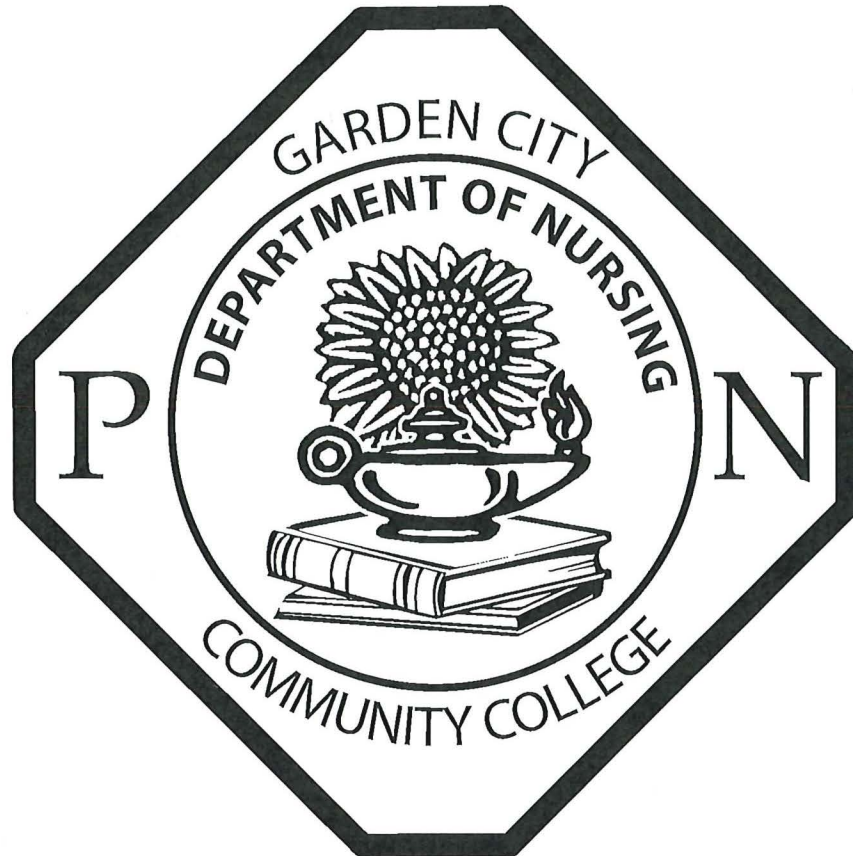


APPLICATION FOR ADMISSION INTO THE
PRACTICAL NURSING PROGRAM



**APPLICATION DEADLINE: JANUARY 15TH FOR THE
FOLLOWING FALL SEMESTER**



GARDEN CITY COMMUNITY COLLEGE
801 Campus Dr
Garden City, KS 67846
620-276-7611 main campus
620-276-9560 nursing department
www.gcccks.edu

Dear Prospective Nursing Student:

Thank you for your interest in a career in nursing and the Practical Nursing Program at Garden City Community College. The Practical Nursing program was initiated in 2004 to accommodate the growing need for Licensed Practical Nurses. Our graduates are successful professionals in a variety of clinical settings and are well respected for their clinical expertise. Many of our graduates choose to return to advance their career in our Associate Degree Nursing Program.

The Nursing Program at Garden City Community College is approved by the Kansas State Board of Nursing. After successful completion of the Practical Nursing Program, you will be awarded a certificate, and will be eligible to take the examination for licensure as a Practical Nurse.

We know the road to becoming a Licensed Practical Nurse is challenging, but the first step on this road is learning what you need to get started. In this booklet, you will find the materials and information necessary to meet the requirements for pre-nursing status as well as the process for admission into the Practical Nursing Program. To simplify the process, we have included a checklist within this booklet.

After completing the items on the pre-nursing checklist, we encourage you to call the Department of Nursing Education at 620-276-0447 or 620-276-9560 for an appointment to discuss your plans to pursue a career in nursing.

Again, thank you for considering the Practical Nursing Program at Garden City Community College. We look forward to meeting you and helping you achieve your educational goals.

Sincerely,

Shellie Emahizer, MSN, RN
Director of Nursing Education
Garden City Community College

TABLE OF CONTENTS

Topics	Page Numbers
General information	4
Equal Opportunity	4
ADA/Equal Access	4
Legal Qualifications for Applying for Licensure	4
Student Background Check Policy	5
Application Process	6
Ranking for Final Selection	7
Acceptance of Applicants	8
Reapplication	8
Entrance Requirements	9
Course Outline	10
Approximate Cost of Program	11
Checklist for Application to Practical Nursing Program	12
Application to Nursing Program	13
High School Transcript Request Form	15
College Transcript Request Form	15



GENERAL INFORMATION

Garden City Community College offers a Practical Nursing Program. Class selection begins in the spring with the program beginning in August.

The program is approved by the Kansas State Board of Nursing. Garden City Community College is officially accredited by the Commission on Institutions of Higher Education of the North Central Association of Colleges and Schools, 30 North LaSalle, Suite 2400, Chicago, IL 60602, and the Kansas State Board of Regents.

EQUAL OPPORTUNITY

Garden City Community College does not discriminate against applicants, employees or students on the basis of race, religion, color, national origin, sex, age, height, weight, marital status, sexual orientation, or other non-merit reasons, or handicap, nor will sexual harassment be tolerated, in its employment practices and/or educational programs or activities. Those concerned about the above should contact the Director of Human Resources, Garden City Community College, 801 Campus Drive, Garden City, KS 67846, 620-276-7611.

ADA/EQUAL ACCESS

In compliance with the Americans with Disabilities Act (ADA), all qualified students enrolled in this course are entitled to "reasonable accommodations". Please notify the instructor during the first week of class of any accommodations needed for the course. Garden City Community College is complying with the Americans with Disabilities Act and is committed to equal and reasonable access to facilities and programs for all employees, students and visitors. Those with ADA concerns, or who need special accommodations, should contact the Accommodations Coordinator, Garden City Community College, 801 Campus Drive, Garden City, KS 67846, 620-276-7611.

LEGAL QUALIFICATIONS FOR APPLYING FOR LICENSURE

Kansas State Law, as documented by the Kansas Nurse Practice Act, states:

1. Qualification. An applicant for a license to practice as a licensed practical nurse shall:
 - o have graduated from an approved school of practical nursing or professional nursing in the United States or its territories or from a school of practical nursing or professional nursing in a foreign country which is approved by the board as defined in the rules and

regulations. Instructions for Foreign Nurses may be found on the Kansas Board of Nursing website.

- have obtained other qualifications not in conflict with this act as the board may prescribe by rule and regulation; and
 - file with the board a written application for a license.
2. The board may deny, revoke, limit or suspend any license or authorization to practice nursing as a registered professional nurse or as a licensed practical nurse if the applicant, licensee or holder of a temporary permit or authorization is found after hearing:
- to have been guilty of a felony or to have been guilty of a misdemeanor involving an illegal drug offense unless the applicant or licensee establishes sufficient rehabilitation to warrant the public trust, except that notwithstanding K.S.A. 74-120, and amendments thereto, no license or authorization to practice nursing as a licensed professional nurse, as a licensed practical nurse, as an advanced practice registered nurse or registered nurse anesthetist shall be granted to a person with a felony conviction for a crime against persons as specified in article 34 of chapter 21 of the Kansas Statutes Annotated, prior to their repeal, or article 54 of chapter 21 of the Kansas Statutes annotated, or K.S.A. 2012 Supp. 21- 6104, 21-6325, 21-6326 or 21-6418, and amendments thereto.
 - Prospective students must also understand the Grounds for disciplinary action/denial of license and Crimes against persons.

From: Kansas Nurse Practice Act Statutes & Administrative Regulations. Topeka, KS. Kansas State Board of Nursing, April 2016. Sections 65-1116 and 65-1120.

STUDENT BACKGROUND CHECK POLICY

The Joint Commission mandates staff, students and volunteers who work in the same capacity as staff who provide care, treatment, and services, would be expected to have criminal background checks verified when required by law and regulation and organization policy.

The background check policy is to apply to all students accepted into Garden City Community College (GCCC) Nursing Program that involves assignment to a clinical health care facility. Full admission is contingent upon a favorable background check.

**GARDEN CITY COMMUNITY COLLEGE DEPARTMENT OF NURSING
EDUCATION DOES HAVE A DRUG/ALCOHOL TESTING POLICY THAT MUST
BE FOLLOWED BY ALL STUDENTS ENROLLED IN THE NURSING PROGRAM.**

APPLICATION PROCESS

Guidelines for pre-nursing students PRIOR TO ACCEPTANCE into the nursing program

APPLICANT'S FILE MUST BE COMPLETE by January 15th. Late applications may be accepted at the discretion of the Director of Nursing Education. Address all application materials to:

Garden City Community College
Department of Nursing Education
801 Campus Drive
Garden City, KS 67846

1. **Complete an Application for Admission to Garden City Community College.**
2. **Complete a PN nursing application to the Department of Nursing Education (see attached).**
3. **Complete placement testing.** NELSON DENNY and ACCUPLACER placement tests are required before enrollment into English and Math classes. These placement tests may be scheduled at the Testing Center, located on the 2nd floor in the Student and Community Service Center: 620-276-9654.
 - a. **Nelson Denny reading placement test** (required for all nursing students). A composite score of 12 or higher is required for the nursing program. If the composite score is below a 12, additional reading classes will be required.
 - b. **Accuplacer math placement test** (not required if a math class has already been successfully completed (Intermediate or College Algebra)
 - c. **Accuplacer writing placement test** (not required if an English Composition class has already been successfully completed (English I).
 - d. **Basic English, Reading Improvement and/or College Reading, College Math and English as a second language classes may be required** if placement scores indicate weakness in any subject. These classes then must be completed with a minimum grade of "C" or better.
 - e. **English as a second language:** If English is the student's second language, the student will be advised to take an English as a Second Language Class, Basic English, Reading Improvement and/or College Reading based on the placement score. (K.A.R. 60-3-107).
4. **Current Kansas C.N.A. License** (Certified Nurse Aide certification)

5. **Complete a Plan of Study with the Nursing Student Success Coordinator at which time the following will be reviewed:**
- a. **Results of the placement testing:** During this process, the student will be advised on classes needed to become prepared for the nursing program.
 - b. **High School Diploma and transcript / GED completion:** A high school transcript or GED completion is required for college entrance. The classes will be reviewed and help direct your plan of study.
 - c. **College transcript:** If you have completed any college courses at another college or university, an **official transcript** must be sent to the registrar's office at Garden City Community College (transcript request forms are at the end of this application booklet). When you meet to develop your plan of study, an unofficial transcript or a copy is sufficient for counseling purposes.
 - d. **Completion of the following with a minimum grade of a "C" prior to admission:**
 1. Anatomy & Physiology I & II (BIOL 211 & 212) - 8 hours
 2. Developmental Psychology (PSYC 210) - 3 hours
 3. General Psychology (PSYC 101) - 3 hours
 4. College Success (PCDE 101) – 1 hour
 5. Intermediate Algebra (MATH107) - 3 hours
 - e. **Grade Point Average:** If high school or college grade point average (GPA) is less than 2.5 (on a 4.0 system) then applicants will be required to:
 1. Enroll and successfully complete one college semester of 12 hours in general education and laboratory science courses.
 2. Follow college policy on placement based on assessment testing.

RANKING FOR FINAL SELECTION

Students will be ranked based on the following:

- **Anatomy & Physiology I and Anatomy & Physiology II:** Class grade times the number of credit hours (A = 4 points; B = 3 points; C = 2 points). Mid-term grades will be used for classes in progress.
- Composite score on the **Nelson Denny** reading test.

	Maximum Points Possible
Anatomy & Physiology I	16
Anatomy & Physiology II	16
Nelson Denny Reading Test	18.9
Total	50.9

1. Student must have completed the prerequisite courses with a minimum grade of "C" or above. Students with courses in progress during selection must have a midterm grade of "C" or above.
2. All math and science classes to be considered must have been taken within the last five (5) years of admission to the nursing program.
3. Applicant not meeting deadlines cannot be guaranteed consideration for admission.
4. If one or more applicants are tied for the last opening, all materials of the applicant will be reviewed to determine the most qualified applicant.

ACCEPTANCE OF APPLICANTS

Admission into the nursing program is dependent upon faculty availability, availability of clinical experiences, the quality and number of applicants (40 students program maximum), and requirements set by Kansas State Board of Nursing.

Applicants will be notified in writing of their acceptance or non-acceptance. Scholarship, health history forms and the background check procedure form will be given to accepted applicants at this time. Applicants must respond in writing of their plan to accept or decline enrollment in the nursing program by the date designated in the notification letter.

****Failure to respond will result in forfeiture of the position into the Practical Nursing Program.****

REAPPLICATION

1. Applicants who are not selected for admission must reapply for the next class by the **January 15th deadline or August 15 for second semester readmission.**
2. Files of applicants who do not reapply will be deleted.

ENTRANCE REQUIREMENTS

After notification of admission, the applicant must provide proof of the following prior to the first day of class:

1. Submission of completed **favorable background check**.
2. Current **American Heart Association CPR** certification for Health Care Providers.
3. Current Certified Nurse Aide certification (CNA).
4. Each student must have a physical examination by a physician, nurse practitioner, or a physician assistant and a completed health screening/health history form supplied by Garden City Community College Department of Nursing Education.
5. Health records from colleges and/or students will be required to include the following for each student:
 - **Immunizations required:**
 1. MMR – Proof of Rubella immunity or immunization record.
 2. Tetanus – a dose within the last ten (10) years. A one-time dose of Tetanus, Diphtheria, and Pertussis (Tdap) is recommended for health care providers.
 3. Chicken Pox – Varicella titer with proof of immunity or appropriate vaccination is needed.
 4. Hepatitis B – The Hepatitis B Vaccination series is not required but strongly encouraged.
 5. Influenza vaccine annually in season.
 6. Covid 19 vaccine
 - **Testing Required:**
 1. TB – Prior to beginning clinical rotation the student must submit proof of having had two-step TB Testing using the PPD Mantoux method or current proof of yearly tests. Yearly TB Testing is required thereafter. The readings must be documented in terms of **“mm”, not just the word negative**.
 2. Positive TB Skin Test – Any student with a positive TB Skin Test will be required to submit a baseline chest X-Ray and proof of prophylactic treatment prior to any patient contact or clinical rotation. After baseline requirements are met, the student will be required to answer St. Catherine Hospital’s Annual TB Questionnaire. Annual TB Questionnaire will be placed in the students Health/Medical File.

Failure to comply with the above entrance requirements may result in forfeiture of position in the nursing class.

COURSE OUTLINE

Prerequisites PN	Course #	18 Credits
Anatomy & Physiology I	BIOL-211	4
Anatomy & Physiology II	BIOL-212	4
General Psychology	PSYC-101	3
Developmental Psychology	PSYC-210	3
College Success	PCDE-101	1
Intermediate Algebra*	MATH-107	3
PN Fall Semester	13 hours	
KSPN Foundations of Nursing	PNRS-100	4
KSPN Fundamentals of Pharmacology & Safe Medication Administration	PNRS-101	2
KSPN Foundations of Nursing Clinical	PNRS-102	1
KSPN Nursing Care of Adults I	PNRS-104	4
KSPN Nursing Care of Adults I Clinical	PNRS-105	2
PN Spring Semester	15 hours	
KSPN Maternal Child Nursing	PNRS-111	2
KSPN Nursing Care of Adults II Clinical	PNRS-112	3
KSPN Mental Health Nursing	PNRS-113	2
KSPN Nursing Care of Adults II	PNRS-114	4
KSPN Maternal Child Clinical	PNRS-115	1
KSPN Care of Aging Adults	PNRS-116	2
KSPN Leadership, Roles and Issues	PNRS-117	1
Upon Completion eligible for PN Certificate	46 Credit Hours	

* Appropriate math course determined on an individual basis by the Advisor following Accuplacer Math Placement Test.

**Courses must be completed by the semester indicated or before.

APPROXIMATE COST OF PROGRAM

After acceptance and prior to admission		
Background Check	36.50	36.50
Practical Nursing Courses		
	In State	Out of State
Fall Semester	13 hr	
<i>(PNRS 100, 101, 102, 104, 105)</i>		
Books-new (package deal) 2 bundles w/tax	\$689.13	\$689.13
Uniforms & Equipment (Scrubs \$37.75 pair)	\$37.75	\$37.75
Nursing Fees: (Liability Insurance, Lab Fee, Badges, & ATI)	Student Fees	Student Fees
Tuition & Fees (Contact Business Office)	BO	BO
Semester Total		
Spring Semester/Summer Semester		
	15 hr	
<i>(PNRS 111, 112, 113, 114, 115, 116, 117)</i>		
Licensing Fees NCSBN & KSBN (subject to change)	Current Rates	Current Rates
Books-new (Bundle w/tax)	\$311.13	\$311.13
Nursing Fees: (Liability Insurance, Lab Fee, Pin, & ATI)	Student Fees	Student Fees
Tuition & Fees (Contact Business Office)	BO	BO
Semester Total		
General Education/Prerequisite Courses		
*(All books included in course fees-See book list)		
Certified Nurse Aide (HELR102) Books w/tax	6 hr \$76.27	\$76.27
CNA fees	205.00	205.00
Anatomy & Physiology I & II (BIOL211 & 212)	8 hr -	-
A & P fees	-	-
General Psychology (PSYC101)	3 hr -	-
Developmental Psychology (PSYC210)	3 hr -	-
College Success (PCDE101)	1 hr -	-
Intermediate Algebra (MATH107)	3 hr -	-
Nelson Denny Test	\$0	\$0
General Education Courses Total		
Approximated Grand Total		

- ***The above prices are approximations. Prices are subject to change.***

CHECKLIST FOR APPLICATION GCCC PRACTICAL NURSING PROGRAM

The following must be completed before the program director will review your application and by the January 15th deadline to be considered for the next class:

1. ___ Complete the admission application to Garden City Community College.
2. ___ Complete PN Nursing Application to GCCC Nursing Program.
3. ___ Send official high school transcript/GED test scores to GCCC Registrar.
4. ___ Send all official college transcripts from all schools to GCCC Registrar.
5. ___ Complete Nelson Denny reading placement test with a composite score of 12 or above ***(required for all nursing students)***.
6. ___ Complete Accuplacer writing and math placement tests.
7. ___ Complete all prerequisite courses with a minimum grade of "C" or higher ***(Math and Science classes may not be more than 5 years old)***.
8. ___ Current Kansas CNA Certification
9. ___ Plan of Study developed with the Nursing Student Success Coordinator (Call 620-276-0447 to schedule an appointment)
10. ___ *International Students*: all required documentation on file with the Admission Office at GCCC.

It is highly recommended that you begin this process early in the fall semester to allow adequate time for transcripts to be sent, to complete your testing and to schedule an appointment with the Nursing Advisor. Appointments are to be scheduled in advance and walk-ins are not accepted. Please plan accordingly.

**GARDEN CITY COMMUNITY COLLEGE
PRACTICAL NURSING PROGRAM APPLICATION**

Personal Data

Social Security #: ___ / ___ / ___

Student ID #:

Name _____ / _____ / _____ / _____
Last First Middle Maiden

Address _____ City _____ State _____ Zip _____

Phone: Home (_____) Cell (_____) Work (_____)

Email Address (other than your GCCC email address): _____

Gender: Male Female Marital Status: Single Married Widowed Divorced

Birth date ___ / ___ / ___

Do you have dependent children at home? Yes No How many? _____

Data from these questions are used for statistical purposes only

Emergency Contact Person:

Name _____ / _____ / _____ / _____
Last First Middle Maiden

Day Phone (_____) _____ Evening Phone (_____) _____

Educational Data

High School Graduate? Yes No Year: _____ School Name: _____

GED? Yes No Year: _____ School Name: _____

List all college(s) attended

Name	City/State	Date Attended	Graduated	Degree

Employment History: (Start with current job and note any health care experience)

Employer	Position	From	To

Have you ever been convicted of anything other than a moving traffic violation? Yes No

If you answered YES to the above question, please explain on the back of this form.

International students should contact the Admissions Office at 620-276-7611 to ensure that the proper paperwork is on file.

I certify that the information given above is correct and complete.

Student signature: _____

Date: _____

HIGH SCHOOL TRANSCRIPT REQUEST

To: Registrar's Office

**NOTE: Fee may be
required for transcript**

Name of High School

Address

City, State Zip

Please send a complete official copy of my transcript to:



**Registrar's Office
Garden City Community College
801 Campus Drive
Garden City, KS 67846**

PLEASE SHOW GRADUATION
DATE ON HIGH SCHOOL
TRANSCRIPT

FROM: _____

Student's Last Name First Name M.I. Maiden Name

Mailing Address

Date last enrolled in high school

Telephone Number

Social Security Number

Student Signature

COLLEGE TRANSCRIPT REQUEST

To: Registrar's Office

**NOTE: Fee may be
required for transcript**

Name of College

Address

City, State Zip

Please send a complete official copy of my transcript to:



**Registrar's Office
Garden City Community College
801 Campus Drive
Garden City, KS 67846**

PLEASE SHOW GRADUATION
DATE ON TRANSCRIPT

FROM: _____

Student's Last Name First Name M.I. Maiden Name

Mailing Address

Date last enrolled in college

Telephone Number

Social Security Number

Student Signature

Notice: This transcript request form should be mailed directly to your school(s) and not to GCCC.