



# **TRANSITION TO ASSOCIATE DEGREE NURSING PROGRAM APPLICATION PACKET**

Office of Admissions

**Revised 10/8/20**

Accreditation Commission for Education in Nursing (ACEN)  
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Washington State Nursing  
Care Quality Assurance  
Commission  
P.O. Box 47864  
Olympia, WA 98504-7864  
(360) 236-4700

Olympic College provides equal educational and employment opportunities without regard to race or ethnicity, creed, color, sex, pregnancy or family status, national origin, age, marital status, religion, the presence of any sensory, mental, or physical disability, reliance on public assistance, sexual orientation, gender identity, or status as a disabled or Vietnam-era veteran in its educational programs, admissions, activities, and employment policies, in keeping with the letter and spirit of all equal opportunity and civil rights laws.



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Nursing Programs Contact Information  
 Bremerton Campus  
 ATTN: Nursing Programs Office  
 1600 Chester Ave  
 Bremerton, WA 98337  
 Building 5, Room 341  
 Main office phone: 360-475-7748  
 Main office email: [nursing@olympic.edu](mailto:nursing@olympic.edu)

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# Part One: Application Checklist and Timing

The Transition to Associate Degree Nursing application deadline is August 31<sup>st</sup>. Application and all supporting documents must be received by the deadline.

Applicants are strongly encouraged to apply as soon as they are eligible

## Applicants may submit application and all supporting documents when:

All prerequisites are completed, or when attending your final prerequisite and will be completed by the application deadline: ENGL& 101, PSYC& 100 or 102, CHEM& 121, BIOL& 241, BIOL& 242, and BIOL& 260.

### 1) For applicants who have only attended Olympic College

- Review nursing program website and FAQs [www.olympic.edu/nursing](http://www.olympic.edu/nursing)
- Complete Accuplacer placement assessment if needed for Math and English. Contact the Testing Center at [www.olympic.edu/accuplacer](http://www.olympic.edu/accuplacer) for testing information.
- Attend group information session, posted at [www.olympic.edu/nursing](http://www.olympic.edu/nursing) under information sessions to the right side of the screen.
  - i. Carefully review application packet and other materials
- Meet with an advisor if you need assistance with an education plan or have questions.
  - i. If you are ready to enter CHEM& 121, meet with the Nursing Programs Advisor (360-475-7748)
- Submit completed application (pgs. 15-16) and official Accuplacer Reading Comprehension Proficiency Test scores by mail to: Olympic College Office of Admissions, 1600 Chester Ave, Bremerton, WA 98337 or on the Bremerton Campus, Building 4, Room 101 or by email at [selectiveadmissions@olympic.edu](mailto:selectiveadmissions@olympic.edu)

### 2) For applicants who have attended any institution other than Olympic College

- Review nursing program website and FAQs [www.olympic.edu/nursing](http://www.olympic.edu/nursing)
- Complete ACCUPLACER placement assessment if needed for Math and English. Contact the Testing Center at [www.olympic.edu/accuplacer](http://www.olympic.edu/accuplacer) for testing information.
- Attend group information session
  - i. Carefully review application packet and other materials distributed
- Meet with the Nursing Advisor (360-475-7748)
- Complete the course review process for chemistry or biology (pg. 5) if applicable.
  - i. Submit completed application (pgs. 15-16) and official Accuplacer Reading Comprehension Proficiency Test scores by mail to: Olympic College Office of Admissions, 1600 Chester Ave, Bremerton, WA 98337 or on the Bremerton Campus, Building 4, Room 101 or by email at [selectiveadmissions@olympic.edu](mailto:selectiveadmissions@olympic.edu)
  - ii. Include official ACCUPLACER Reading Comprehension Proficiency Test scores. Reading scores from any other placement exams will not be accepted.
  - iii. Official transcripts from **ALL** colleges directly to the Office of Admissions. Even if the course(s) was from a non-accredited school, was taken for “no credit”, or is not applicable to nursing, you must submit ALL transcripts. You must provide an official transcript from **each** school you have attended; simply showing transferred courses on one transcript will not be considered. If you took Advanced Placement courses taken in high school, you must submit a copy of your scores from the College Board.
  - iv. If courses are in-progress summer quarter, and you are attending a school other than Olympic College, you will be required to submit official transcripts as soon as summer grades are posted;



no later than September 15th. Failure to do so will make your application ineligible.

v. Transcript Evaluation Request (p.17)

## Part Two: Application Process

### **PROCEDURE FOR ADMISSION**

Application to the Transition to Associate Degree Nursing Program is a separate process from the application to Olympic College. Enrollment in the Transition to Associate Degree Nursing Program is limited; therefore admission to Olympic College does not guarantee admission to the Transition to Associate Degree Nursing Program. **Formal application to the Transition to Associate Degree Nursing Program should be made when the applicant has completed or is registered for his/her last prerequisite course.**

The Transition to Associate Degree Nursing Application **MUST** be received NO LATER THAN August 31st of academic the year the applicant anticipates entering the Transition to Associate Degree Nursing Program. The program is open to men and women and is a fulltime program. The program admits students, **Winter quarter** only. Admission is based on a factoring system.

### **Application and Admission Requirements**

- 1) Fluency in the English language (reading comprehension and writing); a necessary requirement for licensure as a nurse.
- 2) Completion of the following prerequisite courses with a minimum grade of 2.0 in each course: ENGL& 101, PSYC& 100 or 102, CHEM& 121, BIOL& 241\*, BIOL& 242, and BIOL& 260.
- 3) Achieve at least 260 on the Next Generation Accuplacer Reading Comprehension Proficiency Test. Contact the Testing Center at [www.olympic.edu/accuplacer](http://www.olympic.edu/accuplacer) to schedule the Accuplacer Reading Comprehension Proficiency Placement Test. The Reading Comprehension Proficiency Test is required for all applicants regardless of background or previous degrees.
- 4) Current, unencumbered Practical Nursing License in the State of Washington.

**\*Olympic College students may fulfill the biochemistry prerequisite for BIOL& 241 by doing one of the following: Take CHEM& 131 OR take a placement test that will allow you to waive CHEM& 131. It is suggested that BIOL 201 be taken as preparation for passing this placement test. The placement test must be passed in order to register for BIOL& 241. For more information on the placement test visit [www.olympic.edu/chemistry](http://www.olympic.edu/chemistry) and scroll to the bottom of the page.**

The **application** and supporting documents must be received no later than August 31<sup>st</sup>.

Courses completed **summer** quarter with the required grade of 2.0 or better will be included in the student's file as required for winter admission consideration.

**The applicant is responsible for verifying that all required documentation has been received by the Office of Admissions. Email [selectiveadmissions@olympic.edu](mailto:selectiveadmissions@olympic.edu) . Applications and transcripts received after August 31st will not be considered for admission to the program for that year. Applications will be reviewed in the order in which they are received. Incomplete applications will not be accepted. All application materials become the property of Olympic College. We are not responsible for email or fax error.**

### Course Review Process:

If you took your sciences, (inorganic and organic/bio-chemistry; anatomy and physiology I and II; microbiology) out-of-state, or from The Evergreen State College, you will need to provide the following via the online form or to the Nursing Programs Office via mail nursing@olympic.edu. Please keep all original documents for yourself, and turn in copies to the Nursing Programs Office.

Syllabi with lab component clearly listed and unofficial transcript showing the listed courses and grade received to the Nursing Programs Administrative Office.

- Inorganic Chemistry (CHEM& 121)
- Anatomy and Physiology I and II (BIOL& 241 and 242)
- Microbiology (BIOL& 260)

### **ALL course review documents must be submitted before the August 31st deadline**

#### Selection of Applicants

- 1) The following criteria will be used to determine acceptance into the Transition to Associate Degree Nursing Program. (**Factor points will only be awarded if completed by the August 31st deadline.**)
- 2) Completion of prerequisite courses with a grade of 2.0 or higher: BIOL& 241, BIOL& 242, BIOL& 260, CHEM& 121, ENGL& 101, and PSYC& 100 or PSYC 102.
- 3) Accuplacer Reading Comprehension Proficiency Assessment score.
- 4) Completion of Math& 107 or Math& 141. (College level math other than statistics will be considered.)
- 5) Previous application to the program.

#### Additional Information

- 1) Admissions are granted for a particular quarter and year. Students not enrolling for the specific quarter and year (as noted in their letter of acceptance) **must** submit a new application for the Transition to Associate Degree Nursing Program by the August 31<sup>st</sup> deadline.
- 2) Students eligible for current year class but not admitted, **must** submit a new application for the Transition to Associate Degree Nursing Program by the August 31<sup>st</sup> deadline.
- 3) Students who have been offered admission into the Transition Associate Degree Nursing Program may be required to attend **mandatory** orientation sessions prior to the beginning of winter quarter.

#### Students with Previous Associate Degree Nursing Education

Students who have completed some formal nursing education must complete prerequisite coursework and meet grade requirements, and are required to enter in to the applicant pool. If accepted to the Transition to Associate Degree of Nursing Program, previous coursework may be reviewed to determine advanced standing.

#### Access Support Services

Olympic College is committed to providing access to higher education for students with disabilities. Any student with a permanent or temporary disability is encouraged to contact Access Support Services at (360) 475-7540 to discuss appropriate accommodations.

#### Background Inquiry

A National background inquiry completed by Certified Backgrounds is required to disclose any history of



## OLYMPIC COLLEGE

**Nursing Programs, Bremerton Campus, 1600 Chester Ave., CSC 341, Bremerton, WA 98337-1699**

criminal record or abusive behavior (Child/Adult Abuse Information Act, RCW; 43.43.830 through 43.43.840). If the results of this information cause any clinical agency to deny you privileges to rotate through that agency, withdrawal from the Associate Degree Nursing Program will be required.

### **Re-entering Olympic College Transition to Associate Degree Nursing Students**

Reentering Olympic College Transition to Associate Degree Nursing students must submit a Transition to Associate Degree Nursing Admissions Application and credential requirements to be eligible to re-enroll.

Fall/Winter Re-enter deadline is March 31st

Spring Re-enter deadline is August 31st



Projected Cost Estimate for TADN Nursing Program

2020-2021 Academic Year with Tuition Costs

**TADN 181 is required winter quarter prior to start of spring courses.**

**Winter Quarter**

*Tuition (3 credit course)	see cost on page 8
Books (EST)	\$ 330.00
Technology Fee	\$ 35.00 (max)
Student Services Fee	\$ 20.00 (max)
Security Enhancement Fee	\$ 20.00

Regular Program Courses Begin Spring Quarter

**Formal Courses Begin**

**Spring Quarter**

*Tuition (12 or 14 credits)	see cost grid page 7
Laptop	\$ 1,500
Books (EST)	\$ 850.00
Immunizations	variable
Simulation Fee	\$ 20.00
Watch w/ sweep second hand	variable
Stethoscope	variable
Uniform, Incl. Shoes	\$ 175.00
RN Patch, Name Tag, Emblems, etc.	\$ 30.00
Lab Coat	\$ 45.00
Malpractice	\$ 19.85
Liability Insurance	\$ 2.50
Technology Fee	\$ 35.00 (max)
Student Services Fee	\$ 20.00 (max)
Security Enhancement Fee	\$ 20.00
Associate Degree Nursing Lab Fee	\$ 35.00 (per lab course)
Clinical Placement	\$ 28.00 (per clinical course)
Drug Screen at MultiCare Occupational Med Location	\$ 30.00
Positive Drug Screen at MultiCare Occupational Med Location	\$ 30.00

**Fall Quarter**

*Tuition (12 or 14 credits)	
Books (EST)	\$ 130.00
Malpractice	\$ 14.85
Liability Insurance	\$ 2.50
Technology Fee	\$ 35.00 (max)
Student Services Fee	\$ 20.00 (max)
Security Enhancement Fee	\$ 20.00
Associate Degree Nursing Lab fee	\$ 35.00 (per lab course)
Simulation Fee	\$ 20.00
Clinical Placement	\$ 28.00 (per clinical course)

**Winter Quarter**

*Tuition (11 or 12 credits)	see cost grid page 7
Student Services Fee	\$ 20.00 (max)
Clinical Placement	\$ 28.00 (per clinical course)
Simulation Fee	\$ 20.00
Security Enhancement Fee	\$ 20.00
Associate Degree Nursing Lab Fee	\$ 35.00 (per lab course)

**Spring Quarter**

*Tuition (12 credits)	see cost grid page 7
Technology Fee	\$ 35.00 (max)
Student Services Fee	\$ 20.00 (max)
Security Enhancement Fee	\$ 20.00
Graduation Fee	\$ 20.00
Clinical Placement	\$ 28.00 (per clinical course)
Simulation Fee	\$ 20.00
NCLEX Exam	\$ 200.00 (approx.)
State License Fee	\$ 120.00 (approx.)
Passport Photo (EST)	\$ 10.00
O.C. Transcript Fee	\$ 5.00
see cost grid page 7	\$ 20.00





# OLYMPIC COLLEGE

Nursing Programs, Bremerton Campus, 1600 Chester Ave., CSC 341, Bremerton, WA 98337-1699

## Tuition Cost Grid

(Does not include the following fees: Student Service Fee, Security Enhancement Fee, and Technology Fee)

\*Tuition rates are set by legislative action and are subject to change. The tuition and fees listed apply to the year beginning Fall Quarter and may be changed without notice by the Washington State Legislature and/or Board of Trustees.

### Olympic College

#### 2020-2021 Tuition Rates-Lower Division

#### Residency Washington Resident

Credits	Op Fee	Build Fee	S&A	Total
1	\$ 89.24	\$ 12.18	\$ 11.62	\$ 113.04
2	\$ 178.48	\$ 24.36	\$ 23.24	\$ 226.08
3	\$ 267.72	\$ 36.54	\$ 34.86	\$ 339.12
4	\$ 356.96	\$ 48.72	\$ 46.48	\$ 452.16
5	\$ 446.20	\$ 60.90	\$ 58.10	\$ 565.20
6	\$ 535.44	\$ 73.08	\$ 69.72	\$ 678.24
7	\$ 624.68	\$ 85.26	\$ 81.34	\$ 791.28
8	\$ 713.92	\$ 97.44	\$ 92.96	\$ 904.32
9	\$ 803.16	\$ 109.62	\$ 104.58	\$ 1,017.36
10	\$ 892.40	\$ 121.80	\$ 116.20	\$ 1,130.40
11	\$ 937.30	\$ 126.09	\$ 122.95	\$ 1,186.34
12	\$ 982.20	\$ 130.38	\$ 129.70	\$ 1,242.28
13	\$ 1,027.10	\$ 134.67	\$ 136.45	\$ 1,298.22
14	\$ 1,072.00	\$ 138.96	\$ 143.20	\$ 1,354.16
15	\$ 1,116.90	\$ 143.25	\$ 149.95	\$ 1,410.10
16	\$ 1,161.80	\$ 147.54	\$ 156.70	\$ 1,466.04
17	\$ 1,206.70	\$ 151.83	\$ 163.45	\$ 1,521.98
18	\$ 1,251.60	\$ 156.12	\$ 170.20	\$ 1,577.92
19	\$ 1,353.02	\$ 156.12	\$ 170.20	\$ 1,679.34
20	\$ 1,454.44	\$ 156.12	\$ 170.20	\$ 1,780.76
21	\$ 1,555.86	\$ 156.12	\$ 170.20	\$ 1,882.18
22	\$ 1,657.28	\$ 156.12	\$ 170.20	\$ 1,983.60
23	\$ 1,758.70	\$ 156.12	\$ 170.20	\$ 2,085.02
24	\$ 1,860.12	\$ 156.12	\$ 170.20	\$ 2,186.44
25	\$ 1,961.54	\$ 156.12	\$ 170.20	\$ 2,287.86

#### Residency Non-Resident and International

Credits	Op Fee	Build Fee	S&A	Total
1	\$ 252.52	\$ 27.14	\$ 11.62	\$ 291.28
2	\$ 505.04	\$ 54.28	\$ 23.24	\$ 582.56
3	\$ 757.56	\$ 81.42	\$ 34.86	\$ 873.84
4	\$ 1,010.08	\$ 108.56	\$ 46.48	\$ 1,165.12
5	\$ 1,262.60	\$ 135.70	\$ 58.10	\$ 1,456.40
6	\$ 1,515.12	\$ 162.84	\$ 69.72	\$ 1,747.68
7	\$ 1,767.64	\$ 189.98	\$ 81.34	\$ 2,038.96
8	\$ 2,020.16	\$ 217.12	\$ 92.96	\$ 2,330.24
9	\$ 2,272.68	\$ 244.26	\$ 104.58	\$ 2,621.52
10	\$ 2,525.20	\$ 271.40	\$ 116.20	\$ 2,912.80
11	\$ 2,576.58	\$ 276.49	\$ 122.95	\$ 2,976.02
12	\$ 2,627.96	\$ 281.58	\$ 129.70	\$ 3,039.24
13	\$ 2,679.34	\$ 286.67	\$ 136.45	\$ 3,102.46
14	\$ 2,730.72	\$ 291.76	\$ 143.20	\$ 3,165.68
15	\$ 2,782.10	\$ 296.85	\$ 149.95	\$ 3,228.90
16	\$ 2,833.48	\$ 301.94	\$ 156.70	\$ 3,292.12
17	\$ 2,884.86	\$ 307.03	\$ 163.45	\$ 3,355.34
18	\$ 2,936.24	\$ 312.12	\$ 170.20	\$ 3,418.56
19	\$ 3,215.90	\$ 312.12	\$ 170.20	\$ 3,698.22
20	\$ 3,495.56	\$ 312.12	\$ 170.20	\$ 3,977.88
21	\$ 3,775.22	\$ 312.12	\$ 170.20	\$ 4,257.54
22	\$ 4,054.88	\$ 312.12	\$ 170.20	\$ 4,537.20
23	\$ 4,334.54	\$ 312.12	\$ 170.20	\$ 4,816.86
24	\$ 4,614.20	\$ 312.12	\$ 170.20	\$ 5,096.52
25	\$ 4,893.86	\$ 312.12	\$ 170.20	\$ 5,376.18



## Part Three: Post Application Process

### FACTORING SYSTEM

After the materials listed under Application Process (pgs 4-10) have been received, an admission score will be determined according to the following factoring system.

1) Cumulative GPA of Prerequisite Courses

BIOL&241, BIOL&242, BIOL&260, CHEM&121, ENGL&101, PSYC&100 or PSYC 102

**Note: A minimum grade of 2.0 must be earned in each prerequisite course.**

GPA	2.7 – 2.89	2.9 – 3.09	3.1 – 3.29	3.3 – 3.49	3.5 – 3.69	3.7 – 4.0
Factor Points	1	2	3	4	5	6

2) Accuplacer Reading Comprehension Placement Test

Version	Next Generation	
Score	260-284	285-300
Factor Points	1 point	2 point

3) Support Course Completion

Course	MATH&107 or MATH 141
Points	1 point

4) Roll-over (for applicants who are eligible but not accepted on their first attempt). The roll-over point will be awarded one time only.

<b>1 point</b>
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**Applicants are ranked according to total number of factor points. In the event of a tie, the following tie breakers will be used:**

1<sup>st</sup> Tie Breaker: Combined **GPA** of prerequisite courses

2<sup>nd</sup> Tie Breaker: Completion of support course

3<sup>rd</sup> Tie Breaker: Overall college-level cumulative GPA (all colleges attended)

### Recommendations for Student Success:

- 1) Completion of one year each of high school algebra, biology, and chemistry or equivalents.
- 2) **Work experience** in the health care field (either paid or volunteer) is encouraged.



OFFICE OF ADMISSIONS TIMELINES

- 1) Transition to Associate Degree Nursing Admissions Application and all supporting documents must be submitted to the Office of Admissions by August 31st.
  - Completed Transition to Associate Degree Nursing Admissions Applications received after August 31st will not be considered for the upcoming cohort.
  - All students whose application materials (prerequisites and required documentation) are not complete will need to REAPPLY for next year's class.
- 2) Applicant files will be reviewed by the Office of Admissions. A letter is sent to applicants advising them of any missing documents. **Applicants turning in applications within the last three weeks of August, which are also missing documents are not guaranteed to receive notification from the Admissions Office prior to the application deadline. Any documents missing from your application packet will make your application ineligible for that year. Applicants must be eligible in order to receive a rollover point. Therefore, applicants are strongly encouraged to submit their application materials as soon as they are eligible to apply.**
- 3) The Transition to Associate Degree Nursing Admissions Committee will meet after the deadline to determine the winter class for admission.
- 4) The admission letters for the TADN program will be sent via mail by the Admissions Department (not the Nursing Program). Students will receive notification of their status prior to the 3<sup>rd</sup> week of December.
  - **Between September 1<sup>st</sup> and December 20<sup>th</sup>, please do not contact Admissions or Nursing regarding the status of acceptance letters.**
  - **After December 21<sup>st</sup>** if you have not received notification of your status you may contact the Admission Department at 360-475-7206.

**Eligible applicants who are not admitted, must submit a new application by the August 31<sup>st</sup> deadline for the following year.** It is not necessary to resubmit official transcripts unless additional classes have been taken at institutions outside of Olympic College.

## Part Four: Program Information

### CLINICAL EXPERIENCES IN THE TRANSITION TO ASSOCIATE DEGREE NURSING PROGRAM:

The Olympic College Transition to Associate Degree Nursing Program includes clinical experiences in patient care at cooperating health care facilities.

The clinical agencies require students to provide evidence of the following prior to beginning clinical experiences.

- 1) Current immunizations, uploaded to and confirmed by Certified Background Check and Immunization Tracker;
- 2) Basic Life Support for Health Care Providers Certification (American Heart Association for the Healthcare Provider) must be **annually** updated while in the Associate Degree Nursing Program;
- 3) Non-refundable liability and malpractice insurance (must be purchased through Olympic College) is required; and
- 4) Proof of personal health insurance;
- 5) Learning module completion;
- 6) Completion of the Certified Background check within acceptable parameters of clinical agencies.

Please do not turn in documents pertaining to items 1-6 above with your application. It is recommended that all applicants wait to hear if they have been formally admitted in to the Associate Degree Nursing program prior to starting on the documentation process.

Those applicants accepted in to the Associate Degree Nursing Program, will be required to attend a mandatory orientation regarding the required documentation.

Applicants who have chronic health conditions or disabilities which require alterations to the program of study as approved by the Washington State Nursing Care Quality Assurance Commission, or which prevent the practice of Associate Degree Nursing with reasonable skill and safety, should be aware of the possibility that they may not be eligible to sit for the NCLEX licensing examination or obtain a license to practice Nursing. Questions should be addressed directly to the Washington State Nursing Care Quality Assurance Commission, Nurse Practice Advisor at (360) 236-4725.



Student Health & Safety Requirement Checklist

For information purposes only. You will be required to obtain these items only after acceptance in to the program.

DO NOT fill out this form and return it with your application.

BOTH COLUMNS

SUBMITTED ONCE	SUBMITTED EVERY YEAR
<p><b>TUBERCULIN STATUS (TB Skin Test)</b></p> <ul style="list-style-type: none"> <li>Documentation of an initial 2 step TST is required <b>AND</b> documentation of annual TSTs since 2 step was completed</li> <li>If no records of previous positive TB tests or more than 12 months since last TST → 2 step TST OR</li> <li>Negative TB IGRA test within 12 months OR</li> <li>If negative TST within 12 months → one step TST</li> <li>If newly positive TST or TB IGRA → F/U by healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and need to complete health questionnaire</li> <li>If history of positive TST → provide documentation of TST reading, provide proof of chest X-ray documenting absence of M. TB, medical treatment and negative symptom check</li> <li>If history of BCG vaccine → TST Skin Testing as above or TB IGRA. If negative → OK; If positive → follow up as above</li> </ul> <p><b>Note:</b> 2-step TST requires 4 return visits to provider. 1st step: Injection, return to read. 2nd step: repeat injection, return to read (no more than 2 weeks between readings).</p> <p><b>Hepatitis B</b> <i>(Vaccination series must be completed and continue to be uploaded prior to the end of fall quarter)</i></p> <ul style="list-style-type: none"> <li>Documentation of Series of 3 vaccines completed at appropriate time intervals and post vaccination titer at 6-8 weeks after series completion. If negative titer, then repeat series (consisting of doses 4-6) and repeat titer 6-8 weeks after #6 dose. OR obtain challenge dose #4 and re-titer after 6-8 weeks OR</li> <li>Provide documentation of positive titer (anti-HBs or HepB SAB) or</li> <li>Signed declination for students/faculty who decline vaccination <i>Specific healthcare institutions may require vaccination without exception (i.e., no declination)</i></li> </ul> <p><b>MMR</b> (Measles, Mumps, Rubella)</p> <ul style="list-style-type: none"> <li>Proof of vaccination (2 doses at appropriate intervals) <b>OR</b></li> <li>Proof of Measles immunity by titer <b>and</b></li> <li>Proof of Mumps immunity by titer <b>and</b></li> <li>Proof of Rubella immunity by titer</li> </ul> <p><b>Varicella</b> (Chicken Pox)</p> <ul style="list-style-type: none"> <li>Proof of vaccination (2 doses administered at least 4 weeks apart) <b>OR</b></li> <li>Proof of immunity by titer</li> </ul> <p><b>Tetanus, Diphtheria &amp; Pertussis (Tdap)</b></p> <ul style="list-style-type: none"> <li>Tdap required once</li> <li>Td required every 10 years after Tdap</li> </ul> <p><b>AUTHORIZATION FOR RELEASE OF RECORD</b></p> <ul style="list-style-type: none"> <li>Kept on file by education institution</li> </ul>	<p><b>TUBERCULIN STATUS (TB Skin Test)</b></p> <ul style="list-style-type: none"> <li>Annual TST <b>OR</b></li> <li>Annual TB IGRA test</li> <li>If newly positive TST/IGRA results→ F/U with healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and may need to complete health questionnaire.</li> <li>Previously documented positive TST results and prior negative chest X-ray results: submit annual symptom check completed within one year from healthcare provider</li> </ul> <p><b>Influenza vaccine (Flu) – After 8/31/17</b></p> <ul style="list-style-type: none"> <li>Proof of seasonal vaccination(s) OR</li> <li>Signed declination for student/faculty who decline vaccination</li> </ul> <p><i>Specific healthcare institutions may require vaccination without exception (i.e., no declination) <a href="http://flushot.healthmap.org">http://flushot.healthmap.org</a></i></p> <p><b>Background Checks</b></p> <ul style="list-style-type: none"> <li>National criminal background check and Washington State patrol background check (WATCH) upon admission/readmission and reentry/hire to program to include all counties of residence and all Washington State counties per RCW 43.43.830 and OIG and GSA screens. <a href="http://www.Castlebranch.com">http://www.Castlebranch.com</a>. <ul style="list-style-type: none"> <li>Washington Statewide Criminal Search</li> <li>WATCH</li> <li>Nationwide Sex Offender</li> <li>Nationwide Federal Criminal</li> <li>Nationwide Healthcare Fraud and Abuse Search</li> <li>Residency History</li> </ul> </li> </ul> <p><i>Provide a printed copy of completed background check from Castlebranch.com.</i></p> <p><b>Insurance</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of Personal Health Insurance.</li> <li><input type="checkbox"/> Malpractice Insurance (from Olympic College Cashier) \$19.85</li> <li><input type="checkbox"/> Liability Insurance (from Olympic College Cashier) \$2.50</li> </ul> <p><b>CPR</b></p> <ul style="list-style-type: none"> <li>American Heart Association (AHA) BLS Provider Card or Military Training Network (MTN) Provider Card only. Cards must read: <u>BLS &amp; American Heart Association</u>.</li> <li><b>American Heart Association or Military Training Network (MTN)</b> accepted only. <ul style="list-style-type: none"> <li><u>1<sup>st</sup> year of card</u> only accepted.</li> <li>Must cover entire duration of program.</li> </ul> </li> </ul>
<p><b>REQUIRED EDUCATION</b></p> <p>EACH HEALTHCARE INSTITUTION WILL COMMUNICATE TO FACULTY AND STUDENTS ANY REQUIRED EDUCATIONAL CONTENT TO BE COMPLETED PRIOR TO PARTICIPATING IN PATIENT CARE. STUDENTS AND FACULTY IN CPC#1 AND INPC CONSORTIUMS MUST COMPLETE ALL STUDENT LEARNING MODULES ON THE WEBSITE. IF ANY QUESTIONS, PLEASE CONSULT YOUR PROGRAM</p>	
<p><b>ADDITIONAL REQUIREMENTS (if applicable)</b> <i>Students and Faculty will be informed prior to clinical experience if optional or additional requirements need to be met. May apply for individual clinical sites. Some healthcare settings may have additional requirements, such as the following:</i></p> <p><i>Vehicle Insurance (for access to VA &amp; Military Facilities); Personal Health Insurance; Drug Screen; Hepatitis A Vaccine; Current First Aid Card; Proof of U.S. Citizenship; Color Vision Test; Passport; Birth Certificate</i></p>	



Information only - do not return to Olympic College

ELIGIBILITY TO SIT FOR THE NATIONAL LICENSING EXAM FOR REGISTERED NURSES

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

**Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.**

**The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.**

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.....

“Currently” means within the past two years.

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

“Currently” means within the past two years.

**Illegal use of controlled substances** is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

**Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction?....



**Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.**

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction .....

**Note: If you answered “yes” to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.**

b. If you answered “yes” to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete? .....

6. Have you ever been found in any civil, administrative or criminal proceeding to have: a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?.....

b. Diverted controlled substances or legend drugs?.....   c. Violated any drug law?.....   d. Prescribed controlled substances for yourself?.....

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, please attach an explanation and provide copies of all judgments, decisions, and agreements? .....

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?.....

9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?.....

10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?.....

**Information only - do not return to Olympic College. For questions, please visit [www.doh.wa.gov](http://www.doh.wa.gov)**







OLYMPIC COLLEGE

Nursing Programs, Bremerton Campus, 1600 Chester Ave., CSC 341, Bremerton, WA 98337-1699

Application pg 2 of 2

You MUST list ALL schools you have previously attended where coursework has been completed (including Advanced Placement coursework taken in high school), even if the transcripts/courses are not applicable to your nursing application. Official Transcripts must be submitted to the Office of Admissions at Olympic College for ALL schools listed below regardless if a degree was awarded or not. Failure to list all schools and submit ALL official transcripts will make your application ineligible. \_\_\_\_\_ (applicant’s initials)

Table with 4 columns: Name of other college, vocational/technical school attended; City and State; Years attended (From, To, Year); Graduated (Yes/No, Year). Contains 6 rows for listing schools.

List any additional colleges, vocational/technical schools on a separate sheet of paper and attach to this document.

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE IS TRUE AND CORRECT. IF FRAUD IS FOUND, I WILL BE DISMISSED FROM THE OLYMPIC COLLEGE TRANSITION TO ASSOCIATE DEGREE NURSING PROGRAM.

I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO SUBMIT A COMPLETED APPLICATION AND SUPPORTING DOCUMENTS, AND THAT FAILURE TO DO SO MAY RENDER MY APPLICATION INELIGIBLE FOR THE CURRENT YEAR. ALL APPLICATION MATERIALS BECOME THE PROPERTY OF OLYMPIC COLLEGE. THE COLLEGE IS NOT RESPONSIBLE FOR EMAIL OR FAX ERROR. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

FINAL APPLICATION CHECKLIST:

- One official transcript from EACH previous academic institution sent to the Admissions Office. See page 3-4 for additional details.
Copy of current Washington State LPN license
(If applicable) Course review completed for Chemistry and Biology (including Microbiology). Pg. 5
Transition to Associate Degree Nursing Application (pgs. 1)
Official copy of Accuplacer Reading Comprehension scores submitted with application
(If applicable) Transcript Evaluation Request (p. 15) submitted with application for all in-state and out-of-state schools.
Confirm completion and receipt of application directly with selectiveadmissions@olympic.edu

Signature

Date

# Part Six: Transcript Evaluation Request - Nursing

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**Instructions:**

- (1) Students may submit this request form as soon as they have registered for classes in their first quarter of attendance, or have been enrolled previously at OC., OR have submitted a completed nursing application.
- (2) Requests for evaluations cannot be processed until after the tenth instructional day of the quarter. OR upon submitting a completed nursing application.

Name \_\_\_\_\_ Date of request \_\_\_\_\_

OC ID# \_\_\_\_\_ Birth date \_\_\_\_\_

Telephone number \_\_\_\_\_ Previous names \_\_\_\_\_

**PLEASE NOTE: When completed, evaluation notification will ONLY be e-mailed to your OC e-mail account**

**EDUCATIONAL GOALS AT OLYMPIC COLLEGE**

✓ **Associate in Technical Arts** (list program) TADN \_\_\_\_\_

**LIST ALL COLLEGES / UNIVERSITIES/MILITARY SCHOOLS ATTENDED PREVIOUSLY**

_____	_____
_____	_____
_____	_____

**Veterans**

- Failure to list **ALL** schools attended will delay your evaluation and temporarily effect delivery of benefits.

**Transcripts**

- Students are required to submit official, sealed (unopened) transcripts of all colleges, universities, or military training in support of this request.
- Send to:  
Evaluations, Registration and Records, Olympic College, 1600 Chester Ave., Bremerton, WA 98337
- Transcripts **MUST** be received by Olympic College within one year of the date on this form or the evaluation request will be cancelled. A new request form will be required.

Your signature indicates approval and permission for Olympic College to make inquiries (if necessary) to the colleges/universities listed above regarding transcript and course information. This **MAY** require Olympic College to use your Social Security number and/or birthdate as identifiers.

**Signature:** \_\_\_\_\_ **Advisor copy to:** \_\_\_\_\_

<i>For office use only</i>	
<i>Eligible for evaluation</i> _____	<i>Queue date</i> _____
<i>Problems</i> _____	
_____	