

## MERCER COUNTY COMMUNITY COLLEGE

### NURSING PROGRAM ACCEPTANCE GENERAL INFORMATION

Applications for Spring 2020 evening/weekend program option will be accepted between **September 1<sup>st</sup> – October 1<sup>st</sup>, 2019**. Applications will not be accepted before or after the application period.

In order to be considered for admission to the professional phase of the program, **you must have completed all academic foundations courses and English as a Second Language (ESL) courses**. Students must be matriculated as a Health Science-Nursing major. Students who reside in counties other than Mercer will be considered for admission.

MCCC's Nursing Education Program uses a rubric for admission consideration to the nursing program to ensure fairness and objectivity in the acceptance process. Point values will be assigned to petitioning students based on: Cumulative GPA (transfer or MCCC) of 2.5 or higher, HESI Admission exam score (English language composite and math only) and date of matriculation.

Applicants to the Nursing Education Program must meet the following requirements:

- Achieve a C+ or higher in BIO 103 (A&P I), BIO 104 (A&P II) and BIO 201 (Microbiology). The C+ requirement for BIO 103, BIO 104 and BIO 201 is in effect for students who took these classes in Summer 2015 and beyond; for students who had already completed the courses in or prior to Spring 2015, the passing grade of C is acceptable.
- Successful completion of semester 1 courses (ENG101, CHE107, BIO103, MAT125). Courses may be in progress at time of application.
- Cumulative MCCC GPA of 2.5 or higher; if no MCCC GPA will use GPA from the last institution attended from which we accepted transfer credits
- Achieve a score of 80% or higher on both the math and English composite section sections of the HESI Admission Exam, within the last two years.
- Attendance at a Nursing Program Information Session.

Applicants are responsible to ensure that all applicable transfer credits have been evaluated and that any transfer credits have been entered on your Mercer transcript prior to applying.

### Program-Specific Information

Once an applicant is selected for admission to the professional phase of the Nursing Program, there will be additional health and other requirements that must be completed prior to beginning the nursing program. There will also be two mandatory meetings students will be required to attend once accepted into the nursing program. The meeting dates and locations will be announced after acceptance is confirmed.

### Notification of Students

All students applying for the Spring 2020 nursing program will be notified of acceptance or non-acceptance, in writing, 4 to 6 weeks following the end of the petition period. A letter will be mailed to the home address on record. Please verify your correct address is indicated on the petition form.

MERCER COUNTY COMMUNITY COLLEGE  
APPLICATION TO COMMENCE THE PROFESSIONAL PHASE NURSING PROGRAM

**Instructions:** Carefully read the attached information page before completing this petition. Complete this form indicating the required pre-requisite courses you have completed. You must attach your HESI score report to the petition. Deposit the completed form in the lockbox outside of MS127 between September 1, 2019 and October 1, 2019. Please type or print clearly.

NAME: \_\_\_\_\_ MCCC ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_

MCCC STUDENT E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

Provide current status in the following courses (only show courses completed or in progress):

<u>COURSE</u>	<u>SEMESTER</u>	<u>YEAR</u>	<u>GRADE*</u>	<u>COLLEGE/UNIVERSITY</u>
MAT 125 or MAT _____	_____	_____	_____	_____
BIO103     Anatomy & Physiology I	_____	_____	_____	_____
ENG101     English Composition I	_____	_____	_____	_____
CHE107     General & Physiol. Chem.	_____	_____	_____	_____
HESI Exam English Composite Score**	_____		Exam Date	_____
HESI Exam Math Score**	_____		Exam Date	_____

Date Attended Nursing Education Program Information Session \_\_\_\_\_

\*If you are currently registered or enrolled, write "IP" for in progress. Verify your MCCC transcript includes any transfer courses.

\*\* Attach copies of your HESI Admission Exam score report.

MERCER COUNTY COMMUNITY COLLEGE  
APPLICATION TO COMMENCE THE PROFESSIONAL PHASE NURSING PROGRAM

NAME \_\_\_\_\_ MCCC ID# \_\_\_\_\_

***Please initial each of the following and then sign and date below.***

1. \_\_\_\_\_ I understand that the application process is unique for each year and does not “carry over” to another year. I understand that if I am not accepted into the program this time and I wish to apply in the future, I will need to submit a new application.
2. \_\_\_\_\_ I have reviewed the Essential Functions for Nursing Students, available on the nursing website [www.mccc.edu/nursing](http://www.mccc.edu/nursing). Some of the essential functions may be accomplished with the use of assistive technology or other reasonable accommodations. If you have a documented differing ability or think that you may have a differing ability that is protected under the American with Disabilities Act, Section 504 of the Rehabilitation Act or college policy, please contact the MCCC Center for Inclusion, Transition, and Accessibility in LB216 on the West Windsor campus for information regarding support services.
3. \_\_\_\_\_ I understand that there are standards of behaviors expected from nursing students, in accordance with the American Nurses Association Code of Ethics.
4. \_\_\_\_\_ I understand that a criminal background check, including sex offender registry is part of the requirement for clinical placement. Students with a criminal history within the past seven years may not be eligible to participate in the nursing education program. A criminal history may limit my ability to obtain state licensure as a registered professional nurse.
5. \_\_\_\_\_ I understand that drug screening is required as part of the initial medical clearance process and annually thereafter. Non-prescription use of controlled substances will make a student ineligible to complete the nursing education program.
6. \_\_\_\_\_ I understand that in order to participate in the nursing education program, I must have a valid social security number in order to complete the required background check.
7. \_\_\_\_\_ I understand that the NJ Board of Nursing determines who is eligible for licensure. Applicants who are not U.S. citizens will be required to submit additional immigration documents. Completion of the nursing education program is no guarantee that the applicant will be eligible for licensure in New Jersey or any other state.

I affirm that the information on this form is accurate and request consideration for acceptance into the professional phase of the Nursing Education Program.

Signature \_\_\_\_\_ Date: \_\_\_\_\_