



## 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 <a href="#">Admissions Application to Chipola College</a> .	
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: <a href="https://www.chipola.edu/admissions/testing-center/teas/">https://www.chipola.edu/admissions/testing-center/teas/</a>	
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?
<b>If you responded "No" to question 3, skip to question 4.</b>	
<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.





## 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.
- 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/Exemption: fill out all sections of the form; vaccine must be from current batch year, after September 1.  Medical Release Form signed and notarized.
- Applicants Acknowledgment 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 can and will result in potential rejection or removal from the program.



Associate Degree Nursing can

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](mailto:barness@chipola.edu) or turned in to the Director of Health Sciences, Building Q, Room 211, by the deadline.**