



**Clatsop  
Community  
College**

**Nursing Program Application  
Fall 2021**

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Name

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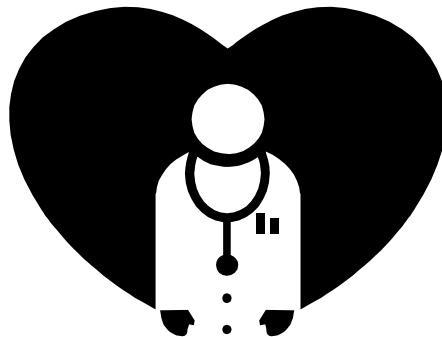
Clatsop Student ID Number

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Email Address

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Date



[www.clatsopcc.edu](http://www.clatsopcc.edu)

In compliance with state and federal laws, Clatsop Community College does not discriminate on the basis of race, religion, color, national origin, age, sex, veteran status, marital status, sexual orientation, genetic information, disability or any other characteristic protected by federal, state or local laws in employment, or in any of its educational programs or services. For information about Clatsop's policy of non-discrimination, contact the Affirmative Action/Gender Equity Officer (503) 338-2450 or the Section 504 Coordinator (503) 338-2474.

**STUDENT ID #** \_\_\_\_\_

**Phase 1 Assessment of Points:**

Please Score yourself with this sample pointsheet

You must have completed 30 Nursing Program pre-requisite credits to meet minimum qualifications

<p>Courses must meet grade criteria (C or higher; C- or lower not accepted) and appear on a transcript by date of application.  <b>There is a maximum of 45 credits for Phase 1</b>                  *Washington State A&amp;P courses are typically evaluated as two 5 credit courses and in the point sheet will be marked as meeting BI 231 and 233.                  **Semester A&amp;P courses are typically evaluated as two 6 credit courses and in the point sheet will be marked as meeting BI 231 and 233</p>	<p><b>Points:</b>                  3crs of C or C+ = 6, 3crs of B = 9, 3crs of A = 12                  4crs of C or C+ = 8, 4crs of B = 12, 4crs of A = 16                  5crs of C or C+ = 10, 5crs of B = 15, 5crs of A = 20  <b>GPA:</b>                  C = 2, B = 3, A = 4                  Do not calculate – or + grades</p>
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CCC Course Number	Courses listed below must meet criteria as defined in the Application Information.				
Phase 1 Required Courses	College Name, Course #, Course Name, Term/Year As it appears on transcripts (e.g. PCC FN 225 Nutrition, Fall 2015)	Max Quarter Credits	Grade	Points	GPA
<b>WR 121</b> (3/4 Credits) BA/BS gives 4 credits using Approved Electives					
<b>WR 122</b> (3/4 Credits) BA/BS gives 4 credits using Approved Electives					
<b>MTH 095 or higher excluding MTH 98</b> (4/5 Credits) Fall 2014 or later					
<b>BI222 or GS112</b> (max 5 Credits) or BI102 or BI112					
<b>BI 231</b> (4 Credits) BI 231 Required to Apply Fall 2014 or later					
<b>BI 232</b> (4 Credits) Fall 2014 or later					
<b>BI 233</b> (4 Credits) Fall 2014 or later					
<b>*BI 231 (5 Credits Washington)</b> Required to Apply Fall 2014 or later					
<b>*BI 233 (5 Credits Washington)</b> Fall 2013 or later					
<b>**BI 231 (4 Semester Credits – 6 quarter)</b> Required to Apply Fall 2014 or later					
<b>**BI 233 (4 Semester Credits – 6 quarter)</b> Fall 2014 or later					
<b>BI 234</b> (4 Credits) Fall 2013 or later					
<b>NFM 225</b> (3/4 Credits)					
<b>PSY 215</b> (max 3 credits)					
<b>Arts/Letters</b> (max 3 credits)					
<b>Social Science</b> (max 3 credits)					
<b>College Level</b> (0-4)					
<b>Total Credits &amp; Quality Points &amp; GPA:</b>		Total allowed is 45 cr			



**STUDENT ID #** \_\_\_\_\_

<p><b>7) Military status</b>                  Active duty/spouse status, or                  Retired military status, or                  Veteran status with proof of honorable discharge</p>	<p><b>3</b></p>	
<p><b>8) Residency:</b></p> <p>24 graded credits earned at Clatsop CC completed between 2010 - 2020</p> <p><b>OR</b>                  24 graded credits earned at Tillamook Bay CC completed between 2010 - 2020</p> <p><b>OR</b>                  2018, 2019, 2020 Clatsop County High School Graduate</p> <p><b>OR</b>                  2018, 2019, 2020 Tillamook County High School Graduate</p> <p><b>OR</b>                  2018, 2019, 2020 Columbia, Pacific, or Wahkiakum County High School Graduate</p> <p><b>OR</b>                  Country residency in Clatsop or Tillamook (OR); Columbia, Pacific, or Wahkiakum (WA) as defined on the Declaration of Residency form</p>	<p><b>5</b></p> <p><b>or</b></p> <p><b>3</b></p> <p><b>or</b></p> <p><b>3</b></p> <p><b>or</b></p> <p><b>2</b></p> <p><b>or</b></p> <p><b>2</b></p> <p><b>or</b></p> <p><b>2</b></p>	
<p><b>9) Work experience as:</b></p> <p>CNA, LPN, EMR, EMT, Paramedic, RT, MA or armed forces medic/corpsman with <math>\geq</math> 500 hours of practice = 4 points;</p> <p>CNA, LPN, EMR, EMT, Paramedic, RT, MA or armed forces medic/corpsman with &lt; 500 hours practice or other approved work experience = 2 points</p> <p><u>To claim work experience, include:</u></p> <ol style="list-style-type: none"> <li>a. A copy of your current/active unencumbered state or national certification/license as a CNA, LPN, EMR, EMT, paramedic, RT, MA armed forces medic/corpsman, or other approved licensure or certification, if applicable.</li> <li>b. Written detail, including job description, if available.</li> <li>c. Put total amount of practice hours you are claiming here _____</li> <li>d. Location(s), phone number(s), and practice hours at each (practice hours will be verified to receive full points). List those here:</li> </ol>	<p><b>4</b></p> <p><b>or</b></p> <p><b>2</b></p>	
<p><b>10) Foreign Language Fluency</b></p> <p>Foreign Language proficiency determined by exam or HS transcript</p>	<p><b>3</b></p>	

# Declaration of Residency

**Of the 4 boxes below, check the box that applies to you and sign/date at the bottom of the page. If you check the fourth box, you must complete the other information required on this page.**

- I do not meet any of the requirements for Residency points.
- I am submitting a transcript from **Clatsop Community College** or **Tillamook Bay Community College**.
- I graduated from a **Clatsop Tillamook, Columbia, Pacific, or Wahkiakum Country High School** in 2018, 2019, or 2020. I am submitting an official high school transcript showing that I graduated as documentation.

- I am a resident of Clatsop, Tillamook, Columbia, Pacific, or Wahkiakum county. Complete the residency information below and provide documents from **Category 1 AND Category 2** to prove your residency status.

**ALL documents must be dated and must contain your name and permanent address establishing your permanent residence for three consecutive months prior to submission of the Nursing application. The address on these documents must agree with the permanent address on your application form or the previous addresses you have listed below.**

**If you have a PO Box and/or rent from parents or relatives, you must get the documentation notarized.**

[https://www.notarize.com/local/counties/clatsop\\_oregon](https://www.notarize.com/local/counties/clatsop_oregon)

<b>CATEGORY 1</b> • Pick one document type from the list below. • Provide 3 copies of that document - one for each of the 3 months prior to the date you apply. Example: If you apply in February, you must provide copies of the document for November, December & January.	<b>CATEGORY 2</b> • One copy of any of the documents listed below for a total of one document for this category.
Rent or Mortgage receipts with your resident address and dates of occupancy (rental agreements are not acceptable).	Oregon or Washington Driver's License
Utility statements (water, power, home phone, cell phone) showing resident address.	Oregon or Washington Vehicle Registration with your resident address.
Local bank account statements showing resident address	State issued ID
Credit card statements showing resident address	Oregon or Washington Voter Registration.
Documents proving you own Oregon or Washington property and that this property is your primary residence	Valid Oregon or Washington Hunting/Fishing license.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list all addresses you have lived at for the time period involved.

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List the type of document you are submitting for each category to verify your permanent address.

Category 1 \_\_\_\_\_  
 1 copy for each month  Month 1  Month 2  Month 3

Category 2 \_\_\_\_\_  
 1 copy

I understand that falsification of any of the above information will jeopardize my application and/or admission to the nursing program. I certify by my signature that the above information is a true and accurate statement of my residency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Volunteer Verification Form

All applicants must check the appropriate box below. Applicants may receive up to 3 points for volunteering in any organization/circumstance where the applicant was supervised (directly or indirectly) excluding court ordered or other disqualifying experience.

I do not meet any of the requirements for Volunteer points (check this box and include this page in application).

I meet requirements for Volunteer points (check this box and follow instructions below).

Note to applicant: Be sure to fill in necessary information in the top section before sending this form to the supervisor/organization where the volunteer hours were performed. Volunteer hours must be verified using this form and **include a letter of reference from your supervisor/designee**. You may duplicate this form as needed. You must include a reference letter from each organization filling out a verification form. Be sure the form is complete. Incomplete forms or missing reference letters cannot be given consideration in the point assignment process.

Dear Human Resources/Supervisor,

I am in the process of applying to the Nursing Program offered by Clatsop Community College. The points process requests verification of volunteer hours and a reference letter. Volunteer hours must be within the last 5 years.

I, \_\_\_\_\_ (program applicant's name) authorize the college to contact the individuals listed on this form to verify the information provided.

**Program Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----The portion below is to be completed by Supervisor/Human Resources-----

Verification of volunteer hours:

A. Dates of Service: \_\_\_\_\_ Total Hours: \_\_\_\_\_  
mm/dd/yy – mm/dd/yy

B. Supervised by: \_\_\_\_\_  
Name, Title

C. Organization: \_\_\_\_\_

D. Supervisor contact number: \_\_\_\_\_

E. Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A LETTER OF REFERENCE FOR THE APPLICANT**



**Clatsop  
Community  
College**

**Nursing Program Application  
Checklist and Agreement  
(for Fall 2021 Entry)**

Applicant Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Secure Email Address (Official notifications will occur by email. It is the applicant's responsibility to provide a secure email address and ensure the College and Nursing Program administrative assistant are notified of any changes in email address.)

Applicant: You must complete and submit the following checklist as part of your nursing application. Please **initial each statement below** indicating that you have read, understand, and agree to the application requirements for the Clatsop Community College Nursing Program.

\_\_\_ 1. I have submitted (and verified the arrival of official transcripts to CCC) or have attached sealed official college transcripts from ALL previous attended, regionally accredited, colleges or universities including coursework completed for prerequisite and earned degree purposes. **(Clatsop Community College transcripts do not need to be attached.)**

\*\*\*Tillamook Bay applicants using courses completed at TBCC prior to fall 2014 are required to submit both a TBCC transcript and a Portland Community College transcript.

\_\_\_ 2. I understand that a minimum of 30 prerequisites must be completed with a C or better (with a minimum cumulative GPA of 3.00) by the time of application, including BI231 Anatomy & Physiology I with lab, WR121 and MTH95 or higher level math course (\*excluding MTH 98, 211, 212, and 213) in order to be eligible to apply.

\_\_\_ 3. I have completed my TEAS Test at \_\_\_\_\_ on \_\_\_\_\_ date.

\_\_\_ 4. I have included volunteer verification form(s) and corresponding reference letter(s), if applicable.

\_\_\_ 5. I have included documentation indicating active duty military/spouse, retired military or veteran with honorable discharge status, if applicable.

\_\_\_ 6. I have completed and filled out the residency form and provided documentation if required (see instructions on the form).

\_\_\_ 7. If claiming work experience, I have completed all the information required on page 4 (Practice hours will be verified to receive full points).

\_\_\_ 8. I have included an official transcript showing language proficiency or other proof as described in the Nursing Program Application Submission Information document, if applicable.

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- \_\_\_9. I have provided a secure email address on my application and give my permission for CCC to contact me through this email address. I understand that I will be emailed a notice verifying receipt of the application packet I am submitting to CCC and that I will also receive notification of my Degree Audit (transcript evaluation) results through email once it has been completed.
- \_\_\_10. I understand that I will be sent an email and a copy of my Phase 1 results and initial status after points have been awarded, and that the letter sent by email will state the time frame when I may contact the college with questions about my points. The email address used will be the one I have put on the first page of this application.
- \_\_\_11. I understand that if my points qualify me for Phase 2, I will be notified and will schedule a proctored essay and HSRT exam to continue my application. Instructions for doing this will be included in the letter of notification sent to me by email at the end of Phase 1.
- \_\_\_12. I understand that each applicant will be notified by email of their status regarding acceptance or waitlisted by April 22, 2021. I also understand that I am not to call the Nursing Program or the Student Services regarding acceptance status unless so directed.
- \_\_\_13. I understand that if I have a financial hold on my CCC account, I need to have this taken care of by the start of fall term 2021.
- \_\_\_14. I have included the \$50 non-refundable nursing application fee (check or money order made payable to Clatsop Community College)
- \_\_\_15. I understand that reading and following directions is critical to success in any nursing program. Incomplete applications will result in disqualification and that disqualified applicants will only receive notice of such after the application deadline has passed.
- \_\_\_16. I have read and I understand the program information and admission criteria (including requirement for negative urine drug screen and criminal background check in order to be admitted) for the nursing program at CCC. Program information, including selection points, prerequisites, and information sessions can be found at: <https://www.clatsopcc.edu/nursing>.
- \_\_\_17. I understand that if accepted I will be required by a specified deadline to order a criminal background check with the CCC Nursing Department's contracted agency which performs criminal background checks and must self-disclose **all** past arrests, charges, and/or convictions. I also must disclose any disciplinary action taken by a Board of Nursing, even if it is outside a 7-year window. I must disclose any warrant, arrest, citation, charge or conviction if such occurs **after** acceptance.
- \_\_\_18. I understand that a history of certain crimes might result in my being denied admission to the program and/or denied placement at clinical sites and/or denied licensure by the OSBN. I understand that it is my responsibility to check with the Oregon State Board of Nursing for direction on whether a previous conviction may prohibit licensure. <https://www.oregon.gov/osbn/Pages/criminal-history.aspx>



**STUDENT ID #** \_\_\_\_\_

- \_\_\_19. I understand that by making application to the Clatsop Community College Nursing Program I am also applying for co-admission to the Oregon Health & Science University School of Nursing (OHSU) and I am authorizing the release of my application and academic information to OHSU as needed to facilitate my program of study or financial aid.
- \_\_\_20. I understand that although co-admitted to OHSU, if I choose to transition to OHSU after completion of the CCC Nursing Program, I will have to request an additional Criminal Background Check specifically for OHSU and my ability to enroll in OHSU courses may be negatively impacted by any criminal history in my background.
- \_\_\_21. I give my permission for release of pertinent application and academic information to the OCNE partner schools, Oregon Center for Nursing, and the Oregon State Board of Nursing for statistical, research, and evaluative purposes only.
- \_\_\_22. I understand that it is my responsibility to meet all program and application criteria. CCC staff are available to answer application related questions but will not check my application for completeness prior to submission.
- \_\_\_23. 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

If the applicant is less than 18 years old,  
a parent or legal guardian must also sign \_\_\_\_\_

Relationship to applicant \_\_\_\_\_