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

Preferred Campus*: _____ Concordia **_____ Geary**

Personal Information:

Date:_____

Legal Name:_____
(Last Name) (First Name) (Middle Name) (Maiden Name)

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

Telephone Number: (___)_____

Current Employer:_____ E-mail address:_____

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, College, University, Vo Tech	City, State, Country	Dates Attended	Degree / 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.

Application Deadline January 31 of entrance year.

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

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 Statues 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. http://www.ksbn.org/npa/pages/65- 1115.pdf
- Grounds for disciplinary action/denial of license. http://www.ksbn.org/npa/pages/65-1120.pdf.
- Crimes against persons. 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

☐ 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.

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

Satisfactory completion of an entrance exam is required.

Cost: $27

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.

Exam cost: $27. 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 5 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

Nursing AAS Sample Curriculum

Cloud County Community College – LPN to ADN Option

Course	Course Name	Cr. Hr.				
Pre-requisites						
SS 101	General Psychology	3			LPN transfer credit hours	**19**
SS 105	Human Growth and Development	3				
MA 110	Intermediate Algebra	3				
SC 126	Anatomy & Physiology w/lab *or* SC120 A&P 1 and SC121 A&P 2	5 *8*				
CM 101	English Composition I	3				
SC 128	Pathophysiology	4				
		21				
2nd year Fall				**2nd year Spring**		
NR 210	LPN to ADN Bridge	1		NR 212	Lifespan Nursing IV	9
NR 211	Lifespan Nursing III	9		XXXX	Humanities	3
NR 115	Pharmacology III	2				
CM 240 (or) CM 115	Interpersonal Communication (or) Public Speaking	3				
		15				**12**

Total Credit Hours = 67

**Please note that this sample plan is provided to demonstrate one possible example of degree completion.*

Actual general education course enrollment may vary.

KEY:

Black = Required General Education Courses

Blue = Nursing Courses Required by Cloud CC

09/12/2019

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 1st.
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.

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 1st.
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.

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 1st.
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.