HCC Practical Nursing Program
Initial Application for Admission

Date Application Received in Office: ______________ (Office Use Only)

Desired Program

Position applying for: ☐ McPherson Full-time ☐ McPherson Part-time

* Need new application for each program and each time applying.

Personal Information (Please print or type information)

Last Name First Middle Other last name(s) __________________________________________
@dragons.hutchcc.edu

Date of Birth HCC Student ID# (If applicable) HCC email address

All communication from this office will be through your HCC email.
Please sign that you have read and understand to check your HCC email regularly.

Home/Legal Address City State Zip

Cell Phone Number Alternate Phone Number

Residency Status

Are you a U.S. citizen? ☐ Yes ☐ No If no, are you a permanent resident? ☐ Yes ☐ No

Is English a second language? ☐ Yes ☐ No

If yes, see before applying, Part C, on the Application Process & Checklist.
Demographics

The following information is used for federal and state reporting. Your response is optional.

Gender:  ☐ Female  ☐ Male  ☐ I prefer not to respond

Ethnicity:  ☐ American Indian or Alaskan Native  ☐ Asian  ☐ Hispanic or Latino
☐ Native Hawaiian or Pacific Islander  ☐ White or Caucasian
☐ Black or African American  ☐ Multiracial  ☐ Other/Unknown

Emergency Contact

Name: _____________________________________________  Relationship: __________________________
Address: _________________________________________  Telephone: ____________________________

Name: _____________________________________________  Relationship: __________________________
Address: _________________________________________  Telephone: ____________________________

Educational Experiences

High School Attended: ___________________________  Graduation Date: ___________  GED Date: ___________

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<th>Previous Colleges</th>
<th>City and State</th>
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Have you completed the following with a grade of “C” or better?

**Human Anatomy & Physiology, General Psychology, Human Growth & Development and Medical Terminology** must be completed by:

- Full-time Program: July 30th
- Part-time Program: December 20th

1. **Human Anatomy & Physiology** (6 cr hr, lab included)
   **NOTE:** A 5 credit hour course with lab must have been completed within 5 years of start of requested program.
   
   Must have been completed 5 years before the start of requested program (i.e. August 1st for full-time and January 1st for part-time.)
   
   College: ___________________________ Date: ________________
   
   If in progress, give date to be completed: __________________________

2. **General Psychology** (3 cr hr)
   
   College: ___________________________ Date: ________________
   
   If in progress, give date to be completed: __________________________

3. **Human Growth & Development** (3 cr hr)
   
   College: ___________________________ Date: ________________
   
   If in progress, give date to be completed: __________________________

4. **Medical Terminology** (3 cr hr)
   
   College: ___________________________ Date: ________________
   
   If in progress, give date to be completed: __________________________

**NOTE:** If you have taken any of the above classes at a different institution you must have an **OFFICIAL TRANSCRIPT** sent to the Hutchinson Community College Records Office at:

Hutchinson Community College
Records Office
1300 N. Plum
Hutchinson, KS 67501
Submit on a separate sheet of paper in essay format: minimum one page, typed, doubled spaced, Times New Roman 12pt. font, margins 1 inch all around.

1. Explain why you want to be a practical nurse.
2. Explain why you should be admitted to HCC, Practical Nursing Program
3. What would your references say your strengths and weaknesses are?

Give name and complete email address of three persons (not relatives) as references. At least two professional references must be included, i.e., employer, clergy, instructor, etc. One of the three references may be a non-professional acquaintance.

Name: ______________________________________ Email: __________________________________

Name: ______________________________________ Email: __________________________________

Name: ______________________________________ Email: __________________________________

*Address, phone numbers and letter of recommendation are not needed.

I certify that the information on this HCC PN Program Application is correct.

Date: _______________________ Signature: __________________________________________

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 race, 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:

[For printed materials...especially if not reviewed/updated annually]
Coordinator of Equity & Compliance
1300 N. Plum
Hutchinson, KS 67501
(620) 665-3500
equity@hutchcc.edu

[For electronic materials]
Jacob Gunden
Coord. of Equity & Compliance
1300 N. Plum
Hutchinson, KS 67501
(620) 665-3500 [or (620) 665-3512]
equity@hutchcc.edu [or gundenj@hutchcc.edu]
HUTCHINSON COMMUNITY COLLEGE  
PRACTICAL NURSING PROGRAM  
KSBN Requirements

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 practical nurse from obtaining a Kansas Nursing license.

Have you ever been convicted of any misdemeanor or felony?   
Yes _____  
No _____

The Kansas Nurse Practice Act (65-1120) states: (a) 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 Nurse Anesthetist that is issued by the board or applied for under this act or may publicly or privately censure a licensee or holder of a certificate of qualification or authorization, if the applicant, licensee or holder of a certificate of qualification or authorization is found to be guilty of 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 or supplemental thereto; or other offenses stated in 65-1120 of the Kansas Nurse Practice Act.

Have you ever been convicted of a misdemeanor or felony involving an illegal drug offense?   
Yes _____  
No _____

Have you ever been convicted of a felony for a crime against persons*?   
Yes _____  
No _____

If yes, to either question, write an account of the offense on the back of this sheet. (include dates and details of sentencing.) You may also want to contact the Kansas State Board of Nursing Legal Department at 785-296-4325 to make sure that these convictions will not bar you from being licensed as a Practical Nurse in the state of Kansas.

*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.

__________________________________________________________  
Applicant's Signature

_______________________________  
Date

If you are accepted into this program, it is your responsibility to promptly notify the Coordinator of the program of any convictions that occur after this date.

Rev. 2/98; 3/99; 1/01; 02/02; 10/12
HUTCHINSON COMMUNITY COLLEGE
ALLIED HEALTH DEPARTMENT
Technical Standards Policy

Students in the Allied Health Department must have the following minimum abilities:

COGNITIVE
□ Observation – Students must
  o Be able to observe lectures and demonstrations.

□ Communication – Students must
  o Be able to use multiple communication techniques including verbal, nonverbal, written, group processes and information technology in order to communicate with instructors, peers, health professionals, patients and others.
  o Be able to speak, read and write in English

□ Intellectual/Conceptual/Integrative/Quantitative – Students must
  o Read, understand and be able to discuss information from reading.
  o Acquire and apply information from classroom instruction, lectures, laboratory experience, independent learning and team projects.
  o Measure, calculate reason, analyze, evaluate, and process information

EMOTIONAL
□ Behavioral, Emotional and Social – Students must
  o Possess the emotional health required for full use of his or her intellectual abilities.
  o Be able to function under stress.
  o Develop mature, sensitive and effective relationships with others.
  o Adapt to changing environments.
  o Work cooperatively with instructors, peers, health professionals, patients and others.

PHYSICAL
□ Motor Function – Students must
  o Possess the skills necessary to carry out the procedures in their discipline.

□ Physical Endurance – Students must possess
  o Physical stamina sufficient to complete assigned periods of clinical practice within allotted time frames specific to their discipline.
HUTCHINSON COMMUNITY COLLEGE
PRACTICAL NURSING PROGRAM
Technical Standards Policy

The Hutchinson Community College Practical Nursing Program's faculty has identified specific abilities that are critical to the practical nursing students’ success. Students must demonstrate the ability to meet these standards, with or without reasonable accommodations.

PHYSICAL:
- Ability to manipulate equipment and supplies as required in providing nursing care.
- Ability to use senses of hearing, seeing, touch and smell to make observations regarding client conditions for the purpose of demonstrating competency to engage in nursing practice.
- Ability to lift a minimum of 50 pounds.

COMMUNICATION:
- Ability to effectively communicate with members of the health care team, clients, peers, and faculty. Skills include verbal, written/computerized, and non-verbal abilities.
- The clinical rotations require independent reading of medical records and independent recording of nursing care plans and communication analysis.

EMOTIONAL:
- Ability to demonstrate emotional coping skills necessary to provide nursing care as determined by standards of practice.
- Ability to carry out activities consistent with safe nursing practice without demonstrated behaviors of addiction to, abuse of, or dependence on any drug that might impair behavior or judgment.

COGNITIVE:
- Ability to measure, calculate and problem solve to engage in the safe practice of nursing.
- Ability to exercise judgment skills as required in providing nursing care.
- Ability to identify, gather data, and understand patient conditions to provide nursing care.
- Ability to determine appropriate conclusions and course of success necessary for providing client care.
- Ability to demonstrate responsibility and accountability for actions as a student that are required by nursing practice.

The Hutchinson Community College Practical Nursing Program adheres to the Kansas Act Against Discrimination (KAAD) which prohibits discrimination against those with a disability. The KAAD is in compliance with the Federal Americans with Disabilities Act.

If anyone needs accommodations to meet the above criteria, please contact the Program Director immediately.

I have read and understand the above criteria and believe I can meet these requirements with reasonable accommodations.

Date: ___________________ Signature: ___________________
Witness: ___________________

Please sign with a witness, date and return with application to: Hutchinson Community College
Practical Nursing Program
2208 E. Kansas
McPherson, KS 67460