APPLICATION FOR ADMISSION INTO THE PRACTICAL NURSING PROGRAM

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. Please find in this booklet 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 620-276-9560 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,

Patricia Zeller, RN, MSN, APRN
Director of Nursing Education
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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, 620-276-9574.

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, 620-276-9638.

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:
   • 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 rules and regulations;
     o Instructions for Foreign Nurses: [link]

[link]
• 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 understand the:


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 http://www.gcccks.edu/pdf/application.pdf

2. Complete an application to the Department of Nursing Education (attached)

3. Complete placement testing. NELSON DENNY and Accuplacer placement tests are required before enrollment into English and Math classes. The Michigan Test of English Language Proficiency may be required for individuals whose primary language is not English. These placement tests may be scheduled at the assessment 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 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, i.e. College Math, Beginning, Intermediate or College Algebra)

   c. Accuplacer writing placement test (not required if an English Composition class has already been successfully completed, i.e. Basic English or English I)

   d. Basic English, Reading Improvement and/or College Reading, College Math and/or Intermediate Algebra, 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, a Michigan English Placement Test is recommended. The student will be advised to take English as a Second Language
Classes, Basic English, Reading Improvement and/or College Reading based on the placement score. (K.A.R. 60-3-107)

4. **Current C.N.A.** (Certified Nurse Aide certification)

5. **Complete a Plan of Study with the Director of Nursing Education 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 with the program director to develop your plan of study an unofficial transcript or a copy is sufficient for counseling purposes. An unofficial transcript can be acquired through the registrar’s office.
   
   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. Interpersonal Communication (SPCH 113) 3 hours
      3. Developmental Psychology (EDUC 110) 3 hours
      4. General Psychology (PSYC 101) 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.**
<table>
<thead>
<tr>
<th>Course</th>
<th>Maximum Points Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy &amp; Physiology I</td>
<td>16</td>
</tr>
<tr>
<td>Anatomy &amp; Physiology II</td>
<td>16</td>
</tr>
<tr>
<td>Nelson Denny Reading Test</td>
<td>18.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50.9</strong></td>
</tr>
</tbody>
</table>

1. Student must have completed the math requirement as well as all other 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. Applicant not meeting deadlines cannot be guaranteed consideration for admission.
3. In the event that 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, 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 in 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.
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.
   - **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**

<table>
<thead>
<tr>
<th>Prerequisites PN</th>
<th>Course #</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy &amp; Physiology I</td>
<td>BIOL-211</td>
<td>4</td>
</tr>
<tr>
<td>Anatomy &amp; Physiology II</td>
<td>BIOL-212</td>
<td>4</td>
</tr>
<tr>
<td>General Psychology</td>
<td>PSYC-101</td>
<td>3</td>
</tr>
<tr>
<td>Developmental Psychology</td>
<td>EDUC-110</td>
<td>3</td>
</tr>
<tr>
<td>Interpersonal Comm.</td>
<td>SPCH-113</td>
<td>3</td>
</tr>
<tr>
<td>College Success</td>
<td>PCDE-101</td>
<td>1</td>
</tr>
<tr>
<td>Intermediate Algebra*</td>
<td>MATH-107</td>
<td>4</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>PN Fall Semester</th>
<th>14 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>KSPN Foundations of Nursing</td>
<td>PNRS-100</td>
</tr>
<tr>
<td>KSPN Foundations of Nursing Clinical</td>
<td>PNRS-102</td>
</tr>
<tr>
<td>KSPN Medical Surgical Nursing I</td>
<td>PNRS-104</td>
</tr>
<tr>
<td>KSPN Medical Surgical Nursing Clinical I</td>
<td>PNRS-105</td>
</tr>
</tbody>
</table>

**PN Fall Winter Session**

**PN Spring Semester | 15 hours**

| KSPN Maternal Child Nursing | PNRS-111 | 2 |
| KSPN Medical Surgical Nursing Clinical II | PNRS-112 | 3 |
| KSPN Mental Health Nursing | PNRS-113 | 2 |
| KSPN Medical Surgical Nursing II | PNRS-114 | 4 |
| KSPN Maternal Child Clinical | PNRS-115 | 1 |
| KSPN Pharmacology | PNRS-101 | 3 |

| Upon Completion eligible for PN Certificate | 47 Credit Hours |

* Appropriate math course determined on an individual basis by the director 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

<table>
<thead>
<tr>
<th>Item</th>
<th>In State</th>
<th>Out of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background Check</td>
<td>36.50</td>
<td>36.50</td>
</tr>
</tbody>
</table>

## Practical Nursing Courses

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<thead>
<tr>
<th>Semester</th>
<th>In State</th>
<th>Out of State</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall Semester</strong> (PNRS 100, 102, 104, 105, 116)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 hr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books-new (package deal)</td>
<td>573.37</td>
<td>573.37</td>
</tr>
<tr>
<td>Uniforms &amp; Equipment</td>
<td>125.00</td>
<td>125.00</td>
</tr>
<tr>
<td>Nursing Fees: (Liability Insurance, Lab Fee, Badges, &amp; ATI)</td>
<td>492.00</td>
<td>492.00</td>
</tr>
<tr>
<td>Tuition &amp; Fees</td>
<td>1344.00</td>
<td>1610.00</td>
</tr>
<tr>
<td><strong>Semester Total</strong></td>
<td>2570.87</td>
<td>2836.87</td>
</tr>
</tbody>
</table>

| **Spring Semester/Summer Semester** (PNRS 101, 111, 112, 113, 114, 115) | | |
| 15 hr                             |           |              |
| Licensing Fees (subject to change) |           |              |
| • NCSBN                           | 200.00    | 200.00       |
| • KSBN                            | 98.00     | 98.00        |
| Books-new                         | 325.80    | 325.80       |
| Nursing Fees: (Liability Insurance, Lab Fee, Pin, & ATI) | 379.00    | 379.00       |
| Tuition & Fees                    | 1440.00   | 1725.00      |
| **Semester Total**                | 2442.80   | 2727.80      |

## General Education/Prerequisite Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
<th>In State</th>
<th>Out of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Nurse Aide (HELR102)</td>
<td>5 hr</td>
<td>480.00</td>
<td>575.00</td>
</tr>
<tr>
<td>book(s)</td>
<td></td>
<td>42.66</td>
<td>42.66</td>
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<tr>
<td>CNA fees</td>
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<td>170.00</td>
<td>170.00</td>
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<tr>
<td>Anatomy &amp; Physiology I &amp; II (BIOL211 &amp; 212)</td>
<td>8 hr</td>
<td>768.00</td>
<td>920.00</td>
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<tr>
<td>book(s)</td>
<td></td>
<td>386.85</td>
<td>386.85</td>
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<tr>
<td>A &amp; P fees</td>
<td></td>
<td>60.00</td>
<td>60.00</td>
</tr>
<tr>
<td>General Psychology (PSYC101)</td>
<td>3 hr</td>
<td>288.00</td>
<td>345.00</td>
</tr>
<tr>
<td>book(s)</td>
<td></td>
<td>101.35</td>
<td>101.35</td>
</tr>
<tr>
<td>Interpersonal Communication (SPCH113)</td>
<td>3 hr</td>
<td>288.00</td>
<td>345.00</td>
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<tr>
<td>book(s)</td>
<td></td>
<td>124.75</td>
<td>124.75</td>
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<tr>
<td>Developmental Psychology (EDUC110)</td>
<td>3 hr</td>
<td>288.00</td>
<td>345.00</td>
</tr>
<tr>
<td>book(s)</td>
<td></td>
<td>178.85</td>
<td>178.85</td>
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<td><strong>General Education Courses Total</strong></td>
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<td>3176.46</td>
<td>3594.46</td>
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## Approximated Grand Total

<table>
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<tr>
<td><strong>After acceptance and prior to admission</strong></td>
<td>$8190.13</td>
</tr>
<tr>
<td><strong>General Education Courses</strong></td>
<td>$9159.13</td>
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</table>

- The above prices are approximations. Prices are subject to change.
CHECKLIST FOR APPLICATION
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 application to Garden City Community College
   http://www.gcccks.edu/pdf/application.pdf
2. ____Complete application to Nursing Program
3. ____Official High school transcript or GED test scores sent GCCC Registrar’s Office
4. ____Official College transcripts from all schools sent to GCCC Registrar’s Office
5. ____Complete Nelson Denny reading placement tests with a composite score of 12 or above (required for all students).
6. ____Complete Accuplacer writing placement test (not required if an English Composition class has already been completed, i.e. Basic English or English I)
7. ____Complete minimum math course of Beginning Algebra or Accuplacer math placement score of 250 or above in the Arithmetic domain
8. ____Complete all prerequisite courses with a minimum grade of “C” or better.
9. ____Current CNA Certification. (Call 620-276-9561 for course information)
10. ____Plan of Study developed with Director of Nursing Education.
    (Call 620-276-9560 to schedule an appointment)
11. ____International Students: all required documentation on file with the Admission Office

It is highly recommended that you begin this process early in the fall semester to allow adequate time for transcripts to be mailed, to complete your testing and to schedule an appointment with the program director. 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 __________________________ / __________________ / __________ / __________
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? ________

Emergency Contact Person:
Name __________________________ / __________________ / __________ / __________
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 620-276-9531 to ensure that the proper paperwork is on file.

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

Student signature: __________________________ Date: _____________
THIS PAGE WAS INTENTIONALLY LEFT BLANK
### HIGH SCHOOL TRANSCRIPT REQUEST

**To:** Registrar's Office  
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  

**FROM:**  
Student’s Last Name  
First Name  
M.I.  
Maiden Name  
Mailing Address  
Date last enrolled in high school  
Social Security Number  
Telephone Number  
Student Signature  

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

**Please show graduation date on high school transcript**

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### COLLEGE TRANSCRIPT REQUEST

**To:** Registrar’s Office  
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  

**FROM:**  
Student’s Last Name  
First Name  
M.I.  
Maiden Name  
Mailing Address  
Date last enrolled in college  
Social Security Number  
Telephone Number  
Student Signature  

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

**Please show graduation date on transcript**

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