



For the Program Commencing **Summer**  
Applying to enter cohort year 2024

## Application for Olympic College Corpsman/Medic to Practical Nursing (CM-PN) Program

Priority Application Deadline March 31st

### Submit application to:

**E-Mail:** SelectiveAdmissions@olympic.edu

**In Person:** Office of Admissions | Building 4, 1<sup>st</sup> Floor | Records and Registration Counter

**Mail:** Olympic College | Office of Admissions Attn: PN | 1600 Chester Ave. | Bremerton, WA 98337-1699

Applications may be submitted when currently attending final prerequisite course. **COMPLETE ELECTRONICALLY OR PRINT IN INK**

☐ New Applicant

☐ Rollover Applicant

☐ Re-Entry Applicant

How did you hear about the CM-PN Program? \_\_\_\_\_

Acceptance to the Practical Nursing program is determined based on requirements listed in the most current Olympic College catalog. Admission to Olympic College DOES NOT guarantee acceptance to the Practical Nursing program. Application to the Practical Nursing program is a separate procedure in addition to the application to Olympic College. Please refer to the Practical Nursing program Application Packet for forms.

Legal Last Name	First Name	Middle Name	CTC ID#
Address: Number Street/P.O. Box		Apt. #	Previous Name(s)
City	State	County	Zip
Are you a U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	Daytime Phone (###-###-####)	Email

For each of the prerequisite and support courses, indicate the grade earned and the year and quarter completed. If you have not yet completed the requirement, leave blank, or indicate "IN PROGRESS".

Applications are accepted during the quarter in which you are completing your LAST prerequisite.

PREREQUISITE & SUPPORT COURSES (Academic Metrics)			APPLICATION MATERIALS, CULTURAL WEALTH, & BONUS POINTS (Non-Academic Metrics)		
Course	Grade	Quarter/Year	Healthcare Experience <sup>5</sup>	<input type="checkbox"/> none <input type="checkbox"/> <1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> > 2 years	
ENGL& 101 <sup>1</sup>			Award letter verifying qualification for one of more of the following state or federally awarded financial aid programs: BFET, TANF, Opportunity Grant, Worker Retraining, Pell Grant, WASFA, Washington State Need Grant, Free and Reduced Meal Program.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PSYC& 100 <sup>1</sup>					
BIOL& 241 <sup>1</sup>					
BIOL& 242 <sup>1</sup>					
NURSE 151 <sup>2, 3</sup>			Military/Veteran (Must include DD214 and DD215 [if applicable] with application materials)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
NURSE 152 <sup>2, 3</sup>					
ENGL& 102 <sup>1, 4</sup>			Multilingual (Languages must be noted on resume to receive point.) <sup>5</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
NUTR& 101 <sup>1, 4</sup> or NURSE 118 <sup>2, 4</sup>			First Generation College Student <sup>5</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ACCUPLACER Reading Comprehension Score (minimum 260)			Graduate of OC Healthcare Program or Pre-Nursing DTA		
			WA State Healthcare Credential (if yes, complete information below)		
			Credential Type	Credential Number	Expiration (MM/YY)

<sup>1</sup> Minimum GPA of 2.0 required.

<sup>2</sup> Minimum GPA of 2.2 required.

<sup>3</sup> Applicants must have completed NURSE 151 and NURSE 152 or be registered in them for spring quarter at the time of the application deadline.

Students who have successfully completed NURSE 151 & NURSE 152 at the time of the application deadline will be awarded points toward ranking.

<sup>4</sup> In order to receive factor points, classes must be completed by the application deadline.

<sup>5</sup> Validated by resume and reflective statement.

<b>MANDATORY DISCLOSURES: required of all applicants</b>	
Have you ever had any legal charge or conviction	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please indicate nature of charge and final disposition on a separate document and submit with application.</b>	
<b>Note:</b> Nursing Care Quality Assurance Commission (DOH) may deny licensure based on legal or ethical grounds.	
Have you ever received any disciplinary action from any college or university, including Olympic College?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please include a petition letter addressing the disciplinary action, contributing factors, and a mitigation plan to promote future success.</b> Nursing Program entry is NOT an option if the student was disciplined due to a critical safety element.	

Colleges, Technical Schools, and Universities Attended				
I am currently attending Olympic College				<input type="checkbox"/> Yes <input type="checkbox"/> No
I have previously attended another nursing program. If yes, please complete the table below without omission.				<input type="checkbox"/> Yes <input type="checkbox"/> No
By initialing, I am acknowledging that if I fail to list all schools as indicated below and to submit ALL official transcripts by the application deadline, my application will be ineligible.				Initial below
By initialing, I am acknowledging that if I have previously started another nursing program but was unable to complete the program for any reason, I must submit a letter of good standing from the Nursing Dean or Director.				Initial below
<b>List ALL colleges, technical schools, and universities attended (including AP coursework taken in high school), in the order of attendance, regardless of whether the courses/transcripts are applicable to your nursing application. (Attach a separate sheet if necessary). Official Transcripts must be submitted to the Office of Admissions at OC for ALL schools listed below.</b>				
Name of other college, technical school, or university attended	City and State	Years Attended		Graduated?  <input type="checkbox"/> No <input type="checkbox"/> Yes Year: _____
		From	To	
				<input type="checkbox"/> No <input type="checkbox"/> Yes Year: _____
				<input type="checkbox"/> No <input type="checkbox"/> Yes Year: _____
				<input type="checkbox"/> No <input type="checkbox"/> Yes Year: _____
				<input type="checkbox"/> No <input type="checkbox"/> Yes Year: _____
				<input type="checkbox"/> No <input type="checkbox"/> Yes Year: _____
				<input type="checkbox"/> No <input type="checkbox"/> Yes Year: _____
				<input type="checkbox"/> No <input type="checkbox"/> Yes Year: _____
				<input type="checkbox"/> No <input type="checkbox"/> Yes Year: _____

FINAL APPLICATION CHECKLIST: All documentation must be submitted on or before March 31 <sup>st</sup> .	
<input type="checkbox"/>	A one-to-two-page reflective statement providing three or more samples of how your unique experiences and attributes (background, identity, culture, beliefs, values, or experiences) will contribute to your success in the Practical Nursing Program and align with the Olympic College Nursing Program Mission. (See rubric in Application Instructions.)
<input type="checkbox"/>	A one-to-two-page resume describing the specific activities and responsibilities of your professional, volunteer, and academic experiences. The resume should include any activities, certifications, and skills relevant to healthcare and indicate any languages spoken and fluency on the resume if seeking cultural wealth points for being multilingual. (See rubric in Application Instructions.)
<input type="checkbox"/>	One OFFICIAL transcript from EACH previous academic institution sent to the Admissions Office.
<input type="checkbox"/>	Transcript Evaluation Request submitted with application for all in-state and out-of-state schools (If applicable).
<input type="checkbox"/>	Course review completed for chemistry and biology (including microbiology) courses taken outside of WA state (If applicable).
<input type="checkbox"/>	Official copy of Accuplacer Reading Comprehension scores submitted with application.
<input type="checkbox"/>	Submit a copy of current WA State healthcare credential (if applicable).
<input type="checkbox"/>	Submit all military transcripts and copy of DD214
<input type="checkbox"/>	Complete and sign application.

I HEREBY CERTIFY that to the best of my knowledge all the above is true and correct. If fraud is found, I will be dismissed from Olympic College and the Olympic College Practical 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 errors.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date