



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

	Date of Exam	Where exam was taken	Reading score 73% or higher	Math score 72% or higher	Writing score 61% or higher	Science score 53% or higher	Overall score 65% or higher
Exam #1							
Exam #2							

Please print or type all information

Name: _____
 (last) (first) (middle) (maiden)

Address: _____
 (street/route) (city) (state) (zip)

HCC Student ID # _____ Email address: _____

1st Phone : _____ 2ndPhone 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

DATES		Name of School	City and State	Major	Credential Earned
From	To				

Employment: List any healthcare work experiences and other.

Date		Title of Position	Employer	City and State
From	To			

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

Have you completed?	Yes	No	Currently Taking	What College/Univ.	What Yr/Semester
Human A & P					
English Comp I					
General Psychology					
Human Growth & Development					
Public Speaking or Interpersonal Comm.					
Sociology or Nutrition					
Medical Terminology					
Gen. Microbiology					
Pathophysiology					
IV Therapy					

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

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.