

APPLICATION FOR  
ASSOCIATE DEGREE NURSING PROGRAM  
(LPN TO RN COMPLETION)



**GARDEN CITY COMMUNITY COLLEGE**  
801 Campus Drive  
Garden City, KS 67846  
620-276-7611 Main Campus  
620-276-9560 Nursing Department  
[www.gcccks.edu](http://www.gcccks.edu)

Dear Prospective RN Student:

Thank you for your interest in continuing your nursing education at Garden City Community College. The Associate Degree Nursing Program at GCCC has educated nurses since 1972. Our graduates are successful professionals in a variety of clinical settings and are well respected for their clinical expertise.

The Nursing Program at Garden City Community College is accredited by the Accreditation Commission for Education in Nursing and approved by the Kansas State Board of Nursing. After articulation and successful completion of the Associate Degree Nursing (ADN) program, you will be awarded an Associate of Applied Science Degree and will be eligible to take the examination for licensure as a Registered Nurse.

Please find in this booklet the materials and information necessary for applying to the nursing program. This includes information regarding advanced standing as a licensed practical nurse, as well as a checklist to assist you in the completion of the application process. To simplify the application process, we have included a checklist within this booklet.

After you have completed the items on the admission checklist, please call the Department of Nursing Education at 620-276-9560 for an appointment to discuss your plan of study and to answer any questions you may have.

The world of the registered nurse is exciting and challenging, and the opportunities for practice have never been greater. We look forward to meeting you and visiting about your education and the nursing program.

Sincerely,

Patricia Zeller, RN, MSN, APRN  
Director of Nursing Education

## TABLE OF CONTENTS

<b>Topics</b>	<b>Page Numbers</b>
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 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 nursing program embraces a career ladder approach to nursing. Students that successfully complete semesters three and four are eligible to take the examination for National Licensure as a Registered Nurse.

The program is fully accredited by the Accreditation Commission for Education in Nursing (ACEN) and approved by the Kansas State Board of Nursing. The ACEN can be contacted for information about the program at ACEN, 3390 Peachtree Road NE, Suite 1400, Atlanta, Georgia, 30326, 404-975-5000.

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 Cricket Turley, 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 Sue Pollart, 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. Qualifications of applicants. An applicant for a license to practice as a registered professional nurse shall:
  - have graduated from an approved school of professional nursing in the United States or its territories or from a school of professional nursing in a foreign country which is approved by the board as defined in rules and regulations;
    - Instructions for Foreign Nurses:  
<http://www.ksbn.org/forms/Instructions%20for%20Foreign%20Nurses.pdf>

- 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 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;

From: Kansas Nurse Practice Act Statutes & Administrative Regulations. Topeka, KS. Kansas State Board of Nursing, May 2013. Sections 65-1115 and 65-1120.

## **STUDENT BACKGROUND CHECK POLICY**

On January 1, 2004, the Joint Commission on Accreditation of Healthcare organizations (JCAHO) instituted new regulations that must be followed in order for hospitals, home health agencies, clinics, etc., to gain or maintain accreditation status. One of these new regulations requires all persons who are involved in patient care activities, i.e., employees, volunteers and students must have criminal background checks as well as other healthcare related checks.

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 LPN's PRIOR TO ACCEPTANCE into the ADN program

**APPLICANT'S FILE MUST BE COMPLETE by January 15<sup>th</sup>. 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 COMPASS 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 Mary Jo Williams Assessment Center, located in the Saffell Library: 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. **COMPASS math placement test** (not required if a math class has already been successfully completed, i.e. College Math, Beginning, Intermediate or College Algebra)
  - c. **COMPASS 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 Kansas licensure as a Practical Nurse.**

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. Chemistry 5 hours (one year high school course acceptable)
    2. Anatomy & Physiology I & II (BIOL 211 & 212) 8 hours;
    3. Interpersonal Communication (SPCH 113) 3 hours
    4. Developmental Psychology (EDUC 110) 3 hours
    5. General Psychology (PSYC 101) 3 hours
    6. Microbiology (BIOL 213) 5 hours
    7. English I (ENGL 101) 3 hours
    8. All Practical Nursing Courses
  - e. **Grade Point Average:** A cumulative Grade Point Average (GPA) of 2.5 is required.

## **RANKING FOR FINAL SELECTION**

Students will be ranked based on the following:

- **Anatomy & Physiology I, Microbiology, and Chemistry (only if taken at college level):** 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.

	<b>Maximum Points Possible</b>
Nelson Denny Reading Test	18.9
Anatomy & Physiology I	16
Microbiology	20
Chemistry (only college level)	20
<b>Total</b>	<b>74.9 (or 54.9 - no chemistry)</b>

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 to most qualified applicant.

### **ACCEPTANCE OF APPLICANTS**

Admission with 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 Associate Degree Nursing Program.**

### **REAPPLICATION**

1. Applicants who are not selected for admission must reapply for the next class by the **January 15<sup>th</sup> deadline.**
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 Kansas Licensure for Practical Nursing (LPN).
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:
  - a. **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 – knowledge of having the disease. If unsure; a 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 or have signed a waiver.
  - b. **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. 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

<b>Prerequisites PN</b>	<b>Course #</b>	<b>Credit</b>
Anatomy & Physiology I	BIOL-211	4
Anatomy & Physiology II	BIOL-212	4
General Psychology	PSYC-101	3
Developmental Psychology	EDUC-110	3
Interpersonal Comm.	SPCH-113	3
College Skills Develop.	PCDE-101	1
Intermediate Algebra*	MATH-107	4
<b>Prerequisites ADN</b>		
Chemistry	CHEM-105 or CHEM-108	5
*or High School Chemistry	-	(1 yr)
Microbiology	BIOL-213	5
English 1	ENGL-101	3
PN Coursework**	-	17
<b>ADN Fall Semester</b>		<b>9 hours</b>
Advanced Nursing Skills Lab	NURS-200	1
Maternal Child II	NURS-201	1
Health Alterations Clinical	NURS-202	3
Mental Health II	NURS-203	1
Health Alterations	NURS-204	3
<b>ADN Spring Semester</b>		<b>9 hours</b>
Complex Health Alterations Clinical	NURS-212	5
Professional Practice	NURS-213	1
Complex Health Alterations	NURS-214	3
<b>AAS--Graduation requirements (may be prerequisite or co-requisite)</b>		
Physical Fitness		2
<b>Upon Completion eligible Associate of Applied Science degree</b>		<b>66 Credit Hours</b>

\* Appropriate math course determined on an individual basis by the director following Compass Math Placement Test.

\*\*The maximum of 17 credit hours will be used from Practical Nursing Course work (PN Certificate Program) towards AAS degree requirements.

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

\*\*\*\*Additional courses may be required dependent upon degree type and/or recommendations of the program director.

## APPROXIMATE COST OF PROGRAM

<b>Background Check</b> (After acceptance & prior to admission)	50.00	50.00
<b>Associate Degree Nursing Courses</b>	<b>In State</b>	<b>Out of State</b>
<b>Fall Semester</b> <span style="float: right;"><b>9 hr</b></span> <i>(NURS 200, 201, 202, 203, 204)</i>		
Books-new (package deal)	760.00	760.00
Nursing Fees: (Liability Insurance, Lab Fee, Badges, & ATI)	282.00	282.00
Tuition & Fees	<u>720.00</u>	<u>891.00</u>
<b>Semester Total</b>	<b>1,762.00</b>	<b>1,933.00</b>
<b>Spring Semester</b> <span style="float: right;"><b>9 hr</b></span> <i>(NURS 212, 213, 214)</i>		
Licensing Fees (subject to change)		
• NCSBN	200.00	200.00
• KSBN	125.00	125.00
Nursing Fees: (Liability Insurance, Lab Fee, Pin, & ATI)	116.00	116.00
Tuition & Fees	<u>720.00</u>	<u>891.00</u>
<b>Semester Total</b>	<b>1161.00</b>	<b>1,332.00</b>
<b>General Education/Prerequisite Courses</b>		
Anatomy & Physiology I & II (BIOL 211 & 212) <span style="float: right;">8 hr</span>	700.00	852.00
book(s)	328.00	328.00
General Psychology (PSYC 101) <span style="float: right;">3 hr</span>	240.00	297.00
book(s)	134.00	134.00
Interpersonal Communication (SPCH 113) <span style="float: right;">3 hr</span>	240.00	297.00
book(s)	125.00	125.00
Development Psychology (EDUC 110) <span style="float: right;">3 hr</span>	240.00	297.00
book(s)	122.00	122.00
Microbiology (BIOL 213) <span style="float: right;">5 hr</span>	445.00	540.00
book(s)	261.00	261.00
English I (ENGL 101) <span style="float: right;">3 hr</span>	240.00	297.00
book(s)	88.00	88.00
Physical Education <span style="float: right;">2 hr</span>	210.00	248.00
<b>General Education courses Total</b>	<b>3483.75</b>	<b>3996.75</b>
<b>Approximated Grand Total</b>	<b>\$6456.75</b>	<b>\$7311.75</b>

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

## CHECKLIST FOR APPLICATION LPN TO RN COMPLETION PROGRAM

**The following must be completed before the program director will review your application and by the January 15<sup>th</sup> 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 to GCCC Registrar's Office
4. \_\_\_\_ Official college transcripts from all schools sent to GCCC Registrar's Office
5. \_\_\_\_ Completion of all prerequisite courses with a minimum grade of "C" or better.
6. \_\_\_\_ Complete Nelson Denny reading placement test with composite score of 12 or above (required for all students)
7. \_\_\_\_ Complete Compass writing placement test (not required if an English Composition class has already been completed, i.e. Basic English or English I)
8. \_\_\_\_ Complete minimum math course of Beginning Algebra **or** COMPASS math placement score of 47 or above pre-algebra domain
9. \_\_\_\_ Plan of Study developed with Director of Nursing Education: 620-276-9560
10. \_\_\_\_ Current Kansas PN License
11. \_\_\_\_ *International students*: all required documentation on file with the Admissions 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 director of the program. Appointments are to be scheduled in advance and walk-ins are not accepted. Please plan accordingly.**

**GARDEN CITY COMMUNITY COLLEGE  
ASSOCIATE DEGREE 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 620-276-9531 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

**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.*