HCC OFFERS TWO TRADITIONAL AND TWO TRANSITIONAL NURSING PROGRAMS:

Traditional Programs
1. Associate of Science in Nursing (ASN) Program - The two-year ASN Program prepares students to take the NCLEX-RN exam to become a Registered Nurse (RN).
2. Practical Nurse (PN) Certificate Program - The 40-week PN Program prepares students to take the NCLEX-PN exam to become a Licensed Practical Nurse (LPN).

Transitional Programs
1. 1+1 Program – HCC PN graduates are eligible to apply to the third semester of the ASN program. This option is available for three consecutive application cycles from the PN graduation date. (e.g. PN graduated May 2015 must apply by February 1, 2018 to enroll in Fall 2018)
2. LPN2RN Program - LPN’s who graduated from HCC’s PN Program who are not eligible for the 1+1 program or who have received their credential from another institution are eligible for placement into the ASN Program.

The application deadline is February 1.
Your application, all supplemental documents (including attendance at a mandatory Nursing Information Session), PAX/NACE exams, and Health Service records must be postmarked or received in the Admissions Office by February 1.

Five year rule: If you were enrolled in a nursing program at another institution within the past 5 years, and didn’t complete the program, you must complete the Nursing Programs “5 Year Rule” Petition Form. Applicants will be evaluated case by case and must be granted approval to have their application reviewed for acceptance into the program.

Admission Requirements and Supplemental Documents:
• The completed HCC application at www.hcc.edu/apply
• Attend a mandatory Nursing Information Session within one year prior to the February 1 deadline. Information session dates and times can be found on the website www.hcc.edu/events or on your admissions account portal www.hcc.edu/apply.
• Proficiency Requirements:
  A. Math Proficiency/Placement: Accuplacer elementary algebra score ≥ 82 or completion of MTH 095 (intermediate algebra) with a C- or better at HCC or the equivalent from another institution.
  B. English Proficiency/Placement: Accuplacer reading comprehension score ≥ 68 and sentence skill scores ≥ 75 or completion of ENG 095 with a C- or better at HCC or completion of ENG 101 at HCC or equivalent college level English from another institution.
  C. Science Proficiency: The HCC Biology Department requires the successful completion (C or better) of General Biology I (BIO 107) prior to taking Anatomy and Physiology I (BIO 217). This pre-requisite may be waived by passing the Biology Challenge Exam. Completion of Anatomy & Physiology I and II (BIO 217 and BIO 218) prior to the application deadline is strongly encouraged. Lab Sciences must be completed within 7 years of the start of the program. Applicants currently working in a healthcare field can petition to lengthen the time that their laboratory science coursework would be accepted to the Nursing Program by completing the Laboratory Science Petition Form and receiving approval. Nursing students must achieve a C+ or better in all nursing and laboratory science courses Anatomy & Physiology I and II (BIO 217 and BIO 218) and Microbiology (BIO 229) to graduate from the program.
• NLN Pre-Admissions Exam (PAX) required for ASN and PN applicants. NLN NACE I exams required for LPN2RN transition program. There are 3 NACE I exams. 1+1 transition program applicants are exempt from the PAX and NACE exams.
• An official transcript from your high school or an official GED/HiSET transcript. All documents must be received directly from the high school or testing facility. International high school credentials must be translated and evaluated to U.S. standards through an approved credential evaluating agency. Approved agencies can be found at www.naces.org or CED in Boston www.cedevaluations.com.
• Official transcripts for all college/universities attended. International college/university transcripts need only be evaluated if seeking transfer credit to HCC. Approved agencies can be found at www.naces.org or CED in Boston www.cedevaluations.com.
To register for the PAX or NACE exams:

- You must register for your PAX or NACE exam a minimum of 3 days prior to the test date.
- Go to the NLN website: www.nlnonlinetesting.org.
- Create a new account or log in if you already have an account set up.
- Type Holyoke Community College in School field.
- Choose the exam for your program (PAX or NACE).
- Click on the registration tab and complete registration and payment. Cost – PAX approximately $40, NACE approximately $130.

PAX/NACE testing takes place in the Assessment Center at HCC.
Prospective applicants may take the PAX or NACE twice per application cycle. Scores are valid for two application cycles.
Copies of PAX review guides are available in the HCC library. Review guides may be purchased at Barnes & Noble or Amazon.com.

On the day of your PAX or NACE exam:
1. Please arrive at least 15 minutes prior to exam time and allow approximately 3 hours for testing.
2. A picture ID with signature identification, such as driver’s license or passport is needed.
3. The PAX/NACE are administered at HCC in the Assessment Center, Frost Building, room 271. The Assessment Center can be reached by calling 413.552.2015.

Application Review
The ASN Program and the PN Certificate Program cohorts are selected from a pool of applicants who have displayed the minimum academic requirements for admission to the program. Space is limited and not all applicants are accepted. Applications will be reviewed and candidates will be notified of the admissions decision by mail on or about April 15. Recommendations are not accepted.

The process is competitive and your file will be ranked using the following:
1. Grade Point Average (GPA) for those courses applicable to the nursing curriculum (e.g. English, Psychology, Anatomy & Physiology, etc.).
2. Two or more years of work/volunteer experience in the field of healthcare.
3. Credits completed at HCC.
4. Educational background (prior degrees completed).
5. PAX/NACE results.

Accreditation
The HCC Practical Nursing Certificate Program and the A.S. Nursing Program are approved by the Massachusetts Board of Registration in Nursing and the A.S. Nursing Program is accredited by the Accreditation Commission for Education in Nursing, Inc.:
Frequently Asked Questions

If I will not meet the math requirement by deadline, will my file be reviewed?

No, unfortunately your file will not go to the committee. Only those applicants who display the math requirement at time of deadline will be reviewed.

I haven’t completed the suggested coursework to apply to the Nursing (ASN) Program or Practical Nursing (PN) Certificate program yet. Can I still come to HCC?

YES! Students are encouraged to enter the college as a “Foundations of Health” student. In this major, you will be identified as a potential Nursing applicant and will be assigned to an advisor that will assist you in establishing an educational plan. As a student in this major, you may complete any of your non-Nursing courses (e.g., A&P I and II, English I and II, Math 095, etc.) then apply to the program when you have met the requirements for consideration.

Can I speak with an advisor about the ASN Program or PN Certificate Program?

Yes, you are required to attend a Nursing Information Session to meet with a representative from the programs. Check the website www.hcc.edu for upcoming information sessions.

If I am not accepted this year, will I automatically be accepted next year?

No, you are not guaranteed acceptance. All applicants must reapply.

Can I work and attend classes full time?

Nursing coursework is complex and requires a personal commitment. Part-time employment may be appropriate, but will need to be flexible in order to accommodate school requirements. Students are encouraged to balance their employment and school responsibilities.

Where do I attend a clinical setting or placement, and how do I get there?

Nursing students are responsible for their own transportation to clinical sites which include healthcare agencies throughout the Pioneer Valley.

I am already an L.P.N. Is there a special program for me?

Yes. Please see the LPN2RN Applicant Checklist in this packet.

If I am not accepted into the ASN Program, will my application automatically be considered for the PN Certificate Program?

No. If you would like your application considered for the PN Certificate Program, you must submit an application to the PN Program.

Can I apply to a four-year school and earn a bachelor’s degree?

We encourage students to apply for admission to four-year accredited colleges and universities, including the Elms and AIC, among others. You may schedule an appointment with the Transfer Coordinator at 413.552.2498 to discuss your specific goals.

Can I apply for financial aid?

Yes. You can inquire at the Financial Aid Office, 413.552.2150.
Good Moral Character Clause

CORI Policy – Criminal Offender Record Information
SORI Policy – Sexual Offender Record Information

CORI and SORI are state statutes that regulate licensure as a registered nurse or licensed practical nurse. Prior to official enrollment and at the beginning of each semester in Nursing Programs, all accepted applicants and students must give permission for CORI and a SORI check. Some clinical agencies prohibit clinical participation if there is a finding when the CORI check is complete. Participation in planned clinical experiences throughout the curriculum is required; however, acceptance into the program does not guarantee placement in a clinical agency. All applicants and nursing students will be subject to the Criminal Record Information Act (CORI check), the Sex Offender Registry Information Act (SORI), Massachusetts General Laws, Chapter 6, Section 172-178, and Massachusetts General Laws, Chapter 18a, Section 1, et. seq., and regulations promulgated pursuant to such statutes. Court record/past conviction may present a barrier to eligibility for licensure as a registered nurse (RN) or as a licensed practical nurse (LPN). Applicants with a court record/past conviction are advised to consult an attorney to determine eligibility to meet legal qualifications for nurse licensure in Massachusetts.

All applicants for licensure as RN or LPN must be of “good moral character” as required by the Massachusetts Board of Registration in Nursing statutes and regulations. The licensure applicant must have had no criminal convictions for a minimum of five (5) years before the date of submission of the license application, and must have successfully completed all court ordered stipulations a minimum of one (1) year before the applicant will be considered for licensure by the Board (Massachusetts General Laws, Chapter 112, ss. 74, 74A, and 76). Refer to http://www.state.ma.us/reg/boards/rn for further information.

Students accepted to an educational program that prepares for licensure as a registered nurse or licensed practical nurse should be aware that a court record/past conviction may present a barrier to her/his ability to obtain licensure in the Commonwealth of Massachusetts and other jurisdictions in the United States.

Special Program Requirements

• The following program requirement must be completed by the start of classes for the ASN and PN Programs: Certified Nurse Aide (CNA). If you have questions regarding CNA certification or recertification, please go to www.cnalicense.org or www.nursinglicensure.org.

Essential Functions

The following essential functional abilities will be necessary to successfully enter and remain in the Nursing programs. In some cases, assessment and developmental courses may help students meet these standards. The student with a disability must be able to meet the essential eligibility requirements for licensure as a Licensed Practical Nurse or Registered Nurse in Massachusetts. These requirements, as specified in Massachusetts General Law Chapter 112, ss. 74 and 74A, include graduation from a Board-approved nursing education program, achievement of a pass grade on the National Council Licensure Examination (NCLEX ®). Students with a documented disability and choose to seek accommodations are advised to contact the office for Students with Disabilities and Deaf Services. 413.552.2417.

To ensure patient safety, students throughout the program must be able to demonstrate:

1. Physical
• Help in positioning patients who may be comatose, paralyzed, or otherwise incapacitated, from wheelchairs and beds, stretchers and vice versa. This includes regular lifting, bending twisting, pulling and pushing of 40+ pounds.
• Ability to use hands and arms in handling, installing, positioning, moving materials, and manipulating things. Frequently reaching above and below shoulder level, while holding objects.
• Position, place and move equipment as needed.
• Respond and monitor signals, alarms, and call lights.
• Fine and gross motor ability to sufficiently perform psychomotor skills.

2. Communicative
• Knowledge of the structure and content of the English language.
• Active listening - giving full attention to what others are saying, taking time to understand the points being made.
• Oral comprehension - the ability to listen and understand information and ideas presented through spoken words and sentences.
• Speech clarity - the ability to speak clearly so others can understand you.
• Speech recognition - the ability to identify and understand the speech of another person.
• Written expression - the ability to communicate information and ideas in writing so others will understand.
• Communicating with others - providing information to other healthcare professionals by telephone, in written form, e-mail, or in person.
• Interacting with computers - using computers and computer systems including hardware and software.
• Civility in class/lab/clinical/online/telephone - polite, respectful, professional behaviors exhibited.
3. Cognitive
- Clinical decision making - gather, analyze and draw conclusions from data.
- Control precision - demonstrate muscle dexterity necessary to do such tasks as gloving, gowning, performing physical assessment, performing psychomotor skills and operating controls on machinery.
- Problem sensitivity - the ability to tell when something is wrong or is likely to go wrong.
- Identify behaviors that would endanger a person’s life or safety and intervene in a crisis situation appropriately.
- Tactile sensitivity - determine by touch: hotness/coldness, wetness dryness, and hardness/softness.

4. Emotional
- Dependability - requires being reliable, responsible and dependable, and fulfilling role obligations.
- Integrity - requires being honest and ethical.
- Cooperation - requires being pleasant with others displaying a good-natured, cooperative attitude.
- Self control - requires maintaining composure, keeping emotions in check, controlling anger and avoiding aggressive behavior even in very difficult situations.
- Concern for others - requires being sensitive to others’ needs and feelings.
- Initiative - requires a willingness to take on responsibilities and challenges.
- Stress tolerance - calmly and effectively participates in constructive dialogue in a variety of high stress situations.
- Adaptability/flexibility - requires the ability to manage unexpected events.

Drug Screening Policy
Mandatory drug screening is required for all students entering the nursing program. In addition, random drug screening may be required if indicated. If a student fails a drug screening, retesting occurs within 24 hours of notification of results. Failure to pass a drug screen or refusal to submit to screening will make the student ineligible to remain in the nursing program. Failure and/or refusal for drug screening are grounds for immediate removal from the Nursing Program. All screening will be at the student’s own expense. The Work Connection at Holyoke Medical Center has been selected as the Health Science Divisions exclusive laboratory for student drug screening.
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<th>Course Title</th>
<th>Course Number</th>
<th>Prerequisites</th>
<th>Credits</th>
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<td>APPLICATION REQUIREMENTS Due February 1:</td>
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<td>☐ Holyoke Community College Nursing Application</td>
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<td>☐ Mandatory Nursing Information Session attendance prior to February 1, and no more than 1 year ago</td>
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<td>☐ Proof of Math and English Eligibility</td>
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<td>☐ All official college transcripts</td>
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<td>☐ Titer, Immunization records, and Health Affiliate form must be submitted to Health Services</td>
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<tr>
<td>☐ Health Immunization Acknowledgement Form to be brought to Health Services at your scheduled appointment. It is recommended to schedule your appointment well in advance of the Application Deadline of February 1. Contact Health Services at 413.552.2401 or <a href="mailto:healthservices@hcc.edu">healthservices@hcc.edu</a>.</td>
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<td>☐ Laboratory Science Petition Form (if applicable)</td>
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<td>☐ 5 - Year Rule Petition Form (if applicable)</td>
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<td>☐ Proficiency/Coursework Assessment Form</td>
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<td>THE FOLLOWING PROGRAM REQUIREMENTS MUST BE COMPLETED BY THE START OF CLASSES FOR THE ASN AND PN PROGRAMS:</td>
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<td>☐ Certified Nurse Aide (CNA). If you have questions regarding CNA certification or recertification, please go to <a href="http://www.cnalicense.org">www.cnalicense.org</a> or <a href="http://www.nursinglicensure.org">www.nursinglicensure.org</a>.</td>
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<td>☐ CPR certification through American Heart Association, Basic Life Support (BLS) CPR and AED.</td>
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This checklist serves as a reminder of the applicant’s responsibility prior to the February 1 deadline. All forms and steps listed above must be completed. Thank you!
HCC student ID number: __________________________

Name of applicant: __________________________ Date of Birth: __________________________

APPLICATION REQUIREMENTS Due February 1:

☐ Holyoke Community College Nursing Application

☐ Mandatory Nursing Information Session attendance prior to February 1 and no more than 1 year ago
   ○ Please indicate date attended __________________________

☐ Proof of Math and English Eligibility

☐ Approximately 6 months of employment as an LPN prior to the start date of the third semester of the ASN Program.

☐ Official college transcripts if new course work has been completed after graduation from the PN Program

☐ Titer, Immunization records, and Health Affiliate form must be submitted to Health Services

☐ Health Immunization Acknowledgement Form to be brought to Health Services at your scheduled appointment. It is recommended to schedule your appointment well in advance of the Application Deadline of February 1. Contact Health Services at 413.552.2401 or healthservices@hcc.edu.

☐ Work Experience Form (if applicable)

☐ Laboratory Science Petition Form (if applicable)

☐ Proficiency/Coursework Assessment Form

☐ LPN license verification from BORN site (not license)

☐ Employer Verification Form

This checklist serves as a reminder of the applicant’s responsibility prior to the February 1 deadline. All forms and steps listed above must be completed.

Thank you!
LPN2RN Transition Program Applicant Checklist

HCC student ID number: ________________________________

Name of applicant: ________________________________ Date of Birth: ________________________________

APPLICATION REQUIREMENTS Due February 1:

☐ Holyoke Community College Nursing Application

☐ Mandatory Nursing Information Session attendance prior to February 1 and no more than 1 year ago
  ○ Please indicate date attended _____________________________

☐ Proof of Math and English Eligibility

☐ NLN Nursing Acceleration Challenge Exams (NACE 1 – PN to RN) – 3 Exams:
  ○ Foundations of Nursing Exam
  ○ Nursing Care during Childbearing Exam
  ○ Nursing Care of the Child Exam

To register for the NACE Exams, go to the NLN website: www.nlnonlinetesting.org. Scores must be submitted by February 1.

☐ At least one year of employment as an LPN prior to February 1. Employment must be within the last 2 years.

☐ Official High School or GED/HiSET transcript

☐ All official college transcripts

☐ Titer, Immunization records, and Health Affiliate form must be submitted to Health Services:

☐ Health Immunization Acknowledgement Form to be brought to Health Services at your scheduled appointment. It is recommended to schedule your appointment well in advance of the Application Deadline of February 1. Contact Health Services at 413.552.2401 or healthservices@hcc.edu.

☐ Work Experience Form (if applicable)

☐ Laboratory Science Petition Form (if applicable)

☐ 5 · Year Rule Petition Form (if applicable)

☐ Employer Verification Form

☐ Proficiency/Coursework Assessment Form

☐ LPN license verification from BORN site (not license)

Upon completion of the above, you will be notified if you are eligible to move forward with the Demonstration of the Nursing Process Across the Lifespan with Skills Evaluation to be held in the Spring.

More detailed information will be provided upon notification of eligibility.

This checklist serves as a reminder of the applicant’s responsibility prior to the February 1 deadline. All forms and steps listed above must be completed. Thank you!
Readmit into the Nursing Program Applicant Checklist

HCC student ID number: ____________________________

Name of applicant: ________________________________ Date of Birth: ________________________________

LAST          FIRST

APPLICATION REQUIREMENTS Due February 1:

☐ Holyoke Community College Nursing Application

☐ Mandatory Nursing Information Session attendance prior to September 15 (for spring readmission) or February 1 (for fall readmission) and no more than 1 year ago
  ☐ Please indicate date attended _____________________________

☐ HCC GPA of 2.5 or better

☐ Readmission Request Letter (detailed in the Nursing Student Handbook, must be submitted to the appropriate program chair as well as Admissions)

☐ Titer, Immunization records, and Health Affiliate form must be submitted to Health Services:

☐ Health Immunization Acknowledgement Form to be brought to Health Services at your scheduled appointment. It is recommended to schedule your appointment well in advance of the Application Deadline of February 1. Contact Health Services at 413.552.2401 or healthservices@hcc.edu.

This checklist serves as a reminder of the applicant’s responsibility prior to the February 1 deadline. All forms and steps listed above must be completed.

Thank you!
**Nursing Programs Proficiency/Coursework Assessment Form**

HCC student ID number: ______________________

Name of applicant: __________________________ Date of Birth: __________________________

LAST FIRST

Note: If you have not met the proficiency requirements, your application will not be considered for review.

<table>
<thead>
<tr>
<th>Proficiency</th>
<th>Grade</th>
<th>Where Completed</th>
<th>or</th>
<th>HCC CPT score</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>College English Eligible</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College Math Eligible</td>
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</tbody>
</table>

Coursework Completed: Not needed for review, but applicants are strongly encouraged to complete prior to beginning program.

<table>
<thead>
<tr>
<th>Course</th>
<th>Grade</th>
<th>Where Completed</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO 217</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy &amp; Physiology I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIO 218</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy &amp; Physiology II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIO 229</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microbiology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENG 101</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Language and Literature I</td>
<td></td>
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<td></td>
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<tr>
<td>ENG 102</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language and Literature II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NTR 101</td>
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<tr>
<td>Nutrition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSY 110</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduction to Psychology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSY 216</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOC 110</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduction to Sociology</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Nursing Programs Work Experience Form

HCC student ID number: ____________________________

Name of applicant: ___________________________________________ Date of Birth: ____________________________

LAST                FIRST

Healthcare or related employment experience
List employment with the most recent positions first. Attach additional sheets if necessary. (Resumes are acceptable. If submitting a resume be sure to add supervisor name and phone.) Please fill out information completely.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position Held</th>
<th>Dates from/to (required)</th>
<th>Supervisor name &amp; phone (required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Must attach copies of all certifications held by applicant.
Other certifications: List any current healthcare related certifications you hold (e.g., CNA, CPR, HHA, etc.) ❑ Does not apply

________________________________________________________________________

________________________________________________________________________

I certify that all information stated on this application form is accurate and complete. Concealment of facts or false statement may result in dismissal.

Applicant: ___________________________________________________________ Date: ____________________________

Signature
If your Laboratory Sciences are more than 7 years old use this form to petition for a waiver. A waiver may be granted for science courses taken more than seven years ago and no more than fifteen years ago for those currently employed in a healthcare field with direct patient contact.

**Coursework:** List course(s) you are seeking to petition to meet NUR or PNR course requirements.

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester/year taken</th>
<th>Grade received</th>
<th>College/University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microbiology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy and Physiology I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy and Physiology II</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employment experience related to the course(s) being petitioned: (Please describe how and in what capacity you use the curriculum from the courses listed above in your current employment). Please attach a separate sheet if more space is needed.

Other certifications: List any current healthcare related certifications you hold (e.g. CNA, CPR, HHA, etc.)

I certify that all information stated on this application form is accurate and complete. Concealment of facts or false statement may result in dismissal.

Applicant Signature

Division of Health Sciences Signature

☐ Approved  ☐ Denied  Comments: ________________________________
I understand that the above-named LPN is interested in participating in Holyoke Community College’s LPN2RN Program and I am in support of said LPN participating.

Name of Employer ____________________________________________

Signature of Employer ____________________________________________

Facility ____________________________________________

Dates of Employment From ____________ to ____________

Today’s Date ______________________________

I certify that all information stated on this application form is accurate and complete. Concealment of facts or false statement may result in dismissal.

__________________________________________________________  __________________________
Applicant Signature                                          Date
Submit this form if applicable by the Application Deadline of February 1.

If you were enrolled in a nursing program at another institution within the past 5 years, and didn’t complete the program, you must complete the Nursing Programs “5 Year Rule” Petition Form. Applicants will be evaluated case by case and must be granted approval to have their application reviewed for acceptance into the program.

It is required that you attach your transcript for the nursing program(s) that you were previously enrolled in.

HCC student ID number: __________________________

Name of applicant: __________________________ Date of Birth: __________________________
LAST       FIRST

Name of college/institution & nursing program(s) you were enrolled in: __________________________

Dates enrolled in the nursing program(s): __________________________

Reason for withdrawal/dismissal from the nursing program(s) (please be specific):

I certify that all information stated on this application form is accurate and complete. Concealment of facts or false statement may result in dismissal. I give my permission for HCC officials to verify the above information.

Applicant Signature: __________________________ Date: __________________________

Division of Health Sciences Signature: __________________________ Date: __________________________

____ Approved _____ Denied Comments: __________________________
This Form Must Be Fax By Your MD To HCC Health Services At 413-552-2121 By The February 1st Application Deadline. Physical Exam Must Be Performed After January 1st Of The Year Of Admission

Health Program (circle one)  ASN  PN  RDL  Student ID#  _______________________________

HCC Health Program Affiliate Health Record
HCC Health Services. Please contact us if you need additional information at (413) 552-2401.

Section I: Identifying Information - Please print legibly
Name (last) ___________________________ (first) _____________________ MI __________
Address _________________________________________________________________
Phone # ( ) ___________________________ DOB: ___________ email ___________________

Section II: Significant Medical History - to be completed by clinician (include diagnoses of physical and/or emotional problems, impairments or restrictions, medications taken, allergies, drug sensitivities, etc.)
Physical exam done by a licensed clinician (MD, NP, PA): ___________________________
Date of physical exam: ______________

HEENT  Pulmonary  Musculoskeletal  Pulses
Neck  GI  Lymphatic  Neuro
Cardiac  GU  Skin

By signing on the line below the clinician states that this student is safe and capable of performing academic and clinical functions.
Clinician Signature ___________________________ Printed Name _______________________
Address ___________________________________________ Phone ___________________________ Date ______________

Section III: Immunization Records -
Required: Attach Copies of: • Immunization Records • Lab Titer Reports (not flow sheets) • X-ray Reports

Health Requirements:

1. Complete and pass a physical examination and submit the Health Affiliate record signed, stamped, and dated by the MD in the calendar year of acceptance to the program by February 1.

2. Laboratory reports of the following antibody titers: Hepatitis B surface antibody, measles antibody, mumps antibody, rubella antibody, and varicella antibody must be faxed by the MD to 413-552-2121. Titer results must be POSITIVE for eligibility. In the case of a NEGATIVE or EQUIVOCAL titer result, documentation of a full series of booster vaccines must also be faxed to us. Note: without POSITIVE titer lab reports, evidence of pediatric vaccines is not sufficient for eligibility. A full series of booster vaccines (e.g. 2 for MMR or varicella or 3 for hepatitis B) must be documented and faxed by the MD by February 1.

3. Official documentation of an ADULT pertussis-containing vaccine (Adacel or Boostrix - Tdap), along with any booster vaccine records necessitated by negative or equivocal titer results, must be faxed by the administering MD to 413-552-2121 by February 1.

4. DO NOT GET TB TESTED NOW. Annual mandatory TB screening is required for all students accepted into the program. All students are required to contact Student Health Services (Frost 105) for detailed schedule information.

5. Mandatory Health Insurance Coverage: All students must be covered by health insurance either through the college or through their family health plan. The College Health Insurance will cover students for exposures and or injuries sustained in traveling to or from the college as well as attending any college-related activity including clinical experiences.

6. Annual Seasonal Flu vaccine is required by all clinical facilities. These vaccines are administered every fall semester, and are due by October 15.

7. It is the student’s responsibility to keep these requirements current throughout the duration of the program. Students must notify Health Services if changes occur. Failure to keep requirements updated or not informing Health Services will result in the student’s inability to attend clinical. This will result in an unsatisfactory for each clinical day missed. Two clinical unsatisfactory ratings in any course result in dismissal from the program.

8. Please note these requirements may be subject to change per clinical agency request.

Students who fail to submit legible or complete forms, required lab titer or x-ray reports, or the Health Program Affiliate Health Record by deadlines, will be ineligible for acceptance in the health program.
ALL applicants are required to set up an appointment, well in advance of application deadline, to bring all available vaccine records, physical exam records, and lab titer reports to meet with the HCC Health Services (Frost 105) staff nurse to review the student’s record status.

**HEALTH/IMMUNIZATION REQUIREMENTS**

- **Policy for Hepatitis B, Measles, Mumps, Rubella, and Varicella**
  All applicants must submit a lab report (on lab letterhead and obtained from the lab performing the test, not a flow sheet from an MD office) that documents that the student has sufficient antibody protection against Hepatitis B, measles, mumps, rubella and varicella must be faxed by the administering MD to 413-552-2121 by February 1.

- **Policy for Physical Exam**
  All applicants must submit a Health Affiliate Form (HAF, the last page of the online application) to HCC Health Services by application deadline, in order to be considered for acceptance into a program. This form must be completed, signed, and stamped by your MD and must include the date of your last physical exam must be faxed by the administering MD to 413-552-2121 by February 1.

- **Policy for Pertussis**
  Official documentation of an ADULT pertussis-containing vaccine (Adacel or Boostrix - Tdap), along with any booster vaccine records necessitated by negative or equivocal titer results, must be faxed by the administering MD to 413-552-2121 by February 1.

- **Policy for TB testing - DO NOT GET TB TESTED NOW.**
  Annual mandatory TB screening is required for all students accepted into the program. All students are required to contact Student Health Services (Frost 105) for detailed schedule information.

- **Policy for Annual Influenza Vaccination**
  Mandatory influenza vaccination is required by all clinical facilities. These vaccines are administered every fall semester, and are due by October 15.

**Applicant’s acknowledgment of HCC Health Sciences record requirements**

The requirements of Health Sciences clinical affiliation sites are very strict and must meet documentation standards. Acceptance into any HCC Health Sciences program is contingent upon submission BY APPLICATION DEADLINE of complete and verifiable documentation of all immunizations, lab titer reports, and physical exams to HCC Health Services.

I have read and fully understand the mandatory program requirements outlined above. I understand that I am required to schedule an appointment to meet with the Health Services Nurse well in advance of the deadline of February 1 so that the process can be explained to me and that I can be properly prepared to meet with my MD to request necessary vaccinations, titers, or boosters. I understand that failure to meet with the Health Services Nurse and/or to provide complete and verifiable documentation of titers, health forms, and immunization records as stated above will mean that I will not be considered for acceptance into an HCC Health Sciences clinical program. With my signature I agree to all of the above and accept full responsibility for my application.

**Applicant Signature:**

**Printed Name:**

**Date:**

This agreement must be signed and submitted to HCC Health Services prior to the application deadline. A copy of this signed agreement will be provided to you upon request.