

Rogue Community College

Nursing Program Application Agreement

Applications open November 1, 2024

Applications will not be accepted until after December 1, 2024

Reading and following directions are critical for completing the application and succeeding in the RCC Nursing Program. Applicants must apply for admission to RCC and obtain an RCC student ID and an RCC student email address to apply to the program(s).

Complete applications include this application and a Prerequisite Completion Chart, Checklist Agreement, Work Experience Form with proof of licensure/certification (if requesting points), copy of OSBN PN License (if an LPN Advanced Placement applicant), Point Criteria Form, and a TEAS transcript with a minimum score of 58.7. This documentation must be emailed from the student's official RCC email address to the application email address of the program(s) to which you are applying:

- Fall Entry/Spring Accelerated Associate Degree Program – AASNursing@roguecc.edu
- LPN Advanced Placement Program - LPNAdvancedPlacement@roguecc.edu
- Practical Nursing Program - PracticalNursing@roguecc.edu

RCC ID# _____ RCC Student Email _____

Last Name _____ First Name _____ Middle Initial _____

Other Last Name(s) _____

Important Note: Official notifications will be emailed to the applicant's RCC student email address. No information about admission will be sent to personal emails, as they are not considered "secure." The applicant must obtain, activate and regularly use their RCC student email address and RCC ID in any communication with the Nursing Program. All questions about applications should be sent directly to the application email of the program to which you apply.

Please select which program(s) you are applying to. Students can apply to more than one program if they qualify but must pay separate application fees for each program.

- ☐ I am applying for the Fall 2025 and/or Spring 2026 Accelerated Nursing Programs.
- ☐ I am applying to the LPN/RN Advanced Placement Program beginning in Spring 2026.
- ☐ I am applying to the Fall 2025 Practical Nursing Program.

TO BE ELIGIBLE TO APPLY:

- Applicants must be admitted to RCC and possess an RCC Student ID and RCC student email address. The RCC Admission process can be found at www.roguecc.edu/Recruitment/
- Transfer applicants who have left another nursing program with an F or a W for any nursing course on their transcript or were dismissed from a program before a grade was transcribed or were in any disciplinary process for classroom behavior or clinical performance such as clinical probation or documented performance at less than the expected level will not be considered for admission to the program.
- Applicants must be in good academic standing at RCC (not on academic suspension the term before application).
- Applications will not be processed for students with financial holds at RCC. Applications will be held until the financial hold is cleared, and if not cleared by the February 15 deadline will result in a disqualification.
- Applicants must have passed the ATI TEAS exam with a score of 58.7% or higher.
- Completion of a minimum of 28 (of the required 45 prerequisite credits) to include BI231: Anatomy and Physiology I and MTH95: Intermediate Algebra equivalent or higher. Grades must be "C-" or better. The +/- designation on letter grades completed summer 2024 and after are calculated in the prerequisite GPA. The remaining prerequisite courses must be completed by the summer term before matriculation into the fall term programs.
- Credits taken pass/no pass (if accepted by the college as meeting requirements) may be considered only if the "pass" was equivalent to a "C-" or better.
- Practical Nursing applicants are no longer required to have a OSBN CNA certification in order to qualify. However, having a CNA certificate and/or healthcare work experience will contribute points toward PN applications.

GPA and Licensure:

- Fall 2025 Entry and Spring 2026 Accelerated applicants – 3.0 GPA
- Spring 2026 LPN Advanced Placement applicants – 3.0 GPA. OSBN Practical Nursing Licensure verification.
- Fall 2025 Practical Nursing applicants – 2.5 GPA (OSBN CNA certificate no longer required.)

Transcripts:

- All transcripts from previously attended colleges must be received by February 15 at 11:59 AM. Information for electronic transmittal of transcripts can be found at [RCC Transfer Transcripts](#).
- If you have a sealed copy of an official transcript, you may mail it to Rogue Community College, Attn: Registrar, 3345 Redwood Hwy, Grants Pass, OR 97527. Be sure to write "Nursing Transcript" on the envelope. The envelope must be postmarked by 5:00 PM on the application deadline.
- Courses taken at Rogue Community College do NOT need to be submitted for transfer evaluation.
- General education courses must be completed at a regionally accredited college or university for transfer to RCC.
- Applicants who have submitted official transcripts previously and have requested a transfer credit evaluation do NOT have to request this again unless it is a transcript with NEW courses that need to be evaluated.

ATI TEAS Exam:

- The ATI TEAS exam is a widely used nursing admissions test that assesses applicants' readiness for nursing programs. Applicants must schedule and take the proctored online TEAS through ATI, achieving a composite score of 58.7% or higher to qualify.
- It is recommended to complete the exam before applying and paying your application fee to ensure your score is 58.7%. Study materials are available for purchase through ATI.

- Scheduling the ATI Exam should be done several weeks in advance of February 15 to ensure an appointment can be made before the deadline. We will not wait for late exam scores.
- Retakes for score improvement require a two-week interval between attempts, and applicants should ensure testing is completed before the application deadline.
- ATI Exam scores are valid for two years before the application deadline.
- More information can be found at <https://atitesting.com/teas>.

Submission of Payment and Verifications:

- All applicants must pay application fees for each program they apply to.
- Application fees are non-refundable and must be [paid to Marketplace](#) (AFTER Dec. 1, 2024) as follows: **Application Fees:**
 - Fall 2025 Entry and Spring 2026 Accelerated applicants – \$100
 - Spring 2026 LPN Advanced Placement applicants – \$100
 - Fall 2025 Practical Nursing applicants - \$60
- Payment to Marketplace is due by February 15 at 11:59 p.m. Payments can be made starting December 1, 2024. Once payment is received, a confirmation email will be sent to both the applicant and the program's application email. If you don't see the email, please check your junk mail. If no confirmation is received, the payment is incomplete.

Military Service:

- If applying for military veteran points, email a copy of your certified Form DD214 – Service 2, verifying your honorable discharge. Applicants currently on active duty in one of the armed services must submit appropriate documents showing active military duty and good standing.

Healthcare Work Experience

- Applicants seeking selection points for healthcare work experience must email proof of licensure, state or national certification, and verification forms completed by their employer/supervisor or HR personnel. The form must be fully completed by the supervisor/employer with specific work hours filled in and all questions answered, signed, checked, and dated. Work experience points can only be earned by performing authorized duties with the proper supervision to qualify the applicants for recertification/renewal of licensure or certification of their current profession.
- Incomplete Health Care Work Experience Forms will receive zero points.

Please note: RCC Advisors may answer question about the application but the responsibility for understanding and completing the application is the students.

RCC Nursing Programs Checklist and Agreement 2025

Applicant Name: _____ RCC ID: _____

RCC Student Email: _____

(Official notifications will be emailed to the official RCC student email address only.)

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

Initial each item below:

1. ☐ I understand that reading and following directions are critical to success in any nursing program and that incomplete applications will result in disqualification.
 - ADN (Fall or Spring entry) - AASNursing@rogucecc.edu
 - Practical Nursing Program - PracticalNursing@rogucecc.edu
 - LPN/Bridge Program - LPNAdvancedPlacement@rogucecc.edu
2. ☐ Questions about email confirmations or other application questions should be emailed to the application email address of the specific program for which I am applying.
3. ☐ I understand that I do NOT need to submit a transcript for any courses taken at RCC.
4. ☐ I understand that the 2024-2025 Nursing Application Process for admission 2025-2026 is an online process. The Application and Agreement form and all supporting documentation are to be emailed to the application email address for the program to which I am applying by the deadline of February 15, 2025, 11:59 p.m.
5. ☐ I understand that a complete application includes required documents and verifications for qualifications and points and it is my responsibility to ensure that they are included.
6. ☐ I have been officially admitted to RCC and have obtained my 7-digit RCC ID# and my RCC student email address.
7. ☐ I understand I must have a minimum of 28 graded credits of prerequisites completed by the term before application to qualify to apply. My prerequisite grades must be a C- or better, and B1231 Anatomy & Physiology I with lab and MTH95 or higher-level math courses (or equivalent transfer courses) must be a part of the 28 minimum credits.
8. ☐ I understand that I will receive notice of status in the selection process by June 1 and that an official response to an offer of acceptance or alternate status for any program I apply to must be returned through email by June 15, 2025.
9. ☐ I understand that I am to communicate with studentrecords@rogucecc.edu regarding the receipt of transcripts or questions concerning my transcript evaluation.
10. ☐ 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 the February 15, 2025, 11:59 p.m. deadline and my application fee will be applied toward the outstanding financial hold.
11. ☐ I understand to earn selection points for being a military veteran or on active military duty, I must attach proof of my honorable discharge {Certified Form DD214 - Service 2} or proof of active military duty in good standing.
12. ☐ I have completed the Prerequisite/Course Completion Chart for the program(s) to which I am applying and understand it is a document that must be emailed with my application to the program application email of my program choice.
13. ☐ I have reviewed the [Nursing web pages](#) for entry requirements and admission criteria. I have reviewed the

requirements for a [negative urine drug screen and criminal background check](#) for admitted students.

14. ____ I understand that criminal background checks and urine drug screens are needed AFTER admission to an RCC Nursing Program. 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. Expunged charges/crimes appear on a criminal background check, although noted as "expunged," and a self-disclosure statement must be provided if reported.
15. ____ I understand that by making an application to the Rogue Community College Nursing Programs, I am also considered an applicant 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 (ADN), an additional Criminal Background Check for OHSU will be required, and any criminal history may negatively impact my ability to enroll in OHSU. ***Note for PN Applicants:** Admission to the OCNE 1st year curriculum for the PN Program is included in this release.
16. ____ 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.
17. ____ 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.
18. ____ By initialing and signing below, I allow the sharing of required documents and necessary evidence with clinical sites. This information may include information protected under HIPAA or other applicable laws. Providing my personal health and demographic information (birth date, full SSN, phone number, address) to Human Resources as clinical facilities by the RCC Nursing Program is necessary to meet administrative requirements for clinical placement.
19. ____ I understand that if I am a transfer student who 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 or was in any disciplinary process for classroom behavior or clinical performance such as clinical probation or documented performance at less than the expected level will not be considered for admission to the program.
20. ____ I understand that to receive any added points for work experience in a healthcare field, I must attach the fully completed Work Experience document (including state licensure or national certification verification).
21. ____ 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.
22. ____ I understand that the combined Top 85 applicants for the **Associate Degree Programs** (beginning Fall 2025 and Spring 2026) in Phase I will be invited to take part in the Phase II Essay Portion.
23. ____ I understand if I am an **LPN Advanced Placement or Practical Nursing applicant**, the essay is a part of the application process. **Note:** *Only qualified applicants may sit for the essay. Essay reservations must be done online, and a link will be located on the [Nursing Department](#) website beginning April 1, 2025*

Applicant Signature Fall Entry Nursing Program

RCC Student ID

Date

If the applicant is less than 18 years old, a parent/guardian must also sign: _____

Parent/Guardian Signature

Rogue Community College does not discriminate in any programs, activities, or employment practices based on race, color, religion, ethnicity, use of native language, national origin, sex, sexual orientation, gender identity, marital status, veteran status, disability, age, pregnancy, or any other status protected under applicable federal, state, or local laws. For further policy information and a full list of specific regulatory contact persons, visit the following web page: www.roguecc.edu/nondiscrimination.

RCC Accelerated and Fall Entry ADN Programs

Point Criteria Notification

Applicant Name: _____ RCC ID: _____

The following information is to notify the application/selection committee that I am requesting certain local criteria points and providing the required information and forms on the following pages.

Possible Additional Selection Point Items	YES OR NO	Additional Information	Completed at (School Name)
I have previously earned an Associate Degree or higher at a regionally accredited College/University.		Highest Degree Completed: _____ Month/year of graduation: _____/_____	
I have completed all prerequisite and preparatory credits (45+) as listed on the Nursing Program Map.		Number of prerequisite credits completed: _____	
I have completed the entire series of Anatomy and Physiology (BI231, BI232, or BI233) in the past 7 years.			
I am a military veteran and have submitted my DD214 as proof of my honorable discharge from the service or am on active duty and have attached proof of status.			
I am a current Josephine or Jackson County resident.			
I have/will enroll in winter term 2025 courses.			
I am seeking work experience points for working in healthcare with a national certification or license in the State of Oregon.		Requires form to be completed by a supervisor, proof of licensure/national certification to be attached.	
I am seeking points for alternate status in the previous 23-24 application year, having completed ALL required courses by entry to my program grade of C- or better, maintained prerequisite GPA, and was ready for matriculation if admitted.		Applicant will be verified by a RCC Nursing Program Support Services Specialist.	

RCC Associate Degree Nursing Programs

Prerequisite/Course Completion Chart

Applicant Name: _____ RCC ID: _____

Fill out this form carefully - errors will not disqualify you, as it is only a double-check for transcript specialists.

Ensure you meet minimum eligibility:

- **Credits:** 28 graded credits of prerequisite/preparatory courses.
- **Courses:** Completed MTH 95 (or higher) and BI 231 (or equivalent within the last 7 years).
- **GPA:** Meets the program's minimum prerequisite GPA, calculated using your most recent grade.
- **Prerequisite** courses you plan to complete before starting the program.

Exception: If you have completed more than one math or computer science course that would equally apply to a requirement, the course with a higher grade will be used. If you are admitted to the program, all prerequisite/preparatory courses (minimum of 45 credits) must be completed with a "C-" or better by the end of the term preceding enrollment in a Nursing program to retain acceptance. The minimum GPA for the program of which you applied must be maintained before beginning the term of the program you have applied to. (NOTE: BI 234 is available in fall, winter, and spring terms at RCC but not the summer term.)

Required Prerequisite/Preparatory Courses

RCC Course Number/Title	Your Completed or Planned Course #	College & Year Course Completed (or planned course)	Grade (if complete)	RCC Credits
CIS 120 Concepts in Computing (or documented proficiency within 10 years)				0-2
BI 112 Biology for Health Professions -OR- BI 211 General Biology				4
BI 231 Anatomy & Physiology I (within 7 years)				4
BI 232 Anatomy & Physiology II (within 7 years)				4
BI 233 Anatomy & Physiology III (within 7 years)				4
BI 234 Microbiology				4
MTH 95 (Intermediate Algebra or higher)				4
NFM 225 Nutrition				4
*PSY 201 General Psychology I (or other 3-4 credit Social Science if PSY 215 requirement has been met.				4
PSY 215 Lifespan Human Development				4
*WR 121z English Composition I				4
*WR 122z English Composition II (not required for PN applicants)				4
**Humanities, Social Science or Science Electives (will only be applied as needed to meet the minimum of 45 prerequisite/preparatory credits once all are completed)				0-6

* In some instances, 3 credits may be equivalent.

** See the [RCC College Catalog](#) for acceptable Social Science, Humanities and Science courses.

RCC Nursing Programs

Healthcare Work Experience Form

Applicant Name: _____

RCC ID: _____

Dear Employer/Supervisor/Human Resources Manager/Commanding Officer:

The above individual is planning to apply to the RCC Nursing Program(s). To earn additional points in the selection process, the applicant must have a minimum of **300 hours** or more of work experience within the last 5 years of application caring for **human** patients in a position requiring them to have an unencumbered certification or license. The qualifying positions considered are Oregon Certified Nursing Assistant (CNA-1 or 2), or OSBN Licensed Practical Nurse (LPN), Respiratory Therapist, Emergency Medical Technician (EMT), Paramedic, Certified Medical Assistant, or service as a Medic or Corpsman in one of the Armed Services. Additional hours above 300 are awarded extra points in increments.

By providing this form to you to complete, this applicant permits you to provide the requested information. Please complete this form entirely and return it to the applicant. Incomplete forms (signature, description of duties, roles, hours, etc.) will result in zero points for the applicant.

Applicants may earn points by submitting multiple work experience documents from multiple employers.

Applicants with work experience in any area of human patient care not listed above (or from another state or country) may be awarded points if this form is completed and an explanation of why their certification/licensed healthcare experience should be considered. Points for work experience in areas not listed above will be dependent on demonstrable similarity of duties for the Nursing role and the requirement of such to renew their certification/license. Be sure to attach proof of training certification/license or other documented proof.

Supervisor/HR departments, please complete and return to the applicant to upload before the application deadline of February 15, 2025. Any questions may be directed to the RCC Nursing Department at 541-956-7308.

Sincerely,
Rogue Community College, Nursing Programs

Please identify the healthcare role/position held by this applicant in your organization, supervisor name and title/credentials of supervisor.

Role: _____ Supervisor: _____
Name, Title, Credentials

Did this position require Oregon/National certification, licensure, or national certification as indicated above? Yes___No___

If a CNA position, was the supervision of this employee by an OSBN Registered Nurse? Yes___No___

If one of the positions above, was work hours in the role required for recertification? Yes___No___

If not one of the roles listed above, was licensure/certification, or training required for the role? Yes___No___

Please describe the employee's healthcare role in patient care.

Role _____ Work hours _____

Role _____ Work hours _____

Role _____ Work hours _____

Total number of hours in this facility providing human, hands-on patient care listed as qualifying positions for points _____

Total number of hours in this facility providing human, hands-on patient care not listed under qualifying positions _____

HR personnel/Supervisor/Commanding Officer

Printed Name and Title

Signature

Facility/Organization

Address

Phone Number