



Cloud County Community College  
 Department of Nursing  
**Advanced Standing LPN to ADN Application for Admission**

**Personal Information:**

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
 (Last Name) (First Name) (Middle Name) (Maiden Name)

Home address: \_\_\_\_\_  
 (Number and Street) (City) (State) (Zip Code)

Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Cloud Student ID: \_\_\_\_\_

**Person to be notified in case of emergency:**

\_\_\_\_\_  
 (Name) (Relationship)

Home address: \_\_\_\_\_  
 (Number and Street) (City) (State) (Zip Code)

Telephone Number: (\_\_\_\_) \_\_\_\_\_

**Previous Education Information:**

| High School, GED,<br>College, University,<br>Vo Tech | City, State, Country | Dates Attended | Degree /<br>Certificate Earned |
|--|----------------------|----------------|--------------------------------|
|  |                      |                |                                |
|  |                      |                |                                |
|  |                      |                |                                |
|  |                      |                |                                |

**\*Please add additional pages if needed**

If you have previously attended an RN nursing program, reason for leaving:

\_\_\_\_\_

I am currently an LPN?    **Yes**        **No**            I am enrolled in an LPN program    **Yes**        **No**  
Kansas recognized LPN license.

Program attended: \_\_\_\_\_

\*Preference allowed on a space available basis.

**Admission Information:**

Are you interested in the Cloud / Ottawa CEP BSN partnership? **Yes** **No**

- ◆ It is the student's responsibility to request all official college and high school transcripts be sent to the **Admissions Department** to verify completion of prerequisites and other support courses. Email: [admit@cloud.edu](mailto:admit@cloud.edu)

Give the date the following prerequisites have been or will be completed (with a grade of "C" or better):

|                                | Complete | In Progress | Plan for Completion |
|--------------------------------|----------|-------------|---------------------|
| General Psychology             | _____    | _____       | _____               |
| Human Growth & Development     | _____    | _____       | _____               |
| Intermediate Algebra or higher | _____    | _____       | _____               |
| Anatomy & Physiology I & II    | _____    | _____       | _____               |
| or                             |          |             |                     |
| Anatomy & Physiology 5 cr      | _____    | _____       | _____               |
| English Composition I          | _____    | _____       | _____               |
| Pathophysiology                | _____    | _____       | _____               |

Have you ever been convicted of a misdemeanor or felony? **Yes** **No**

Convictions or Disciplinary Action - Felony Crimes Against Persons are an automatic bar to Kansas nursing licensure as set by the Kansas legislature. It would require a law (statute) change by the Kansas legislature to allow licensure. Those actions are "as specified in article 34 of chapter 21 of the Kansas Statutes Annotated, prior to their repeal, or article 54 of chapter 21 of the Kansas Statutes annotated or K.S.A. 2015 Supp. 21-6104, 21-6325, 21-6326 or 21-6418, and amendments thereto." --Kansas Nurse Practice Act. The Kansas State Board of Nursing Staff can answer questions relating to Kansas licensure (785-296-4325).

Prospective students must understand the:

- ◆ Qualifications for writing the state board licensure examinations, Kansas Nurse Practice Act 65-1115. <https://ksbn.kansas.gov/wp-content/uploads/NPA/npa.pdf>
- ◆ Grounds for disciplinary action/denial of license, Kansas Nurse Practice Act 65-1120. <https://ksbn.kansas.gov/wp-content/uploads/NPA/npa.pdf>
- ◆ Crimes against persons. [http://www.kslegislature.org/li/b2017\\_18/statute/021\\_000\\_0000\\_chapter/021\\_054\\_0000\\_articl\\_e/](http://www.kslegislature.org/li/b2017_18/statute/021_000_0000_chapter/021_054_0000_articl_e/)

I certify that I have carefully considered each question and that my information is true and complete to the best of my knowledge. I have read the admission requirements, nursing admission procedure and legal qualifications for RN licensure.

\_\_\_\_\_  
(Legal Signature)

\_\_\_\_\_  
(Date)

Please send this nursing application and references to:

**Nursing Department**  
**Cloud County Community**  
**College 2221 Campus Drive**  
**Concordia, KS 66901**  
**785-243-1435 ext. 332**  
**Or email [nursing@cloud.edu](mailto:nursing@cloud.edu)**

Submit Prior to **January 31** of application year

**Nondiscrimination Policy**

Cloud County Community College does not discriminate in admission or access to, or treatment in employment in its services programs or activities on the basis of race, color, national origin, sex (including pregnancy, sexual orientation, or gender identity), religion, age, disability, or veteran status.

Cloud County Community College maintains established procedures for handling grievances or problems related to discrimination. The President or his/her designee has the authority to establish these procedures. Revised/Reviewed: 3/24/2020

Coordinator: Kris Farmer Director of Advisement and Retention 785-243-1435 Ext. 345 [kfarmer@cloud.edu](mailto:kfarmer@cloud.edu).

☐ Complete Prior to **March 1** of application year

Satisfactory completion of an entrance exam is required.

Cost: \$28

## **Entrance Exam**

After you have completed the Nursing Program application you will be asked to take the entrance exam.

This is a computerized exam with a paper and pencil component. A maximum time of 4 hours is allowed to complete the required components. A practice test is available for purchase by going to [https://www.atitesting.com/ati\\_store/product.aspx?zpid=1481](https://www.atitesting.com/ati_store/product.aspx?zpid=1481).

**Exam cost: \$28.** Fee will be paid directly to ATI via credit or debit card on the day of the exam.

The components of the exam that will be required include:

### **Anatomy and Physiology**

This nationally standardized portion of the Exam is purchased through Assessment Technologies Institute, LLC (ATI).

The proctored assessment consists of 70 items plus 10 pre-test items evaluating 12 topic areas. Score report details performance in all 12 major topic areas, with a minimum of five items per major topic area. **A minimum adjusted individual score of 44% is required** for admission. This exam may be **retaken one time** per application year.

- Cardiovascular System
- Endocrine System
- Fluids & Electrolytes/Acid-Base Balance
- Gastrointestinal System
- Hematological System
- Immunological System
- Integumentary System
- Musculoskeletal System
- Reproductive System
- Respiratory System
- Sensory and Neurological System
- Urinary System

### **Critical Thinking**

This short answer essay determines the level of critical thinking while reading components of the exam. **No minimum** score required for admission.

### **Math**

Focuses on math skills needed for health care fields, including application of problems involving medical dosages. **No minimum** score required for admission.

The ATI Anatomy and Physiology exam may be taken TWO (2) times per application year at CCCC. The Mathematics and Critical Thinking components may be taken ONE (1) time per application year.

- Submit three Professional References prior to **March 1** of application year  
Also available on Cloud Nursing Website

Cloud County Community College  
Nursing Program  
Reference Request Form

**Instructions:**

1. Please provide three professional references. References must be nursing instructors, supervisors, or employers who are in a position to evaluate you as a nurse (if an LPN), a student, a CNA. **Do not use relatives, friends, or peers.**
  - If you graduated from a Practical Nursing Program in the last 2 years, at least one reference must be from a full time nursing faculty member.
2. Print one form for each reference and fill in the appropriate areas. Then give it to a current/former employer or individual familiar with your academic abilities to complete the remainder of the form. **Forms can be found at the end of this document.**
3. Prospective Student Reference Form must be directly mailed in a sealed envelope to the:

Cloud County Community College  
Attn: Nursing  
2221 Campus Drive  
Concordia, KS 66901

## Cloud County Community College Nursing Program Reference Form

Please complete and mail to:  
 Cloud County Community College  
 Attn: Nursing  
 2221 Campus Drive  
 Concordia, KS 66901

**To be completed by applicant:** (This section should be completed by the applicant prior to giving to reference)

Name of applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Applicant Waiver:** (This section should be completed by the applicant prior to giving to reference)

\*Note: *Please* check with your reference to ensure that he/she is willing to submit a recommendation without the guarantee of confidentiality.

\_\_\_\_\_ I hereby waive my right to review this recommendation and give my permission for this document to remain confidential between Cloud County Community College and the reference listed below.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I do not waive my right to review this recommendation.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please Note: If none of the above is signed, this reference will be kept confidential.

**To be completed by reference:** (This section should be completed by the reference)

The person named above is applying for admission to Cloud County Community College ADN Program and has requested that you complete the following as part of their application process. Thank you for your assistance.

Reference Name: \_\_\_\_\_  
 Organization/Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_  
 Relationship to the applicant: \_\_\_\_\_  
 How long have you known applicant: \_\_\_\_\_

| Please rate this applicant according to the following criteria: | Excellent | Good | Average | Below Average | Not Observed |
|---|-----------|------|---------|---------------|--------------|
| Interaction with others (team work)                             |           |      |         |               |              |
| Communication Skills (verbal and written)                       |           |      |         |               |              |
| Accountability for their work                                   |           |      |         |               |              |
| Organization of work  |           |      |         |               |              |
| Integrity   |           |      |         |               |              |
| Dependability   |           |      |         |               |              |
| Caring attitude   |           |      |         |               |              |
| Leadership  |           |      |         |               |              |

**Please indicate your recommendation of this applicant for the Cloud County Community College ADN Program by the following:**

\_\_\_\_\_ Recommend with Enthusiasm                      \_\_\_\_\_ Recommend                      \_\_\_\_\_ Do not Recommend

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

\* Note: Reference submission deadline is March 1<sup>st</sup>.

This reference is valid for one academic year after date received.  
 Please feel free to add any additional comments/explanation on back of this form.

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