

## Mt. San Jacinto College Associate Degree in Nursing Application

**Application Filing Period:** September 1-15, 2023 for Spring 2024 Admission

Applications will only be accepted electronically through the [ADN Dropbox](#) on the MSJC Student Support Hub under Nursing and Allied Health at [msjc.edu/hub](https://msjc.edu/hub).

**Please Note:** Documents must be in PDF or JPEG format.

**THE DROPBOX DOES NOT ACCEPT WORD DOCUMENTS, THEY WILL NOT BE PROCESSED.**

Correspondence with students regarding application status will be communicated via personal email or your MSJC student email if you have one, check both daily for any possible correspondence. If you do not submit your complete application with an email address listed on your application, you will not receive correspondence.

Date	MSJC Student ID #	
Last Name	First Name	Middle Name
Previous Name		
MSJC Student Email Address	Personal Email Address	
Mailing Address		
Primary Phone	Alternate Phone	

**Please Note:**

Application contents must be submitted in the order as they appear on this application form.  
 Incomplete or inaccurate application packets will automatically disqualify the applicant.  
 Original or official copies of any documents submitted with the application can be requested at any time.

1. Nursing Evaluation Eligibility Program Notes: All required documents stated on your Program Notes.		
<ul style="list-style-type: none"> <li>The Program Notes can be found in your MSJC Self Service account under Student Planning by viewing the My Progress tab and clicking on <u>Evaluation and Graduation Results</u> under the heading of Program Notes.</li> <li>If you did not submit a Nursing Evaluation Request by the required deadline you are unable to apply to the program at this time.</li> <li>If your Evaluation Eligibility Program Notes state to submit your high school diploma, GED or equivalent, attach a copy or high school transcript showing Diploma Date with your application.</li> <li>Make sure the program evaluated matches the program you are applying to, ie. "Nursing Non-transfer RN (ADN)" or "Nursing LVN Path Non-transfer AS (LVN to RN)."</li> </ul>		
2. Proficiency or Advanced Level Coursework in Languages other than English:		
a. Are you proficient in a language other than English? Yes _____ No _____		
b. Please list the language other than English in which you are proficient _____		
c. Check the appropriate circle that supports your proficiency in the above language:		
<input type="radio"/> Two (2) semesters of the same foreign language from a U.S. regionally accredited College or University (must be verified on Transcript Evaluation)		
<input type="radio"/> Identified language above is spoken at home ( <i>Verification must be provided upon request</i> ).		
<input type="radio"/> Seal of Biliteracy (attach copy with application)		
3. Previous Academic Degrees, Diplomas, Relevant, and Current Licenses, or Certificates:		
<ul style="list-style-type: none"> <li>Provide a copy of any current licenses and/or certificates that you may have. If you have an LVN license please submit a copy of your license from the Breeze website.</li> </ul>		
4. Life Experiences or Special Circumstances: Select and provide proof for one area only. Attach the corresponding required proof as stated on the Multi-Criteria Point System.		
a. Veteran or Active military status	<input type="radio"/> Yes	<input type="radio"/> No
b. Disabilities	<input type="radio"/> Yes	<input type="radio"/> No
c. Low Family Income	<input type="radio"/> Yes	<input type="radio"/> No
d. First generation of family to attend college	<input type="radio"/> Yes	<input type="radio"/> No
e. Need to work during pre-requisites	<input type="radio"/> Yes	<input type="radio"/> No
f. Disadvantage, social or educational environment	<input type="radio"/> Yes	<input type="radio"/> No
g. Difficult personal and/or family situations or circumstances	<input type="radio"/> Yes	<input type="radio"/> No
h. Refugee	<input type="radio"/> Yes	<input type="radio"/> No
5. Military: Active, Reserve, Veteran, Guard in good standing. Provide DD214 or equivalent official document based on your area of service.		
6. Work or Volunteer Experience in Health Care: Minimum 100 hours within the last 3 years.		
<ul style="list-style-type: none"> <li>Submit either the Work or Volunteer Experience form               <ul style="list-style-type: none"> <li>Signed by your supervisor, manager, or Human Resources representative</li> <li>With their contact information stating the number of hours worked and dates of employment.</li> </ul> </li> <li>If submitting a letter on company letterhead attach it to the Work or Volunteer Experience form</li> </ul>		

<ul style="list-style-type: none"> <li>If using for Life Experience or Special Circumstances 6e on Multi-Criteria Point System, check the box at the top of the form. Attach a copy of your unofficial transcripts with prerequisites taken during the time you were working highlighted.</li> </ul>
<b>7. Test of Essential Academic Skills (TEAS):</b> Submit unofficial ATI TEAS with your highest score from no more than two attempts of either TEAS Version 6 and/or 7.
<ul style="list-style-type: none"> <li>If accepted into the program, we will request an official copy at that time.</li> <li>If you attempted TEAS 6 twice, you may attempt TEAS 7 twice as well to obtain the highest score of all attempts.</li> </ul>
<b>8. Certificate of Attendance for Nursing Information Workshop:</b> Attend the workshop or review the PowerPoint found on the Program Workshops on the Associate Degree Nursing page.
<b>9. Approximate Expenses:</b> I have read and understand these expenses are approximate for participation in the Associate Degree Nursing Program and I am aware that expenses are subject to change.

Approximate Costs	
Tuition Generic	\$1,932
Tuition LVN	\$966
Student Fees	\$172
Parking	\$160
Uniforms	\$240
Textbooks	\$500
CPR Cert	\$65
Physical Exam	\$165
CastleBranch	\$122
NCLEX Exam	\$375
Kaplan	\$660
Student Kits	\$300
Professional Liability Insurance	\$104
Health Insurance	*varies
Fingerprinting for Mental Health	\$66

10. I certify the following below:

- Change in name/address/phone number will be submitted to the Nursing Office in writing via email after that information has been updated with Enrollment Services and in your Self-Service account. My admission will be compromised if I am unable to be reached.
- I have a Social Security Number that qualifies for employment in the United States.
- I hereby give permission for Enrollment Services to share information (including transcripts, grades, and evaluation results) with MSJC's Department of Nursing and Allied Health.
- To the best of my knowledge, the above information is true and accurate. Failure to disclose accurate information will result in your application being removed from consideration and/or dismissal from program upon acceptance.
- I hereby affirm that I have completed the COVID Vaccine Series and received the Booster Vaccine.

**Please Note:** Those accepted into the Associate Degree Nursing Program will be required to complete a background check and urine drug screen per clinical facility's requirements.

Please sign below indicating you have read and agree to all the above statements.

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

## Nursing and Allied Health Department Demographics Questionnaire

To be submitted to the Chancellor's Office annually and for additional annual surveys/reports (Confidential).

**Please Note:** If this is not filled out in its entirety your application will be considered incomplete.

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

1. Gender

- ☐ Male
- ☐ Female
- ☐ Other

2. Race/Ethnicity

- ☐ American Indian
- ☐ Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ White or Caucasian
- ☐ Mixed
- ☐ Other \_\_\_\_\_

3. Age at application \_\_\_\_\_

4. Are you registered with Accommodation Service Center? Yes \_\_\_\_\_ No \_\_\_\_\_

5. How many times did you take the TEAS exam? \_\_\_\_\_

6. Did you remediate for the TEAS? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what date? \_\_\_\_\_

7. Are you currently affiliated with the military? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch? \_\_\_\_\_ What is your affiliation? Active \_\_\_\_\_ Veteran \_\_\_\_\_ Reservist \_\_\_\_\_ Guardsman \_\_\_\_\_ Spouse \_\_\_\_\_ Dependent \_\_\_\_\_

8. Have you been enrolled with the MSJC Associate Degree Nursing Program before? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Have you ever violated the Student Code of Conduct at any College and/or University? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Have you ever had any health care license and/or certificate suspended or revoked? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please provide documentation.
11. Have you attended a Health Occupations Discovery Camp at MSJC? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, what year did you attend? \_\_\_\_\_
12. One-way travel distance to campus
- ☐ 0-10 miles
  - ☐ 11-20 miles
  - ☐ 21-30 miles
  - ☐ 31-40 miles
  - ☐ 41 or more miles
13. Average weekly hours of employment
- ☐ Currently not working
  - ☐ Less than 8 hours
  - ☐ 8-15 hours
  - ☐ 16-23 hours
  - ☐ 24-31 hours
  - ☐ 32-39 hours
  - ☐ 40 hours or more
14. Have you had previous experience working in health care? \_\_\_\_\_ If yes, how many years?
- ☐ Less than 1 year
  - ☐ 1-2 years
  - ☐ 3-5 years
  - ☐ 6-8 years
  - ☐ 9 years or more
15. Health care work experience
- ☐ None
  - ☐ Licensed Vocational Nurse LVN
  - ☐ Certified Nursing Assistant CNA
  - ☐ Emergency Medical Technician EMT
  - ☐ Medical Assistant MA
  - ☐ Health related military experience
  - ☐ Other\_\_\_\_\_
16. Did you move from out of state to attend this program? Yes\_\_\_\_\_ No\_\_\_\_\_

17. Highest educational level completed

- ☐ High school or equivalent
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree or above

18. Which program prerequisites did you complete at MSJC

- ☐ Anatomy & Physiology 1 Anat-101
- ☐ Anatomy & Physiology 2 Anat-102
- ☐ Freshman Composition Engl-101
- ☐ Introduction to Statistics Math-140 or any college level Math-100 or above
- ☐ Microbiology Biol-125
- ☐ None

19. Are you eligible to receive financial aid through any of the following? Yes\_\_\_\_\_ No\_\_\_\_\_

- ☐ California College Promise Grant and/or Program
- ☐ Pell Grant
- ☐ GAIN
- ☐ JOBS
- ☐ JTPA
- ☐ SST
- ☐ General Assistance
- ☐ AFOC
- ☐ Single with income below \$7,500
- ☐ Couple with income below \$15,000
- ☐ \$1,000 for dependent children
- ☐ Other\_\_\_\_\_