



2021-2023 Nursing Program Application

\$50.00 Application Fee (Required for the Nursing Application to be processed) DO NOT SEND CASH

Please type or print neatly in blue or black ink.

Providing your social security number is voluntary. If you provide it, the college will use your social security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts and providing the Internal Revenue Service with the information required under the Taxpayer Relief Act of 1997. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Please refer to the disclosure statement in the college catalog and schedule of classes. However, providing your SSN is required to receive Federal Financial Aid.

Last Name First Name Middle Initial Previous Last Name(s)

Social Security Number Date of birth (mm/dd/yy)

Current mailing address number and street City State Zip

Physical address if different from mailing address City State Zip

Daytime phone Evening phone Message/Cell phone

Email address

Ethnicity (optional): American Indian/Alaskan Native Asian/Pacific Islander Black/Non-Hispanic Hispanic White/Non-Hispanic

Education Information

List all colleges where you have completed nursing prerequisites and/or a degree

College	State	Dates of attendance	Degree earned/number of credits

I have read and understand the admission criteria for the nursing program at UCC and OCNE. I understand that it is my responsibility to meet all program and application criteria. I verify that all statements on this application are complete and true and I understand that falsification of any information may lead to disqualification or dismissal from the program. I give my permission for release of pertinent application information to the OCNE partner schools, including OHSU, as necessary to facilitate my program of study. In addition, I am authorizing release of my information to the Oregon Center for Nursing and the Oregon State Board of Nursing for statistical and research purposes only. I further understand that although co-admitted to the Oregon Health & Science University School of Nursing, those who choose to transition from Umpqua Community College Nursing Program to OHSU will have to undergo a History Background Check for OHSU prior to enrollment in OHSU courses and enrollment may be negatively impacted by any criminal history in the background.

Signature Date UCC Student ID

MAIL TO: Umpqua Community College - Nursing
P.O. BOX 967
ROSEBURG, OR 97470

Reviewed Date: _____

Initial _____ Check # _____

Affirmative Action: It is the policy of Umpqua Community College to provide equal educational and employment opportunities and to provide service benefits to all students and employees without regard to sex, race, color, religion, national or ethnic origin, age, sexual orientation, marital status, disability or any other status or characteristic protected by applicable state or federal law. This policy is in accordance with the laws enforced by the Department of Education and Department of Labor, including Presidential Executive Order 11246, as amended by the Civil Rights Act of 1991, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Acts of 1974-75, the Americans with Disabilities Act of 1990 and Oregon Revised Statute 659.030. Inquiries regarding application of these and other regulations should be directed to the College's Human Resources Office 541-440-4626, the Office of the Vice President for Administrative Services 541-440-4631; the Office of Civil Rights, Department of Education Office, Seattle, Washington; or the Office of Federal Contract Compliance Programs, Department of Labor, San Francisco, California.



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PREREQUISITE COURSE PLANNING SHEET

THIS FORM MUST BE FILLED OUT AND SUBMITTED AS PART OF A COMPLETED APPLICATION

NAME: _____

UCC ID # _____

YEAR ONE – PREREQUISITE COURSE PLANNING SHEET – 45-48 credits

- GPA Minimum of 3.00
- 30 credits (of the 45-48 must be completed by the application deadline. Official transcripts documenting completion of courses that were completed by fall term **must be received** by deadline. The 30 credits must include; BI 231 (must be completed in the last five (5) years (COUNT FROM THE CURRENT YEAR BACK) and the Math competency (Math placement of MTH 105 or higher) or Math 95 or higher. Select courses from those listed below:
- 45-48 credits (specified below) must be completed prior to the fall of the nursing program.

COURSES	<u>College</u>	<u>Term/year completed</u>	<u>Grade</u>	<u>Credits</u>
SECTION A - MATHEMATICS: 4 credits <input type="checkbox"/> MTH 95 OR higher Math course <input type="checkbox"/> MTH _____		/		
OR <input type="checkbox"/> UCC Placement test scores for MTH105 higher		/		
★SECTION B - ANATOMY AND PHYSIOLOGY I, II, III: 12 credits <input type="checkbox"/> BI 231		/		
<input type="checkbox"/> BI 232		/		
<input type="checkbox"/> BI 233		/		
SECTION C - ENGLISH COMPOSITION : <input type="checkbox"/> WR121		/		
<input type="checkbox"/> WR122 or <input type="checkbox"/> WR 123 or <input type="checkbox"/> WR 227		/		
SECTION D - HUMAN NUTRITION: 4 credits <input type="checkbox"/> FN225		/		
SECTION E - MICROBIOLOGY: 4 credits <input type="checkbox"/> BI 234		/		
SECTION F - HUMAN DEVELOPMENT: 3 credits <input type="checkbox"/> HDFS 201 or PSY 237 (online)		/		
SECTION G - SOCIAL SCIENCE (PSY) / Arts & Letters : 9 credits From the "approved discipline studies listings" of the UCC catalog - 3 courses <input type="checkbox"/> Name of Course: One PSY 100 or 200 level course:		/		
<input type="checkbox"/> Name of Course: Social Science or Arts and Letter		/		
<input type="checkbox"/> Name of Course: Social Science or Arts and Letter		/		
SECTION H - Genetics: 3 credits <input type="checkbox"/> BI 222:		/		

<u>Total Credits to apply must be 30 or more</u>	Please add only the credits completed.	Total Completed Credits:
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★ ANATOMY AND PHYSIOLOGY I, II, III *must be completed within the last five years.*



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2021-2023 NURSING APPLICATION PACKET CHECK LIST

Please complete this verification checklist as part of your nursing application. Be sure to attach all worksheets, official transcripts, math test scores and other supporting documentation as well as this checklist to your application. Applications will be accepted beginning **December 2, 2019**. It is the responsibility of the applicant to ensure that all required documents and data listed below are received by the deadline.

REQUIRED:

- Signed and Completed Nursing Application Checklist.
- Completed OCNE/UCC 2021-2023 Nursing Program Application form *WITH* \$50.00 non-refundable processing fee; attached. **DO NOT SEND CASH.** Checks or Money order only and payable to: "Umpqua Community College – Nursing" and stapled to application. I understand that by making application to Umpqua Community College I am also applying for co-admission and authorizing the release of my application information to OHSU. In addition, I am authorizing my information to be released to the State Board of Nursing for research purposes only.
- Completed UCC admission form.
- Year One Prerequisite Course Planning Sheet.

I have completed and attached the sheet indicating where all prerequisites have been completed *and my GPA has been calculated to 3.00 or greater.* Please provide your overall (uncalculated) GPA in the space provided (overall GPA for all courses taken) for informational purposes only: _____

Math Competency.

I have met the required math competency through one of the following (proof attached): Completion of Math 95 with a "C" or better. OR; Placement into Math 105 (or higher) on the UCC math placement test taken prior to submitting the application.

Anatomy and Physiology 1 (must be completed in the last five (5) years) – has been completed.

Proctored Essay.

UCC has my permission to notify me of the proctored essay invite via my preferred email address and US Mail.

Circle One: Y or N. Preferred email: _____

I understand that all prerequisites for the nursing program must be completed BEFORE Fall entry into the Nursing Program. This includes BI 222 – Genetics must be completed BEFORE entry into fall term of first year of the Nursing Program. If applicable, I understand that it is my responsibility to provide proof of completion to the Nursing Department prior to the start of fall term (nursing program). Failure to complete all prerequisites will result in elimination of the acceptance into the program.

I have not attended any previous OCNE programs of nursing or other programs of nursing. Failure to disclose will result in immediate dismissal in the Nursing Program at Umpqua Community College.

Yes, I have attended an OCNE program or other nursing program at:

(college) _____ in (year) _____.

Please provide the following with this application:

1. A recommendation letter from your previous program's Director of Nursing (or their successor):
 - a. On official college letterhead
 - b. With the Director of Nursing's current contact information

Note: Completion and submission of this nursing program application indicates that you understand and give permission to UCC's Director of Nursing to contact your previous Director of Nursing (or their successor) to discuss the nature of your dismissal from your previously attended nursing program.



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Provide if applicable:

Prior Degree Documentation: Copy of diploma or official transcript for proof of prior degree.

Proof of Healthcare Work Experience form (and proof of Certificate or Licensure):
See form at end of document or UCC Registered Nursing website for details.

1. Form is completed and directions are followed.
2. Hardcopy proof of current license/certificate is provided.

OR:

1. UCC Healthcare Career Pathways Certificate (for participating High-School Students):
Students must show proof of completing the certificate via 15 credits on their UCC transcript.

Volunteerism/Community Service Form:
See form at end of document or UCC Registered Nursing website for details.

1. Form is completed and directions are followed.

Leadership Verification Form:
See form at end of document or UCC Registered Nursing website for details.

1. Form is completed and directions are followed.

Proof of Foreign Language:
Transcripts - or - proficiency proof from *Language Testing International* are provided.

Acceptance to the Nursing Program.

UCC has my permission to notify me of program acceptance via my preferred email address (same as above) and US Mail.

Circle One: Y or N.

Name (Print Legibly)

Signature

Date

Please mail all application materials to:
Umpqua Community College - Nursing
PO Box 967
Roseburg, OR 97470

Hand deliver to: **NO HAND DELIVERY DURING COVID**
Umpqua Community College
1140 Umpqua College Road,
HNSC, Nursing Office 114