



MARICOPANURSING

Chandler-Gilbert | Estrella Mountain
GateWay | Glendale | Mesa
Paradise Valley | Phoenix | Scottsdale

Nursing Admission Information and Application Packet

Application Period:
July 1, 2011 – June 30, 2012

Chandler-Gilbert Community College
Estrella Mountain Community College
GateWay Community College
Glendale Community College
Mesa Community College/Banner Boswell
Paradise Valley Community College
Phoenix College
Scottsdale Community College



Nursing Program Locations

Chandler-Gilbert Community College
7360 E. Tahoe Avenue
Mesa, AZ 85212-0908
480.988.8000
<http://www.cgc.maricopa.edu/>

Estrella Mountain Community College
3000 N. Dysart Road
Avondale, AZ 85392
623.935.8000
<http://www.estrellamountain.edu/>

GateWay Community College
108 North 40th Street
Phoenix, AZ 85034-8000
602.286.8000
<http://www.gatewaycc.edu/>

Glendale Community College
6000 West Olive Avenue
Glendale, AZ 85302-3090
623.845.3000
<http://www.gccaz.edu/nursing/>

Mesa Community College
1833 West Southern Avenue
Mesa, AZ 85202-4866
480.461.7000
<http://www.mc.maricopa.edu/>

Mesa Community College/Banner-Boswell
10484 W. Thunderbird Blvd.
Sun City, AZ 85351
623.974.7835
<http://www.mesacc.edu/locations/boswell/>

Paradise Valley Community College
18401 North 32nd Street
Phoenix, AZ 85032-1210
602.787.6500
<http://www.pvc.maricopa.edu/>

Phoenix College
1202 West Thomas Road
Phoenix, AZ 85013-4234
602.285.7500
<http://www.pc.maricopa.edu/>

Scottsdale Community College
9000 East Chaparral Road
Scottsdale, AZ 85256-2626
480.423.6000
<http://www.sc.maricopa.edu/>

The Maricopa Community Colleges reserve the right to change, without notice, any materials, information, curriculum, requirements, and regulations in this publication.



Program Information

A. DESCRIPTION

The Maricopa Community College District Nursing Program admitted the first class under one program in August 1999. Before 1999, colleges offering nursing programs were independent entities. Currently, nursing programs are available at eight of the Maricopa Community Colleges which comprise the MaricopaNursing consortium. Clinical experiences are provided in a variety of healthcare settings. Completion of the nursing courses and general education degree requirements and subsequent posting of the degree provides eligibility for students to apply for licensure as registered nurses. Licensing requirements are the exclusive responsibility of the State Boards of Nursing.

The MaricopaNursing Programs are approved by the Arizona State Board of Nursing, 4747 N. 7th St. Suite 200, Phoenix, AZ 85014, 602.771.7800 and accredited by the National League for Nursing Accrediting Commission (NLNAC), 3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326, 404.975.5000.

B. OCCUPATIONAL INFORMATION

Graduates receiving an Associate in Applied Science in Nursing degree are eligible to apply for licensure as a Registered Nurse (R.N.). The R.N. is educated as a generalist who delivers health care to clients and family groups and has competencies related to the art and science of nursing. The R.N. may be employed in a variety of acute, long-term, and community-based health care settings. Registered Nurses function within the legal scope of practice and use professional standards of care when caring for clients and families across the life span. The degree provides the graduate with an educational foundation for articulation into the University setting.

C. ELIGIBILITY FOR LICENSURE:

Students completing graduation requirements for the Associate in Applied Science in Nursing degree are eligible to apply for licensure as registered nurses. **As of January 1, 2008 applicants for licensure in Arizona must provide evidence of citizenship or nationality.** Licensing fees and requirements are determined by and are the sole responsibility of the State Boards of Nursing. In Arizona, the approximate cost of application fees, testing fees, and fingerprinting is approximately \$465.00. For questions about eligibility for licensure and the documents required showing eligibility, contact the Arizona State Board of Nursing <http://www.azbn.gov> or 602-771-7800.

Cost Estimate for a MaricopaNursing Programs*

Tuition/Course fees (up to 74 credits x \$76.00; Maricopa County Resident)		\$5,625.00
Textbook Estimate	Cost will Vary	1,000.00
Fingerprint Clearance Card	Cost will Vary	65.00
Background Check, Drug Screen	Cost will Vary	150.00
Nursing Pin	Optional/Cost will Vary	60.00
Uniform and Clinical Supplies	Cost will Vary	200.00
Immunizations/Health Requirements	Cost will Vary	300.00

Total Estimated Cost of a MaricopaNursing Program \$ 7,400.00

* Cost estimate is for the total number of credits for the nursing courses in all 4 Blocks as well as pre and co-requisite courses. Total credits will depend upon the Block of placement. Fees are subject to change by the Governing Board of the Maricopa County Community College District.



MaricopaNursing Program Contact Information

Web Page: www.nursing.maricopa.edu/

E-mail for general questions: nursing@domail.maricopa.edu

Hot line for general questions: 480.731.8264

Advisement: Following review of the Information and Application Packet, see an Advisor/Admissions Officer at the **college of first choice.**

College	Advisor/Admission Officers	Phone Number/Email
Chandler-Gilbert Community College	Maria De la Torre	480-988-8880 chuy.delatorre@cgcmail.maricopa.edu
	Suzanne Kenna Chesney	480-988-8134 kenna.chesney@cgcmail.maricopa.edu
Estrella Mountain Community College	Clarissa Ruiz	623-935-8957 clarissa.ruiz@estrellamountain.edu
GateWay Community College	Betty Cleveland	602-286-8178 cleveland@gatewaycc.edu
	Andrea Romo	602-286-8184 romo@gatewaycc.edu
Glendale Community College	April Orr	623-845-3921 april.orr@gcmail.maricopa.edu
Mesa Community College	Carol Johnson	480-461-7239 carol.e.johnson@mcmail.maricopa.edu
	Tuesdee Pfeiff	480-461-7208 tuesdee.pfeiff@mcmail.maricopa.edu
Mesa Community College-Boswell	Debbie Talley	623-974-7835 debra.talley@bannerhealth.com
Paradise Valley CC	Chris Hunt	602-787-7060 chris.hunt@pvmail.maricopa.edu
Phoenix College	Jerry Grucky	602-285-7712 jerry.grucky@pcmail.maricopa.edu
	Ted Bland	602-285-7792 ted.bland@pcmail.maricopa.edu
Scottsdale Community College	Carole Teel	480-423-6135 carole.teel@sccmail.maricopa.edu

The following list identifies the Directors comprising the Nursing Program Council. The Council represents the governing body of the nursing program. Unresolved issues about the admission and progression through the program may be directed to one of the following members:

College	Nursing Director	Phone Number/Email
MaricopaNursing	District Office	480-731-8923
Chandler-Gilbert Community College	Jill Anderson	480-988-8865 jill.anderson@cgcmail.maricopa.edu
Estrella Mountain Community College	Sandy Maas	623-935-8621 sandra.maas@emcmail.maricopa.edu
GateWay Community College	Margi Schultz	602-286-8530 schultz@gatewaycc.edu
Glendale Community College	Susan Mayer	623-845-3849 Susan.mayer@gcmail.maricopa.edu
Mesa Community College	Deb Bitter	480-461-7262 debra.bitter@mcmail.maricopa.edu
Mesa Community College-Boswell	Paulette Compton	623-974-7837 paulette.compton@bannerhealth.com
Paradise Valley CC/John C Lincoln	Rose Dermody	602-787-7192 rose.dermody@pvmail.maricopa.edu
Phoenix College	Matilda Chavez	602-285-7132 matilda.chavez@pcmail.maricopa.edu
Scottsdale Community College	Nick DeFalco	480-423-6235 nick.defalco@sccmail.maricopa.edu



Requirements for Admission

1. **Advisement:**

Applicants seeking admission to any MaricopaNursing Program must see an Advisor/Admission Officer for assistance in completing the application process. All potential applicants are urged to meet with an Advisor/Admission Officer each semester to obtain current information about changes in the admission requirements. The official MaricopaNursing Newsletter is revised each January and July and contains all essential information for potential applicants.

2. **Student Information Form:**

Complete this form at the college of first choice if you are a new student to the campus. The information is necessary for your transcript evaluation and registration for courses.

3. **High School graduation or GED** is required for the Associate in Applied Science degree in nursing. Applicants must signify that they meet this requirement by signing the nursing application page containing the Declaration of High School Graduation or GED.

4. **Transcripts:**

Request that all official colleges/universities transcripts be sent to the Admissions Office at the college of first choice. Please request that the institution include a current name and student identification number. It is the students' responsibility to confirm the receipt and evaluation of all transcripts with the Advisor/Admissions Officer. Transcripts sent to the Nursing Office at the Maricopa Community Colleges District address cannot be accepted and will be returned to the college of origin. All transcripts must be sent to the Admissions Office at one of the college locations.

5. **Fingerprint Requirement:**

Submit a current **Level One** Fingerprint Clearance Card. Any copies for your application will be obtained by the advisor after visual inspection of the original. See an advisor/admission officer or www.maricopa.edu/nursing/pdfdocs/FingerprintingInformation.pdf for information in applying for the card. Allow 4 to 8 weeks to receive the card.

6. **HESI Admission Assessment (HESI A2):**

Applicants must score at a 75% or higher in English Language Composite Score and 75% or higher in math within 24 months of application. Applicants may retest after remediation to improve the score after 60 days up to a maximum of 3 times per 12-month period. Information on test preparation, test fee, and the guidelines for taking the test are available at on the MaricopaNursing <http://www.nursing.maricopa.edu/> web site under Admission Requirements. The nursing director may deny acceptance of an application if an applicant violates the guidelines for taking the entrance exam.

The **HESI A2 Study Guide** is available in select college bookstores and libraries. These materials will assist you in preparing for the exam by reviewing math and reading skills.

7. **Advanced Placement:** Transfer applicants, paramedics, and LPNs wishing to apply for advanced placement into Block 2 or Block 3 must complete the Advanced Placement Information & Application Packet on the nursing program website under Prospective Students.



8. Important Information Regarding Registration for Nursing Courses:

During the admission and registration process, all students are required to apply for a background check to verify identity, social security number, and that their name/names do not appear on the List of Excluded Individuals/Entities (LEIE) database. Once admitted, any student who becomes sanctioned or excluded while enrolled in the program will not be permitted to continue. The web site for additional information: <http://oig.hhs.gov/fraud/exclusions.html>. Students will receive specific instructions on completing the background checks during the registration process.

In addition, students will be required to submit a urine drug screen sample at some point during the orientation/admission process. Faculty will instruct the students in this process and students should NOT submit their own urine drug screen as it will not be accepted. Students will receive specific instructions on completing the background check and urine drug screen during the registration process.

9. General Education Course Requirements (Minimum grade required is a “C” or 2.0):

Prerequisite General Education Courses Required for Application:		
CHM130 + CHM130LL	Fundamental Chemistry with lab or one year high school chemistry	0-4 credits
BIO201	Human Anatomy and Physiology I	4 credits
PSY101 or PSY240	Introduction to Psychology or Developmental Psychology	3 credits
MAT 120, 121,122	Intermediate Algebra or higher Mathematics	3 credits
Nursing Program Co-requisites Required for Progression into Block 3:		
BIO202	Human Anatomy and Physiology II	4 credits
BIO205	Microbiology	4 credits
Nursing Program Co-requisites Required for Associate in Applied Science in Nursing degree:		
ENG101	First Year Composition	3 credits
ENG102	First Year Composition	3 credits
CRE101	Critical and Evaluative Reading or Test Exempt	0-3 credits
HUM	Humanities Elective	2 credits



Application Process

1. Where to Apply:

Submit the MaricopaNursing Application with the required documentation of admission requirements to the **college of first choice** to the nursing program advisor. Only one application is accepted, additional applications received will be discarded. Applicants requesting admission into the Boswell campus of Mesa Community College must submit the application to the Banner/Boswell location.

2. How to Apply:

- Copy your complete application with admission requirements before submitting the application to the college of first choice. You may be required to provide a copy of the application after acceptance. This information packet contains a description of the admission process for your reference. Additional information is available on the web site: www.nursing.maricopa.edu under FAQs (Frequently Asked Questions).
- **Complete Application:** When all admission requirements have been met and the Advisor/Admissions Officer deems the application complete, the application is accepted. Under no circumstances will an incomplete application be accepted.

Requirements for a Complete Application:

- HESI A2 Entrance Exam - official evidence of required scores within 24 months of application
- Level One Fingerprint Clearance Card - current card – advisor will visually inspect original and get copy of front and back
- Statement of High School graduation or GED
- Grade of “C” or better for the Pre-requisites and official transcripts on file at the college of first choice:
 - PSY101 Introduction to Psychology
 - CHM130/130LL Fundamental Chemistry/1 year high school chem. with lab
 - BIO201 Human Anatomy and Physiology I
 - MAT 120-122 Intermediate Algebra or higher Mathematics

3. When to Apply:

- MaricopaNursing accepts completed applications; no provisional or incomplete applications are accepted. Applications that meet all admission requirements are accepted at any time during regular campus business hour at any of the colleges providing a MaricopaNursing Program. By the end of each application period listed in the chart below, the campus advisor will enter the student’s application information into a computer database. At the end of each period, all applications received during each period will receive a random date and time stamp. Dates are approximate to reflect Monday through Friday during regular business hours. Application periods with start or end dates affected by weekends and holidays will move to the following business day.

- December 1 - January 31
- February 1 - March 31
- April 1 - May 31
- June 1 - July 31
- August 1 - September 30
- October 1 - November 30



4. Notification of Admission Status:

- Once your application is accepted, the advisor/admission officer will enter your application into the placement data base. You will receive an e-mail and/or a letter indicating acceptance of your application.
- Applicants can monitor their application status and make choices of preferred program options at www.nursing.maricopa.edu (Application Status). It is very important to update your name, e-mail address, mailing address and phone numbers. The placement office will send e-mail/letters offering placement only to the addresses listed on this web site.
- Program options change each semester. Applicants may access the current semester list of program options including a description of full time traditional, part-time, accelerated, weekend, hybrid, on-line and Educational Service Partnerships by accessing the file at www.nursing.maricopa.edu, Prospective Students, Program Options. Select only the choices you are willing to accept. An applicant will only be placed once per semester.
- In all options, student schedules must be flexible to accommodate the required days and hours of the clinical rotations at health care agencies. Clinical experiences may occur during the day hours, evening hours, or weekend hours and may include 8, 10, and/or 12-hour shifts.
- Applicants are placed in open positions by computer according to their date and time stamp and their choices. Once placed, the applicant receives an email and a letter with the placement information and has 10 business days to respond and accept or to defer to the next semester. After the 10 day return period, the placement offer expires and the application is withdrawn from the data base. Applicants receiving placement within two (2) weeks before the start of a semester must respond within 48 hours to secure their placement status via e-mail or phone.
- Applicants accepting placements will receive an admission letter and packet of information from the college within 4 to 6 weeks. The admission packet will contain the dates of the nursing student orientation, registration information, and directions on completing the Health and Safety Documentation Checklist and Health Care Provider Signature Form. Please note that you must be able to meet all Health and Safety requirements prior to being **enrolled** in the MaricopaNursing Program. Attached are the current requirements for your review recognizing that some requirements may change prior to your placement. It is not necessary to complete all requirements prior to making application to the program. However, requirements must be met after being placed and prior to being enrolled.

5. Deferring Placement:

Once the applicant receives the placement letter, he/she has 10 business days to accept placement or to defer placement until the next semester. Applicants may only defer placement once. The deferral option is only valid before a placement is accepted. Once the deferral is made, the applicant forfeits additional placements until the next semester. If the applicant chooses not to attend the nursing program after placement is accepted, the applicant is not eligible for deferral and the application is withdrawn. The student must then file a new application.



Information for Applicants

- **ZERO TOLERANCE POLICY:** All programs within MaricopaNursing supports a Zero Tolerance Policy for the following behaviors:
 - Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such harm.
 - Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
 - Unauthorized use, distribution, or possession for purposes of distribution of alcohol or any controlled substance or illegal drug on the campus or at a clinical site.

Nursing students engaging in this misconduct are subject to immediate dismissal from nursing classes and disciplinary action as described in the Student Handbook of the college.

- **HEALTH DECLARATION:** It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application. **All must provide documentation of compliance with all health and safety requirements required to protect patient safety.** Only students in compliance are permitted to enroll in nursing courses. Students will meet these requirements by providing the required documentation for the Health/Safety Requirements Documentation Checklist and the signed Health Declaration Form.
- **DRUG SCREENING:** All students are required to complete the urine drug screening procedure under the program account number, within the specified timeframe, and according to directions given at the time of notification. Only students in compliance with the screening guidelines, as reported by the Medical Review Officer (MRO), will be permitted to continue their enrollment in nursing courses.**
- **DUTY TO REPORT:** All students enrolled in nursing courses holding or receiving a certificate as a Nursing Assisting and/or license as a Practical Nurse must remain in good standing with the Board of Nursing. Students with certification and/or licensure from allied health regulatory boards are included under this provision. Students receiving any disciplinary actions against their certificate or license must notify the Nursing Director within five (5) school days. The Nursing Director reserves the right to restrict the student's participation in clinical experiences and involvement in patient care until the certificate and/or license is valid and unrestricted and terms of the action are met and the action dismissed.
- **BACKGROUND CLEARANCES:** The Fingerprint Clearance Card must be a Level One and must remain current and valid throughout enrollment in the program. All nursing students must undergo a background check to verify identity, social security number, and to show proof that they do not appear on the List of Excluded Individuals/Entities (LEIE) database. Any student who becomes sanctioned or excluded while enrolled in the program will not be permitted to continue in nursing courses.

A Background Check is required for all nursing students who seek to begin MaricopaNursing or other campus nursing programs on or after September 1, 2011. This is the date new background check standards will be in effect. Additionally, students who have been admitted to a MCCCDC healthcare program or who are currently enrolled in one as of September 1, 2011 will be required to sign a MCCCDC Criminal Background Check Disclosure Acknowledgement form. These changes are necessary due to the fact that six of eleven of MCCCDC's largest clinical experience hospital partners have established stringent background check standards that preclude MCCCDC from assigning students to those sites who cannot meet those standards. In order for MCCCDC students to be able to continue to complete clinical experiences at local hospitals, students must meet these new standards. **A student may be dismissed from the program and may receive a failing grade in the course based on the inability to place the student in a clinical facility.**



This Application Packet prescribes admission and readmission requirements and standards of conduct for students enrolled in MaricopaNursing. The standards are in addition to those detailed under MCCCDC policies and Administrative regulations. Violation of any such standard may serve as grounds for non-admission to a program or other discipline, program suspension or dismissal. MaricopaNursing programs reserve the right to make program changes as needed, and to change without previous notice any information requirements and regulations published in this document.

- **WAIVER OF LICENSURE/CERTIFICATION GUARANTEE:** Admission or graduation from the Nursing Program does not guarantee obtaining a license to practice nursing. Licensure and subsequent procedures are the exclusive right and responsibility of the State Boards of Nursing. Students must satisfy the requirements of the Nurse Practice Act: Statutes, Rules and Regulations, independently of any college or school requirements for graduation. Pursuant to A.R.S. § 32-1606(B)(17), an applicant for professional or practical nurse license by examination is not eligible for licensure if the applicant has any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge must be received five or more years before submitting this application. If you cannot prove that the absolute discharge date is five or more years, the Board cannot consider your application. All nurse applicants for licensure will be fingerprinted to permit the Department of Public Safety to obtain state and federal criminal history information. The Fingerprint Clearance Card required for application to the nursing program will not meet the requirements for certification or licensure through the State Board of Nursing. **Effective January 1, 2008** applicants for licensure in Arizona must provide evidence of citizenship or nationality. If there are any questions about eligibility for licensure and the documents required showing eligibility to apply for licensure, contact the Arizona State Board of Nursing <http://www.azbn.gov> or 602-771-7800.

** With exception of Nicotine, a drug screen must be negative for all identified substances. Nicotine testing is currently a required component of the drug screening panel. Some specific healthcare agencies that host the MaricopaNursing students require a negative nicotine screen in order to participate in clinical experiences. If a screen is positive for nicotine as determined by the MRO, continuation in the Nursing Program is based on the availability of alternative sites and the ability to reassign the student to another facility that does not restrict nicotine.



Essential Skills and Functional Abilities for Nursing Students

Individuals enrolled in MaricopaNursing must be able to perform essential skills. If a student believes that he or she cannot meet one or more of the standards without accommodations, the nursing program must determine, on an individual basis, whether a reasonable accommodation can be made.

Functional Ability	Standard	Examples Of Required Activities
Motor Abilities	Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care.	Mobility sufficient to carry out patient care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces such as treatment room or operating suite.
Manual Dexterity	Demonstrate fine motor skills sufficient for providing safe nursing care.	Motor skills sufficient to handle small equipment such as insulin syringe and administer medications by all routes, perform tracheotomy suctioning, insert urinary catheter.
Perceptual/ Sensory Ability	Sensory/perceptual ability to monitor and assess clients.	<ul style="list-style-type: none"> • Sensory abilities sufficient to hear alarms, auscultatory sounds, cries for help, etc. • Visual acuity to read calibrations on 1 cc syringe, assess color (cyanosis, pallor, etc.). • Tactile ability to feel pulses, temperature, palpate veins, etc. • Olfactory ability to detect smoke or noxious odor, etc.
Behavioral/ Interpersonal/ Emotional	<p>Ability to relate to colleagues, staff and patients with honesty, civility, integrity and nondiscrimination.</p> <ul style="list-style-type: none"> • Capacity for development of mature, sensitive and effective therapeutic relationships. • Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds. • Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism. • Capacity to demonstrate ethical behavior, including adherence to the professional nursing and student honor codes. 	<ul style="list-style-type: none"> • Establish rapport with patients/clients and colleagues. • Work with teams and workgroups. • Emotional skills sufficient to remain calm in an emergency situation. • Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of clients. • Adapt rapidly to environmental changes and multiple task demands. • Maintain behavioral decorum in stressful situations.
Safe environment for patients, families and co-workers	<ul style="list-style-type: none"> • Ability to accurately identify patients. • Ability to effectively communicate with other caregivers. • Ability to administer medications safely and accurately. • Ability to operate equipment safely in the clinical area. • Ability to recognize and minimize hazards that could increase healthcare associated infections. • Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to patient, family and co-worker falls. 	<ul style="list-style-type: none"> • Prioritizes tasks to ensure patient safety and standard of care. • Maintains adequate concentration and attention in patient care settings. • Seeks assistance when clinical situation requires a higher level or expertise/experience. • Responds to monitor alarms, emergency signals, call bells from patients, and orders in a rapid and effective manner.



Essential Skills and Functional Abilities for Nursing Students (Continued)

<p>Communication</p>	<ul style="list-style-type: none"> • Ability to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language). • Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy • Communicate professionally and civilly to the healthcare team including peers, instructors, and preceptors. 	<ul style="list-style-type: none"> • Gives verbal directions to or follows verbal directions from other members of the healthcare team and participates in health care team discussions of patient care. • Elicits and records information about health history, current health state and responses to treatment from patients or family members. • Conveys information to clients and others as necessary to teach, direct and counsel individuals in an accurate, effective and timely manner. • Establishes and maintain effective working relations with patients and co-workers. • Recognizes and reports critical patient information to other caregivers.
<p>Cognitive/ Conceptual/ Quantitative Abilities</p>	<ul style="list-style-type: none"> • Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis. • Ability to gather data, to develop a plan of action, establish priorities and monitor and evaluate treatment plans and modalities. • Ability to comprehend three-dimensional and spatial relationships. • Ability to react effectively in an emergency situation. 	<ul style="list-style-type: none"> • Calculates appropriate medication dosage given specific patient parameters. • Analyzes and synthesize data and develop an appropriate plan of care. • Collects data, prioritize needs and anticipate reactions. • Comprehend spatial relationships adequate to properly administer injections, start intravenous lines or assess wounds of varying depths. • Recognizes an emergency situation and responds effectively to safeguard the patient and other caregivers. • Transfers knowledge from one situation to another. • Accurately processes information on medication container, physicians' orders, and monitor and equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and policy and procedure manuals.
<p>Punctuality/ work habits</p>	<ul style="list-style-type: none"> • Ability to adhere to MCCDNP policies, procedures and requirements as described in the Student Nurse Handbook, college catalog and student handbook and course syllabus. • Ability to complete classroom and clinical assignments and submit assignments at the required time. • Ability to adhere to classroom and clinical schedules. 	<ul style="list-style-type: none"> • Attends class and clinical assignments punctually. • Reads, understands and adheres to all policies related to classroom and clinical experiences. • Contact instructor in advance of any absence or late arrival. • Understand and complete classroom and clinical assignments by due date and time.



PLEASE DO NOT SUBMIT PAGES 12 - 16 WITH APPLICATION. THESE PAGES ARE FOR INFORMATION ONLY.

Below are the current Health & Safety Requirements for your review recognizing that some requirements may change prior to your placement. It is not necessary to complete all requirements prior to making application to the Concurrent Program. However, requirements must be met after being placed and prior to being enrolled.

Applicant: _____ Student ID _____ Date: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Must attach documentation (copies of lab reports, immunization records, and CPR card) as indicated for each of the following to be in compliance with MaricopaNursing guidelines. Fingerprint clearance card, CPR certification and TB skin test must be current through the semester of enrollment.

See *Explanation of Requirements* for specific detail.

A. MMR (Measles/Rubeola, Mumps and Rubella)

Requires documented proof of a positive MMR titer or documented proof of two MMR series with persistent negative titers.

Date & results of titer: Measles/Rubeola _____ Mumps _____ Rubella _____

If unable to provide proof of positive titer, list all immunizations and dates received:

1st MMR Series/Dates: #1 _____ #2 _____ Titer Date/Result: _____

2nd MMR Series/Dates: #1 _____ #2 _____ Titer Date/Result: _____

B. Varicella (Chickenpox): Requires documented proof of positive IgG titer. Date of IgG titer: _____

If unable to provide proof of positive titer, list all immunizations and dates received:

1st Date: _____ Titer Date/Result: _____ 2nd Date: _____ Titer Date/Result: _____

3rd Date: _____ Titer Date/Result: _____ 4th Date: _____ Titer Date/Result: _____

C. Tetanus/Diphtheria/Pertussis (Tdap): One-time dose of Tdap, followed by a Td booster every 10 years. Tdap

Date: _____ Td (update): _____

D. Tuberculosis: Documentation of a Two-Step TB Skin Test: This consists of an initial TB skin test and a boosted TB Skin test 1-3 weeks apart. After completion of the two-step, an annual update of TB skin test is sufficient. If you have a positive skin test, provide documentation of a negative chest X-ray within the last 2 years, and annual documentation of a TB disease-free status. **Most recent skin testing or blood test must have been completed within the previous six (6) months.**

Two-Step:

Initial Test (#1) Date: _____ Date of Reading: _____ Results: Negative **OR** Positive

AND

Boosted Test (#2) Date: _____ Date of Reading: _____ Results: Negative **OR** Positive

Annual Update: Date: _____ Date of Reading: _____ Results: Negative **OR** Positive
(skin testing or blood drawn titer is acceptable)

OR Chest x-ray Date: _____ Results: _____ Date of Symptom Sheet _____



Hepatitis B: Documented evidence of completed series or positive antibody titer. If you have not received any injections, do not get a titer. If you are beginning the series, first injection must be prior to admission, the second in one month and third 5 months after #2. Obtain Hep B titer 1-2 months after dose #3 to confirm immunity.

Date Titer received: _____ Results: _____

Date of 1st injection: _____

Date of 2nd injection: _____

Date of 3rd injection: _____

OR

HBV Vaccination Declination Form Date: _____

F. CPR Card (Healthcare Provider level): Date card issued: _____ Expiration Date: _____

(An official card is required; internet (computer) certificates are not acceptable)

G. Level One Fingerprint Clearance Card: Date card issued: _____ Expiration Date: _____

H. Health Care Provider Signature Form: Reviewed and signed by a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant within the past six (6) months.

IMPORTANT: All students placed in MaricopaNursing must provide documentation of compliance for the vaccinations and TB testing required to protect patient safety. Only students providing documentation of health and safety requirements are enrolled in nursing courses. The Nursing Department will accept only photocopies of all documentation of health-related materials. Students are responsible for maintaining their records and must submit documentation when due. All immunization records must include your name and the signature of your healthcare provider.

A signature on the Health Care Provider Signature form, without proof of immunization or titer status, is NOT acceptable.

Health and Safety requirements are subject to change depending on clinical agency requirements.



EXPLANATION OF HEALTH AND SAFETY REQUIREMENTS

A. MMR (Measles/Rubeola, Mumps, & Rubella)

Options to meet this requirement:

- a. Attach a copy of proof of positive antibody titer for Measles/Rubeola, Mumps and Rubella or completion of two separate series of MMR immunizations. One “series” of immunizations includes immunization for each disease on separate dates at least 28 days apart. Persistent negative/equivocal titers will only be accepted if proof of 4 immunizations (2 MMR series) is provided.
- b. If you had all three illnesses OR you have received the vaccinations but have no documented proof, you must have an MMR titer drawn.
 1. If the titer results are POSITIVE, attach a copy of the lab results to the health declaration form.
 2. If any of the titer results are NEGATIVE or EQUIVOCAL, you must get your first MMR vaccination and attach documentation to this health and safety documentation checklist. The second MMR must be completed after 28 days and proof submitted to the nursing department. You will then be required to have another titer drawn 30 days later & submit it to the nursing department.

B. Varicella (chickenpox)

Options to meet this requirement:

- a. Attach a copy of proof of a positive IgG titer for varicella.

OR

- b. If the titer is NEGATIVE or EQUIVOCAL, attach a copy of proof to this health and safety documentation checklist that you received the first vaccination. Complete the second vaccination within 4 to 8 weeks and submit proof to the nursing department. You will then be required to have another titer drawn 30 days later & submit it to the nursing department.

C. Tetanus/Diphtheria/Pertussis (Tdap):

Tdap = Tetanus / Diphtheria / Pertussis

Td = Tetanus / Diphtheria

Options to meet this requirement:

You must provide proof of a one-time dose of Tdap, followed by a Td booster every 10 years. Attach proof of a Tdap vaccination and Td if indicated.



D. Tuberculosis (TB)

What is a Two-Step TB Skin Test? It consists of an initial TB skin test and a boosted TB skin test 1-3 weeks apart.

- a. Follow these steps: After the first test is placed and read, have a second test placed and read 1-3 weeks later.
- b. If you have had the initial 2-step test, include the subsequent annual updates. Annual update testing must have been done within the last 6 months.
- c. Documentation for TB skin testing requires date given, date read, result, and the name and signature of the healthcare provider.
- d. If you have a positive skin test, provide documentation of a negative chest X-ray within the last 2 years and annual documentation of a TB disease-free status by completing a Tuberculosis Screening Questionnaire.

E. Hepatitis B

If you have not received the injections in the past, do not get a titer. You must obtain the first injection and attach a copy as requested. You must receive the 2nd injection in one month and the 3rd five months after the second (6 months total).

- a. Submit a copy of proof of a positive HbsAg titer.

OR

- b. Attach a copy of your immunization record, showing completion of the three Hepatitis B injections.
- c. If the series is in progress, attach a copy of the immunizations received to date. You must remain on schedule for the remaining immunizations and provide the additional documentation. One to two months after your last immunization, you may have an HbsAg titer drawn.

OR

- d. Submit a copy of proof of a positive HbsAg titer.

F. CPR Card: You must have a Healthcare Provider Level CPR card. CPR certification must include infant, child, and adult, 1 and 2-man rescuer, and evidence of a hands-on skills component. Attach a copy of both sides of the CPR card to this form. CPR certification must remain current through the semester of enrollment. A fully online CPR course or an internet or computerized certificate will not be accepted.

G. Level One Fingerprint Clearance Card: Applications are available from MaricopaNursing advisors or email MaricopaNursing at nursing@domail.maricopa.edu to request a packet be mailed. The original Fingerprint Clearance Card (FCC) will need to be presented and validated prior to course registration. The FCC must remain current throughout the semester of enrollment. If at any time the card becomes sanctioned or is revoked, the student must immediately notify the Director of the MaricopaNursing program he or she is attending.

H. Health Care Provider Signature Form: Reviewed and signed by a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant within the past six (6) months.



Health Care Provider Signature Form

Instructions for Completion of Health Care Provider Signature Form

A health care provider **must** sign the Health Care Provider Signature Form **within six (6) months of program admission** and indicate whether the applicant will be able to function as a nursing student. Health care providers who qualify to sign this declaration include a licensed physician (M.D., D.O.), a nurse practitioner, or physician’s assistant.

(Please Print)

Applicant Name _____ Student ID Number _____

It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients’ lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

I have reviewed the MaricopaNursing Essential Skills and Functional Abilities. I believe the applicant

_____ WILL OR _____ WILL NOT be able to function as a nursing student as described above.

If not, explain: _____

Licensed Healthcare Examiner (M.D., D.O., N.P., P.A.)

Print Name: _____

Title: _____

Signature: _____

Date: _____

Address: _____

City: _____

State: _____

Phone: _____



MARICOPANURSING

Chandler-Gilbert | Estrella Mountain
GateWay | Glendale | Mesa
Paradise Valley | Phoenix | Scottsdale

**NURSING
ADMISSION INFORMATION
AND APPLICATION PACKET**

APPLICATION

Application Period: July 1, 2011 – June 30, 2012



APPLICATION for Period: July 1, 2011 – June 30, 2012

(Page 1 of 2)

(PRINT) Name _____
Last First Middle

All names previously used: _____ Student ID Number _____

Phone: Day _____ Evening _____ Cell _____

Mailing Address _____

City _____ State _____ Zip _____

E-Mail Address _____

This E-mail will be used to contact you regarding placement into the nursing program.

Declaration of High School Graduation or GED:

Name of High School:	City/State:	Date of Graduation:
OR GED: Date of Completion		

Nursing School Attended: If you were enrolled in a nursing program other than at the Maricopa Community Colleges and did not graduate, you must request a letter from the Director of Nursing explaining the reasons for withdrawal or dismissal. Address the letter to the MaricopaNursing Director, Maricopa Community Colleges, 2411 W. 14th Street, Tempe, AZ 85281. The Nursing Council reserves the right to deny acceptance of this application if applicant was dismissed for issues relating to academic integrity, unsafe patient care, inappropriate conduct, and/or two (2) or more failures from any nursing program. **The application is complete only when all letters have been received and reasons for exit identified.**

Name of School	Dates Attended	Reason for leaving: Letter required before eligible for placement.

Nursing and/or Allied Health certificate, certification and/or licensure: In the space below, list the health care field of study and your certification and/or license number, and state of registration. Once admitted into any nursing program within MaricopaNursing, all certifications and licenses held or received must remain in good standing, with no restrictions. Any student receiving disciplinary action that may restrict patient care or pose a potential danger to patient care will not be permitted to attend clinical experiences.

Identify Field of Study	Certification Number/License Number	State of Registration (or Agency)

I have provided true, correct, and complete information on the application. I have read and I understand the information presented in this application packet. I attest that I have graduated from high school or hold a GED.

Signature _____ Date _____

Note: Applicants must supply all information as requested. Applicants failing to identify nursing schools attended or those supplying false information will not be eligible for admission or enrollment in the nursing program.

If application is deemed incomplete, the application will be returned and the date and time stamp will be considered null and void and a new application must be submitted.



APPLICATION ADMISSION CHECKLIST

(Page 2 of 2)

Must be signed by Advisor

Print Name:	Student ID:	Date:
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Return your completed application to the college of first choice from the options listed below. The selection of program options changes each semester. Prior to placement, updated program options are available as long as you remain in the placement data base at www.nursing.maricopa.edu

- Chandler-Gilbert CC GateWay CC Mesa CC Paradise Valley CC Estrella Mountain CC
 Glendale CC Mesa /Banner-Boswell Phoenix College Scottsdale CC

Demographic Survey: Optional: The nursing program is required to report the following demographic data to the accrediting agency. Please provide this data for accurate reporting of numbers only. Place an "X" in the box next to the correct response.

GENDER	Female		ETHNICITY	American Indian	
	Male			Asian or Pacific Islander	
HIGHEST DEGREE CURRENTLY HELD	Associate degree			Black, Non-Hispanic	
	Baccalaureate degree			Hispanic	
	Master's degree			White, Non-Hispanic	
	Doctoral degree			Other/Unknown	

<input type="checkbox"/> Level One Fingerprint Clearance Card <i>Bring original FCC. Advisor will get a copy (front and back) of card.</i>	Date of Expiration:	<input type="checkbox"/> Student Disclosure Form - Background Check
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HESI Admission Assessment (HESI A2) Attach Copy of Test Analysis. Advisor will verify all scores before accepting application. Note: HESI A2 scores from outside the Maricopa Community Colleges are not accepted without verification of score.

Date: Valid for 24 months	Location of HESI A2 Test:	Math Score: <i>Required 75.0% or higher</i>	English Language Composite Score: <i>Required 75.0% or higher</i>
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Prefix	Course	Credits Required	College	Date Completed	Grade
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Minimum grade required is a "C" or 2.0 in all pre-requisite courses:

CHM130+130LL	Fundamental Chemistry or one year HS chem. with lab	0 - 4			
BIO156 or BIO 181	Introductory or General Biology or one year high school biology (course is a prerequisite to BIO 201 only)	0 - 4			
BIO201	Human Anatomy and Physiology I	4			
PSY101 or PSY240	Introduction to Psychology or Developmental Psychology	3			
MAT120 or higher	Intermediate Algebra or higher Mathematics	3			

Nursing Program co-requisites:

BIO202	Human Anatomy and Physiology II	4			
BIO205	Microbiology	4			
HUM	Humanities Elective	2			
CRE101	Critical and Evaluative Reading or Test Exempt	0 - 3			
ENG101	First-Year Composition	3			
ENG102	First-Year Composition	3			

Advisor Signature: _____ **Date:** _____



Allied Health and Nursing Programs
Maricopa County Community College District
Summary of Criminal Background Check Requirements effective September 1, 2011

(Student Copy)

Overview of the Requirements

In order for students to be admitted to or maintain enrollment in good standing in Maricopa County Community College District's ("MCCCD") Allied Health and Nursing programs ("Programs") beginning on September 1, 2011, students must provide with their application to a Program all of the following:

- A copy of an Arizona Department of Public Safety Level-One Fingerprint Clearance Card ("Card"). Students are required to pay the cost of applying for the Card. Cards that are NOT Level-One status will not be accepted
- An original version of the "**Criminal Background Check Disclosure Acknowledgement**" form attached to this Summary signed by the student.
- Once a student has actually been placed within a nursing or allied health program they will be given information on how to complete the MCCCD supplemental background check with MCCCD's authorized vendor Certified Background. Once placed in a program to be able to remain and enroll in the program the student must provide documentation demonstrating that the student has achieved a "Pass" status on the MCCCD supplemental background check. Students are required to pay the cost of obtaining the background check. Students whose background checks on the date of actual admission to a Program that are more than 6 months old or students who have been in a Program for more than 12 months may be requested to obtain an updated background check. The addition of this criminal background check is due to the fact that some of MCCCD's largest clinical experience partners have established standards that are more stringent than those for obtaining a Card.

At all times during enrollment in a Program, students must obtain and maintain BOTH a valid Level-One Fingerprint Clearance Card and passing disposition on supplemental background check performed by MCCCD authorized vendor. Admission requirements related to background checks are subject to change as mandated by clinical experience partners

Implementation of the Requirements

1. Students that are denied issuance of a Card may be eligible for a good cause exception through the Arizona Department of Public Safety. It is the student's responsibility to seek that exception directly with the department. Until the student obtains a Card and meets the other requirements for admission, he or she will not be admitted to a Program.
2. Students admitted to a Program whose Card is revoked or suspended must notify the Program Director immediately and the student will be removed from the Program in which they have been admitted or are enrolled. Any refund of funds would be made per MCCCD policy.
3. The **Criminal Background Check Disclosure Acknowledgement** directs students to disclose on the data collection form of the MCCCD authorized background check vendor all of the requested information as well as any information that the background check may discover. Honesty is important as it demonstrates character. Lack of honesty will be the basis for denial of admission or removal from a Program if the information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under that Code. Students have a duty to update the information requested on the [background check vendor] data collection form promptly during enrollment in a Program. The [background check vendor] data collection form may ask for the following information but the form may change from time to time:
 - Legal Name
 - Maiden Name
 - Other names used
 - Social Security Number
 - Date of Birth
 - Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details.
 - Pending criminal charges that have been filed against you including dates and details. Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld.

The authorized MCCCD background check vendor will be asked to pass or fail each student based on the standards of MCCCD's clinical experience partners that have established the most stringent requirements. The sole recourse of any student who fails the background check and believes that failure may have been in error is with the background check vendor and not MCCCD.



**ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS
APPLICABLE TO STUDENTS SEEKING ADMISSION TO ALLIED HEALTH OR NURSING PROGRAMS ON OR
AFTER SEPTEMBER 1, 2011
Maricopa County Community College District**

In applying for admission to a Nursing or Allied Health program (“Program”) at the Maricopa County Community College District, you are required to disclose on the Arizona Department of Public Safety (DPS) form all required information and on the MCCCDCD authorized background check vendor data collection form any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally, you must disclose anything that is likely to be discovered in the MCCCDCD supplemental background check that will be conducted on you.

Please complete the DPS form, the MCCCDCD authorized background check vendor form and any clinical agency background check form honestly and completely. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure of whether to disclose it, you must disclose the information, including any arrest or criminal charge. Additionally,

By signing this acknowledgement, you acknowledge the following:

1. I understand that I must submit to and pay any costs required to obtain a Level-One Fingerprint Clearance Card and an MCCCDCD supplemental criminal background check.
2. I understand that failure to obtain a Level-One Fingerprint Clearance Card will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
3. I understand that I must submit to and pay any costs required to obtain an MCCCDCD supplemental background check.
4. I understand that failure to obtain a “pass” as a result of the MCCCDCD supplemental criminal background check will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
5. I understand that, if my Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or my enrollment in a Program, I am responsible to notify the Program Director immediately and that I will be removed from the Program.
6. I understand that a clinical agency may require an additional criminal background check to screen for barrier offenses other than those required by MCCCDCD, as well as a drug screening. I understand that I am required to pay for any and all criminal background checks and drug screens required by a clinical agency to which I am assigned.
7. I understand that the both the MCCCDCD supplemental or the clinical agency background check may include but are not limited to the following:
 - Nationwide Federal Healthcare Fraud and Abuse Databases
 - Social Security Verification
 - Residency History
 - Arizona Statewide Criminal Records
 - Nationwide Criminal Database
 - Nationwide Sexual Offender Registry
 - Homeland Security Search
8. By virtue of the MCCCDCD supplemental background check, I understand that I will be disqualified for admission or continued enrollment in a Program based on my criminal offenses, the inability to verify my Social Security number, or my being listed in an exclusionary database of a Federal Agency. The criminal offenses for disqualification may include but are not limited to any or all of the following:
 - Social Security Search-Social Security number does not belong to applicant
 - Any inclusion on any registered sex offender database
 - Any inclusion on any of the Federal exclusion lists or Homeland Security watch list
 - Any conviction of Felony no matter what the age of the conviction
 - Any warrant any state
 - Any misdemeanor conviction for the following-No matter age of crime
 - violent crimes



- sex crime of any kind including non-consensual sexual crimes and sexual assault
- murder, attempted murder
- abduction
- assault
- robbery
- arson
- extortion
- burglary
- pandering
- any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
- any abuse or neglect
- any fraud
- illegal drugs
- aggravated DUI
- Any misdemeanor controlled substance conviction last 7 years
- Any other misdemeanor convictions within last 3 years
- Exceptions: Any misdemeanor traffic (DUI is not considered Traffic)

9. I understand that I must disclose on all background check data collection forms (DPS, MCCCCD background check vendor and a clinical agency background check vendor) all required information including any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program. That includes any misdemeanors or felonies in Arizona, any other State, or other jurisdiction. I also understand that I must disclose any other relevant information on the forms. I further understand that non-disclosure of relevant information on the forms that would have resulted in failing the background check will result in denial of admission to or removal from a Program. Finally, I understand that my failure to disclose other types of information of the forms will result in a violation of the Student Code of Conduct and may be subject to sanctions under that Code.
10. I understand that, if a clinical agency to which I have been assigned does not accept me based on my criminal background check it may result in my inability to complete the Program. I also understand that MCCCCD may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCCD has no obligation to place me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.
11. I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
12. I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of my DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during my enrollment in a Program

Signature

Date

Printed Name

Desired Health Care Program