The College of Sequoias Registered Nursing Program welcomes your application. This packet contains all application instructions and forms required for program application. This packet is available on-line at: www.cos.edu/academics/nursing

1. Program Application Submission Periods and Timeframes

   The COS RN program accepts applications twice each year.

   - **November 1 through January 15.** Applications submitted during this period are only evaluated for admission to the fall semester of the same year.
   - **May 1 through July 15.** Applications submitted during this period are only evaluated for admission to the spring semester of the following calendar year.
   - All applications must be submitted directly to the COS Nursing Office. No applications will be accepted by mail, email, or fax. Applications will only be accepted on regular business days, between the hours of 8:00 AM and 4:30 PM. Summer hours are Monday through Thursday 7:30 AM to 5:00 PM and Friday 7:30 AM to 11:30 AM.

2. Application Packet Instructions and Verification Requirements

   - Print the entire application and instruction packet and complete all sections as instructed. Sign, initial, and date as indicated.
   - Include all required documentation listed on the application or the criteria selection matrix with your application packet. Enter your criteria score in each area and total your points at the end of the selection matrix. Every applicant is responsible for completing their criteria scoring section. All points will be evaluated by the Nursing Office for qualification.
   - Place the completed application packet in a 9" x 12" manila envelope with your name printed in the upper left corner. Place the envelope in the application box located in the Nursing Office and obtain a receipt from the Nursing Office staff.

Only complete application packets with all listed verifications submitted within the specified acceptance periods will be evaluated for admission to the program.

**Make and retain a copy of your application and applicable documentation (DO NOT OPEN OFFICIAL TRANSCRIPTS).** No applications or documents will be returned once submitted, and no copies of any part your application packet will be made in the nursing office.
APPLICATION SUBMISSION CHECKLIST
Please initial each reminder, print your name, and sign and date as indicated.

— I am verifying that the personal information I have provided is current and I understand I am responsible for notifying the COS Nursing office if there are changes.
— I understand that the demographic information requested has no bearing on my selection for the program. It is only used to track the program’s success in maintaining a diverse student nurse population.
— I understand if I do not provide complete information about all colleges and nursing programs that I have attended, and this is later discovered, I will be ineligible for admission in the program. If in the program, I will be dismissed.
— If I have already earned a relevant diploma or certificate, I have provided appropriate documentation including transcripts.
— If, during the last 24 months, I have at least 200 hours of direct patient care in work or volunteer service, I have provided appropriate documentation.
— I have provided two official copies of all transcripts. If any of my coursework has been completed at COS, I have provided one unofficial transcript.
— I have reviewed the transcripts of my anatomy, physiology, and microbiology courses and recorded the number of repeats.
— I have reviewed my TEAS V report and used my Adjusted Individual Total Score to establish and record my points
— I have provided my TEAS V Adjusted Individual Score Report and the receipt showing transfer to COS if applicable
— I have reviewed the eligible life experiences and circumstances listed in criterion 7, and, if appropriate, provided my documentation.
— If I am fluent in a language other than English I have included my points for this criterion and provided the required documentation.
— If I have completed 18 or more units at COS, I have included an unofficial transcript for verification.
— If I am applying to the LVN-RN Bridge Program I have included a copy of my LVN Program Certificate, LVN License, IV Certification, and two official copies of transcripts from my LVN program.
— I have made copies of my application, and I understand that the nursing office will not make copies of my application or documentation for me.
— I give permission for the Nursing office to verify any information submitted including contacting persons who have supplied verification letters.

Print Name:________________________________________
Signature:________________________________________
Date:________________________________________
Student Information Section

Admission to: Spring 2014 Semester

Program Option:  
- [ ] RN Program  
- [ ] LVN-RN Bridge Program  
- [ ] LVN 30 Unit Option

Personal Information

Full Name: ____________________________  
  Last  First  Middle Initial  Previous Last Name

Address: ________________________________  
  Mailing Address: ____________________________  
  Apartment/Unit Number: ____________________________  
  City: ____________________________  
  State: ____________________________  
  Zip Code: ____________________________

County of Residence: ____________________________  
Email: ____________________________

Main Telephone: ____________________________  
Alternate Telephone: ____________________________  
Military Service/Veteran Status:  Yes [ ]  No [ ]

Birthdate: ____________________________  
Social Security Number: ____________________________  
COS Student ID #: ____________________________

Have you previously applied to the College of Sequoias Registered Nursing Program?  Yes [ ]  No [ ]  
  Last Application Date: ____________________________

If Yes, under what name? ____________________________  
Were you selected as an alternate?  Yes [ ]  No [ ]

If Yes, enrolled in any RN Nursing Program?  Yes [ ]  No [ ]  
If Yes, Where? ____________________________  
When? ____________________________

Gender: ____________________________
  [ ] Male  
  [ ] Female

Age: ____________________________
  [ ] ≤ 25 years of age  
  [ ] 26-30 years of age  
  [ ] 31-40 years of age  
  [ ] 41-50 years of age  
  [ ] 51-60 years of age  
  [ ] ≥ 61 years of age

Ethnicity: (Mark only one)
  [ ] African American  
  [ ] American Indian  
  [ ] Non-Filipino Asian or Pacific Islander  
  [ ] Filipino  
  [ ] Hispanic  
  [ ] Caucasian  
  [ ] Other

Demographic Information

OPTIONAL AND NOT USED IN DETERMINING PROGRAM ENTRY
1. Have you already earned a college degree from a Regionally Accredited U.S. College or University?
   □ Yes    □ No

   **You may choose only 1:**
   □ BA/BS/MA/MS/PhD = 5 Points
   □ AA/AS = 3 Points
   □ Foreign Degree equivalent to BS/AS degree = 1 Point

   Complete the following table for all colleges attended, in any location, at any time.

<table>
<thead>
<tr>
<th>College Name</th>
<th>City &amp; State</th>
<th>Dates Attended</th>
<th>Degree Awarded</th>
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</table>

   **REQUIRED DOCUMENTATION TO EARN CRITERIA POINTS**

   You must attach 2 official transcripts from regionally accredited U.S. colleges or universities with your degree posted.

   Please see criteria 4 for details on transcript requirements.

   All transcripts from outside the United States must be evaluated by an ECC-approved foreign evaluation service.
2. **Have you earned a relevant Diploma or Certificate? You may choose only 1.**
   - Licensed Vocational Nurse = 10 Points
   - Certified Nursing Assistant = 10 Points
   - Paramedic = 5 Points
   - Emergency Medical Technician = 5 Points
   - Respiratory Therapist = 5 Points
   - Psychiatric Technician = 5 Points
   - Radiology Technician = 5 Points
   - Ultrasound Technician = 5 Points
   - Medical Military Experience (>1000 hours) = 5 Points
   - Phlebotomist = 5 Points
   - Hospital based clerical or telemetry staff = 5 Points
   - Health care related therapists or technicians = 5 Points
   - Medical Assistant = 5 Points
   - Dental Hygienist = 5 Points
   - Medical Scribe = 5 Points
   - Athletic Trainer (>1000 hours) = 5 Points
   - Other: _________________________ = 5 Points

   Licensed or certificated healthcare worker requires a copy of the current California certificate including name, certificate number, date of issue and date of expiration

   * If applying as LVN-RN Bridge, attach 2 transcripts from LVN school showing completion of LVN program

3. **Do You have recent work or volunteer experience* with direct patient care in relevant jobs (as listed above)?**
   - Yes, documentation is attached. = 5 Points
   - No, I do not have recent work or volunteer experience with direct patient care in a relevant job.

   *For credit in this criterion, you must have worked at least 200 hours within the last twenty-four months. Hours worked towards earning a relevant Diploma or Certificate cannot be included. No partial credit is awarded in this criterion.*

   Original letter on organization letterhead with an original signature from current/former employer. Must include: Name, start date and end date (if applicable), employee status (full-time/part-time), Number of hours worked per week (or total hours from/to date), job title and department, and job duty examples.
4. Pre-Requisite Course Work
   This course work only includes Anatomy, Physiology, Microbiology, and English 1.

   You must pass Anatomy, Physiology, and Microbiology with a minimum ‘C’ grade and have a minimum 2.5 GPA in these courses.

   Each science prerequisite must include a lab and be equivalent to 4 semester units. If you were awarded quarter units, please contact the nursing counselor at (559) 730-3930 for conversion assistance.
   - You are allowed to repeat each science prerequisite one time.

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Units</th>
<th>Grade</th>
<th>Term/Year</th>
<th>College</th>
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<tbody>
<tr>
<td>Anatomy</td>
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<td>Physiology</td>
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<tr>
<td>Microbiology</td>
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Grade Point Average in Relevant Course Work
   Include only: Anatomy, Physiology, Microbiology

- 4.0 = 30 Points
- 3.60 – 3.99 = 25 Points
- 3.30 – 3.59 = 20 Points
- 3.20 – 3.29 = 15 Points
- 3.00 – 3.19 = 10 Points
- 2.50 – 2.99 = 5 Points

You must pass English 1 with a minimum ‘C’ grade.

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<tr>
<th>Course</th>
<th>Course Units</th>
<th>Grade</th>
<th>Term/Year</th>
<th>College</th>
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<tr>
<td>English 1</td>
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Two Official transcripts (in original sealed/unopened envelope) for all lower and upper division courses completed at any and all U.S. institutions, regardless of applicability to nursing requirements is required.

An unofficial transcript will only be accepted for courses completed at College of Sequoias.

Final grades must be posted on each transcript. Only one repeat is allowed for each science prerequisite.

Failure to submit official transcripts with all grades posted will result in disqualification from the application process.

All transcripts from outside the United States must be evaluated by an ECC approved foreign evaluation service.
### Additional Graduation Requirements

NOTE: No points are awarded for completing these courses.

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<thead>
<tr>
<th>Course</th>
<th>Course Units</th>
<th>Grade</th>
<th>Term/Year</th>
<th>College</th>
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<tr>
<td>Psychology 1</td>
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<td>Comm 1, 4, or 8</td>
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<td>Nurs 106, Soc 1, or Anthro 10</td>
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<td>Humanities (Area C)</td>
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<td>History 17, 18, or Pols 5</td>
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<td>Math Competency – Math 230 or equivalent</td>
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<td>Physical Education</td>
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<td>Library 101, 102, 103</td>
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</table>

5. **Did you repeat any of your prerequisite science coursework?**

   Repeats include all grades, NC, No Pass, or “W”.
   No more than one repetition in each Biology prerequisite is allowed.

   1 repeated class, **deduct 5 points**
   2 repeated classes, **deduct 10 points**
   3 repeated classes, **deduct 15 points**

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<thead>
<tr>
<th>Course</th>
<th>Number of Repeats</th>
<th>Points Deducted</th>
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<tbody>
<tr>
<td>Anatomy</td>
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<td><strong>Total Repeats</strong></td>
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6. **What was your Individual Adjusted Score on the Test of Essential Academic Skills, version V?** (Upper right hand side of TEAS V report)

- 85.0 – 100% = **25 points**
- 78.0 – 84.9% = **20 points**
- 71.0 – 77.9% = **15 points**
- 64.0 – 70.9% = **10 points**
- 62.0 – 63.9% = **1 point**

Only the first passing score will be accepted, only one repeat of TEAS will be allowed.

If TEAS was taken at COS, a printed copy of the TEAS Individual Performance Profile report is required.

If TEAS was taken at a location other than COS, a printed copy of the Individual Performance Profile Report, and a copy of the Transfer Receipt from www.atitesting.com or an email verification showing payment for transfer is required.

7. **Do you have special life experiences or special circumstances?**

Please review the list below and determine if any one of these experiences/circumstances apply to you. If so, and you provide the required documentation, you will be awarded **5 points** for one eligible experience/circumstance.

- **Eligible Veteran or Spouse of Eligible Veteran**: Provide copy of Defense Department Form 214 (DD214). Honorable discharge required.
- **Disabilities**: Provide proof of eligibility from COS Disability Resource Center or other qualified disability evaluation specialist.
- **Low Family Income**: Provide proof of eligibility or receipt of financial aid under a program that may include but is not limited to: a fee waiver from the Board of Governors, the CalGrant program, the Federal Pell Grant program, or CalWorks.
- **First Generation to Attend College**: Provide description below.
- **Need to Work**: Provide paycheck stub from period of time enrolled in prerequisite courses or letter from employer.
- **Social or Environmental Disadvantages**: Provide proof of eligibility for Extended Opportunity Programs and Services (EOP&S)
- **Difficult Personal or Family Situations or Circumstances**: Provide description below.
- **Refugee Status**: Provide documentation or letter from United States Citizens and Immigration Service (USCIS)

*Continued on next page*
### College of Sequoias Associate Degree In Nursing Program

#### Program Application Packet

<table>
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<tr>
<th><strong>If claiming the circumstance of first in your family to attend college, or difficult personal family situations/circumstances, please provide a brief description below:</strong></th>
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**Your Signature/Date**

| **8. Are you proficient or have advanced level coursework in languages other than English?** |
| **Eligible languages identified by Chancellor’s Office are:** |
| □ American Sign Language |
| □ Arabic |
| □ Chinese (including its various dialects) |
| □ Farsi |
| □ Russian |
| □ Spanish |
| □ Tagalog |
| □ One of the various languages of the Indian sub-continent and Southeast Asia |

**Native Speaker:** Completed and signed Certificate of Language Proficiency form or

**Second Language:** Transcripts showing completion of 3 years high school courses in same language with a “C” or better, or 2 years of college in same language through the intermediate level or AP or SAT Subject test score.

| **9. Have you completed 18 or more semester units at College of Sequoias.** |
| □ Yes = **15 Points** |
| □ No = **0 Points** |

Please see criterion 4 for transcript requirements.
<table>
<thead>
<tr>
<th>Criteria Category</th>
<th>Points Earned (TO BE FILLED IN BY APPLICANT)</th>
<th>Points Awarded OFFICE USE ONLY</th>
<th>Verification Included OFFICE USE ONLY</th>
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I certify to the best of my knowledge all information provided on this document is complete and accurate. I understand and acknowledge it is my responsibility to verify that all required documents are included with this application. I understand that failure to include any required documents will result in loss of points awarded or disqualification of my application.

Signature: ____________________________________________ Date: _________________________________