For Office Use

EMT-P ☐  LPN ☐
Eligible to apply  Yes ☐  No ☐

ASSOCIATE DEGREE NURSING PROGRAM
Davis Hall, 815 North Walnut
Hutchinson, KS 67501
620.665.4930
800.289.3501

ASSOCIATE DEGREE NURSING PROGRAM
Online Bridge Program
Application for ADMISSION
Class of 2018

KAPLAN Exam

<table>
<thead>
<tr>
<th>Date of Exam</th>
<th>Where exam was taken</th>
<th>Score – Reading 73 or ↑</th>
<th>Score – Math 72 or ↑</th>
<th>Score – Writing 61 or ↑</th>
<th>Score – Science 53 or ↑</th>
<th>Score – Critical thinking 67 or ↑</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) (county) (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 From</th>
<th>To</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>DATES From</th>
<th>To</th>
<th>TITLE OF POSITION</th>
<th>EMPLOYER</th>
<th>CITY AND STATE</th>
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Are you a Paramedic?  □ Yes  □ No  If yes, Year Certified _________________
National Registration  □ Yes  □ No  Kansas Certification  □ Yes  □ No

Are you a LPN?  □ Yes  □ No  If yes, Year Licensed _________________
School __________________________  State __________________________
Do 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?

<table>
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<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>Currently Taking</th>
<th>What College/University?</th>
<th>What Year and Semester?</th>
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<tr>
<td>Human A &amp; P</td>
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<td>Gen Psychology</td>
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<td>Human Growth &amp; Dev</td>
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<td>Sociology OR Nutrition</td>
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<td>Gen. Microbiology</td>
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Have you completed?
Have you previously applied for admission to a Nursing Program?

☐ Yes  ☐ No  Date(s) __________________________________________

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 exam per requirements listed on the ADN website and have provided official results to the ADN office.

______________________________________________________________________________

Signature                Date

APPLICANT FILES MUST BE COMPLETE BY July 30th TO BE CONSIDERED FOR ADMISSION. 
THIS INCLUDES SUCCESSFULLY COMPLETING THE ENTRANCE EXAM AND RECEIPT OF ALL OFFICIAL TRANSCRIPTS IN THE HCC 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 is committed to a policy of nondiscrimination on the basis of race, age, sex, religion, color, national origin, creed, handicap, marital or parental status, in admissions, educational programs or activities and employment as specified by federal and state laws and regulations. Inquiries may be addressed to Affirmative Action Office, Hutchinson Community College, 1300 North Plum, Hutchinson, KS 67501, or Director, Office of Civil Rights, HEW, Washington, DC 20201.
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: Grounds 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 for 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 you are accepted into this program, it is your responsibility to promptly notify the Director of the program of any convictions that occur after this date.
International Students
Associate Degree Nursing Program
Oral and Written English Proficiency

Possess English language proficiency.

- English as a second language must demonstrate proficiency through successful completion of the TOEFL exam. In compliance with the Kansas State Board of Nursing the HCC ADN Program has approved the following minimum scores (each area must meet the minimum requirement) for the TOEFL exam:

  Writing - 20
  Speaking - 20
  Reading - 19
  Listening – 20

- Or Complete the English Comp I Course with a C or better.