**UPDATED NOTICE OF CHANGES DUE TO COVID-19 – EMAIL SENT APRIL 14, 2020**

Thank you for your interest in Washtenaw Community College. Our records indicate that you have expressed an interest in one of our Nursing programs or another related health science program. We would like to update you regarding recent changes to our Nursing programs due to the current COVID-19 crisis.

An email was recently sent on Friday, April 10, 2020 to inform students of changes to our Nursing programs due to the current COVID-19 crisis. Since then, additional changes have been made and are included below. All current changes can be found on WCC’s Nursing website at https://www.wccnet.edu/learn/departments/nhsd/covid-19.php.

**Nursing Application Deadlines:**
The application deadlines for the programs below have been extended to **Friday, June 5, 2020 at 5pm**:

- Fall 2020 Nursing-LPN to RN (APNURL)
- Winter 2021 Registered Nursing (APNURS)

**TEAS Testing:**
The Testing Center is now offering the **TEAS Test remotely**. You must have internet, a PC or laptop, webcam and microphone in order to test this way.

Please set up an account with ATI Testing at https://atitesting.com/. After this is done, please sign-up for a testing day and time at https://www.signupgenius.com/go/5080b49a8a628a1fd0-teas2. Make sure to read the instructions on the SignUpGenius page.

You will receive a GoToMeeting invite from your proctor. On the day of testing, please click on the link and set-up your webcam and microphone at least 5 minutes before your sign-up time. Please have your picture ID and credit/debit card ready.

Test slots will be offered until the application deadline day. **For additional information regarding TEAS testing, please email the Testing Center at testingcenter@wccnet.edu.**

**CNA Certification:**
We have made the **temporary allowances** below for meeting this requirement due to the inability to run HSC 100 (Basic Nursing Assistant Skills) and students being unable to sit for their CNA exam due to the COVID-19 crisis. When students are permitted back on campus and the clinical training ban is lifted, Nursing requirements will revert back to requiring applicants to have completed a state approved Nurse Aide Exam (CNA exam).

- Students who **successfully completed HSC 100 in its entirety with a passing grade** are eligible **to apply** to the Nursing program without taking the state certification exam.
- **HSC 164 (Foundations of Caregiving)** may be utilized to meet the CNA certification admission requirement. Registration will soon be available for the Spring/Summer 2020 semester. HSC 164 is **not** a state approved Nurse Aide Training Program. Students completing this course will **not** be eligible to take the state CNA exam.
**BIO 111 (Anatomy & Physiology):**
Students must complete and receive a passing grade that meets the minimum grade requirement for the Nursing program in order to be eligible to apply for the Winter 2021 semester. For future Nursing program applicants, online sections of BIO 111 are now available for registration and will meet the program requirements.

Please visit WCC’s website below to download the program application packets.

Health and 2nd Tier Admissions:
https://www.wccnet.edu/start-now/degree/2nd-tier/

Students who expect to meet all admission requirements and submit an application to one of the programs above, are encouraged to schedule their mandatory advising appointment as soon as possible to ensure availability if not done already. Due to the current COVID-19 crisis, all advising appointments will be done via telephone. To schedule an appointment, please contact our advising center and leave a message at (734) 677-5102 Monday-Friday 8am-7pm or Saturday 9am-1pm.

If you have questions or concerns regarding the admission process or submitting an application to the program, please contact the Health and Second Tier Admissions Office at healthadmissions@wccnet.edu.

Sincerely,

Hannah Hann
Second Tier Admissions Technician
**NOTICE OF CHANGES DUE TO COVID-19 – EMAIL SENT APRIL 10, 2020**

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Sincerely,

Hannah Hann
Second Tier Admissions Technician
**IMPORTANT NOTICE**

Due to the COVID-19 situation and staff working remotely, the quickest and PREFERRED METHOD of submitting your application is by email to healthadmissions@wccnet.edu. Please scan or take pictures of each application page (front & back if applicable) along with any supporting documentation. Remember to include a copy of the front **AND** back of your driver’s license or state ID card.

If you are unable to email your application, send it by mail to the address located in the packet below. However, please note there may be a **1-2 week delay** before our office receives your application due to limited access and visit’s to WCC’s main campus at this time.

**Please DO NOT FAX your application!** At this time, we do not have access to check our fax machine.

Please note that upon receipt of your application, an email confirmation is usually sent within 1-2 business days.

If you have any questions or concerns about completing or submitting your application, please contact our Health and Second Tier Admissions Office at healthadmissions@wccnet.edu or leave a message at (734) 973-3596 or (734) 477-8998. Please note that returned calls will come from a “No Caller ID’ number due to working remotely.
PROGRAM APPLICATION AND REQUIREMENTS CHECKLIST

WCC Student ID: ____________________________  Date: __________________

Last Name: ____________________________  First Name: ____________________________  Middle Name: __________________

Former/Previous Names: ________________________________________________________________

Street Address: ________________________________________________________________  Apt: ____________

City: __________________________________________  State: ______  Zip: __________  County: ___________________

Home Phone: (____)__________________  Cell Phone: (____)__________________  Work Phone: (____)__________________

WCC Email/netID: ___________________________________  Other Email: ___________________________________

REQUIRED CHECKLIST

All of the requirements below must be successfully completed before submitting an application to the program.

___ 1. Admission to WCC

An admission application to the school can be submitted on WCC’s website at www.wccnet.edu/apply.

___ 2. Mandatory Advising Appointment & Signature

You must meet all “required” checklist items and have an advisor sign-off on this application packet before you will be eligible to apply to the program. Appointments should be scheduled during the semester prior to the application deadline (Winter 2020). To ensure availability of an appointment, we encourage students to schedule their appointment as soon as possible. Please call (734) 973-3358 and request your “Mandatory LPN to RN Advising” appointment with Sue Travis or Karolyn Lehn.

___ 3. Program Prerequisite Courses

Please indicate how you met each requirement below.

___ a. MTH 160 (Basic Statistics) or MTH 176 (College Algebra) or a math course numbered 176 or higher with a minimum grade of C/2.0

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<tr>
<th>School</th>
<th>Subject</th>
<th>Course</th>
<th>Grade or GPA</th>
<th>Credits</th>
<th>WCC Equivalent (if applicable)</th>
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___ b. BIO 111* (Anatomy & Physiology – Normal Structure and Function) with a minimum grade of B-/2.7

*Student’s may use multiple courses and labs to meet requirement. If taken between multiple schools, a substitution must be submitted by the department.

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___ c. COM 101 (Fundamentals of Speaking) or COM 102 (Interpersonal Communication) or COM 200 (Family Communication) with a minimum grade of C/2.0

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d. ENG 111* (Composition I) with a minimum grade of C/2.0
   *ENG 226 or other substitutions may be noted in DegreeWorks.

___ 4. Pass the current version of TEAS* by achieving the following minimum scores:
   Reading = 70%; Mathematics = 60%; Science = 45%; English and Language Usage = 60%
   Students will be allowed a maximum of three (3) attempts within five (5) years at WCC to take and achieve the minimum scores required. If repeated test attempts are needed to meet the required scores, the highest subject score from each attempt will be applied towards the prerequisite requirement. Scores must have a test date within five (5) years of the application deadline (taken on or after May 8, 2015) to be counted and applied towards meeting admission requirements.

___ 5. Verification of Current, Unrestricted LPN License

___ 6. Program Application and Requirements Checklist (this form)

___ 7. Additional Information Form

___ 8. Abilities Statement

___ 9. Employment Verification Form
   Must verify at least 2080 hours of employment within the last 2 years as a Licensed Practical Nurse or Licensed Vocational Nurse.

___ 10. Residency Verification
   The student’s residency status may be updated accordingly based on the documentation submitted.
   ___ Include a copy of the front and back of your Driver's License or State ID Card.

OPTIONAL CHECKLIST
The items below are not required to apply to the program. However, by successfully completing and/or meeting these items by the application deadline, you can earn additional points which could give you a more competitive edge.

___ 1. Military or Veteran Status
   ___ Submit appropriate documentation to verify status if currently serving or DD-214.

___ 2. Alternate Candidate Status
   Students who made alternate candidate status and did not make admission to the program based on a previous application will be awarded additional points.
   ___ Previously given Alternate Candidate status; Semester(s):


Please read the statements listed below and initial each statement to show you understand them:

_____ I have successfully completed all required checklist items and I have included all documentation needed to verify these requirements.

_____ I have met with an advisor and discussed the admission/program requirements along with WCC’s competitive admission process.

_____ I have discussed a plan for meeting any necessary requirements with my advisor including my next steps should I not get accepted.

_____ I understand my advisor will help guide me through this selection process. However, I understand that if I have completed multiple courses which would satisfy any single requirement above, I take full responsibility for making the final selection of the course I wish to use towards my application which may affect my application points.

Student’s Printed Name: ___________________________________________  Student ID: __________________

Student’s Signature: ______________________________________________  Date: ______________________

TO BE COMPLETED BY ADVISOR

Advisor’s Printed Name: ___________________________________________  Extension: __________________

I have met with this student and reviewed their application with them. The student appears to meet all minimum admission requirements for the program.

Advisor’s Signature: _____________________________________________  Date: ______________________

Advisor Notes:

SUBMITTING APPLICATIONS

Applications and all documentation can be submitted in one of the ways listed below. Applications must be received by WCC’s Health and Second Tier Admissions Office on or prior to the application deadline. To confirm receipt, an email is sent approximately 1-2 business days after an application is received.

• In-person: Submit to Student Connection (2nd floor, Student Center)
• Email*: Send to healthadmissions@wccnet.edu
• Fax*: (734) 677-5408 (Attn: Health & Second Tier)
• Mail**: Health & Second Tier Admissions, Washtenaw Community College, 4800 E Huron River Dr, Ann Arbor, MI 48105

*We recommend calling to confirm legibility of documents if faxing or emailing. If requested, original documents must be submitted to complete your application.
**We recommend tracking your application if sending by mail.

Students with questions or concerns regarding WCC’s competitive admission process or submitting an application to the program should contact the Health and Second Tier Admissions Office at (734) 973-3596, (734) 477-8998, or healthadmissions@wccnet.edu.
Additional information is provided below that is important and pertains to the program. Please carefully read all statements.

1. The requirements outlined in this packet are based on the academic year/semester indicated above. Admission requirements/criteria are reviewed annually and subject to change. You are expected to meet all admission requirements for each semester you apply, and if offered admission, you must meet all program requirements of the catalog term in which you first begin the program.
   
   a. Program applications are semester specific and only valid for the semester in which you applied. If your application is closed for any reason and wish to be reconsidered for admission to the program, you will need to meet current admission requirements and submit a new application to a future semester.
   
   b. Each year, approximately 16 students are accepted to the program for a Fall semester start. This is a full-time program and no part-time option is available.
   
   c. Students with two (2) WCC NUR course failures or withdrawals in failing status are not eligible to apply to this program.

2. This program utilizes WCC’s Competitive Admission Process for determining admission to the program. Please read the Admission to High Demand Programs policy and reviewed WCC’s Point Scales for All Programs document on WCC’s websites below. The Point Scales for All Programs document includes details on how items are calculated and awarded towards the program application.
   
   - Admission to High Demand Programs: http://www.wccnet.edu/trustees/policies/2005/
   - Point Scales for All Programs: http://www.wccnet.edu/studentconnection/admissions/health-second-program/

3. Please read and review the information found on the department’s website below for more important information regarding the program.
   
   - Nursing at WCC: http://nursing.wccnet.edu/

4. WCC sends all communications regarding application and admission statuses directly to your WCC student email address. It is extremely important that you check your WCC email on a regular basis so you do not jeopardize your status. Please be aware that WCC assumes any information sent to your WCC email has been received and reviewed. It is also important to keep your contact information current in the College system (including addresses, emails, phone numbers). If WCC is unable to contact you regarding your application and/or you do not respond to any contacts made by WCC, your application be closed. Contact information can be update online through your WCC Gateway account by clicking on MyWCC and then Personal Information, at Student Connection (2nd floor, Student Center), or by calling (734) 973-3543.

5. Residency status is a factor when determining application points. For information on WCC’s policies and procedures regarding residency or to learn of additional documentation that can be submitted to verify residency, please visit WCC’s website below.
   
   - Residency: www.wccnet.edu/residency
6. **Official transcripts** must be submitted before any transfer credit can post to your WCC record and/or count towards application requirements. Information regarding transfer credit can be found on WCC’s website below:

- Transfer Credit: [http://www.wccnet.edu/services/transferresources/credittowcc/](http://www.wccnet.edu/services/transferresources/credittowcc/)

  a. All defined courses plus any substitutions approved by the department prior to the application deadline will be used to meet prerequisites requirements. If a course is not clearly stated on your transcript and/or the course cannot be determined an equivalent based on the course description, you must provide a course syllabus for further review. Also, please be aware that if two (2) or more transfer courses are completed to meet the equivalent of one (1) of WCC’s required courses, you must meet the minimum grade requirement in each course (grades are not averaged between the two courses). **WCC is not responsible for your application being delayed due to lack of clarification or approval of a substitution.**

7. Upon acceptance to the program, the **Entrance Requirements** below must be successfully completed to be eligible to begin the program. Students who fail to comply or meet these requirements will forfeit their seat in the program.

  a. Mandatory attendance at the new student orientation session. Details will be included in the program acceptance and alternate candidate letters.

  b. Obtain a criminal background check from the college-designated vendor and submit completed health records. Any student found to have a positive drug screen for drugs prohibited by State of Michigan or Federal law (including marijuana) or controlled substances will not be admitted to the program. Specific details and deadlines will be included in the program acceptance and alternate candidate letters and/or provided at the mandatory orientation.

  c. Students must request up to fourteen (14) WCC Prior Learning Credits and pay any associated fees for their current LPN license/experience as needed to reach a minimum of 60 credit hours. Nursing faculty will work with students to determine the correct number of hours.

  d. Students should be aware that the Michigan Board of Nursing may deny a license to an applicant who has been convicted of a crime or is addicted to drugs or alcohol.

  e. Students who fail to comply or meet the above requirements will forfeit their seat in the program.

8. If there are not enough applicants to fill all accepted and/or alternate seats by the initial application deadline, the application will remain open until all seats are filled. As soon as all seats are filled, the application will close and be removed from WCC’s website. At that time, applications will no longer be collected. In the event the application remains open after the initial deadline, students with incomplete applications who anticipate meeting all requirements by the end of the **Spring/Summer 2020** semester are encouraged to apply for a possible conditional status. All applications (complete or incomplete) submitted after the initial application deadline are considered for a position based on the date the application was received. If multiple applications are received in a single day, the applicants position is chosen based on a lottery.

By signing this form, I acknowledge that I have completely read and understand the statements above.

**Student’s Printed Name:** ___________________________  **Student ID:** ___________________________

**Student’s Signature:** ___________________________  **Date:** ___________________________
Admission into the Nursing, Licensed Practical Nurse to Registered Nurse program is contingent upon students declaring that they have specific physical and cognitive abilities. These requirements are detailed below. WCC reserves the right to request that students successfully demonstrate the specific physical and cognitive abilities related to the Nursing Program.

Abilities Necessary for Attainment of Core Competencies in the Nursing Program

The student MUST be able to:
1. Speak clearly in order to communicate with patients, families, health care team members, peers, and faculty.
2. Stand and walk for six (6) to ten (10) hours per day.
3. Bend, squat, and kneel.
4. Possess sufficient strength to push/pull objects more than fifty (50) pounds and to transfer objects of more than one-hundred (100) pounds.
5. Perform CPR, i.e. move above patient to compress chest and manually ventilate patient.
6. Work with arms fully extended overhead.
7. Possess manual dexterity, i.e. use hands for grasping, pushing, pulling, and other fine motor manipulation, including legible writing and typing.
8. Demonstrate eye-hand coordination and arm-hand steadiness for manipulation of equipment, i.e. syringes, procedures.
9. Possess tactile ability to differentiate changes in sensation as part of the patient assessment.
10. Possess auditory acuity to note slight changes in the patient’s condition, i.e. lung sounds, bowel sounds, vital signs, etc.
11. Possess auditory acuity to hear patient’s calls for assistance without facing the patient.
12. Possess auditory acuity to interpret various equipment signals and alarms and use the telephone.
13. Possess visual acuity to read and distinguish colors, to read handwritten orders and other handwritten or printed patient data, i.e. medical records, medication labels.
14. Possess visual acuity to clearly see and read electronic monitors, syringes, and scales in order to correctly interpret data.
15. Concentrate on details with moderate amount of interruptions, such as patient requests, IV pumps/alarms, calculating drug dosages, etc.
16. Attend to tasks/functions for periods up to sixty (60) minutes in length and to attend to tasks/functions for periods exceeding sixty (60) minutes in length.
17. Possess sufficient emotional control to exercise independent judgment and discretion to ensure patient safety.
18. Understand and relate to specific ideas, concepts, and theories generated and simultaneously discussed.
19. Remember tasks and assignments given to self and others over both short and long periods of time.

I have read these statements and believe I meet the above requirements.

Printed Name: ___________________________________________  Student ID: _______________________

Signature: ___________________________________________  Date: ____________________________
Students must verify completion of 2080 hours of employment in the last 2 years as a Licensed Practical Nurse or Licensed Vocational Nurse with proof of unrestricted licensure. This form must be completed by your employer. A separate form must be completed by each employer if there was a change in employment over the last 2 years.

To be completed by student:

Students Name (printed): ___________________________________________ WCC Student ID: _______________________

Please initial the statements below:

______ I have completed a minimum of 2080 hours of employment in the last two (2) years as a Licensed Practical Nurse or Licensed Vocational Nurse.

______ I have no license restrictions.

Students Signature: _______________________________________________ Date: ________________________________

To be completed by employer/supervisor:

Employer/Organization Name: ____________________________________________________________________________

Street Address: _______________________________________________________________________________________

City: ___________________________________________ State: _________ Zip: __________________

DATES OF EMPLOYMENT: From (date): _________________ To (date): ___________________ □ Check here if still employed

The above student is/was employed for ________ hours per week between the dates listed above.

The above student is/was employed for a total of ________ hours in the last two (2) years.

Job Duties/Services Performed: ___________________________________________________________________________

____________________________________________________________________________________________________

Supervisor's Name*: ______________________________

Job Title: _______________________________________

Phone Number: (______) ______________________________

Signature: _______________________________________

Date: ___________________________________________

*Tape business card here

*Please attach your business card or a statement on organization letterhead to verify the information on this form is accurate.