

Hutchinson Community College

Associate Degree Nursing Program

LPN to RN or EMT-P to RN Online Program

Application

Date Application Received in Office: _____ (Office Use Only)

Program Applying For

LPN to RN

EMT-P to RN

New application for each program and each time applying is required.

Kaplan Exam Scores

Exam	Date of Exam	Where exam was taken	Reading (73 or higher)	Math (72 or higher)	Writing (61 or higher)	Science (53 or higher)	Overall (65 or higher)
Exam #1							
Exam #2							

Table 1 Kaplan Exam Scores

Personal Information

Please print or type all information:

Name: _____
 Last First Middle Other last name(s)

Address: _____
 Street City State Zip

Cell Phone Number _____ Alternate Phone Number _____

HutchCC Student ID # _____ HutchCC email address _____@dragons.hutchcc.edu

All communication from this office will be through your HutchCC email. Please sign that you have read and understand to check your HutchCC email regularly.

 Applicant's Signature

Residency Status

Are you a U.S. citizen? Yes No If no, are you a permanent resident? Yes No

Is English a second language? Yes No

If yes, all applicants must show proficiency in oral and written by completing a transferable English Composition I course with a "C" or better, or meeting the minimum scores for the TOEFL exam Writing – 20, Speaking – 20, Reading 19, Listening – 20.

Please send TOEFL scores in with application Yes No

Are you an International Student? Yes No

Emergency Contact

If under 18, name of legal guardian.

Name: _____ Relationship: _____

Address _____ Telephone: _____

Name: _____ Relationship: _____

Address _____ Telephone: _____

Demographics

The following information is used for federal and state reporting. Your response is encouraged but optional.

Gender: Female Male I prefer not to respond

Ethnicity:

American Indian or Alaskan Native

White or Caucasian

Native Hawaiian or Pacific Islander

Multiracial

Black or African American

Hispanic or Latino

Asian

Other/Unknown

Prerequisites

Have you completed the following with a grade of "c" or better?

Prerequisite Courses	Yes	No	Currently Taking	What College/University?	What Year and Semester?
Human A & P					
English Comp I					
General Psychology					
Human Growth and Development					
Public Speaking or Interpersonal Communications					
Sociology or Nutrition					
Medical Terminology					
General Microbiology					
IV Therapy (LPN's)					

Table 2 Prerequisites

NOTE: If you have taken any of the above classes at a different institution you must have an OFFICIAL TRANSCRIPT sent to Hutchinson Community College Records Office to: Hutchinson Community College, Attn: Records Office, 1300 N. Plum, Hutchinson KS 67501.

Are you a Paramedic? Yes No If yes, Year certified? _____

National Registration? Yes Kansas Certified? Yes No

Are you an LPN? Yes No Year licensed? _____ What school? _____

Are you a CURRENT student in a PN Program? Yes No
If yes, what school? _____ Graduation date? _____

Have you previously applied for admission to a nursing program? Yes No

Have you ever been a student at another nursing program? Yes No

Please specify: LPN Diploma ADN BSN

Why did you leave that program? _____

Why did you choose this nursing program? _____

Post-Secondary Education

List all formal education beyond high school.

Schools	From	To	Name of School	City and State	Major	Credential Earned
1						
2						
3						
4						

Table 3 Education

Employment (LPN's Only)

List any healthcare work experience and other.

Jobs	From	To	Title of Position	Employer	City and State
1					
2					
3					
4					

Table 4 LPN Employment

Signature

I certify that the information on this Hutchinson Community College Associate Degree Nursing Program Application is correct.

Signature: _____ Date: _____

All records submitted to the college in the admission process are kept confidential. They become the property of Hutchinson Community College and will not be returned to the student.

NOTICE OF NONDISCRIMINATION

Hutchinson Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, military status, sexual orientation, or any other protected category under federal, state, or local law, or by college policy. The following person has been designated to monitor compliance and handle inquiries regarding the non-discrimination policies:

[For printed materials...especially if not reviewed/updated annually]

Coordinator of Equity & Compliance

1300 N. Plum

Hutchinson, KS 67501

(620) 665-3500

equity@hutchcc.edu

[For electronic materials]

Jacob Gunden

Coordinator of Equity & compliance

1300 N. Plum

Hutchinson, KS 67501

(620) 665-3500 or (620) 665-3121

equity@hutchcc.edu [or gundenj@hutchcc.edu]

Hutchinson Community College Associate Degree Nursing Program

KSBN Requirements

Please read and complete the following information:

The Kansas State Board of Nursing requires this program to obtain the following information. A misdemeanor or felony conviction can prevent a graduate registered nurse from obtaining a Kansas Nursing license. (This may include juvenile charges).

Have you ever been convicted of any misdemeanor or felony? Yes No

(Please note: Any conviction of speeding or parking violations need not be reported.)

Have you ever been convicted of a misdemeanor or felony involving an illegal drug offense? Yes No
Please review Kansas policy.

Have you even been convicted of a felony for a crime against persons? Yes No

Please review the Kansas Nurse Practice Act (65-1120) and Article 54 of Chapter 21.

If yes, to any question, please write an account of the offense on the back of this sheet that includes the dates and details of sentencing. You may also want to contact the Kansas State Board of Nursing Legal Department at 785-296-4325 to make sure that these convictions will not bar you from being licensed as a Registered Nurse in the state of Kansas.

Applicants Signature: _____ Date: _____

If you are accepted into this program it is your responsibility to promptly notify the Coordinator of the program of any convictions that occur after this date.

Application Submission

To submit application mail, email or fax.

Mail to:

Associate Degree Nursing Program
Hutchinson Community College
Davis Hall
815 N. Walnut
Hutchinson, KS 67501

Email to:

morawitzr@hutchcc.edu

Fax to:

(620) 931-2829