

TECHNICAL AND APPLIED STUDIES/ HEALTH AND HUMAN SERVICES DIVISION

LPN TO RN LADDER PROGRAM  
(Associate Degree of Nursing)

**PLEASE NOTE: EFFECTIVE FALL OF 2010, THE RN LADDER PROGRAM WILL HAVE FEWER SEATS AVAILABLE AS THE LPN STUDENTS AT NORTH SEATTLE COMMUNITY COLLEGE CAN NOW CONTINUE DIRECTLY INTO THE RN PROGRAM.**

**Procedure for Admission**

**A. PRE-APPLICATION PROCEDURE**

1. **ADMISSIONS:** Submit a college application to the Admissions Office. Note: There is also a separate nursing application packet to be submitted to the Health and Human Services Division. All documents are available on the web at <http://www.northseattle.edu/health/rnladder/steps.htm>
2. **COMPLETE ALL PREREQUISITE COURSES:** Prerequisites must be completed with a minimum of 77% (2.0 grade) with an overall prerequisite minimum of 2.8 GPA **prior** to application. It is recommended that applicants work as a Licensed Practical Nurse prior to and during the program.
3. **Proof of Attendance of Mandatory Information Session** (Applicant **must** sign attendance sheet at information session.) Information sessions are held on the 1<sup>st</sup> & 3<sup>rd</sup> Tuesday of the month, 8:30 AM, in the Instruction Building 1409; & the 2<sup>nd</sup> & 4<sup>th</sup> Friday, 2:30 PM, also in IB 1409.

**NOTE:**

- a. **No prerequisite or nursing class can be repeated more than once within 5 years prior to application period.**
- b. **Students who fail more than two (2) prerequisites or nursing classes, this includes withdrawals (W), No Credits (NC) or grades under 2.0, within 5 years of application, are not eligible to apply to the LPN to RN Ladder Program.**

**B. APPLICATION PROCEDURE FOR THE RN LADDER PROGRAM**

**APPLICATION PERIOD AND DEADLINE FOR FALL QUARTER 2010:  
MONDAY, APRIL 12 – FRIDAY, APRIL 30, 2010**

**All applications and supporting documents must be received no later than 4:30 PM, April 30, 2010. Late documents will not be accepted.**

- Submit Application form with receipt of non-refundable \$35.00 application fee.
- Complete the LPN to RN Ladder Program Admission Point form and submit with required forms.
- Submit **official college transcripts** that contain all RN prerequisites and LPN courses. If courses were taken within the Seattle Community College district, submit unofficial transcripts.
- Completed Nursing Program Clinical Facility Requirements form.

Take the PN Comprehensive Predictor test. Eligible students will be contacted by the division to schedule the test. For information about the test, go to [www.ATTesting.com](http://www.ATTesting.com). Cost of the test is \$33.00(subject to change) payable by debit or credit card only at the time of the test.

**PLEASE NOTE: The class schedule can be Monday – Saturday, day or evening shift.**

## C. POST- APPLICATION PROCEDURE

**Students who are accepted into the program must submit a packet containing all of the following documents before the registration deadline.**

- Authorization form for a national background check through Intelius must be filled out. The cost of the report starts at \$38.00. Please go to link for information on how to obtain your own record. <https://www.intelius.com/selfscreening.php?ID=NTk4NTA3Nw>
- Copy of current CPR certification (American Heart Association Healthcare Provider, American Red Cross Professional Rescuer, or National Safety Council BLS for the Professional Rescuer **are the only acceptable cards**). (Cards must be valid through the first quarter.)
- Physical examination form (please download our form. It must be filled out and signed by a physician or nurse practitioner).
- Proof of immunization for measles, mumps and rubella (MMR), Polio, Varicella, diphtheria/tetanus (DT) (DT must be less than 9 years old).
- Proof of Hepatitis B series, or a positive titer, or a signed waiver.
- Proof of a current (valid through the first quarter) **2-step** (two tests within the last year) tuberculin skin test (or alternative health documentation).
- Proof of Insurance or signed waiver.

**PLEASE NOTE: The class schedule can be Monday – Saturday, day or evening shift.**

*The Seattle Community Colleges are an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. This program was funded in part by a grant awarded under the President's Community-Based Job Training Grants, as implemented by the U.S. Department of Labor's Employment & Training Administration.*

Updated 11/17/09

\_\_\_\_\_ NORTH SEATTLE COMMUNITY COLLEGE \_\_\_\_\_  
Health/Medical Division

LPN TO RN LADDER PROGRAM APPLICATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

S.I.D. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (eve) \_\_\_\_\_ PHONE (day) \_\_\_\_\_

E-MAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PHONE (emergency) \_\_\_\_\_ RELATIONSHIP/NAME \_\_\_\_\_

ORIENTATION ATTENDED: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_

I hereby certify that to my knowledge, my application and all documents submitted are **true** and complete and I understand that providing false information may result in my removal from the program.

**Applicant's Signature.** \_\_\_\_\_ Date \_\_\_\_\_

A NON-REFUNDABLE APPLICATION FEE OF \$35.00 MUST BE PAID BEFORE YOUR APPLICATION WILL BE PROCESSED.

The fee must be paid at North Seattle Community College Cashier's Office. Please present your application form to the cashier with your payment. Payment can be made by cash, check, VISA, Master Card or Discover. You must then submit your application form, showing the \$35.00 application fee as paid with your packet. (Cashier note:fee code AH)

Checks must be written for the exact amount and must be drawn on banks located in the United States. A handling fee of \$30.00 is charged for any returned checks.

NORTH SEATTLE COMMUNITY COLLEGE  
 LPN to RN LADDER PROGRAM ADMISSION POINT SYSTEM  
 (Effective Fall 2009 Admission)

You may calculate your own points on this page

I. Prerequisites	Points
ENGL& 101 Composition I	Your grade: _____
BIOL& 241 Human Anatomy & Physiology 1	Your grade: _____
BIOL& 242 Human Anatomy & Physiology 2	Your grade: _____
BIOL& 260 Microbiology	Your grade: _____
NTR 150 Human Nutrition	Your grade: _____
PSYC& 100 General Psychology	Your grade: _____
PSYC& 200 Lifespan Psychology	Your grade: _____
US Cultures or Global Studies	Your grade: _____
Computation or Quantitative/Symbolic Reasoning	Your grade: _____
LPN Grades – Total GPA of all 4 quarters	Your grade: _____ x 8
II. Educational Bonus	
Courses not required but which contribute <b>substantially</b> to your success in nursing. Must be college level course of 3-5 credits. Examples include Math, Science, Psychology and Computer classes. These classes would be in addition to the required classes. Up to 2 points each with a maximum of 2 courses (max 4 points) <b>or</b> a Bachelors Degree 4 points.	
III. PN Predictor Test	
All qualified applicants will be required to complete a PN Predictor test and will be awarded points based on their individual score range.	
IV. Practical Preparation	
A. LPN work Experience: Documented with the Employment Verification form (included in this package) signed by the supervisor. Must have worked 192 hours (equivalent to 24 eight-hour days) within the last 2 years. May submit only ONE employment verification form.	6 points
B. Volunteer in Health Care involving patient, family, or nurse contact: Documented with the Volunteer Verification form (included in this package) signed by the supervisor in the agency. Minimum 50 hours each site; maximum two sites within the last 5 years.	
192 hours (24 eight hour days)	3 points
100-191 hours	2 points
50-99 hours	1 point
<b>Maximum Total</b>	

EMPLOYMENT VERIFICATION  
To be completed by supervisor

Applicant \_\_\_\_\_

Facility/Business \_\_\_\_\_

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

Phone \_\_\_\_\_

I would like to request your assistance in providing verification of my work as an LPN with your organization. This is necessary to complete my application for the Nursing Program at North Seattle Community College.

Please fill in the box below:

Position/Title while employed for your organization: \_\_\_\_\_

Beginning and Ending dates: \_\_\_\_\_

Hours worked per week/month or total: \_\_\_\_\_

(Please circle week, month or total)

Supervisor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

VOLUNTEER VERIFICATION  
To be completed by supervisor

Applicant \_\_\_\_\_

Facility/Business \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

I would like to request your assistance in providing verification of my past/present volunteer work with your organization. This is to complete my application for the Nursing Program at North Seattle Community College.

Please fill in the box below:

Position/Title while volunteering for your organization: \_\_\_\_\_

Beginning and ending dates of my volunteer work: \_\_\_\_\_

Hours worked per week/month or total: \_\_\_\_\_  
(Please circle week, month or total)

Supervisor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

# NURSING PROGRAM CLINICAL FACILITY REQUIREMENTS

Although North Seattle Community College may not require all of the following, participating clinical facilities for the Nursing Program require that:

- All students must include picture identification with the application.
- All students must provide their Social Security number.
- Male students must be registered for the Selective Service.
- If student is not a U.S. citizen, they must provide appropriate visa information.

Are you a U.S. citizen?     Yes         No

Male                 Female

NAME \_\_\_\_\_ SSN \_\_\_\_\_

## **SOCIAL SECURITY NUMBERS**

Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.

I have read and understand the above requirements.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_