

Greetings,

Thank you for considering Treasure Valley Community College's Nursing program. Below are helpful tips when applying to the nursing program:

- Applications are due by 4:00 pm MST the 2nd Monday in February.
- Request official transcripts from other colleges/universities to be sent to the TVCC Registrar (dkriegh@tvcc.cc or 650 College Blvd, Ontario, OR 97914) Deadline to submit transcripts: January 31st of the application year.
- Enclose ALL unofficial transcripts, including your TVCC transcript, with your application.
- All required prerequisite courses must be completed with a letter grade "C" or better.
- All nursing prerequisite courses average GPA of 3.00 or higher, or your application will not be considered.
- 30 nursing prerequisite credits must be completed to apply by the application deadline.
 - Of the 30 nursing prerequisite credits:
 - Math 095 or higher
 - BIOL 231
- * Must be completed PRIOR to submitting your application.
- Biology 101 and Chem 104 credits do not count toward the prerequisite total.
- All nursing prerequisites (40 credits total) must be completed by the end of the TVCC Summer term prior to entering the nursing program.
- * Failure to complete all prerequisites will result in rescinding your admittance.
- Phase II of the application process includes sitting for a proctored essay and a panel interview. You will be notified via email if you have progressed to Phase II. Final selection will be based on combined outcomes of the Application & Phase II.
- Acceptance letters are emailed & mailed to successful applicants' TVCC student email addresses no later than the 1st week in May.
- Applicants placed on the alternate list will be notified via email & mail no later than the 1st week of May.
 - If an opening becomes available, you would be notified via your TVCC email. The email will include the date and time required for your response. We continue this process until all open positions are filled.
- A TVCC email will be sent to applicants who do not meet the selection criteria.

Thank you for your interest in the Treasure Valley Community College (TVCC) Nursing Program. Applications will be evaluated as they are received.

TVCC NURSING SCHOOL APPLICATION

APPLICATION DEADLINE: Applications are due by 4:00 PM MST the 2nd Monday in February. All items must be submitted, including a non-refundable nursing application fee in the form of a **money order (cash or check will not be accepted)**. It is the applicant's responsibility to ensure that all required documents listed on the next page of this application packet are received by the deadline. Mailed applications need to be postmarked by the deadline date.

Applications may be mailed or hand-delivered to:
TVCC Nursing Department on Ontario, OR Campus Tech Lab
Attn. Rachel Grace, Nursing Program Coordinator
650 College Blvd.
Ontario, OR 97914

MINIMUM ELIGIBILITY REQUIREMENTS

To be considered for TVCC's Nursing Program, applicants must meet ALL the following requirements:

- Complete a minimum of 30 nursing prerequisite credits (within the list below), including BIOL 231 (Anatomy and Physiology I) and MATH 095 (or higher).
- All Nursing prerequisite courses taken (within the provided list) must be earned with a letter grade of "C" or better for the application to be considered.
- Applicant must have a Nursing prerequisite course average GPA of 3.00 or higher.
- Applicants must complete all courses from the required prerequisite courses listed by the end of the TVCC Summer term prior to entering the nursing program.

Prerequisite Courses (or equivalent):

All Anatomy and Physiology courses must be completed within 5 academic years of application*

BIOL231	Human Anatomy & Physiology with in-person/lab
BIOL232	Human Anatomy & Physiology with in-person/lab
BIOL233	Human Anatomy & Physiology with in-person/lab
BIOL234	Microbiology with in-person/lab
FNUT225	Nutrition
MATH095	Intermediate Algebra I or higher-level math
PSYC201	General Psychology
PSYC237	Seasons of Life
WR121	English Composition
WR122	English Composition

*Note: Request for exemption of 5-year requirement will be considered. Contact Nursing Program Director for consideration.

POST-ACCEPTANCE ADMISSION REQUIREMENTS

Once Accepted, the following must be completed before you can begin any nursing courses:

- Successfully pass a criminal background check from an agency/entity designated by TVCC*.
- Successfully pass a 10-panel drug screen from an agency/entity designated by TVCC*.
- Submit proof of current immunizations*.
- Submit proof of current CPR or BLS certification by the American Heart Association. It is the student's responsibility to keep certification up-to-date.
- Complete a physical assessment by your provider.

*Admitted students will receive specific instructions from TVCC's Nursing Department on how to fulfill these requirements after formal acceptance to the program.

Failure to successfully complete any of the above requirements or pre-requisites on the specific timeline will result in rescinding your admission.

**TVCC Nursing Program Application
STUDENT INFORMATION**

Please type or print **clearly** in blue or black ink.

Last Name First Name Middle Initial Previous Last Name

TVCC ID# Last 4-digits of Social Security # Date of Birth Place of Birth

Current Mailing Address City State Zip

@students.tvcc.cc

Primary Phone Alternative Phone TVCC E-mail

*All communication will go to your TVCC email address

EDUCATION INFORMATION

List all colleges where you have completed nursing pre-requisites &/or a degree. Official transcripts will need to be sent to TVCC's Registrar to transfer credits.

College/University	State	Dates of Attendance	Number of Credits	Degree Earned

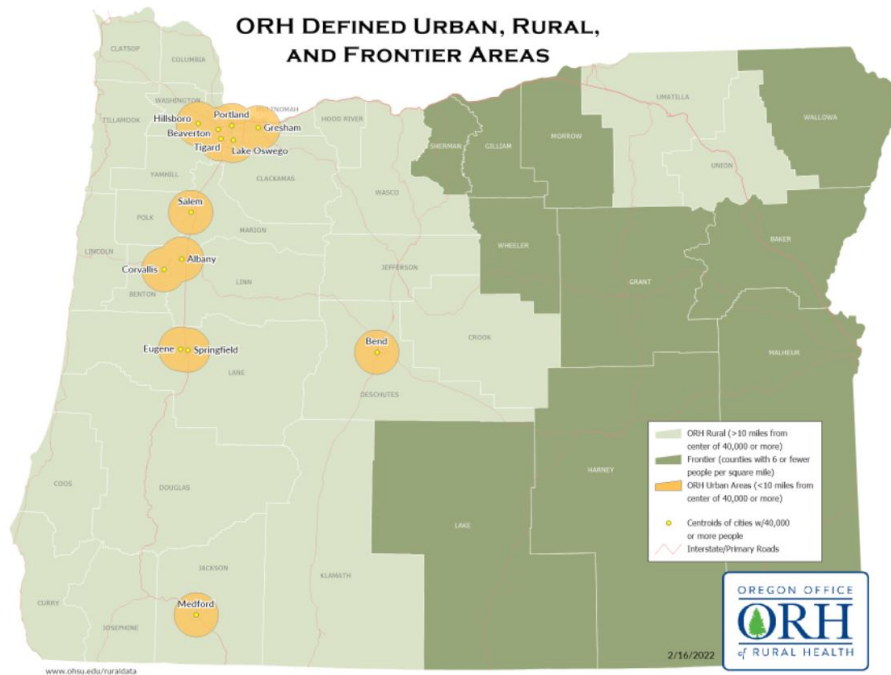
RESIDENCY

Residency is defined as a person's domicile, his/her true fixed and permanent home and place of habitation. It is the place where one intends to remain, and to which one expects to return when one leaves without intending to establish a new domicile elsewhere. Domicile is not established by mere attendance at the college.

To qualify for residency, you must meet the following criteria:

1. Reside in Malheur County
2. Reside in *Frontier Eastern Oregon* (defined as counties with six (6) or fewer people per square mile)
 - a. <https://www.ohsu.edu/oregon-office-of-rural-health/about-rural-and-frontier-data>
 - b. Please see map image for qualifying Frontier Counties
3. Reside within 35 driving miles of TVCC Ontario Campus

You must submit proof of physical residence. (ex: utility receipts with your name and physical address listed or a driver's license)



PERSONNEL STATUS

Are you a veteran or a spouse of a veteran? Circle **YES / NO**

Please provide proof of veteran status. (DD214, NGB22, or certificate of honorable discharge).

Are you bilingual? Circle **YES / NO** If yes, what language(s) do you speak? _____

Those students who move into Phase II and marked bilingual will be requested to test for proficiency.

PROGRAM AND LICENSURE REQUIREMENTS

Students accepted for admission into the Nursing Program at TVCC are advised, prior to enrollment, of the following OSBN - Oregon State Board of Nursing - Division 21 **851-021-0055 Standards for Approval: Students**

(9) Students are informed before admission that the OSBN has limits on eligibility for licensure, as defined in OAR 851-031-0006 (1)(a)(b). Ultimately, licensure may be denied to students with a criminal offense and those with a major physical or mental condition that could affect their ability to practice nursing safely.

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=274973>

Examples of crimes for which an individual will be denied licensure include:

- Crimes against another person such as murder, manslaughter, assault, rape, sexual abuse, child abandonment, or neglect.
- Conviction within seven years for a crime against property such as first-degree offenses including burglary, arson, criminal mischief, robbery, or forgery.
- An extended history of arrests and convictions demonstrating habitual disregard for societal rules.

You will be required to complete a criminal background check after you are accepted to the nursing program. Some clinical agencies may require additional security checks. A criminal background check will also be required by OSBN when you apply for licensure. A criminal record may preclude your ability to complete the required clinical experience and result in dismissal from the program.

Upon graduation you are eligible to seek licensure in any state.

I have read the above statement and I verify that I qualify for clinical experience at all clinical sites and for nursing licensure in the State of Oregon. I also agree to release any criminal background information to TVCC for use in the Nursing Program.

Signature

Date

PROOF OF HEALTH STATUS AND IMMUNIZATIONS

Listed items are to be completed once you have been notified that you are accepted into the nursing program. However, this signed form is to be turned in with your application as acknowledgement of student responsibility.

I understand that once accepted to the TVCC Nursing Program, I must complete the following and provide proper documentation by the deadline stated in the acceptance letter.

1. A physical examination by a licensed health care professional.
2. A tuberculosis skin test, with follow-up chest x-ray if skin test is positive. Note: This test must be repeated each year in the program. You are required to place your 2nd year TB test within the American Data Bank/Complio and are responsible for notifying the Program Coordinator.
3. Immunizations or titers, as appropriate, for COVID-19, Measles, Mumps, Rubella, and Varicella.
4. Tetanus, Diphtheria, and Pertussis immunizations within the last 10 years.
5. As a nursing student you may be at risk for contracting Hepatitis B. Therefore, you are required to obtain the Hepatitis B vaccination. This is a series of three injections given over a six-month period. Only the first dose must be completed prior to the start of the program.
6. It is also required that you obtain the Influenza immunization, no later than October 15th, as this is required to attend clinicals. This immunization is required for your safety and the safety of your patients. Note: This test must be repeated each year in the program. E-mail the Program Coordinator and place documentation in American Data Bank Complio when completed. Failure to do so may result in dismissal from the program.
7. I further understand that I will be required the summer prior to my 2nd-year to see that all my updated influenza immunization and tuberculosis skin test or other expired documentation are renewed, placed in American Data Bank Complio, and the Program Coordinator notified. Failure to do so may result in dismissal from the program.
8. I further understand that I will be required to take a drug test at my expense prior to the start of the nursing program. Results of the testing will remain confidential.
9. I further understand that I will be required to submit to a criminal background check at my expense prior to the start of the nursing program. Results of the testing will remain confidential.

Signature

Date

HEALTH CARE EXPERIENCE DOCUMENTATION FORM

_____ **Yes, I have health care experience**

_____ **No, I do not have health care experience**

Applicant Name _____ TVCC Student ID# _____ Date _____

TO BE COMPLETED BY THE APPLICANT

Provide the following documentation:

- A copy of state or national **active** license with original date of issue (must be issued on or prior to January 31st of application year).
- A copy of the certification card or printed verification from the state board website, both of which are acceptable forms of documentation.
- Certificates of training completion, diplomas, or transcripts from health care training programs are NOT acceptable forms of documentation

TO BE COMPLETED BY THE EMPLOYER

Name of Company/Facility _____

City _____ State _____

Job Title of Applicant _____ Certification held by Applicant _____

Employment Status (please check) Full Time ___ Part Time ___ Volunteer ___

Beginning Date _____ End Date _____

Total Number of Hours Completed _____ by the dates above.

(Only count hours completed through January 31st of application year.)

Attach a current job description **or** provide a detailed description of the position duties.

Please provide the following information.

*Contact information will only be used to verify information provided on this form.

Supervisor Name and Title: _____

Telephone Number: _____

Email Address: _____

Supervisor Signature: _____

Thank you for taking the time to complete this form.

Note: If you have any questions regarding this form or the TVCC Nursing application process, please contact the Nursing Department office at 541-881-5940.

COMMUNITY SERVICE VOLUNTEER VERIFICATION FORM

_____ Yes, I have community service/volunteer experience

_____ No, I do not

Applicant Name _____ TVCC Student ID# _____ Date _____

Note to applicant: Be sure to fill in necessary information before giving this form to the supervisor/organization where the volunteer hours were performed. Volunteer hours must be verified using this form You may duplicate this form as needed. Be sure the form is complete otherwise it will not be considered as volunteer hours.

Dear Human Resources/Supervisor,

I am in the process of applying to the Treasure Valley Community College Nursing Program. The selection process requires verification of volunteer hours. Volunteer hours must be unpaid and completed within the last 5 years.

I, _____ (*applicant's name*) authorize TVCC to contact the individuals listed on this form to verify the information provided.

Applicant's Signature: _____ **Date:** _____

Service Dates: **To be completed by Supervisor or Human Resource office**

MM/ DD/ YY _____ - MM/DD/YY _____

Describe volunteer service/duties:

Total Hours: _____

Organization: _____

Supervisor Name and Title: _____

Telephone Number: _____

Email Address: _____

Supervisor Signature: _____

NURSING APPLICATION PACKET CHECKLIST

I attest that I have fulfilled the following requirements:

(Initial each item below)

1. _____ I have completed the Application for Admission to TVCC and received my student ID #.
Application is available at <https://www.tvcc.cc/admissions/apply.cfm>
2. _____ I have read the TVCC Nursing Program Technical Standards document found at
https://www.tvcc.cc/nursing/rn_nursing_program.cfm
4. _____ I have included a non-refundable application fee of \$50.00. Make Money Order payable to
Treasure Valley Community College.
5. _____ I have included my unofficial college transcripts from all institutions where pre-requisite courses
have been taken (including TVCC).
6. _____ I have requested official (unopened) college transcripts be sent to TVCC Registrar.
7. _____ I understand that I must have completed all courses from the required prerequisite
courses listed on the RN Advising Worksheet by the end of the TVCC Summer term prior to
entering the nursing program.
8. _____ I understand that the cumulative GPA for all nursing program pre-requisite courses must be 3.00
or higher.
9. _____ I have signed the attached statements regarding:
 - TVCC Nursing Program Application
 - Program and Licensure Requirements
 - Proof of Health Status and Immunizations
10. _____ I have completed the Health Care Experience Form.
11. _____ I have completed the Community Service/Volunteer Form.
12. _____ I understand that if I indicated bilingual status, I will be tested during Phase II.

I have read and understand the admission criteria for the nursing program at TVCC. I understand that it is my responsibility to meet all program and application criteria. I verify that all statements on this application are complete and true. I understand that falsification of any information may lead to disqualification or dismissal from the program. I give my permission for release of pertinent application information to the Oregon State Board of Nursing, as necessary to facilitate my program of study and to enhance the application process for future applicants.

Printed Name

TVCC Student ID#

Signature

Date