



Office of Admissions and Records  
851 SE 30 AVE  
Rochester MN 55904-4999

## Nursing Program Application Spring 2011

**ONLY grades of "B" or better will be awarded points.**  
**Additional points available (see point structure and form)**

Information on this application will override any conflicting information.

### PERSONAL DATA - All Nursing correspondence will be mailed to this address:

NAME: \_\_\_\_\_ RCTC STUDENT ID: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ Please check one:  New to RCTC  Previously/Currently at RCTC

### DEADLINE

**Wednesday,  
September 15, 2010**

Everything **MUST** be received by RCTC Admissions and Records prior to 4:30 p.m. the day of the deadline. Late applications, transcripts, and/or supporting documentation will **NOT** be considered.

### NURSING ADMISSION REQUIREMENTS

All 5 prerequisites must be successfully completed **prior to the admission deadline.**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <p><u>Cumulative College GPA at or above 2.50</u> (Grades earned prior to Spring 2001 will NOT be calculated unless it is to your benefit)</p> <ul style="list-style-type: none"> <li>• Calculation includes <b>any and all</b> attempted college credits. The sum of GPA Points divided by the sum of GPA Credits <b>MUST</b> be at least 2.50</li> </ul> <p>How many other colleges have you attended (not including RCTC)? _____ Is your Cumulative GPA above a 2.50? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>   |
| <input type="checkbox"/> | <p><u>Completed a biology course with lab and earned a grade of "C" or better within the last 5 years (Spring 2006 – Present)</u></p> <ul style="list-style-type: none"> <li>• One semester of college OR two semesters of high school biology at an accredited institution               <ul style="list-style-type: none"> <li>◦ If from high school, you <b>MUST</b> submit a final official high school transcript.</li> </ul> </li> <li>• If GED was completed or home schooled, please submit a <b>detailed</b> course syllabus for proof of lab requirement.</li> </ul> <p>School where you completed the biology requirement: _____ Semester / Year: _____ Grade: _____</p>       |
| <input type="checkbox"/> | <p><u>Completed a chemistry course with lab and earned a grade of "C" or better within the last 5 years (Spring 2006 – Present)</u></p> <ul style="list-style-type: none"> <li>• One semester of college or two semesters of high school chemistry at an accredited institution               <ul style="list-style-type: none"> <li>◦ If from high school, you <b>MUST</b> submit a final official high school transcript.</li> </ul> </li> <li>• If GED was completed or home schooled, please submit a <b>detailed</b> course syllabus for proof of lab requirement.</li> </ul> <p>School where you completed the chemistry requirement: _____ Semester / Year: _____ Grade: _____</p> |
| <input type="checkbox"/> | <p><u>Elementary Algebra ("C" or better) – College Level</u></p> <ul style="list-style-type: none"> <li>• Assessment placement into MATH 0099 or higher (you <b>MUST</b> attach test results to this application); <b>OR</b></li> <li>• Earned at least a "C" in MATH 0098 or higher or equivalent; <b>OR</b> Earned at least a "C" in CHEM 1117 or equivalent; <b>OR</b> ACT score of 21 or higher</li> </ul>  |
| <input type="checkbox"/> | <p><u>Completed Nursing Assistant (NA 1500 or equivalent)</u></p> <ul style="list-style-type: none"> <li>• <b>MUST</b> appear on an official transcript from an accredited school. Name of School: _____ <b>OR</b></li> <li>• If <b>NOT</b> completed at an accredited school, you <b>MUST</b> submit a copy of your CNA Registry <u>Card</u> with this application.</li> </ul>   |

Do you have an active (non-expired) Minnesota State Registry status?  Yes  No      Are you currently employed in direct patient care?  Yes  No

### STATEMENT OF UNDERSTANDING

By signing below, I agree to the following:

1. I have an active admission status at RCTC **AND** I am in **Good Standing** with the college and its partners.
2. I have submitted **final official transcripts** from **ALL** previously attended colleges and, if needed, high school (updated prior to the deadline)
3. I have carefully read and understand the Nursing Program Sheet and this application.
4. If information is missing from my application or file, it will **NOT** be requested and I will **NOT** be admitted to the Nursing Program.
5. An email address is required for verification of receipt of application.
6. All applicants will be notified of admission status prior to November 15, 2010.

Signature: \_\_\_\_\_

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

**Incomplete applications will NOT be considered.**

## ADMISSION POINT STRUCTURE

### Cumulative GPA

3.75 – 4.00 = 50  
3.50 – 3.74 = 45  
3.25 – 3.49 = 40  
3.00 – 3.24 = 35  
2.75 – 2.99 = 30  
2.50 – 2.74 = 25

Max = 50

### General Education

CHEM 1117 = 5  
BIOL 1217 = 5  
BIOL 1218 = 5  
BIOL 2021 = 5  
ENGL 1117 = 3  
PSYC 2618 = 3  
SOC 1614 = 3  
PHIL 1125 = 3

Max = 32

### Previous Degree

Associate's = 1  
Bachelor's = 2  
Master's = 3

Max = 3

### Nursing Assistant

Current MN State Registry = 2  
Direct Patient Care Employment = 3

Max = 5

- Admission to the program will be based on total accumulation of points earned **prior** to the admission deadline.
  - Points will be awarded, as indicated above, for courses completed with grades of “B” (3.00) or better.
  - Points will only be awarded for the highest degree completed
  - Two points will be awarded for an active (non-expired) MN State Registry (Verified by the MDOH).
  - Must include letter from MDOH with valid MN State Registry information to receive the points.
  - Three points will be awarded for verification of employment with direct patient care (see form for details).

## STUDENT STATUS (GOOD STANDING)

- Student has no holds on his/her account (unpaid balance, parking fees, etc.)
- Partner has deemed that the student is eligible to enter their facility
- Student is following appropriate conduct and procedures outlined in the Student Handbook

## TRANSFER STUDENTS

- Submit final official transcripts from **ALL** previously attended colleges and, if needed, high school.\*
  - Your most current final official transcripts need to be on file at RCTC prior to the admission deadline.
- If a course is questionable, ALWAYS submit a detailed course syllabus (usually an issue with the algebra requirement).
  - If necessary, submit placement test results from other colleges.
- If your major is something other than Associate Degree Nursing, your transfer evaluation will NOT be correct.
  - You may request, at Admissions, to have your major changed and your transcripts re-evaluated for Nursing.

## NEW STUDENTS (No previous college experience)

- Submit a final official high school transcript with graduation date or GED
- Submit placement test results (attach to this application)
  - You MUST test into ENGL 1117 **AND** MATH 0099 or higher to be eligible for admission.

## TRANSCRIPTS

- Only OFFICIAL transcripts will be considered.
  - Please request that the high school or college(s) mail the transcript(s) directly to RCTC.
  - If delivered by you, final official transcript(s) MUST be sealed in an envelope from each school.
- UNOFFICIAL and INCOMPLETE transcripts will **NOT** be considered.
  - Faxed transcripts are unofficial.
  - A broken or tampered envelope seal is unofficial.
  - Missing grades, **grades of incomplete “I”** and missing graduation dates, will be deemed incomplete.
- Evaluation of credits is based on receipt of official transcript(s) and is done automatically. Upon completion, a degree audit report (DARS) will be mailed to you. Please allow 4 weeks from the date we receive your official transcript(s).

## INFORMATION UPDATES

- Please contact [chris.wolf@roch.edu](mailto:chris.wolf@roch.edu) with any contact information updates.
  - All correspondence will be sent to the information you provided on the front of this application.
  - Please print clearly (especially email addresses).
- Every applicant will receive an admission status letter prior to November 15, 2010.
- Admission requirements are subject to change. The admission requirements on this application are for Spring 2011.

**Thank you for your interest in the Associate Degree Nursing Program at RCTC!**

“AN EQUAL OPPORTUNITY, AFFIRMATIVE ACTION EMPLOYER AND EDUCATOR”

Rochester Community and Technical College is committed to a policy of nondiscrimination in employment and education opportunities. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities. Applicants having special needs which require accommodations should contact the Director of Disability Services at (507) 280-2968.



UNIVERSITY CENTER ROCHESTER  
 851 30<sup>TH</sup> AVENUE SE  
 ROCHESTER, MN 55904-4999  
 PHONE: 507-285-7210

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**Health Sciences and Nursing Programs**

**Verification of Direct Patient Care Skills**

**Program Applicant:** Please fill out the first four lines and have your supervisor fill out the remainder of the form. You will need to submit the completed form with your application.

1. Employee/Program Applicant's Name: \_\_\_\_\_
2. Employer: \_\_\_\_\_  
 Position Title: \_\_\_\_\_ Hours worked per pay period \_\_\_\_\_
3. Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_
4. I give permission for RCTC to call my supervisor for any clarification.     YES             NO  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Dear Supervisor:

As a prerequisite for applying to RCTC nursing programs, applicants need to complete a Nursing Assistant Course. This has proven to be a good opportunity for students to see if they desire to pursue a career in either nursing or other health careers. While we do not put a limit on the currency of the nursing assistant course, we have determined that a student who is current in "direct patient care" skills should receive three (3) additional admission points. We are requesting your assistance by validating whether or not the above named employee is engaged in the following direct patient care tasks as a regular part of their job description. Your assistance is appreciated. Please return the signed form to your employee so they may include it with their application to the nursing program. Thank you.

| Does the above named employee perform these direct patient care tasks in their current position? | Daily | Weekly | Never |
|--|-------|--------|-------|
| Ambulate patient/resident  |       |        |       |
| Patient transfer-bed to chair/chair to bathroom, etc   |       |        |       |
| Oral Care  |       |        |       |
| Feeding patient/resident   |       |        |       |
| Bathing patient/resident including Peri-care   |       |        |       |
| Re-Positioning patient/resident fowlers and semi-fowlers position                                |       |        |       |
| Bed making   |       |        |       |

Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

