



# ASSOCIATE DEGREE NURSING

## Health Science Program Application Packet Checklist

Application deadline for entry Fall 2020: **January 31, 2020**

Note: Incomplete forms will not be accepted or processed

### ADMISSION INFORMATION: (Please print legibly.)

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

Preferred email address: \_\_\_\_\_

#### NEW STUDENTS

Complete a CCC application through CFNC for Nurse Aide Diploma (D45970):

#### ALL STUDENTS

#### 1. List All Postsecondary degrees or diplomas earned:

College: \_\_\_\_\_ Degree: \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_

#### 2. Health Science Program Interest Form completed indicating Associate Degree Nursing (electronic form): Date submitted: \_\_\_\_\_ Are you a RIBN student? \_\_\_\_\_

#### 3. Official Transcripts:

High School/Equivalency Institution: \_\_\_\_\_

College: \_\_\_\_\_  College: \_\_\_\_\_

College: \_\_\_\_\_  College: \_\_\_\_\_

### ADMISSION REQUIREMENTS: (Please check all that apply unless otherwise instructed.)

#### 4. Academic Readiness in English and Math:

- ENGLISH Equivalents (Check the most current option):

Placement Test completed (RISE, NCDAP or ACCUPLACER) within 10 years of starting semester with ENG-111 placement. Date taken: \_\_\_\_\_

Completed DRE-098 or equivalent

Placement Waiver per Multiple Measures, SAT, or ACT.

Completed ENG-111 or equivalent. Equivalent Course: \_\_\_\_\_ College: \_\_\_\_\_

- MATH Equivalents (Check all that apply):

Placement Test completed (RISE, NCDAP or ACCUPLACER) within 10 years of starting semester with MAT-143 or higher placement. Date taken: \_\_\_\_\_

Completed DMA-010 through DMA-050 or equivalent

Placement Waiver per Multiple Measures, SAT, or ACT.

Completed MAT-143 or higher, or equivalent. Course: \_\_\_\_\_ College: \_\_\_\_\_



**4. Coursework Requirements**

- BIOLOGY - Biology competency satisfied by completing:
  - High School Biology with minimum grade of "C".
  - College Biology (equivalent to BIO-110 or BIO-111) course, minimum grade of "C".
- CHEMISTRY – Chemistry competency satisfied by completing:
  - High School Chemistry with minimum grade of "C".
  - College Chemistry (equivalent to CHM-131/A or CHM-151 & 152 series) course, minimum grade of "C".

**5. Completed Coursework in the Associate Degree Nursing program (at least 2.5 GPA required):**

Check if complete	Credit for:	Transfer Students Only		Grade
		Name of credit awarding college	Course prefix and number	
<input type="checkbox"/>	ENG-111			
<input type="checkbox"/>	ENG-114 or ENG-112			
<input type="checkbox"/>	PSY-150			
<input type="checkbox"/>	PSY-241			
<input type="checkbox"/>	Humanities**			
<input type="checkbox"/>	BIO-168*			
<input type="checkbox"/>	BIO-169*			

\* Class must have been completed within 5 years of 2020 Fall begin date

\*\* Humanities Electives: HUM-115, PHI-240 preferred (acceptable alternatives: ART-111, ART-114, ART-115, MUS-110, MUS-112, PHI-215).

**6. Documentation Required:**

- Nurse Aide or Equivalent (check one box only)
  - Current Listing on the NC Nurse Aide I Registry (CNA).
  - Practical Nursing – copy of license:
- Nurse Aide Minimum of 48 Clinical Hours
  - Completed Nurse Aide at Carteret Community College.
- If Nurse Aide completed at institution other than CCC:
  - Documentation including 48 clinical contact hours on training facility letterhead.  
Institution: \_\_\_\_\_
  - Documentation of employment as a CNA1 providing direct patient care for more than 48 clinical hours, signed by supervising RN. Facility: \_\_\_\_\_
- CPR American Heart Association’s Healthcare Provider Course. Expiration Date: \_\_\_\_\_.

**I certify that the information provided by me on this form is true and accurate to the best of my knowledge and that I understand that I have read and understand the Admission’s Requirements packet.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**For Admissions Office Personnel ONLY)**

KAPLAN NURSING SCHOOL ENTRANCE EXAM:

Voucher Number: \_\_\_\_\_

Date of voucher: \_\_\_\_\_