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](http://www.cos.edu/academics/nursing)

1. **Program Application Submission Periods and Timeframes**

   The COS RN program accepts applications twice each year.

   - **November 1 through February 1.** 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.
   - Include the completed and signed Nursing Program Information Tutorial Test.
   - 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 ATI TEAS report and used my Adjusted Individual Total Score to establish and record my points
— I have provided my ATI TEAS Adjusted Individual Score Report and the receipt showing electronic transfer of score 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 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 read the Nursing Program Information Tutorial found on the Nursing website and have included my completed and signed Nursing Program Information Tutorial Test with this application.
— 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 and certification of language proficiency.

Print Name:_____________________________________
Signature:_____________________________________
Date:_____________________________________

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College of Sequoias Associate Degree In Nursing Program
Program Application Packet

Student Information Section

Admission to:  Spring 2020 Semester

Program Option:  □ □ RN Program  □ LVN-RN Bridge Program  □ LVN 30 Unit Option

(Select one)

Full Name: ________________________________
Last Name: _____________________________ First: __________ Middle Initial: _________ Previous Last Name: ________

Address: ________________________________
Mailing Address: ___________________________ Apartment/Unit Number: _______________ City: _______________ State: ________ Zip Code: ________

County of Residence: ________________________________

Email: ________________________________

Main Telephone: ___________________________ Alternate Telephone: ___________________________

Birthdate: MM/DD/YYYY  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 □

Have you ever enrolled in any RN Nursing Program? Yes □  No □  If Yes, Where? ________________________________  When? __________

Do you plan to receive a Bachelor’s degree in Nursing?  Yes □  No □

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
<table>
<thead>
<tr>
<th>#</th>
<th>ADMISSION CRITERIA</th>
<th>REQUIRED DOCUMENTATION TO EARN CRITERIA POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Complete the following table for all colleges attended, in any location, at any time, whether or not a degree was awarded.</td>
<td>You must attach 2 official transcripts from regionally accredited U.S. colleges or universities with your degree posted.</td>
</tr>
<tr>
<td></td>
<td>College Name</td>
<td>City &amp; State</td>
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<tr>
<td>Have you already earned a college degree from a Regionally Accredited U.S. College or University?</td>
<td>Please see criteria 4 for details on transcript requirements.</td>
<td></td>
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<tr>
<td>□ Yes □ No</td>
<td>All transcripts from outside the United States must be evaluated by an ECC-approved foreign evaluation service.</td>
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<td></td>
<td>Failure to submit official transcripts with all grades posted will result in disqualification from the application process.</td>
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</tbody>
</table>

You may choose only 1:
- BA/BS/MA/MS/PhD = 5 Points
- AA/AS = 5 Points
- Foreign Degree equivalent to BS/AS degree = 1 Point
2. **Have you earned a relevant License or Certificate? You may choose only 1.**
   - Licensed Vocational Nurse = 10 Points
   - Paramedic = 10 Points
   - Psychiatric Technician = 10 Points
   - Psychiatric Technician = 5 Points
   - Certified Nursing Assistant = 5 Points
   - Emergency Medical Technician = 5 Points
   - Respiratory Therapist = 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 certified healthcare worker requires a copy of the current California license/certificate including name, license/certificate number, date of issue and date of expiration.

   * If applying as LVN-RN Bridge, attach 2 official 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 of work experience is attached. = 5 Points
   - Yes, documentation of volunteer experience is attached. = 2.5 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.
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 office at (559) 730-3728 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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<tr>
<td>Physiology</td>
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<tr>
<td>Microbiology</td>
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</table>

**Grade Point Average in Relevant Course Work**

Include only: Anatomy, Physiology, Microbiology

\[
\text{GPA } \text{ } x 10 = \text{ Points } \ \\
\text{ (To nearest hundredth decimal)}
\]

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

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Units</th>
<th>Grade</th>
<th>Term/Year</th>
<th>College</th>
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</thead>
<tbody>
<tr>
<td>English 1</td>
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</tbody>
</table>

**Additional Graduation Requirements**

NOTE: No points are awarded for completing these courses

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.
<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>Psychology 1</td>
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<td>Comm 1, 4, or 8</td>
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<tr>
<td>Nurs 106, Soc 1, or Anthro 10</td>
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<tr>
<td>Humanities (Area C)</td>
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<tr>
<td>History 17, 18, or Pols 5</td>
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<td>Math Competency – Math 230 or equivalent</td>
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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>Physiology</td>
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<td>Microbiology</td>
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<tr>
<td><strong>Total Repeats</strong></td>
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</tbody>
</table>
6. **What was your Individual Adjusted Score on the ATI TEAS?** *(Upper right hand side of TEAS report)*

- **92.0% - 100% = 30 points**
- **91.9% - 65.1% = TEAS score less 62.0% = ___________ points** *(Applicant must calculate points)*
- **62.0% - 65.0% = 3 points**

   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 or an email verification showing payment for transfer of scores to COS from [www.atitesting.com](http://www.atitesting.com) 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 points for ___ eligible experience/circumstance.

   - **Eligible Veteran or Spouse of Eligible Veteran**: Provide copy of Defense Department Form 214 (DD214). Honorable discharge required. **5 points**
   - **Disabilities**: Provide proof of eligibility from COS Access & Ability Center or other qualified disability evaluation specialist. **2.5 points**
   - **Low Family Income**: Provide current 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. **2.5 points**
   - **First Generation to Attend College**: Provide description below. **2.5 points**
   - **Need to Work**: Provide paycheck stub from period of time enrolled in prerequisite courses or letter from employer. **2.5 points**
   - **Social or Environmental Disadvantages**: Provide proof of eligibility for Extended Opportunity Programs and Services (EOP&S). **2.5 points**
   - **Difficult Personal or Family Situations or Circumstances**: Provide description below. **2.5 points**
   - **Refugee Status**: Provide documentation or letter from United States Citizens and Immigration Service (USCIS). **2.5 points**
If claiming the circumstance of first in your family to attend college, or difficult personal family situations/circumstances, please provide a brief description below:

<table>
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<tr>
<th>Your Signature/Date</th>
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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: Official Transcripts showing completion of 3 years high school courses in same language through the intermediate level with a “C” or better, or college course/s in the same language through the intermediate level with a “C” or better or Official AP score Report with a test score of 3 or higher or appropriate SAT Subject test score in language.
Criteria Score/Points:

<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>
</tr>
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<tbody>
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<td>TOTAL</td>
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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: ________________________________
1. International coursework must be evaluated by
   a) COS Admissions & Records
   b) COS Counseling Department
   c) COS Nursing Counselor
   d) A COS approved transcript evaluation service

2. The COS Nursing Program website is
   a) www.cos/nursing
   b) www.cos/career center/nursing
   c) www.cos.edu/student services/nursing
   d) www.cos.edu/nursing

3. Criminal background checks are ordered by each student prior to beginning the program.
   If a background check is “flagged”
   a) Acceptance depends upon the offense
   b) Acceptance depends upon approval of the clinical agency
   c) The student will have to remediate and reapply
   d) The student is automatically denied admission to the program

4. Completing the online tutorial and this quiz is ___________ in order to apply to the Nursing Program
   a) Optional
   b) Recommended
   c) Highly recommended
   d) Mandatory

5. Which of the following is required for the application process
   a) Successful completion of the Nursing Program Information Tutorial Test only
   b) Unofficial transcripts for all prerequisite courses, successful completion of the Nursing Program Information Tutorial Test
   c) Two official transcripts from all colleges/universities attended, successful completion of the Nursing Program Information Tutorial Test
   d) One official transcript from COS, successful completion of the Nursing Program Information Tutorial Test

6. The courses which require a subset GPA are
   a) Anatomy, Physiology, Microbiology
   b) English, Anatomy, Physiology and Psychology
   c) Speech, English, Anatomy & Physiology
   d) Anatomy, Physiology, Microbiology & Chemistry

7. The application deadlines are which of the following
   a) November 1 – January 15
   b) January 15 & July 15
   c) May 1 – July 15
   d) January 1 & July 15

8. If a fully qualified applicant is not admitted, he/she
   a) Must re-apply next year
   b) Can reapply for admission to the next or any subsequent semester
   c) Cannot reapply
   d) Does not have to reapply, their waitlist number rolls over to the next year

9. An applicant is ineligible if he/she
   a) Lives in Sacramento
   b) Submits their application on January 2
   c) Is not a current COS student
   d) Has a prerequisite course in progress at the time of application

10. Which of the following is an incorrect statement?
    a) Flexibility with work schedule is essential in order to meet the nursing schedule requirements
    b) There are no course expiration dates for prerequisite courses
    c) Cost of the program is $8,490 per year
    d) Background check includes urine drug testing

11. General education courses (Humanities, American Institutions) must be completed
    a) In order to take the RN-NCLEX exam
    b) For the Associate of Science in Nursing degree, unless the student already holds a Bachelor’s degree
    c) After the nursing program is completed
    d) In order to apply to the nursing program

12. In order to be eligible for the Associate of Science in Nursing degree, the student must have completed
    a) MATH 205
    b) MATH 230 or more advanced Math course
    c) MATH 360
    d) MATH 230 or more advanced Math course or eligibility for a higher Math course based on COS Placement Procedures

13. Nursing program clinical hours range from 6 to 16 hours per week, depending on the course. Choose the correct statement regarding clinical hours
    a) Clinical hours are never in the evening
    b) Clinical hours are always on Tuesdays & Wednesdays
    c) Clinical hours are not required
    d) Clinical days and hours vary from course to course

14. For applicants choosing the 30-Unit LVN Option, which of the following are correct
    a) Must meet with the Director of Nursing before choosing this option
    b) Admitted on space available basis
    c) Will have permanent “Non-graduate” designation from CA BRN upon successfully passing the RN-NCLEX exam
    d) All of the above

15. The minimum cumulative GPA for application into the program is
    a) 2.5
    b) 2.0
    c) 4.0
    d) 3.2

Applicant Name: _____________________________________________________________
Signature of Applicant: _______________________________________________________