We are no longer accepting applications to this program for Fall 2010. This packet if for informational purposes only

PRACTICAL NURSING ADMISSION APPLICATION PACKET
FALL 2010

Thank you for your interest in the Practical Nursing Program for Fall 2010. This application packet contains important information about admission requirements, the admission process, and program requirements.

Here are the Steps that must be followed to successfully apply to the program:

STEP 1: READ THE INFORMATION IN THIS PACKET
Please read all of the information in this packet carefully and follow all instructions. Admission to the Practical Nursing Program is highly competitive and has a selective admission process. It is your responsibility to assure that you accurately understand the information in this packet and follow it accordingly.

STEP 2: COMPLETE ALL ADMISSION CHECKLIST REQUIREMENTS
The Admission Requirements Checklist in this packet details admission requirements and other important information. You must complete all checklist items for your application to be considered complete and ready for review. Please note that it is the applicant’s responsibility for assuring that the application is complete and received. If any of the required items are incomplete/missing when you submit your application material, your application will not be processed (i.e. reviewed). We will mail it back to you.

STEP 3: SUBMIT YOUR COMPLETED APPLICATION
We will begin taking completed applications on September 28, 2009. All completed applications received by close of business on February 8, 2010 will be reviewed for potential acceptance to the program. While completed applications may be considered under the same procedure after this date because space remains available in the program or waitlist, there is no guarantee of such consideration. Applicants who submit completed applications between September 28, 2009 and February 8, 2010 will receive written notification of an admission decision in a letter postmarked by April 2, 2010. If offered admission, a non-refundable $100.00 deposit will be required to secure your acceptance to this Program.

- Walk-in Submission
  We strongly recommend that you submit your items in person so that we can review them with you to make sure that your application items are complete.

- Mail-in Submission
  As stated above, it is the applicant’s responsibility for assuring that the application is complete and received. You can mail the items to us (see the NSCC application form for address). However, if any of the required items are incomplete/missing when you submit your application material, your application will not be processed. We will mail it back to you.
**INSTRUCTIONS (Page 1 of 2): The last Column of this form is to be completed by the applicant.** It identifies the admission requirements for this program.

<table>
<thead>
<tr>
<th>Checklist Item</th>
<th>Important Information</th>
<th>Applicant: initial below when complete ( NOTE: Requirements are considered incomplete if in progress, scheduled, or requested)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEAS Exam: (taken within last 5 years)</td>
<td>The exam must be taken at NSCC. Applicants are limited to two attempts within a year; regardless of the program to which they are applying. Minimum scores required: Reading=85%; English=72.7%; Math=53.3%; and Science=50%</td>
<td>Initial: See the TEAS Policy and procedure document in this packet for study/preparation information</td>
</tr>
<tr>
<td>Communications and Math Proficiency</td>
<td>There are many ways to demonstrate this, including but not limited to: placement testing, by course work here or at another College, SAT scores, and some Entrance Exams. For details visit <a href="http://www.northshore.edu/includes/programs/basic.html">http://www.northshore.edu/includes/programs/basic.html</a></td>
<td>Initial:</td>
</tr>
<tr>
<td>Mandatory Information Session Attendance Form</td>
<td>Upcoming dates are included in this packet. When you attend the orientation, you will be given an attendance form to submit. During this session, you will be required to complete a written answer to a question pertaining to relevant topics in Nursing. You do not need to study for this activity. It will be a general question. This must be submitted at the conclusion of the session and will be considered as part of your application.</td>
<td>Initial:</td>
</tr>
<tr>
<td>Admission Reference Forms</td>
<td>A master copy of this form is in this packet. You will need to make copies so that you can distribute a copy to each of the following people to submit the reference form directly to us: • immediate supervisor • employer or teacher • friend of at least 2 year’s duration <strong>Note:</strong> If you are transferring from another nursing program, you will also need to have the Program Director from your former program complete and submit an Admission Reference Form (this is in addition to the three listed above).</td>
<td>Initial: Recommendation: Give the reference people sufficient time to write and submit the forms to us. You may want to give them a date by which to submit. We cannot accept the rest of your application material without all of these reference forms.</td>
</tr>
<tr>
<td>Questionnaire</td>
<td>The questionnaire is included in this packet. A word-processed questionnaire must be submitted for the year in which you are applying.</td>
<td>Initial:</td>
</tr>
<tr>
<td>Student Handbook</td>
<td>Read the Student Handbook in its entirety. The Student Handbook can be accessed in the Library on the Lynn or Danvers campus or on the website: <a href="http://www.northshore.edu/departments">http://www.northshore.edu/departments</a> (select this program and scroll down to the Announcement section)</td>
<td>Initial:</td>
</tr>
<tr>
<td>NSCC Application for Admission</td>
<td>This form must be completed for the year for which you are applying; regardless of whether you are a new or current student (a previously submitted application does not count).</td>
<td>Initial:</td>
</tr>
</tbody>
</table>
## Admission Requirements Checklist

<table>
<thead>
<tr>
<th>Checklist Item</th>
<th>Important Information</th>
<th>Applicant: initial below when complete (NOTE: Requirements are considered incomplete if in progress, scheduled, or requested)</th>
</tr>
</thead>
</table>
| High school transcript or GED score report        | Submit an official copy of the high school transcript or GED score report. If you previously submitted the transcript or score report and attended classes within the past 5 years, then Enrollment likely has it on file. | Initial and check: Initial:  
____ submitted now with packet of application material.  
____ previously submitted                                                                                                                          |
| Official transcripts from all Colleges/Universities previously attended | Submit official transcripts from all Colleges/Universities previously attended. If the College/University will give an official transcript directly to you, then have them do so. This is the most efficient way for you to ensure that receipt of transcripts do not hold up your application.  
If you have previously submitted transcripts and have since completed courses or are currently registered for courses, then you need to submit an updated transcript.  
Transfer students from another NLN accredited school of professional nursing or practical nursing program or a practical nursing program approved by the Massachusetts Board of Registration in Nursing must also provide:  
• an official transcript from previous school of nursing or practical nursing program within the last 10 years  
• Recommendation from the Practical Nursing Program Director (complete a copy of the Admission Reference Form in this packet)  
• course syllabi from all previous nursing courses  
NOTE: Students transferring from other schools of nursing or Practical Nursing Programs will be evaluated for admission and advanced placement in nursing on an INDIVIDUAL BASIS. An informational interview may be required by the Department Chairperson. | Initial and check the option(s) that apply: Initial:  
____ submitted with this packet of application material.  
____ mailed directly to NSCC  
_____ previously submitted (no new courses).  

**NOTE:** The sooner you start the transfer request process the better. It has been the College’s experience that it can take on average 1-2 months for transcript requests to be processed and sent to us from other colleges. |

### Evaluation Information

Admission decisions are based on careful evaluation of all admission requirements detailed in the checklist. All submitted transcripts will be evaluated for overall academic performance/history and course work in specific subjects (including but not limited to science, English, behavioral sciences, health courses and math). Questionnaire evaluation includes but is not limited to the following: correct grammar/spelling, overall content and quality of answer (e.g. accuracy, thoroughness, and relevance to the question asked).

### Confirmation Statement

**When you can initial every checklist item (on this page and the previous pages) as complete, then sign the confirmation statement below and submit** your application to the Enrollment Center in Lynn or Danvers (submit in person if possible, but you can mail it to the address on the NSCC application form):

I acknowledge that I have read all of the information in this admission application packet and the Practical Nursing Program’s Student Handbook in its entirety. I acknowledge that it is my responsibility that I understand all of the information contained in these items by seeking further information/clarification from an Academic Advisor and/or other appropriate College personnel. Furthermore, I agree to comply with all College policies including but not limited to Program policies should I be granted admission to this program.

Signature: _______________________________  Date: __________________
Additional Important Information

1. If you are accepted you MUST attend a Mandatory Orientation/Registration day scheduled for Tuesday June 8, 2010.

2. The program anticipates accepting approximately 40 students for Fall 2010. The decision in response to your completed application will be: accepted to Practical Nursing; accepted conditionally to Practical Nursing; or wait list for Practical Nursing; or denied admission to Practical Nursing.

3. Anatomy and Physiology 1 & 2 and Microbiology If you have already completed or are planning to take the BIO103 and BIO104, and BIO110 courses in place of the HLS102 and HLS104 courses outlined in the Practical Nursing Program, then they must be completed with a C or better within 10 years of the date of entry into the Practical Nursing Program. If these courses were completed more than ten years from the date of entry into this Program, then the student must also pass the Excelsior College Examination with a cut off score equivalent to a "C" or better at NSCC (www.excelsior.edu or 888-647-2388) or take the HLS102 and HLS104 as outlined in the program.

4. Students interested in participating in an academic program that involves working with children, the disabled, or the elderly, or which includes a clinical affiliation, internship, or field placement with a private or public health care provider, may be required to undergo a Criminal Offender Record Information (CORI) and/or Sex Offender Record Information (SORI) check(s). Depending on the contents of student’s CORI(s) or SORI(s), participation in clinical, internship, or field placement course(s) may impact a student’s ability to complete program requirements.

5. In order to practice Nursing in Massachusetts, individuals must obtain a license, which according to law requires that individuals graduate from an approved program of Nurse Education, apply to the Board of Registration in Nursing, be of good moral character, pass a licensure examination, and pay the appropriate fee. The license application requires individuals to answer specific questions about disciplinary actions (if any), other licenses (if any), and felony/ misdemeanor convictions (if any). Individuals may need to submit documentation in accordance with the Board’s Good Moral Character Licensure Requirement Information Sheet. After reviewing information submitted by an applicant, the Board will determine whether the applicant meets the statutory requirement of ‘‘good moral character.’’ For additional information, refer to the Board’s web site at: www.state.ma.us/reg/board/rn.

6. Working as a Practical Nurse is physically, mentally, and emotionally demanding. Applicants who are offered admission must document their ability to perform all essential tasks with or without reasonable accommodation in order to begin the professional courses. If you are an otherwise qualified individual with a disability who seeks a reasonable accommodation, you need to contact the Office of Disability Services for eligibility determination for reasonable accommodation(s). A list of the essential tasks is in this packet under the section entitled, “Technical Standards for The Practical Nursing Program”.

7. All students must document immunity to measles, mumps, rubella, varicella and Hepatitis B via immunization or titer; document inoculation against diphtheria and tetanus within the last 10 years; and to provide evidence of a negative TST (Tuberculin Skin Test) within 6 months or one negative chest x-ray per OSHA/CDC requirements following a positive TST. Require students to be in compliance with the current OSHA requirements and standard precaution training. If you are accepted a Health Packet will be mailed to you and must be thoroughly completed by your health care provider AS SOON AS POSSIBLE, but no later than July 8, 2010. Additionally, if accepted, you will be sent and will need to sign the Technical Standards form (a copy is included in this packet for your review as part of the admission application process).

8. Prior to beginning clinical placements, students must subscribe to Student Liability Insurance.

9. Prior to beginning clinical placements, students must document that they have CPR certification at the health provider level.

10. During the program, students are responsible for their own transportation to a variety of clinical facilities (which may or may not be accessible by public transportation).
Application for Admission

How to Apply for Admission

GENERAL INSTRUCTIONS

- Complete ALL information requested on the application form. An incomplete application will delay admissions processing.
- Submit proof of high school graduation, GED, a passing score on a federal Ability to Benefit test, or its equivalent. Some programs may require high school transcripts or GED scores.
- Submit official transcripts from each previous college listed on the application.

SUBMITTING YOUR APPLICATION

Submit all documents to the following address:

North Shore Community College, Enrollment & Student Records, PO Box 3340, Danvers, MA 01923

INFORMATION

- NO application fee is required.
- NSCC has an open admissions policy.
- Some programs have specific selection procedures and interviews may be required. Prospective students are encouraged to call or visit the Enrollment Office in Danvers at 1 Ferncroft Road, or the Lynn Campus at 300 Broad Street.
- Students interested in participating in an academic program that involves working with children, the disabled, or the elderly, or includes a clinical affiliation, internship, or field placement with a private or public health care provider, may be required to undergo a Criminal Offender Record Information (CORI) check and/or SORI (Sex Offender Registry Information) check prior to participation.
- CORI and SORI checks are not used in any way as admission criteria. Depending on the contents of a student’s CORI and/or SORI, participation in a clinical affiliation, internship, or field placement may be denied. Programs involving a clinical affiliation, internship, or field placement are marked with a ✓ on the list of NSCC Credit Degree & Certificate programs.
- For more information, please call 781-477-2107 or 978-762-4188. Admissions questions may also be emailed to: info@northshore.edu.

FINANCIAL AID

North Shore Community College awards millions of dollars in federal, state and institutional financial aid each year to eligible students. Many students miss out because they do not think they are eligible and do not complete the FAFSA (Free Application for Student Aid).

- Financial aid is available to matriculated students in eligible degree and certificate programs.
  
  A matriculated student is one who has met all admission requirements and has been accepted into a program of study as a degree or certificate candidate.

  A non-matriculated (non-degree status) student may enroll in a course or courses, but is not considered to be pursuing a degree or certificate and is not eligible for financial aid.

- Application materials are available in NSCC’s Office of Student Financial Services (978-762-4189, 781-477-2191) or online at www.fafsa.gov.

- If you need help with your financial aid application, please contact the Student Financial services website at www.northshore.edu/services/fin for a schedule of FAFSA workshops.
NSCC Credit Degree & Certificate Programs

Welcome! NSCC offers a wide variety of Associate Degree and credit Certificate Programs. To learn more about specific programs, such as locations, schedules and admissions requirements, please visit our website, email us, or call NSCC’s Admissions Department on the Lynn or Danvers campuses for more information.

www.northshore.edu • info@northshore.edu
NSCC Admissions Department: 781-477-2107 (Lynn) • 978-762-4188 (Danvers)

CREDIT DEGREE PROGRAMS

Accounting
Animal Care Specialist ★
Aviation Management
Aviation Science Professional Pilot
Biotechnology ★
Business Administration
Third Semester Abroad
Business Administration Transfer @
Computer Applications
Computer Information Systems
Computer Networking
Computer Programming ★
Computer Science Transfer ★
Criminal Justice
Culinary Arts & Food Service
Developmental Disabilities ✓
Digital Graphic Design
Drug & Alcohol Rehabilitation ✓
Early Childhood Development ✓
Elementary Education Transfer Program
Engineering Science Transfer ★
Energy Utility Technology ★
Executive Administrative Assistant
Fire Protection & Safety Technology
Food Science & Safety
Health Science
Horticulture
Hotel Management
Human Service Practitioner ✓
Interdisciplinary Studies

Credit Degree Programs, continued
Legal Administrative Assistant
Liberal Arts ●
Liberal Arts International Management
Marketing
Medical Administrative Assistant
Nurse Education ★ ✓
Nutritional Science & Diet Technology
Occupational Therapy Assistant ★ ✓
Occupational Therapy Assistant Accelerated Option ★ ✓
Paralegal
Physical Therapist Assistant ★
Pre-Engineering
Radiologic Technology ★ ✓
Respiratory Care ★ ✓
Travel, Tourism & Hospitality
Veterinary Technology ★ ✓

CREDIT CERTIFICATE PROGRAMS

Aesthetics & Skin Care ★ ●
Animal Care Specialist ★
Biotechnology ★
Computer Aided Design ★
Computer Applications
Computer Networking
Cosmetology ★ ●
Criminal Justice
Culinary Arts & Food Service

Credit Certificate Programs, continued
Developmental Disabilities Direct Support ✓
Digital Graphic Design
Early Care & Education: Infant/Toddler Child Care ✓
Energy Utility Technology ★
English as a Second Language (Certificate of Completion)
Fire Protection & Safety Technology-FPS Professional Development
Gerontology ✓
Gerontology/Activities Specialist
Law Enforcement
Legal Office Support
Medical Assisting ★ ✓
Medical Coding
Medical Office Support
Mental Health
Office Support @
Paralegals ★
Paralegal ★
Practical Nursing ✓
School Age Educator ✓
Substance Abuse Counseling
Surgical Technology ★ ✓
Web Development @
Wellness & the Healing Arts ★
Youth Worker ✓

Fall-start only programs ★
@ Programs also offered online ●
Clock-hour programs ⊗
Evening-only programs ☒
CORI/SORI review prior to field/clinical placements ✓
Special admissions process ★
(Some programs have additional admissions requirements.)
NSCC Application for Admission

LAST NAME

FIRST NAME

MIDDLE NAME

ANY PREVIOUS LAST NAME

ADDRESS

CITY

ENTER SOCIAL SECURITY #

Optional, but required if seeking financial aid or tax credit.

STATE

ZIP

DATE OF BIRTH

MONTH

DAY

YEAR

GENDER:  FEMALE  MALE

Contact Information

CELL PHONE  WORK PHONE

HOME PHONE

EMAIL ADDRESS (PLEASE PRINT NEATLY.)

Personal Information

Ethnicity Information  Optional.

ARE YOU HISPANIC OR LATINO?  YES  NO

ARE YOU: Please check any that apply.

AMERICAN INDIAN OR ALASKA NATIVE  ASIAN  BLACK OR AFRICAN-AMERICAN  NATIVE HAWAIIAN OR PACIFIC ISLANDER

CAPE VERDEAN  WHITE

Military Information  ARE YOU PRESENT OR FORMER MILITARY PERSONNEL?  YES  NO

ARE YOU THE SPOUSE OR CHILD OF A VETERAN?  YES  NO

Academic Information  PLEASE CHECK BOXES BELOW WHICH APPLY TO YOU. I AM:

A TRANSFER STUDENT (PREVIOUSLY ATTENDED ANOTHER COLLEGE).  A FIRST-TIME STUDENT (NEVER ATTENDED COLLEGE BEFORE).

AN NSCC GRADUATE SEEKING READMISSION.  A PREVIOUS NSCC STUDENT (NON-GRADUATE). WERE YOU IN A DEGREE PROGRAM?

RESIDENCY INFORMATION

U.S. CITIZEN  RESIDENT ALIEN (GREEN CARD)

If yes, enter Alien Registration number.

If no, enter type of Visa.

WILL YOU REQUIRE A TEMPORARY STUDENT VISA (F-1) TO ATTEND NSCC?  YES  NO

Generally, in order to qualify for the in-state tuition rate, applicants must have proof of Massachusetts residency. A resident is defined as a person who has lived for at least six (6) months in Massachusetts, and who intends to remain in Massachusetts indefinitely. International students and, under most circumstances, Non-Resident Aliens ARE NOT eligible for Massachusetts resident rates.
Massachusetts Community Colleges In-State Tuition Eligibility Form

LAST NAME | FIRST NAME | MIDDLE NAME | ANY PREVIOUS LAST NAME

ADDRESS

CITY | STATE | ZIP

ENTER SOCIAL SECURITY #
Optional, but required if seeking financial aid or tax credit.

STUDENT ID NUMBER

ARE YOU A U.S. CITIZEN?  ○ YES  ○ NO  IF NOT, PLEASE COMPLETE THE FOLLOWING:

ARE YOU A PERMANENT RESIDENT?  ○ YES  ○ NO  IF YES, LIST ALIEN REGISTRATION NUMBER

IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, PLEASE STATE YOUR VISA OR IMMIGRATION STATUS IN DETAIL:

Please check the in-state or reduced tuition eligibility category that applies to you:

☐ I HAVE BEEN A MASSACHUSETTS RESIDENT FOR SIX CONTINUOUS MONTHS AND INTEND TO REMAIN HERE.

As proof of my intent to remain in Massachusetts, I possess at least two of the following documents, which I shall present to the institution upon request. These documents* are dated within one year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

☐ VALID DRIVER'S LICENSE
☐ VALID CAR REGISTRATION
☐ MASS. HIGH SCHOOL DIPLOMA
☐ RECORD OF PARENTS' RESIDENCY FOR UNEMANCIPATED PERSON*
☐ UTILITY BILLS*
☐ VOTER REGISTRATION*
☐ SIGNED LEASE OR RENT RECEIPT*
☐ STATE/FEDERAL TAX RETURNS*
☐ MILITARY HOME OF RECORD*
☐ OTHER

☐ I AM AN ELIGIBLE PARTICIPANT IN THE NEW ENGLAND BOARD OF HIGHER EDUCATION'S REGIONAL STUDENT PROGRAM.

☐ I AM A MEMBER OF THE ARMED FORCES (OR SPOUSE OR UNEMANCIPATED CHILD) ON ACTIVE DUTY IN MASSACHUSETTS.

Certification of Information
I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Signature of Applicant
I certify that all above information is true.

Signature of Parent
If applicant is under 18 years of age.

Date

For official use. Do not write in this box.
I have reviewed the above information in order to determine applicant's eligibility to receive the in-state tuition rate. Based on my review I have determined this applicant:

☐ IS eligible for the in-state tuition rate.
☐ IS NOT eligible for the in-state tuition rate.
☐ I am unable to make a determination at this time. The following additional information has been requested from the applicant:

Authorized College Personnel Signature
Date
Educational Objectives

Choose A or B:

A. □ I INTEND TO PURSUE A DEGREE OR CERTIFICATE PROGRAM. Please refer to NSCC Degree & Certificate Programs list.

FIRST CHOICE: ____________________________________________________________

Some programs have specific admissions requirements. If you do not meet these requirements, your program of study will default to your second choice.

SECOND CHOICE: _______________________________________________________

B. □ I PREFER UNSPECIFIED STATUS. I DO NOT INTEND TO CHOOSE A PROGRAM OF STUDY AT THIS TIME. I understand I am not eligible for financial aid unless I choose a program of study.

Choose from A or B:

A. IF YOU ARE APPLYING TO AN NSCC DEGREE OR CERTIFICATE PROGRAM, SELECT THE GOAL WHICH BEST DESCRIBES YOU.

☐ I AM PLANNING TO GRADUATE WITH A DEGREE OR CERTIFICATE

☐ I AM TAKING ONE OR MORE COURSES TO TRANSFER

OR

B. IF YOU HAVE NOT YET SELECTED AN NSCC PROGRAM, SELECT THE GOAL WHICH BEST DESCRIBES YOU.

☐ I AM TAKING ONE OR MORE COURSES TO TRANSFER.

☐ I AM TAKING ONE OR MORE COURSES TO UPGRADE OR LEARN NEW JOB/ACADEMIC SKILLS.

☐ I AM TAKING COURSES FOR PERSONAL GROWTH.

☐ I AM NOT READY TO DECLARE AT THIS TIME.

Educational Background

1). HIGH SCHOOL EDUCATION  ☐ HIGH SCHOOL GRADUATE  ☐ GED RECIPIENT  ☐ DID NOT GRADUATE

NAME OF HIGH SCHOOL OR GED TEST CENTER

CITY

STATE

YEAR

YES  NO HAVE YOU PASSED A FEDERAL ABILITY TO BENEFIT TEST (ATB)? DATE OF TEST: ____________

YES  NO ARE YOU A HIGH SCHOOL TECH PREP STUDENT?

YES  NO DID YOUR MOTHER OR FATHER GRADUATE FROM A 4-YEAR COLLEGE?

YES  NO WILL YOU HAVE RECEIVED A BACHELOR'S OR PROFESSIONAL DEGREE BY THE TIME YOU ENTER NSCC?

YES  NO IS ENGLISH YOUR NATIVE LANGUAGE?

2). COLLEGE EDUCATION  ☐ COLLEGE GRADUATE  ☐ DID NOT GRADUATE

NAME OF COLLEGE

CITY

STATE

GRADUATION DATE/DEGREE RECEIVED

DATES OF ATTENDANCE

NAME OF COLLEGE

CITY

STATE

GRADUATION DATE/DEGREE RECEIVED

DATES OF ATTENDANCE

Signature Required

X

Signature of Applicant

I certify that all above information is true.

Date

X

Signature of Parent

If applicant is under 18 years of age.
Additional Interests

Did you know? The following opportunities are available to you while attending NSCC. Please review and check below if you would like additional information. Some programs have eligibility requirements.

☐ Financial Aid

☐ Career Planning

☐ Dual Enrollment Program
Enrichment program for high school students

☐ Mass Transfer Program & Transfer Agreements
Admission to four-year colleges and universities guaranteed provided certain requirements are met. For more details on a list of participating four-year colleges and universities, contact NSCC’s Student Support & Advising Center (978-762-4036, 781-477-2132).

☐ Honors Program
An opportunity for academic challenge, social networking, and enhanced transfer opportunities

☐ Presidential Scholars
A leadership development opportunity, including a scholarship, for incoming high school graduates

☐ STEP
High school or home-schooled students can take college courses to finish requirements for a high school diploma.

☐ ESL Classes
I am interested in learning English as a second language.

Or, one of NSCC’s supportive learning communities:

☐ TRiO/Student Support Services
An academic and college adjustment program for first generation or low-income students

☐ Women in Transition
A program for women who have been out of school for many years.

☐ Project Enable
An evening program for students with a GED

☐ Challenges, Choices, and Change
A full-time program that combines academics and personal development to empower women and build a foundation for success.

☐ Bridges to the STARS
A program for women and minorities interested in science, math, or technology.
To the student: As you complete this form please consider your physical and mental/attitudinal ability to meet the Technical Standards associated with the health professions program that you are about to enter. Please carefully consider the General Job Description as you evaluate your ability to meet the Technical Standards specified. Contact the Practical Nursing Program at (978) 762-4000, ext 1506, if you require more specific information about the physical and mental/attitudinal requirements of the program.

**General Job Description:** Utilizes the nursing process to participate in assessing, planning, implementing, and evaluating client needs. Applies critical thinking skills in performing safe, competent nursing care. Communicates effectively with clients, families, and the healthcare team. Instructs clients regarding appropriate health teachings.

<table>
<thead>
<tr>
<th>PHYSICAL</th>
<th>Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIFT: clients, equipment</td>
<td>F</td>
</tr>
<tr>
<td>CARRY: equipment, objects</td>
<td>F</td>
</tr>
<tr>
<td>KNEEL: to perform CPR, work with clients, assist clients who fall</td>
<td>O</td>
</tr>
<tr>
<td>STOOP/BEND/ TWIST assist in ADL; perform transfers, operate</td>
<td>F</td>
</tr>
<tr>
<td>BALANCE: safely maintain while assisting clients in ambulation, and transfer.</td>
<td>C</td>
</tr>
<tr>
<td>CROUCH: to locate and plug in equipment.</td>
<td>O</td>
</tr>
<tr>
<td>REACH: to adjust equipment, to guard patient, to reach supplies</td>
<td>F</td>
</tr>
<tr>
<td>HANDLE: equipment such as syringes, Bp cuffs, IV infusions</td>
<td>F</td>
</tr>
<tr>
<td>DEXTERITY: to perform gross motor skills, manipulate and fine tune knobs, dials, blood pressure cuffs, equipment, scales and stretchers</td>
<td>F</td>
</tr>
<tr>
<td>PUSH/PULL: wheelchairs, stretchers, patients, Hoyer lifts</td>
<td>F</td>
</tr>
<tr>
<td>WALK: for extended periods of time and distances over a normal work day</td>
<td>C</td>
</tr>
<tr>
<td>STAND: for extended periods of time</td>
<td>C</td>
</tr>
<tr>
<td>Physical</td>
<td>Freq*</td>
</tr>
<tr>
<td>--------------</td>
<td>------</td>
</tr>
<tr>
<td>LIFT: clients, equipment</td>
<td>F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tactile</th>
<th>Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td>PALPATE: pulses, skin texture, bony landmarks,</td>
<td>C</td>
</tr>
<tr>
<td>DIFFERENTIATE: between temperature and pressure</td>
<td>F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Visual</th>
<th>Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td>READ: numbers, letters, cursive writing in fine and other print in varying light levels</td>
<td>C</td>
</tr>
<tr>
<td>DETECT: changes in skin color, client’s facial expressions, swelling, atrophy, forms of non-verbal communication (gestures)</td>
<td>F</td>
</tr>
<tr>
<td>OBSERVE client and environment in order to assess conditions or needs.</td>
<td>C</td>
</tr>
<tr>
<td>SEE BP manometer, small print on vials, syringes, dials, gauges and computer screens.</td>
<td>C</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication</th>
<th>Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPEAK: in English language in clear, concise manner; to communicate with clients, families, significant others and the health care team</td>
<td>C</td>
</tr>
<tr>
<td>RESPOND: to client with communication disorders (aphasia, hearing loss), or those who use ESL</td>
<td>C</td>
</tr>
<tr>
<td>COMPREHEND: oral and written language, including health care terminology in order to communicate with clients, families, significant others, health care providers, and community</td>
<td>C</td>
</tr>
<tr>
<td>WRITE/WORD PROCESS: in English, clearly, legibly; for charts, computer input of data</td>
<td>C</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Auditory</th>
<th>Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAR: heart sounds, breath sounds, client distress sounds, machine timer bells and alarms; verbal directions and requests from health care team and clients</td>
<td>C</td>
</tr>
<tr>
<td><strong>MENTAL/COGNITIVE</strong></td>
<td><strong>Freq</strong></td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Function safely, effectively, and calmly under stressful situations.</td>
<td>F</td>
</tr>
<tr>
<td>Remain alert to surroundings, potential emergencies; respond to client situations, i.e. falls, burns, pain, change in physical status.</td>
<td>F</td>
</tr>
<tr>
<td>Integrate information, and make decisions based on pertinent data, in a collaborative manner.</td>
<td>C</td>
</tr>
<tr>
<td>Interact effectively and appropriately with clients, families, supervisors, and co-workers of the same or different cultures with respect, politeness, tact, collaboration, teamwork, discretion.</td>
<td>C</td>
</tr>
<tr>
<td>Communicate an understanding of basic principles of supervision, ethics, confidentiality.</td>
<td>C</td>
</tr>
<tr>
<td>Display basic interpersonal skills necessary to interact in situations requiring close, personal contact.</td>
<td>C</td>
</tr>
<tr>
<td>Display attitudes/actions consistent with the ethical standards of the profession.</td>
<td>C</td>
</tr>
<tr>
<td>Maintain personal hygiene consistent with close personal contact associated with client care</td>
<td>C</td>
</tr>
<tr>
<td>Maintain composure while managing multiple tasks simultaneously</td>
<td>C</td>
</tr>
<tr>
<td>Prioritize multiple tasks</td>
<td>C</td>
</tr>
</tbody>
</table>

*Performance Level: O = occasionally 50-74%; F = frequently 75-89%; C = constantly 90-100%*

* Applicants who are offered admission must document their ability to perform all essential tasks with or without reasonable accommodation in order to begin the professional courses. If you are an otherwise qualified individual with a disability who seeks a reasonable accommodation, you need to contact the Office of Disability Services for eligibility determination for reasonable accommodation(s). **For those applicants offered admission, you will be asked to self-certify by signing the Technical Standards which are included in the Health Forms packet that you will be required to complete no later than July 8, 2010.**
Submit applications for Lynn testing to:
Kerry Schwarz, 781-593-6722 x 6682
or Teresa Cheung, 781-593-6722 x 6695
300 Broad Street, LE232
Lynn, MA 01901

Submit applications for Danvers testing to:
Janet Kimball, 978-739-5432
or Jane Saunders, 978-739-5429
1 Ferncroft Road DB213, PO Box 3340
Danvers, MA 01923

<table>
<thead>
<tr>
<th>SPRING 2010 TEAS TESTING DATES</th>
<th>Lynn Campus</th>
<th>Danvers Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Date</td>
<td>Day</td>
</tr>
<tr>
<td>Dec 3</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>Dec 10</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>Dec 17</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>Jan 7</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>Jan 14</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>Jan 21</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>Jan 28</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>Feb 4</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>Feb 11</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>Feb 18</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>Feb 25</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>Mar 4</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>Mar 11</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>Mar 18</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>Mar 25</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>Apr 8</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>Apr 22</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>May 6</td>
<td>Thursday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
<tr>
<td>May 10</td>
<td>Monday</td>
<td>9:00 am – 1:00 pm</td>
</tr>
</tbody>
</table>

Schedule subject to change.

- **SPACE IS LIMITED.** Your completed testing application and $60.00 money order are required to reserve a seat.
- **A driver's license or other photo ID with signature is required for admission to testing.**
- **The use of calculators, dictionaries or other aids is not permitted.**
- **RESCHEDULING** – Rescheduling with 24 hours notice, student must pay a $10.00 rescheduling fee (money order only).
- **NO-SHOW Policy:** Students who fail to attend their scheduled session without notifying the testing center 24 hours in advance will be considered a "no show" and must pay an additional $25.00 fee to reschedule (money order only).
- **Report 15 minutes early to either campus on the day of testing.**
- **Parking is available in college parking lots -- park within the white lines on either campus or in the MBTA garage ($2.00) on Broad Street across from the Lynn Campus. The Lynn campus is accessible by public transportation via the commuter rail from North Station on the Newburyport or Rockport trains, or the bus (#441/442 Marblehead) from Haymarket Square.**

**Preparation for the Test is STRONGLY Recommended**

Study guides are available on reserve in both NSCC libraries, online at www.atitesting.com or in the college bookstores. For bookstore information, call Danvers: 978-762-4046 or Lynn: 781-477-2127.

An online practice test available for a fee from the test publisher, ATI testing. For more information visit www.atitesting.com.

**NSCC also offers non-credit prep courses for the TEAS test.**

For more information, call Corporate and Community Ed at (978) 236-1200.
I. GENERAL INFORMATION

Acceptance decisions for Health programs are made by the Enrollment and Student Records Office in consultation with the program coordinators. Decisions are based on an evaluation of examination scores and other data (e.g., program application, school records and questionnaires). Call ext. 4187 or 4188 with questions regarding program application/admission.

<table>
<thead>
<tr>
<th>Program</th>
<th>TEAS Required</th>
<th>Sections Required</th>
<th>Scores Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reading</td>
</tr>
<tr>
<td>Nurse Education (NE)</td>
<td>Yes</td>
<td>ALL</td>
<td>85%</td>
</tr>
<tr>
<td>Occupational Therapy Assist. (OTA)</td>
<td>Yes</td>
<td>ALL</td>
<td>*</td>
</tr>
<tr>
<td>Occupational Therapy Assist. Accelerated (OTX)</td>
<td>Yes</td>
<td>ALL</td>
<td>*</td>
</tr>
<tr>
<td>Physical Therapy Assistant (PTA)</td>
<td>Yes</td>
<td>ALL</td>
<td>*</td>
</tr>
<tr>
<td>Practical Nursing (PN)</td>
<td>Yes</td>
<td>ALL</td>
<td>85%</td>
</tr>
<tr>
<td>Radiological Tech (RT)</td>
<td>Yes</td>
<td>ALL</td>
<td>85%</td>
</tr>
<tr>
<td>Respiratory Care (RC)</td>
<td>Yes</td>
<td>ALL</td>
<td>85%</td>
</tr>
<tr>
<td>Veterinary Tech (VT)</td>
<td>Yes</td>
<td>ALL</td>
<td>*</td>
</tr>
</tbody>
</table>

* = Section is required but no minimum score has been determined.

The “Test of Essential Academic Skills” (TEAS) is a computerized test composed of multiple-choice questions organized into four sections, which measure reading ability, basic mathematics skills, science and English grammar. It is a timed test published by Assessment Technologies Institute (ATI Testing), LLP. Testers should plan to spend approximately 4 hours at the test center. The use of calculators, dictionaries or other aids is not permitted.

II. ELIGIBILITY

Any individual may take the TEAS Test at the Center for Alternative Studies and Educational Testing. It is recommended that applicants for the Fall Semester of 2010 register to take the test as early as possible. The
APPLICATION

NAME ___________________________________________________________ Student ID (if known) ________________

                        last        first        Middle I.

ADDRESS ____________________________________________________________

                        street    city    state    zip

TELEPHONE: _______________________________ DATE OF BIRTH ____________________________

EMAIL: _______________________________ SIGNATURE _______________________________________

Have you taken this examination before?  Yes ____ No _____

If yes, please specify when: ____________________________ (month/year)

Preferred Testing Campus: _______________________ Requested Testing Date: ________________

To reserve a seat for testing on either campus, submit application and fees to:

DB213 – Janet Kimball or Jane Saunders
North Shore Community College
1 Ferncroft Road, PO Box 3340
Danvers, MA 01923

OR

LE232 – Kerry Schwarz or Teresa Cheung
North Shore Community College
300 Broad Street
Lynn, MA 01901

All payments must be made by money order only.

$60.00 MONEY ORDER payable NSCC (non-refundable).

Application and fees must be received in the Testing Center in order to reserve a seat.

RESCHEDULING FEE:

• STUDENTS WHO RESCHEDULE WITH MORE THAN 24 HOURS NOTICE MUST PAY A $10.00 RESCHEDULING FEE (MONEY ORDER ONLY).

• STUDENTS WHO FAIL TO GIVE 24 HOURS NOTICE WILL BE CHARGED A $25.00 FEE TO RESCHEDULE (MONEY ORDER ONLY).
attached schedule of testing dates is designed to provide ample opportunity for applicants to test and submit applications to Enrollment and Student Records.

III. PREPARATION

Students are strongly encouraged to prepare for this exam. The test publisher, ATI, has several study aids available to students wishing to take the TEAS test. The TEAS Study Manual is available on reserve at the NSCC libraries, at the NSCC College Bookstores or online at www.atitesting.com. An online practice test is available for a fee from the ATI website (atitesting.com).

NSCC also offers non-credit prep courses for the TEAS test. For more information, consult the college website or call Corporate and Community Ed at (978) 236-1200.

IV. APPLICATION AND PAYMENT PROCEDURES

Testing appointments will be scheduled only when a MONEY ORDER and completed TEAS testing application have been received by the Testing Center. Applications are processed on a first-received/first-scheduled basis. A letter confirming your testing appointment and receipt of payment will be sent to you.

- **TEAS TESTING FEE:** $60.00 **MONEY ORDER ONLY** payable NSCC (non-refundable).
- **RESCHEDULING FEE:** Students who reschedule with 24 hours notice must pay a **$10.00 rescheduling fee** (money order only).
- **“NO-SHOW” FEE:** Students who fail to attend their scheduled testing session without notifying the testing center 24 hours in advance will be considered a "no show" and must pay a **$25.00 “no show” fee** to reschedule (money order only).

V. ADMISSION TO THE TEST

A photo ID (valid driver’s license or school ID with photo) is required for admission to a testing session. Report to ROOM LE232 (Lynn) or ROOM DB213 (Danvers) fifteen minutes before the start time of the test.

VI. SCORING & RETEST POLICY

Students receive their individual TEAS score reports immediately upon completion of the exam. Students can also access their score reports by logging into www.atitesting.com. The test administrator will send copies of the student’s scores to the Enrollment Office at NSCC for the student’s file.

Applicants to the Health programs may take the test a total of two (2) times per academic year (July 1, 2009 – June 30, 2010), therefore should not take the test unless properly prepared. See item III, Preparation, for more information.

VII. CONFIDENTIALITY

The Center for Alternative Studies and Educational Testing will not provide information to any external sources regarding an individual’s test scores unless written permission is received from the student. This policy is in accordance with the student confidentiality policy of North Shore Community College.

VIII. ACCOMMODATIONS

Students seeking testing accommodations should visit the Disability Services web site at www.northshore.edu/disability to learn about the process of documenting eligibility and requesting appropriate testing modifications. Please note that Disability Services requires documentation 4-6 weeks prior to testing.

IX. ACADEMIC DISHONESTY

The use of calculators, dictionaries or other aids is not permitted on the TEAS test. Other rules are posted throughout the Testing Center. Students who fail to comply with these rules face disciplinary action according to NSCC student guidelines. Disciplinary action may include: forfeited test scores, ineligibility for refunds, and the student may be deemed permanently ineligible for services of the testing center.
This questionnaire is NOT an application for admission. Instructions, page one: Please complete this page by printing all of your answers. Attach additional sheet(s) if needed or submit a resume (make sure your name is on each additional sheet).

Name: ____________________________________________ Soc Sec #:_______________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
</table>

Address:____________________________________________________________________________

Day Time Phone:_(____)_______________________ Evening Phone:_(____)_______________________

Cell Phone: (_____)_________________________________Email:__________________@__________________

Are you applying for advanced placement from another nursing program? Yes   No

If yes:  RN    PN

Please PRINT all answers (or attach a word processed resume):

<table>
<thead>
<tr>
<th>Your current job:</th>
<th>Employer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td>Duties and Responsibilities:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prior job(s)</th>
<th>Employer/Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td>Duties and Responsibilities:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Related Experiences or Site Visits</th>
<th>Employer/Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td>Duties and Responsibilities:</td>
</tr>
</tbody>
</table>

Please proceed to the next page and follow the instructions.
Instructions page 2: Please answer all following questions. Evaluation of the answers includes but is not limited to grammar, spelling, as well as overall content and quality of the answers (e.g. accuracy, thoroughness, and relevance to the question asked). Handwritten applications will not be accepted. Make sure your name is on each of the page(s) submitted.

1. **How do you plan to manage your academic commitments and your other commitments while enrolled in the Program?** How are you planning to balance your life and academic responsibilities so as to optimize your chances to be successful in this rigorous program?

2. **What is your view of the role of a Licensed Practical Nurse in healthcare today?**
   *Please provide examples of the duties and responsibilities of a nurse.*

3. **Discuss two policies in the Student Handbook and the impact they will have on you while you are in the Program.**

4. **Currently in Massachusetts, approximately 20% of Licensed Practical Nurses go on to become Registered Nurses. Other than the purpose of becoming a Registered Nurse, why have you chosen to enter the Nursing Profession as a Licensed Practical Nurse?**

5. **Please describe your academic accomplishments and personal attributes that will contribute to functioning as a competent Licensed Practical Nurse?**
has applied for admission to the Practical Nursing Program. S/he has indicated that you are willing to provide a reference. **Please complete this form and return it to North Shore Community College, Enrollment and Student Records, 1 Ferncroft Rd. Danvers, MA 01923. Thank you.**

*************************************************************************************************

Waiver: Applicant waives all rights to review or have access to the completed reference.

(Applicant Signature) ____________________________ (Date) ______________

**********************************************************

1. How long have you known this applicant? _______________________________________________________________

   In what capacity? __________________________________________________________

2. On a scale of 1 (low) to 5 (high), rate this applicant on the following personal characteristics:

   Promptness _________ Enthusiasm _________ Motivation _________

   Dependability _________ Competence _________ Interpersonal _________

   Appearance _________ Self-Direction _________

   **Comments:**

3. What do you believe is a major strength of the applicant?

4. What do you recognize as a possible weakness of the applicant?

5. Please circle one of the following:

   - Highly recommend
   - recommend
   - recommend with reservation

Name (Print): ____________________________ Position: ____________________________ Telephone: ____________________________

Signature: ____________________________ Date: ____________________________
MANDATORY INFORMATION SESSIONS
FOR APPLICANTS TO
PRACTICAL NURSING PROGRAM

Applicants to the Practical Nursing Program must attend an information session. Please come to learn more about the admissions process and the program. Please come prepared to ask questions. This information should enable you to make a more informed decision about the Practical Nursing Program.

Information Sessions are held in Maude Hall on the Hathorne Campus in Danvers (Route 62, Danvers). The application packet can be obtained in the Enrollment Center in Danvers or Lynn or on the website on the Practical Nursing Program’s web page, which can be accessed at http://www.northshore.edu/departments/index.php Select Practical Nursing and then click on the Practical Nursing Application Packet link.

All Sessions will be held at the
Maude Hall Room 118
Hathorne Campus – Route 62
(Essex Aggie)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, October 19, 2009</td>
<td>2:30 p.m.</td>
</tr>
<tr>
<td>Monday, November 16, 2009</td>
<td>2:30 p.m.</td>
</tr>
<tr>
<td>Tuesday, December 8, 2009</td>
<td>2:30 p.m.</td>
</tr>
<tr>
<td>Tuesday, January 26, 2010</td>
<td>9:00 a.m.</td>
</tr>
<tr>
<td>Wednesday, February 24, 2010</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>Thursday, March 31, 2010</td>
<td>3:30 p.m.</td>
</tr>
<tr>
<td>Monday, April 26, 2010</td>
<td>12:00 p.m.</td>
</tr>
</tbody>
</table>