

NMJC/NMNEC - Associate Degree Nursing Program Application for Admission

Full Legal Name _____
(Last Name) (First Name) (Middle Name)

Other Names Used _____

(Current Mailing Address) (City) (State) (Zip Code)

(Permanent Mailing Address) (City) (State) (Zip Code)

NMJC Student ID# (A number) _____ Email Address _____@_____

Home Telephone Number _____ Cellular Telephone Number _____

Anticipated Admission: Fall _____ (year)

Have you previously been admitted to the NMJC Nursing Program? _____ Date: _____

Have you previously been admitted to any other nursing program? _____ Date: _____

Step I: Completion of Pre-Nursing Requirements

	<u>Semester/Year</u>	<u>Grade</u>
Basic Science _____	_____	_____
BI 214A Human Anatomy and Physiology I	_____	_____
BI 224A Human Anatomy and Physiology II	_____	_____
EN 113 Composition and Rhetoric	_____	_____
NU 104 Pathophysiology for Nursing	_____	_____
PS 113 Introduction to Psychology	_____	_____
PS 223B Human Growth and Development	_____	_____

¹ This course is not a prerequisite and may be completed prior to the application deadline for fall admission to the nursing program or taken concurrently with level I nursing courses.

All prerequisite courses must be completed with a grade of "C" or higher and within five (5) years of application. Grades below "C" are not accepted by the nursing program.

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A cumulative GPA of 2.75 must be achieved for the following courses (17 credit hours):

COURSE	GRADE*	x CREDIT HOURS	GRADE POINTS
Basic Science Course_____		x 4 =	
BI 214A Anatomy and Physiology I		x 4 =	
EN 113 Composition and Rhetoric		x 3 =	
PS 113 Introduction to Psychology		x 3 =	
PS 223B Human Growth and Development		x 3 =	
* A = 4 points; B = 3 points; C = 2 points			Total Grade Points →

Total grade points _____ divided by 17 (credit hours) = _____ grade point average (GPA)

10% Ranking Points	Possible Points	Points
Five course Pre-requisite GPA 3.5 to 4.0	1	
CNA Certification	5	
TEAS Score 72 or Better	1	
Grade of B or Better in Medical Terminology	1	
Grade of B or Better in Microbiology	1	
Grade of B or Better in Nutrition	1	
Total Points →		

Test of Essential Academic Skills (TEAS) Score

Date

Scores

Adjusted Individual Total Score _____

Adjusted Individual Score (58.7%)	Reading (72.8%)	Math (68.8%)	Science (58%)	English (66.8%)

(Limit of three attempts on TEAS within the one-year period prior to the May 20th nursing application deadline; there must be at 30 days between attempts)

Step II: Completion of Nursing Program Admission Application Requirements

- _____ Con-current enrollment at NMJC
- _____ Overall NMJC Grade Point Average (GPA) \geq 2.0
- _____ Completion and submission of Nursing Program Application by 5:00 pm on May 20th
 - _____ Formal Letter of Intent
 - _____ Current Resume
 - _____ Completed Nursing Program Application Form
 - _____ College transcripts transferred from NMJC Registrar's Office to Nursing Program Office
 - _____ Appointment for Interview with Director and/or Coordinators
- _____ Verify with Nursing Program Secretary that application packet is complete prior to 5:00 pm on May 20th

Incomplete application packets will not be considered for admission.

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I certify that the information contained in this application is true and correct. I understand that misrepresentation or omission of information may be cause for denial of admission or dismissal from the nursing program. I understand I am applying for the Associate Degree Registered Nursing Program.

Date: _____ **Signature:** _____

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Full Legal Name

Last	First	Middle	Maiden
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Address _____

Number and Street	City	State	Zip
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Telephone Numbers _____

Home	Work	Cellular
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Emergency Contact Information

(Name)	(Relationship)	(Address)	(Telephone Number)
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(Name)	(Relationship)	(Address)	(Telephone Number)
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Nearest Relative (not living with you)

(Name)	(Relationship)	(Address)	(Telephone Number)
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Name(s) of Children	Name of School or Sitter	Telephone Number
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Place of Employment	Work Hours
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Name of Supervisor	Telephone Number
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Allergies _____

Physician _____

(Name)	(Address)	(Telephone Number)
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Student Signature	Date
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Please circle yes or no to indicate your answers to the following questions:

1. Do you have a medical condition(s) that affect your ability to: move, think, complete nursing education, or practice as a nurse? YES NO

2. Are you currently using any chemical substances that may affect your ability to move, think, complete nursing education, or practice as a nurse (**see note below**)? YES NO

3. Do you have a criminal record? YES NO

4. Have you ever been denied clearance for employment by the New Mexico Caregivers Criminal History Screening Program? YES NO

5. Are you behind on child support payments? YES NO

If you answered "YES" to any of these questions, please contact the Director of the NMJC Nursing Program to discuss these issues prior to admission.

Printed Name: _____

Signature: _____ Date: _____

Please Note: As stated in the NMJC Student Nursing Handbook, in the section *Nursing Program – Substance Use/Abuse Screening and Testing Policy*, pp. 35-39,

Clinical Contracts: An important part of a nursing student's education is the ability to participate and practice in various clinical settings. To ensure nursing students have these opportunities, New Mexico Junior College and various clinical agencies enter into contractual agreements that enable nursing students to practice within the clinical agencies ("Clinical Contracts"). These clinical agencies may have additional policies, procedures and requirements for their employees and clinical participants, including, but not limited to additional drug and/or alcohol screening. It is the responsibility of each nursing student to learn about and comply with the policies, procedures and requirements of the clinical agency where the nursing student participates in the clinical setting. Failure to comply with such additional policies, procedures and requirements may result in a nursing student's removal from the clinical setting and/or removal from the NMJC nursing program.

Use of Medication and Prescribed Drugs. Use of medical marijuana is not acceptable for students in the nursing program, even with a valid prescription. Students shall notify their instructor when taking

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prescribed medication which could adversely affect their performance. If a student is taking a prescribed drug which may hinder the safe and efficient performance of the student's duties or the safe participation in any activity, the **student must obtain a release to return to such College programs and activities, including returning to any clinical sites.** Such release must come from the prescribing health care professional. If a release cannot be obtained, the student may be suspended from the activity or program without any refund of tuition or fees. Students are advised to check with a health care provider when taking any over-the-counter medication to determine if the medication may cause, or give the appearance of causing, side effects which might hinder the safe and efficient performance of the student's duties. It is the student's responsibility to exercise conscientious judgment when considering whether he or she can properly function in College programs and activities in which he or she is participating. **A student should notify his or her instructor or immediate supervisor if he or she is feeling adverse effects from any medications which might adversely affect performance or the safety of the student or others. Sharing of any prescribed medications with others for whom they are not prescribed is strictly prohibited and is illegal. Do not share prescription medications with classmates.**

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The data on this questionnaire is strictly confidential and anonymous. Please do not put your name on this form. The data will be utilized in the development of funding proposals and preparation of reports for professional nursing organizations. It is required by the New Mexico State Board of Nursing to inform the required annual report.

Student Status:

Full-time Student (≥ 12 Hours) _____

Part-time Student (< 12 Hours) _____

Gender:

Male _____

Female _____

Age:

Date of Birth:

Ethnicity:

American Indian or Native Alaskan _____

Asian _____

Black or African American _____

Latino or Hispanic _____

Native Hawaiian or Pacific Islander _____

White or Caucasian _____

Other _____

Financial Resources:

Grant Recipient Yes _____ No _____ Type of Grant: _____

Student Loan Recipient Yes _____ No _____ Type of Loan: _____

Scholarship Recipient Yes _____ No _____ Type of Scholarship: _____

Work-study Funds Recipient Yes _____ No _____

Workforce Investment Act (WIA) Funds Recipient Yes _____ No _____

Financial Aid Yes _____ No _____

Other _____

Is English a second language for you? Yes _____ No _____

Are you a citizen of the United States? Yes _____ No _____

Are you considered an International Student? Yes _____ No _____

Does either parent have a 4-year college degree? Yes _____ No _____

Do you have a degree in a field other than nursing? Yes _____ No _____ Degree: _____

Are you retraining due to job loss? Yes _____ No _____