

RCC Associate Nursing Program

Checklist and Agreement

(for Fall 2023 Entry)

Applicant Name: _____ RCC ID: _____ RCC Student Email Address: _____

(Official notifications will occur by email to student's RCC student email address only.)

Applicant: You must complete and submit this checklist as part of your nursing application. Please **initial** each statement below indicating that you have read, understand, and agree to the application requirements for the RCC Nursing Program—and make a copy for your records.

Initial each item below:

- ___ 1. I understand that the 2022-2023 nursing application process is an online process. The Application and Agreement form and all supporting documentation are to be emailed to the AASNursing@rogucecc.edu email address AFTER November 1, 2022.
- ___ 2. I understand that reading and following directions are critical to success in any nursing program and that incomplete applications will result in disqualification.
- ___ 3. I have been officially admitted to RCC and have obtained my 7-digit RCC ID# and my RCC student email address.
- ___ 4. I understand I must have a minimum of 30 graded credits of prerequisites completed by the Fall term to qualify to apply. My prerequisite grades must be a C or better, a cumulative GPA of 3.0 or better), and that BI231 Anatomy & Physiology I with lab and MTH95 or higher-level math course (or equivalent transfer courses) must be a part of the 30 minimum credits.
- ___ 5. I understand that all applicants receive notice of status in the selection process by June 1, 2023. If accepted or offered alternate status, the deadline to respond and accept is June 15, 2023.
- ___ 6. I understand that I am to communicate with studentrecords@rogucecc.edu in regard to the receipt of transcripts or questions concerning my transcript evaluation.
- ___ 7. I understand that if I have a financial hold on my RCC account, my application will be **disqualified** unless the financial hold is removed before 5 PM, February 15, 2023. My \$100 application fee will be applied toward the outstanding financial hold.
- ___ 8. I understand to earn additional selection points for being a military Veteran or for active military duty, I must attach a copy of proof of my honorable discharge (Certified Form DD214 – Service 2) or proof of active military duty in good standing.
- ___ 9. I have completed the Prerequisite/Course Completion Chart and understand it is a document that must be emailed to AASNursing@rogucecc.edu.
- ___ 10. I have reviewed the [Nursing Program Map](#) for entry requirements and admission criteria. I have reviewed the requirements for a [negative urine drug screen and criminal background check](#) for admitted students. I know that a history of certain crimes might result in my being denied entry to the program. I understand the importance of transparency and self-disclosure of past arrests, charges, citations, and convictions that may not appear on my background check. I am aware that expunged charges/crimes do appear on a criminal background check, although noted "expunged," and that I will need to provide an explanation in a self-disclosure statement if they are reported.
- ___ 11. I understand that by making an application to the Rogue Community College Nursing Program, I am also applying for co-admission to the Oregon Health & Science University School of Nursing (OHSU) and I am authorizing the release of my application and academic information to OHSU as needed to facilitate my program of study. If I choose to transition to OHSU after completing the RCC Nursing Program, an additional Criminal Background Check for OHSU will be required, and any criminal history may negatively impact my ability to enroll in OHSU.

Applicant Name: _____

RCC ID: _____

- _____ 12. I give my permission to release the proper application and academic information to the OCNE partner schools, Oregon Center for Nursing, and the Oregon State Board of Nursing for only statistical, research, and evaluative purposes.
- _____ 13. I have read the [Oregon Administrative Rule \(OAR\) 409-030-011- 409-030-0250](#) about Health Profession Student Clinical Training Administrative Requirements and understand and agree to abide by the requirements stated therein. By initialing and signing below, I allow sharing required documents and necessary evidence with clinical sites. This information may include information protected under HIPAA or other applicable laws. However, the dissemination of my personal health information and personal demographic information (birthdate, full SSN, phone number, address) to RCC contracted clinical site human resource departments is necessary so that the administrative requirements for clinical placement are met.
- _____ 14. I understand that if I left another Nursing program with an F or a W for any nursing course on my transcript or was dismissed from a program before a grade was transcribed, I must attach a letter from the director of my previous program to the RCC Nursing Program application. To be considered eligible for the RCC Nursing Program, the letter must indicate the previous program would allow me to re-enter.
- _____ 15. I understand to receive any additional points for work experience in a healthcare field; I must attach the documents (including state licensure or national certification) located within this application and agreement.
- _____ 16. I verify that all statements on this application are complete and accurate, and I understand that falsifying any information may lead to disqualification or dismissal from the program.
- _____ 17. I understand to receive points as a medical interpreter I must provide a copy of certification from the certifying agencies listed on Page 2 of this Application and Agreement.
- _____ 18. I understand that the Top 85 applicants in Phase I will be invited to participate in the Phase II Essay Portion of the application process. I understand that the date of the essays is **Wednesday, April 12** and that I will be required to contact mweast@rogucecc.edu to reserve an essay session if invited to participate.

Essay sessions are as follows: Session 1: **9-10 AM**, Session 2: **10:30-11:30AM**, Session 3: **12:30-1:30PM**, Session 4: **2:00-3:00PM**.

Applicant Signature

RCC Student ID

Date

If the applicant is less than 18 years old, a parent must also sign: _____
(Parent signature)

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