher</th>
<th>Math score 72% or higher</th>
<th>Writing score 61% or higher</th>
<th>Science score 53% or higher</th>
<th>Overall score 65% or higher</th>
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<tr>
<td>Exam #1</td>
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<td>Exam #2</td>
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Please print or type all information

Name: ___________________________________________________________________________________________________________________________________________

(last) (first) (middle) (maiden)

Address:____________________________________________________________________________________

(street/route) (city) (state) (zip)

HCC Student ID # ___________________________ Email address:______________

1st Phone: ___________________________ 2nd Phone number: ________________

Person to Notify in Case of Emergency (if under 18, name legal guardian)

Name: ___________________________

Relationship: ___________________________

Address: ___________________________

Telephone: ___________________________
High School attended: 

(name of school) (location)

Graduation date: 
If not high school graduate, GED score 

Post Secondary Education: list all formal education beyond high school

<table>
<thead>
<tr>
<th>DATES</th>
<th>Name of School</th>
<th>City and State</th>
<th>Major</th>
<th>Credential Earned</th>
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Employment: List any healthcare work experiences and other.

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<tr>
<th>Date</th>
<th>Title of Position</th>
<th>Employer</th>
<th>City and State</th>
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</table>

Are you a Paramedic? _____Yes _____NO 
If Yes, Year Certified 
National Registration _____ Yes _____No 
KS Certified _____Yes _____No

Are you an LPN? _____Yes _____No 
If Yes, Year Licensed 
School ______________________________ 
State _________________________ 
So you have two years LPN Experience? _____Yes _____No

Are you IV Therapy Certified? _____Yes _____No 
If yes, Where taken 
When?_________________________

Are you an International Student? ___ Yes ___ NO
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<tr>
<th>Have you completed?</th>
<th>Yes</th>
<th>No</th>
<th>Currently Taking</th>
<th>What College/Univ.</th>
<th>What Yr/Semester</th>
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<td>Human A &amp; P</td>
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<td>English Comp I</td>
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<td>General Psychology</td>
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<td>Human Growth &amp; Development</td>
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<td>Public Speaking or Interpersonal Comm.</td>
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<td>Sociology or Nutrition</td>
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<td>Medical Terminology</td>
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<td>Gen. Microbiology</td>
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<td>Pathophysiology</td>
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<td>IV Therapy</td>
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</table>

Have you previously applied to admissions to a Nursing Program? ___ Yes ___ NO
Dates: ________________________________

Have you ever been a student in another nursing program? ___Yes ___NO
If yes, please specify _____LPN _____Diploma _____ADN _____BSN
Why did you leave that program? ______________________________________
_________________________________________________________________
Why did you choose this nursing program? ____________________________
_________________________________________________________________

Please Initial Each line
____ I certify that the information on this application is correct.
____ I have successfully completed the Kaplan Admissions Exam per requirements

Listed on the ADN website.

______________________________  __________________________
Signature                      Date
Applicant files must be completed by July 30th to be considered for admission. This includes successfully completing the Entrance Exam and Receipt of all official transcripts in the HutchCC Records office.

All records submitted to the college in the admission process are kept confidential. They become the property of Hutchinson Community College and will not be returned to the student.

Notice of Nondiscrimination

Hutchinson Community College does not discriminate on the basis of age, color, national origin, sex, disability, religion, age, military status, sexual orientation, or any other protected category under federal, state, or local law, or by college policy. The following person has been designated to monitor compliance and handle inquiries regarding the non-discrimination policies.

Office of Equality and Compliance
Jake Gunden  gundenj@hutchcc.edu  Phone: 620-665-3512

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Hutchinson Community College
Application information

Please read and complete the following information:

The Kansas State Board of Nursing requires this program to obtain the following information. A misdemeanor/felony conviction can prevent a graduate registered nurse from obtaining a Kansas Nursing License. (This may include juvenile charges).

The Kansas Nurse Practice Act )65-1120) states: Ground for disciplinary actions. The board may deny, revoke, limit or suspend any license, certificate of qualification or authorization to practice nursing as a registered professional nurse, as a licensed practical nurse, as an advanced registered nurse practitioner or as a registered nursing anesthetist: to have been guilty of a felony or to have been guilty of a misdemeanor involving an illegal drug offense unless applicant establishes sufficient rehabilitation..... no license... shall be granted to a person with a felony conviction or a crime against persons as specified in article 34 of chapter 21 of the Kansas Statutes Annotated and acts amendatory thereof...

1. Have you ever been convicted of any misdemeanor or felony? 
   (please note: any conviction of speeding or parking violations need not be reported.)
   _____Yes  _____NO

2. Have you ever been convicted of a misdemeanor felony involving an illegal drug offense?
   _____Yes  _____NO

3. Have you ever been convicted of a felony for a crime against persons’?
   _____Yes  _____NO

If yes, to any questions, write an account of the offense on the back of this sheet.
(Include dates and details of sentencing.)

*Crimes against persons include, but are not limited to, the following: murder in the first degree; murder in the first degree, attempt; murder in the first degree, conspiracy; murder in the first degree, solicitation; murder in the second degree, voluntary manslaughter, involuntary manslaughter; assisting suicide; aggravated assault; aggravated assault of a law enforcement officer, domestic battery, third or subsequent within last five years; battery of a law enforcement officer, aggravated battery; aggravated battery of a law enforcement officer; criminal threat; kidnapping; aggravated kidnapping; interference with parental custody; aggravated interference with parental custody; robbery; aggravated robbery; blackmail; mistreatment of a dependent adult, physical; stalking; capital murder, injury to a pregnant woman; injury to a pregnant woman by vehicle; involuntary manslaughter while driving under the influence of alcohol or drugs.

Applicants Signature ___________________________ Date
If accepted into this program, it is your responsibility to promptly notify the Director of the program of any convictions that occur after this date.