



ASSOCIATE DEGREE IN NURSING (ADN) APPLICATION – PHASE TWO

It is the responsibility of the applicant to complete all the requirements below prior to the application deadline to be considered for the Associate Degree Nursing program.

STUDENT TO COMPLETE BELOW	DATE COMPLETED
1. Complete the Admissions Application to Chipola College .	
2. Read the ADN Program Information Packet and watch the Nursing Information Session.	
3. Complete required prerequisite courses with a grade of “C” or better: BSC 2085, BSC 2085L, ENG1101, MAC 1105 (higher-level Math is acceptable, MAT1033 is not an acceptable substitution), Civics and PSY 2012. The cumulative GPA for these courses must be 2.75 or higher. <i>Courses currently in progress will not be accepted.</i>	
4. Complete SLS 1101 – Orientation if a first-time college student. Grade received in this course is not calculated in the prerequisite GPA.	
5. Verify that official Transcripts from ALL programs attended were received by Admissions. This includes high school, technical programs, colleges, and universities.	
6. Register and pay for TEAS exam. For information visit Chipola College Testing Center: https://www.chipola.edu/admissions/testing-center/teas/	
7. Submit the Nursing Program Student Health Form completed by a licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP), or Physician’s Assistant (PA).	
8. If you do not have proof of an immunization, you can get a titer to prove you have immunity. Submit proof of the following required immunizations using the attached Mandatory Immunizations Form: A. TDaP (Diphtheria, Tetanus and Pertussis) within last 10 years B. Hepatitis B Series or positive titer for immunity showing result numbers, or declination waiver form C. Varicella immunization x2 or positive titer for immunity showing IGg result numbers D. MMR immunization x2 or positive titer for immunity showing IGg result numbers E. Flu Vaccination (current year, September - May).	
9. TB testing can be done one of two ways: A. Get a two-step PPD with the results put on the Mandatory Immunization & Titers Form. B. IGRA Blood test, must provide the lab results.	
10. Medical Release Form, signed, dated, and notarized	
11. Applicant Acknowledgment Form, signed and dated	

Completion of the items on the checklist does not guarantee acceptance to the Associate Degree Nursing program. Selection process is competitive. Completion of the checklist is the applicant’s responsibility.

[This page does not need to be submitted with the application.](#)



1. PERSONAL INFORMATION

Name: _____ CC ID#: _____

Equal Opportunity Data: This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for admission.

Gender: _____ Date of Birth: _____

Race: _____ Ethnicity: Non-Hispanic/Latino Hispanic/Latino

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Telephone Numbers: Home _____ Cell _____

High School: _____ Year of Graduation: _____

Chipola College Email Address: _____@my.chipola.edu

NOTE: Letters, notification of acceptance/denial, and all information will be sent using the above address and your Chipola College Student Email. NO PERSONAL EMAILS WILL BE USED.

2. APPLICANT BACKGROUND Attach additional sheets, if necessary:

Have you attended a Nursing program/classes before? _____ No _____ Yes

If yes, where and when? _____

What name(s) did you use when you received your nursing education? _____

Have you previously earned a grade of "D" or "F" in any nursing courses? _____ No _____ Yes

NOTE: Applicants who have twice earned a grade of "D" or "F" in ANY nursing course from ANY institution are ineligible for the nursing program.

3. Criminal History

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER been arrested for a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Reckless driving, driving while license suspended or revoked (DWLSR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Reckless driving, driving while license suspended or revoked (DWLSR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER had any records sealed pursuant to section 943.059, F.S., or other states applicable statute?
If you responded "No" to question 3, skip to question 4.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" to 3, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence, and completion of any subsequent probation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" to 3, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).
<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" to 3, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" to 3, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "Yes", please provide supporting documentation).
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" to 4, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?

Failure to disclose information in this section may result in a denial of your application.

If you answered "Yes" to any of the questions in the Criminal History Section, you are required to send the following items:

- Self-Explanation describing in detail the circumstances surrounding each offense, including dates, city and state, charges and final results.



- Final Dispositions and Arrest Records for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.

4. Health History

- Yes No Do you have any condition that currently impairs your ability to practice nursing with reasonable skill and safety? Review the Functional Skills Required for Nursing in the Associate in Science Nursing Degree Information Packet, page 5.
- Yes No Are you using medications, other drugs, narcotics, or intoxicating chemicals that impair your ability to practice nursing with reasonable skill and safety?

If you responded “Yes” to either of the questions, you are required to send the following items:

- Please provide a letter from a licensed health practitioner, who is qualified by skill and training to address your condition, which explains the impact your condition may have on your ability to practice your profession with reasonable skill and safety, and stating either that you are safe to practice your profession without restriction or indicating what restrictions are necessary. If necessary, you may attach additional sheets. Documentation must be current within the last year. If you fail to disclose the information requested in this section, your application may be denied.
- Self-explanation, explaining the medical condition(s), or occurrence(s), and current status.

5. Academic/College Performance

Admission to the Chipola College ADN program is a competitive process. It is the applicant’s responsibility to make sure that official transcripts verifying **ALL** courses listed are on file with the Admissions Office.

Directions: Points are awarded for the first or second attempts at a course. Additional attempts will not receive points. Withdrawals are counted as an attempt. Identify college course(s) completed:

- A. General/Related Education Courses:** Points will be awarded in the following manner: A – 3 points, B – 2 points, C – 1 point. Eligible transfer/equivalent courses may be considered.

Course Prefix	College Name	Grade	Points (Office Use Only)
ENC1101			
PSY2012			
Civics*			
Humanities Elective* Specify course: _____			
SLS 1101	Orientation (Students with 12 hours of college credit do not have to take this course.)		
*AMH2020 or POS2041 are the only accepted Civics courses for this pre-requisite.			



****Humanities is a co-requisite and does not have to be completed before applying to the ADN program, though it is recommended.***

- B. College Science and Math Courses:** Points will be awarded in the following manner: A – 8 points, B – 4 points, C – 1 point.

Course Prefix	College Name	Grade	Points (Office Use Only)
BSC2085			
BSC2085L			
BSC2086*			
BSC2086L*			
MCB2010*			
MCB2010L*			
MAC1105 or higher *If using higher math, please specify:			

****BSC2086, BSC2086L, MCB2010 and MCB2010L are co-requisites and do not have to be completed before applying to the ADN program, though it is recommended.***

**** Applicants completing 50% or more of their academic coursework at Chipola College will receive five (5) additional points.***

C. Completion of Academic Degrees and/or Programs

Applicants will be awarded points for completion of previous academic programs. Documentation **must be provided** to validate successful completion of each. Examples include Associate of Arts, Bachelor of Music, or Master of Science in Management. Points are awarded for one degree only.

6. ATI TEAS (Test of Essential Academic Skills)

Applicants will be awarded points based on their Adjusted Individual Total Score earned on the TEAS assessment. Official transcripts **must be** submitted to the Chipola College Testing Center in order to be accepted. **Online TEAS tests are not accepted, the TEAS must be taken at an accredited institution.** Points will be awarded in the following manner:

TEAS Score	Points Awarded
90+	6
81-89	5
75-80	4
70-74	2
<69	0

***Note: Tests taken more than two (2) years prior to the application date will not be accepted.**



7. Licensure/Certification.

Applicants **must provide** documentation of licensure/certification in order for points to be awarded. Failure to provide documentation will result in no points being awarded. Examples include, CNA, LPN, or Paramedic. Certification **must be** in a field that involves direct patient care.

***CPR cards do not count as licensure/certification. The CPR card will not be required as part of the application process but will be necessary after acceptance.**

APPLICATION REVIEW PROCESS FOR THE ASSOCIATE DEGREE NURSING PROGRAM

This form must be signed and turned in with your completed application.

PHASE I -General Admission Requirements

- _____ Completed the [Admissions Application to Chipola College](#).
- _____ All official high school and college transcripts have been sent to the Admissions Office.
- _____ Residency declaration has been requested and sent to Admissions Office.
- _____ Applications for federal and state student aid and scholarships have been submitted, if applicable.
- _____ Completed required prerequisite courses with a grade of "C" or better: BSC 2085, BSC 2085L, ENG1101, MAC 1105 (higher-level Math is acceptable, Math for Liberal Arts or Intermediate Algebra are not acceptable substitutions), Civics and PSY 2012.
- _____ The cumulative GPA for the courses listed in number 3 is 2.75 or higher. Applications will be rejected if the **GPA is less than 2.75 or all prerequisite courses have not been completed.**

PHASE II - Program Pre-Admission

- _____ Taken the TEAS at an accredited institution within the last two years and official results are on file at the Testing Center. **TEAS exams taken online will not be accepted.**
- _____ Meets eligibility criteria determined by the [Florida Board of Nursing](#) (valid government ID, social security number).
- _____ Read the Nursing Program Information Packet.
- _____ Physical Exam Form, completed and signed by a healthcare provider.
- _____ Immunizations – all immunizations are current, any titers that have been drawn are included. **Titer results MUST have lab report and Immunization Records must be included in application.**
- _____ Applicants must submit proof of current 2 step TB/PPD (2 individual TB tests completed within 1 – 3 weeks) or T-Spot TB test. **Proof of TB tests must be included.**
- _____ Influenza Vaccine : fill out all sections of the form; vaccine must be from current batch year, after September 1.
- _____ Medical Release Form signed and notarized.
- _____ Applicants Acknowledgement form signed
- _____ Photocopy of any certifications or license (i.e. CNA, EMT, LPN)
- _____ Completed and signed application along with required documents in numerical order.

PHASE III – Program Final Admission Steps (after receiving letter)

- _____ Background screening (information will be sent with Phase II acceptance)
- _____ Register and pay for CastleBranch, upload all attached documents (health form, immunization form, etc.), and complete the urine drug screen.
- _____ CPR Certification – BLS for healthcare providers from AHA, ASHO, or American Red Cross. Photocopy of the front & back of the CPR card must be uploaded to CastleBranch.
- _____ Upload proof of health insurance to CastleBranch.

I understand that it is my responsibility to provide these documents as required and that they must be clear and legible. I understand that the deadlines listed are non-negotiable and failure to provide the documents when required



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can and will result in potential rejection or removal from the program. I certify that the application is complete and accurate to the best of my knowledge. I understand that the falsification of any information or documentation will result in the revocation of this application for consideration.

Signature of Applicant

Student ID

Date

The completed nursing packet and required documents can be emailed to Stefanie Barnes barness@chipola.edu or turned in to the Director of Health Sciences, Building Q, Room 211, by the deadline.