

ADN & LVN to ADN Application Workshop

Mt. San Jacinto College Menifee Valley Campus Nursing Department Bldg. 500 28237 La Piedra Rd. Menifee Ca 92584 Email: NursingandAH@msjc.edu

LET'S GET STARTED!

- Do you have the current application?
- If using pen be sure to write in blue or black ink only or type, no pencil please.
- Be sure to fill out all information legibly. No cursive.
- Attach current Nursing notification of eligibility with application "Program Notes", verifying Prerequisite GPA, etc. This can be found in Self-Service → Student Planning → My Progress → Program Notes .



Mt. San Jacinto College Associate Degree Nursing Application

Application Filing Period: February 1-15, 2024 for Fall 2024 Admission

Application Submission: Applications will only be accepted via email to the <u>NursingandAH@msjc.edu</u> email address from 12:00 am on February 1st to 11:59 pm on February 15th. Subject Line should state *Fall 2024 Nursing Program Application*.

Please Note: We will only accept one submission per student, per program, per application period. Any subsequent submissions will not be considered part of your application.

Email Confirmation: You will receive an email confirmation of receipt if the subject line states *Fall 2024*Nursing Program Application. We will only be verifying receipt of the email not of any contents within the email or your application.

Correspondence with students regarding application status will be communicated via personal email or your MSJC student email if you have one, check both daily for any possible correspondence. If you do not submit your complete application with an email address listed on your application, you will not receive correspondence.

- Begin by reading the statements on the top of the application.
- Please make sure to have the current application for the ADN or LVN to ADN program.
- •Do you understand the directions?
- Please note, <u>ALL</u> correspondence regarding application will be sent to your <u>Personal or MSJC student email only</u>.

Application Submission

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ADN Application

- Please fill out your information.
- Be sure you are providing correct information.
- **REMEMBER:** Changes in address/phone number must be submitted in writing to the Office via email: NursingandAH@msjc.edu and Enrollment Services.

Date		MSJC Student ID #		
Last Name	First Name	Middle Name		
Previous Name				
MSJC Student Email Address		Personal Email Address		
Mailing Address				
Primary Phone		Alternate Phone		

Please Note:

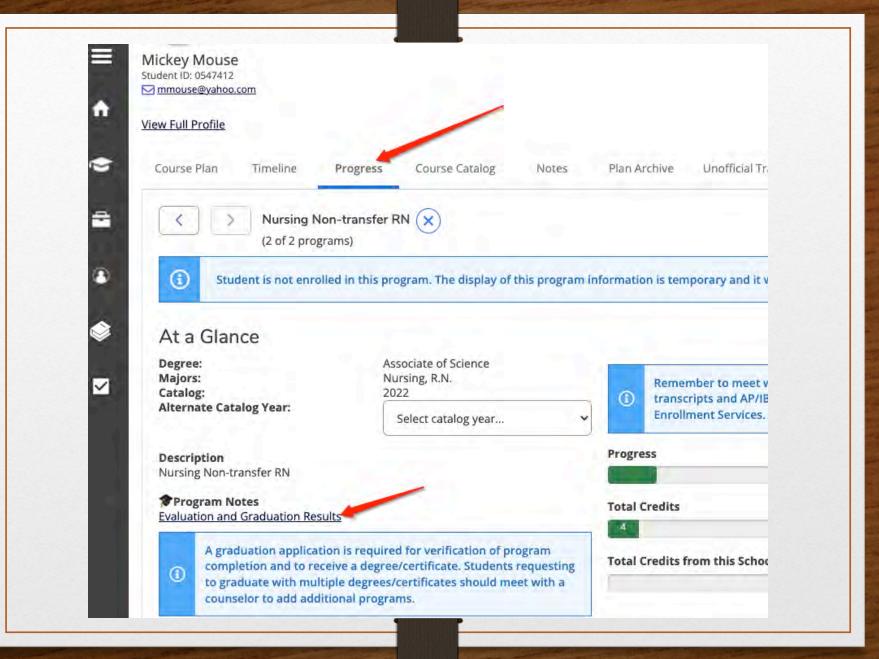
Application contents must be submitted in the order as they appear on this application form.

Incomplete or inaccurate application packets will automatically disqualify the applicant.

Original or official copies of any documents submitted with the application can be requested at any time.

1. Nursing Evaluation Eligibility Program Notes: All required documents stated on your Program Notes.

- The Program Notes can be found in your MSJC Self Service account under Student Planning by viewing the My Progress tab and clicking on <u>Evaluation and Graduation Results</u> under the heading of Program Notes.
- If you did not submit a Nursing Evaluation Request by the required deadline you are unable to apply
 to the program at this time.
- If your Evaluation Eligibility Program Notes state to submit your high school diploma, GED or equivalent, attach a copy or high school transcript showing Diploma Date with your application.
- Make sure the program evaluated matches the program you are applying to, ie. "Nursing Non-transfer RN (ADN)" or "Nursing LVN Path Non-transfer AS (LVN to RN)."



Program Notes

Nursing Non-transfer RN

You have completed the prerequisite courses for the ADN program. General education courses have been completed for this degree. Associate degree verified: 07/2020 at Mt. San Jacinto College. Proficiency in Language other than English verified: NO. Total Prerequiaite GPA: 4.000 GPA. Aug 07 2020 5:27 PM GMARQUEZ

This Academic Evaluation is an UN-OFFICIAL document designed to track requirements toward a degree or certificate. This document is not official until final graduation verification.

NOTICE: Institutional and combined credits/GPA totals in the below block may not be accurate. Official transcripts are used to calculate these totals.

See a counselor for more information.

Close

Example of "Program Notes"



Proficiency or Advanced Level Coursework in Languages other th	nan English	:		
a. Are you proficient in a language other than English? Yes No				
b. Please list the language other than English in which you are profic	ient			
c. Check the appropriate circle that supports your proficiency in the	above langu	rage:		
O Two (2) semesters of the same foreign language from a U.S. re	egionally acc	credited Co	ollege or	
University (must be verified on Transcript Evaluation)				
 Identified language above is spoken at home (Verification must 	st be provide	ed upon re	quest).	
Seal of Biliteracy (attach copy with application)		-		
Previous Academic Degrees, Diplomas, Relevant, and Current Lie	censes, or (Certificate	25;	
 Provide a copy of any current licenses and/or certificates that license please submit a copy of your license from the Breeze v 	4	ive. If you	have an	LVN
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license please submit a copy of your license from the Breeze v 4. Life Experiences or Special Circumstances: Select and provide pr	vebsite. oof for one	e area onl		
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4. Life Experiences or Special Circumstances: Select and provide process corresponding required proof as stated on the Multi-Criteria Poi a. Veteran or Active military status b. Disabilities	vebsite. oof for one int System.	e area onl Yes Yes	y. Attac	No No
4. Life Experiences or Special Circumstances: Select and provide progression of the Multi-Criteria Poil a. Veteran or Active military status b. Disabilities c. Low Family Income	oof for one int System.	Yes Yes Yes	y. Attac	No. No. No.
4. Life Experiences or Special Circumstances: Select and provide procures ponding required proof as stated on the Multi-Criteria Poi a. Veteran or Active military status b. Disabilities c. Low Family Income d. First generation of family to attend college	oof for one int System.	Yes Yes Yes Yes Yes	y. Attac	No N
4. Life Experiences or Special Circumstances: Select and provide processes of special Circumstances: Select and provide processes of select and provide proces	oof for one int System.	Yes Yes Yes Yes Yes Yes Yes Yes	y. Attac	No. No. No. No. No.

- Military: Active, Reserve, Veteran, Guard in good standing. Provide DD214 or equivalent official document based on your area of service.
- 6. Work or Volunteer Experience in Health Care: Minimum 100 hours within the last 3 years.
 - Submit either the Work or Volunteer Experience form
 - a. Signed by your supervisor, manager, or Human Resources representative
 - b. With their contact information stating the number of hours worked and dates of employment.
 - . If submitting a letter on company letterhead attach it to the Work or Volunteer Experience form
 - If using for Life Experience or Special Circumstances 6e on Multi-Criteria Point System, check the box at the top of the form. Attach a copy of your unofficial transcripts with prerequisites taken during the time you were working highlighted.

Work & Volunteer
Forms located on the
Nursing Website
under the tab "Forms" -

https://msjc.edu/nursi ngandalliedhealth/adn/ forms.html

Check box if this letter is to be used for Criteria 3E as well (attach a copy of unofficial transcripts an lightlight prerequisites taken during the time you were working). Imployee Name: Itart Date: Ind Date: Total number of hours completed: **Please note that the 100 hours of work experience must be health care related and completed within the last 3 years**	MI THE HOND COTTAN	Associate Degree Nursing Program Criteria 5 – Work Experience
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tart Date: Ind Date: "**Please note that the 100 hours of work experience must be health care related and completed within the last 3 years** Imployee Title: Ist of tasks/duties: Imployer/Supervisor Signature: Imployer/Supervisor Printed Name: Ittle: Inganization:		
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itle:		
Organization:	Employer/Supervisor	Printed Name:
	Title:	
lease attach or provide Business card/Company contact information below:	Organization:	
	Please attach or provi	de Business card/Company contact information below:

MSIC	Mt. San Jacinto College Associate Degree Nursing Program
et ann people forman	Criteria 5 – Volunteer Experience
Volunteer Name:	
Start Date:	
Total number of he	ours completed:
Please no	tet that the 100 hours of volunteer experience must be health care related and completed within the last 3 years
List of tasks/duties	8
Supervisor Signatu	re:
	Name
Supervisor Printed	
Supervisor Printed Title:	

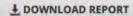
- Test of Essential Academic Skills (TEAS): Submit unofficial ATI TEAS transcript of your highest passing score (over 62%) showing scores for each category; reading, math, science, and English.
 - If accepted into the program, we will request an official copy at that time.
 - We are currently accepting your highest score, but only TEAS version 7

- **TEAS Results:** Attach unofficial TEAS scores with your application. If student is admitted into the Nursing program, Official scores/transcripts will be requested.
- Accepted students will send their official TEAS scores to MSJC's Nursing department via Atitesting.com. Please select "MSJC CC ADN" as the location option when requesting official transcripts.

TEAS SCORES

My Results

View your full Student Transcript below



Proctored Assessments

Assessment Name	Date Completed	Individual Score	National Mean	National PR	Level 6	Focused Review
ATI TEAS	5/11/2021	50.0%	n/a	n/a	Basic2	00:00
Math		87.5%	0.0%	n/a		
Reading		100.0%	0.0%	n/a		
English and Language Usage		0.0%	0.0%	n/a		
Science		0.0%	0.0%	n/a		

SEND TRANSCRIPT

Transcript Sent To:

Highland CC Tech Center KS ADN 5/19/2021, zzIT College Test 3 5/11/2021, zzDJCort1Test1 5/12/2021, zzDJCort1Test2 5/11/2021, zzDevon Medical School 5/11/2021, zzTestAtiacademy2 5/13/2021

 Approximate Expenses: I have read and understand these expenses are approximate for participation in the Associate Degree Nursing Program and I am aware that expenses are subject to change.

Approximate Costs				
Tuition Generic	\$1,932			
Tuition LVN	\$966			
Student Fees	\$172			
Parking	\$160			
Uniforms	\$240			
Textbooks	\$500			
CPR Cert	\$65			
Physical Exam	\$165			
CastleBranch	\$122			
NCLEX Exam	\$375			
Kaplan	\$660			
Student Kits	\$300			
Professional Liability Insurance	\$104			
Health Insurance	*varies			
Fingerprinting for Mental Health	\$66			

10. I certify the following below:

- Change in name/address/phone number will be submitted to the Nursing Office in writing via email after that information has been updated with Enrollment Services and in your Self-Service account. My admission will be compromised if I am unable to be reached.
- I have a Social Security Number that qualifies for employment in the United States.
- I hereby give permission for Enrollment Services to share information (including transcripts, grades, and evaluation results) with MSJC's Department of Nursing and Allied Health.
- To the best of my knowledge, the above information is true and accurate. Failure to disclose accurate
 information will result in your application being removed from consideration and/or dismissal from
 program upon acceptance.
- I hereby affirm that I have completed the COVID Vaccine Series and received the Booster Vaccine.

Please Note: Those accepted into the Associate Degree Nursing Program will be required to complete a background check and urine drug screen per clinical facility's requirements.

Please sign below indicating you have read and agree to all the above statements.					
Signature	Date				

Demographics Questionnaire

- Demographics Questionnaire Pages 5-7.
- Must be entirely filled out, if not, application will be considered "incomplete."
- Data from this questionnaire will be used to submit to the Chancellor's Office annually and for other annual surveys/reports. The data provided will remain confidential and it will not affect outcome of acceptance or denial.

Documents from Past Applications If you submitted a prior application to the Nursing department; applicant will need to re-submit documents and a new application.

COVID-19 Vaccine & Booster

- Clinical partners are requiring proof of COVID-19
 Vaccine Series and Booster in order to continue with clinical hours.
- If admitted to the program, the Nursing department will advise of the deadline to provide proof of both COVID-19 vaccine and Booster.
- If you have any questions, please contact the Nursing Department via email: nursingandah@msjc.edu.

Nursing Evaluation/Eligibility

If applicant is not admitted into the program and decides to reapply during the next application period, student is to meet with a Counselor before the next Nursing Transcript Evaluation deadline to review if a new Evaluation is needed. Nursing Evaluation/Eligibility expire after 12 months and deadlines are listed on the form.

Additionally, if a student is missing general education courses, plans to post a degree, or complete foreign language courses, student will need to submit a new Evaluation for Program Notes to be updated.

For the February 2024 filing period we will accept Program Notes dated back to September 1, 2022

Questions?



REMEMBER: Communication will occur through personal and/or student email.

