



# 2019-2021 Nursing Program Application

\$25.00 Application Fee (Required for the Nursing Application to be processed) **DO NOT SEND CASH**

Please type or print neatly in blue or black ink.

Providing your social security number is voluntary. If you provide it, the college will use your social security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts and providing the Internal Revenue Service with the information required under the Taxpayer Relief Act of 1997. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Please refer to the disclosure statement in the college catalog and schedule of classes. However, providing your SSN is required to receive Federal Financial Aid.

Last Name		First Name	Middle Initial	Previous Last Name(s)	
Social Security Number			Date of birth (mm/dd/yy)		
Current mailing address number and street			City	State	Zip
Physical address if different from mailing address			City	State	Zip
Daytime phone		Evening phone		Message/Cell phone	

Email address

Ethnicity (optional): American Indian/Alaskan Native  Asian/Pacific Islander  Black/Non-Hispanic  Hispanic  White/Non-Hispanic

## Education Information

List all colleges where you have completed nursing prerequisites and/or a degree

College	State	Dates of attendance	Degree earned/number of credits

I have read and understand the admission criteria for the nursing program at UCC and OCNE. I understand that it is my responsibility to meet all program and application criteria. I verify that all statements on this application are complete and true and I understand that falsification of any information may lead to disqualification or dismissal from the program. I give my permission for release of pertinent application information to the OCNE partner schools, including OHSU, as necessary to facilitate my program of study. In addition, I am authorizing release of my information to the Oregon Center for Nursing and the Oregon State Board of Nursing for statistical and research purposes only. I further understand that although co-admitted to the Oregon Health & Science University School of Nursing, those who choose to transition from Umpqua Community College Nursing Program to OHSU will have to undergo a History Background Check for OHSU prior to enrollment in OHSU courses and enrollment may be negatively impacted by any criminal history in the background.

Signature	Date	UCC Student ID
<b>MAIL TO: Umpqua Community College - Nursing</b> <b>P.O. BOX 967</b> <b>ROSEBURG, OR 97470</b>	<b>Reviewed Date:</b> _____	<b>Initial</b> _____ <b>Check #</b> _____

Affirmative Action: It is the policy of Umpqua Community College to provide equal educational and employment opportunities and to provide service benefits to all students and employees without regard to sex, race, color, religion, national or ethnic origin, age, sexual orientation, marital status, disability or any other status or characteristic protected by applicable state or federal law. This policy is in accordance with the laws enforced by the Department of Education and Department of Labor, including Presidential Executive Order 11246, as amended by the Civil Rights Act of 1991, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Acts of 1974-75, the Americans with Disabilities Act of 1990 and Oregon Revised Statute 659.030. Inquiries regarding application of these and other regulations should be directed to the College's Human Resources Office 541-440-4626, the Office of the Vice President for Administrative Services 541-440-4631, the Office of Civil Rights, Department of Education Office, Seattle, Washington; or the Office of Federal Contract Compliance Programs, Department of Labor, San Francisco, California.



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2019-2021**



**THIS FORM MUST BE FILLED OUT AND SUBMITTED AS PART OF A COMPLETED APPLICATION**

**NAME:** \_\_\_\_\_

**UCC ID #** \_\_\_\_\_

**YEAR ONE – PREREQUISITE COURSE PLANNING SHEET – 45-48 credits**

- **GPA Minimum of 3.00**
- 30 credits (of the 45-48 must be completed by the application deadline. Official transcripts documenting completion of courses that were completed by fall term **must be received** by deadline. The 30 credits must include; BI 231 (must be completed in the last five (5) years **(COUNT FROM THE CURRENT YEAR BACK)** and the Math competency (Math placement of MTH 105 or higher) or Math 95 or higher. Select courses from those listed below:
- 45-48 credits (specified below) must be completed prior to the fall of the nursing program.

<b>COURSES</b>	<b>College</b>	<b>Term/year completed</b>	<b>Grade</b>	<b>Credits</b>
<b>SECTION A - MATHEMATICS: 4 credits</b> <input type="checkbox"/> MTH 95 <b>OR</b> higher Math course <input type="checkbox"/> MTH _____		/		
OR <input type="checkbox"/> UCC Placement test scores for MTH105 higher		/		
<b>*SECTION B - ANATOMY AND PHYSIOLOGY I, II, III: 12 credits</b> <input type="checkbox"/> BI 231		/		
<input type="checkbox"/> BI 232		/		
<input type="checkbox"/> BI 233		/		
<b>SECTION C - ENGLISH COMPOSITION :</b> <input type="checkbox"/> WR121		/		
<input type="checkbox"/> WR122 or <input type="checkbox"/> WR 227		/		
<b>SECTION D - HUMAN NUTRITION: 4 credits</b> <input type="checkbox"/> FN225		/		
<b>SECTION E - MICROBIOLOGY: 4 credits</b> <input type="checkbox"/> BI 234		/		
<b>SECTION F - HUMAN DEVELOPMENT: 3 credits</b> <input type="checkbox"/> HDFS 201 or PSY 237 (online)		/		
<b>SECTION G - SOCIAL SCIENCE (PSY) / Arts &amp; Letters : 9 credits</b> From the "approved discipline studies listings" of the UCC catalog <b>- 3 courses</b>				
<input type="checkbox"/> Name of Course: <b>One PSY 100 or 200 level course:</b>		/		
<input type="checkbox"/> Name of Course: Social Science or Arts and Letter		/		
<input type="checkbox"/> Name of Course: Social Science or Arts and Letter		/		
<b>SECTION H - Genetics: 3 credits</b> <input type="checkbox"/> BI 222:		/		

**Total Credits to apply must be 30 or more**

**Please add only the credits completed.**

**Total Completed Credits:**

**\* ANATOMY AND PHYSIOLOGY I, II, III must be completed within the last five years.**



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2019-2021 NURSING APPLICATION PACKET CHECK LIST

Please complete this verification checklist as part of your nursing application. Be sure to attach all worksheets, official transcripts, math test scores and other supporting documentation as well as this checklist to your application. Applications will be accepted beginning December 3, 2018. It is the responsibility of the applicant to ensure that all required documents and data listed below are received by the deadline.

REQUIRED

[ ] Signed and Completed Nursing Application Checklist. (This Page)

[ ] Completed OCNE/UCC 2019-2021 Nursing Program Application form WITH \$25.00 non-refundable processing fee; attached. DO NOT SEND CASH. Checks or Money order only and payable to: "Umpqua Community College – Nursing" and stapled to application.

I understand that by making application to Umpqua Community College I am also applying for co-admission and authorizing the release of my application information to OHSU. In addition, I am authorizing my information to be released to the State Board of Nursing for research purposes only.

[ ] Completed UCC admission form.

[ ] Year One Prerequisite Course Planning Sheet. I have completed and attached the sheet indicating where all prerequisites have been completed and my GPA has been calculated to 3.00 or greater. Please provide your overall (uncalculated) GPA in the space provided (overall GPA for all courses taken) for informational purposes only: \_\_\_\_\_

[ ] Math Competency. I have met the required math competency through one of the following (proof attached):
Completion of Math 95 with a "C" or better. OR;
[ ] Placement into Math 105 (or higher) on the UCC math placement test taken prior to submitting the application.

[ ] Anatomy and Physiology 1 (must be completed in the last five (5) years) – has been completed.

[ ] Proctored Essay. UCC has my permission to notify me of the proctored essay invite via my preferred email address and US Mail. Circle One: Y or N. Preferred email: \_\_\_\_\_

[ ] I understand that all prerequisites for the nursing program must be completed BEFORE Fall entry into the Nursing Program. This includes BI 222 – Genetics must be completed BEFORE entry into fall term of first year of the Nursing Program. Failure to complete all prerequisites will result in elimination of the acceptance into the program.

[ ] I have not attended any previous OCNE programs of nursing. Failure to disclose will result in immediate dismissal in the Nursing Program at Umpqua Community College. Yes, I have attended an OCNE program at \_\_\_\_\_ in \_\_\_\_\_
College Year

Provide is applicable:

- [ ] Prior Degree Documentation: Copy of diploma or official transcript for proof of prior degree.
[ ] Proof of Current Medical Certificate or Licensure: Hardcopy proof of current license/certificate provided (requires direct patient care)
[ ] Proof of 500 documented hours of working in the healthcare field (direct patient care) within the last three years.

[ ] Acceptance to the Nursing Program. UCC has my permission to notify me of program acceptance via my preferred email address (same as above) and US Mail. Circle One: Y or N.

Name (Print) Signature Date

Please mail all application materials to: Umpqua Community College - Nursing PO Box 967 Roseburg, OR 97470
Hand deliver to: Umpqua Community College, 1140 Umpqua College Road, HNSC, Nursing Office 114