



Community Colleges  
of Spokane

# Spokane Community College NURSING PROGRAM APPLICATION FORM

Admission to begin Nursing Core Courses occurs twice a year:  
Fall and Spring Quarter

Applications will be accepted:  
March 15 – April 15 for Fall admission,  
September 15 – October 15 for Spring admission

INCOMPLETE OR HANDWRITTEN PACKETS WILL BE REJECTED.

Applications will be accepted via:

**Mail applications to:**

Spokane Community College  
ATTN: Registration Nursing Curriculum Advisor  
1810 N. Greene Street, MS 2151  
Spokane, WA 99217-5399

**Hand deliver applications to:**

Spokane Community College Building 15,  
Registration Desk

**Email applications to:**

Nursingapp@scc.spokane.edu

These forms must be typed. It is the student's responsibility to inform the Nursing Department and SCC Registration of any changes in your e-mail, address, or telephone numbers. SCC will use the most recent e-mail, address, and telephone number on file for all communications.

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Phone (emergency): \_\_\_\_\_ Relationship/Name: \_\_\_\_\_

Have you ever applied to SCC Nursing Program before? Yes  No

If Yes, please submit the most current application (revised 09/2022)

**I hereby certify that to my knowledge, my application and all documents submitted are true and complete, and I understand providing false information is considered a violation of the Standards of Conduct for Students including, but not necessarily limited to, WAC 132Q-30-210 and may result in my removal from the program.**

Applicant's Signature

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



**NURSING CORE COURSES APPLICATION CHECKLIST**

All supporting application documents must be submitted together with the application form unstapled in a 9-inch by 12-inch envelope. **INCOMPLETE OR HANDWRITTEN PACKETS WILL BE REJECTED.** Points are awarded for information received with this packet. Missing information cannot be assessed for current application cycle. Students will not be allowed to challenge the points awarded.

**Please electronically mark each box to verify the items' completion.**

- Complete Spokane Community College Nursing Program Application Form
- Complete required support courses with cumulative 3.0 GPA or above and a minimum 2.5 grade in each course. Math and Sciences courses must be completed within five years:
  - BIOL& 160: General Biology with Lab
  - BIOL& 241: Human Anatomy and Physiology1
  - BIOL& 242: Human Anatomy and Physiology2
  - BIOL& 260: Microbiology
  - CHEM& 121: Intro to Chemistry with Lab
  - ENGL& 101: English Composition1
  - MATH& 146: Introduction to Stats
  - PSYC& 100: General Psychology
  - PSYC& 200: Lifespan Psychology

**Additional required support courses (must be met before starting program):**

- CMST 227: Intercultural Communication
- ENGL& 102: Composition
- HUM& 101: Intro to Humanities
- Minimum cumulative GPA in all required support courses of 3.0 with minimum GPA of 2.5 in each course. Only required support courses will be considered in calculation of the GPA. A course can only be attempted two times within five years. Attempts include completing the course and withdrawals. If any course is repeated, the highest grade will be used. If any course was taken more than five years ago, it may be repeated a third time.
- Copy of Certificate of Completion for Blood-Borne Pathogens/HIV that meets the 7-hour Washington State requirement.
- Copies of unofficial transcripts from all colleges including SCC and SFCC must be included in this packet.** If you have Advanced Placement (AP) credits from high school, you must also include a printout of your College Board AP Score Report for consideration. Official transcripts must be submitted to Spokane Community College's transcript office prior to start of the program:  
*Spokane Community College Transcripts Office  
1810 N Green St, MS 2151,  
Spokane, WA 99217*
- Copy of TEAS VI or VII *Individual Performance Profile* (must have been taken within the last 12 months with a minimum score of 65% in each of the four testing categories – Reading, Math, Science and English and Language Usage).



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Submit the following (as applicable):

- Copy of appropriate Employment Hours Verification Form. \*Health care experience will be considered as the following: the employer must be defined as a health care organization and include hands-on patient experience such as Certified Nursing Assistant, Registered Nursing Assistant, Home Health Aide, Medical Assistant, Physio/occupational Therapy Assistant, Phlebotomist, Medical Laboratory Assistant, EMT, Paramedic, Respiratory Therapist and Licensed Practical Nurse.
- Copy of Volunteer hours verification form
- Copy of licensor certification credential issued from Department of Health, a State and/or Federal organization
- Documentation of military service (DD214)

Completed and signed Nursing Program Application Checklist (this page)

Checking this box is an acknowledgment that, after acceptance to begin the nursing program, a clear background check (that will not preclude you from working in healthcare) is required. If you have any questions, please discuss this with an academic counselor.

***I have read the above checklist and have submitted all the required documents as listed. Additionally, I have read and understand that not following the application instructions will result in disqualification.***

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



# Spokane Community College NURSING PROGRAM APPLICATION FORM

## HEALTH CARE EMPLOYMENT WITH LICENSE OR CERTIFICATE

### TO BE COMPLETED BY APPLICANT

I would like to request your assistance in providing verification of my employment with your organization. I have applied for acceptance to the Spokane Community College Nursing Program. This form is necessary to complete my application to the Registered Nurse Program at Spokane Community College. My signature below authorizes my former or current employers to provide the information requested below.

Student's Name (typed): \_\_\_\_\_  
Last First Middle

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY EMPLOYMENT SUPERVISOR

*(This section may be handwritten by the supervisor)*

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Facility / Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or PO box City State ZIP Code

Phone: \_\_\_\_\_  
###-###-####

Position or title applicant held under active license while employed with your organization:  
\_\_\_\_\_

Primary duties or responsibilities: \_\_\_\_\_

Start and end dates of employment worked under a State and/or Federal license or certification within the last five years:

Number of hours worked under the license or certification within the last five years. Employment dates must fall within licensure period (include a copy of license):

***I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and accurate.***

Supervisor's Name (Print): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**GENERAL EMPLOYMENT**

**TO BE COMPLETED BY APPLICANT**

I would like to request your assistance in providing verification of my employment with your organization. I have applied for acceptance to the Spokane Community College Nursing Program. This form is necessary to complete my application to the Registered Nurse Program at Spokane Community College. My signature below authorizes my former or current employers to provide the information requested below.

Student's Name (typed): \_\_\_\_\_  
*Last First Middle*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYMENT SUPERVISOR**

*(This section may be handwritten by the supervisor)*

Student's Name: \_\_\_\_\_  
*(Last) (First) (Middle)*

Supervisor's Name: \_\_\_\_\_

Facility / Business name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street or PO box City State ZIP Code*

Phone: \_\_\_\_\_  
*###-###-####*

Position or title applicant held while employed with your organization:  
\_\_\_\_\_

Primary duties or responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Start and end dates of employment within the last five years:  
\_\_\_\_\_

Number of hours worked within the last 5 years: \_\_\_\_\_

***I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and accurate.***

Supervisor's Name (Please Print): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**VOLUNTEER VERIFICATION**

**VOLUNTEER HOURS CANNOT BE COMPLETED AT PLACE OF EMPLOYMENT**

**TO BE COMPLETED BY APPLICANT**

I would like to request your assistance in providing verification of my volunteer service with your organization. I have applied for acceptance to the Spokane Community College Nursing Program. This form is necessary to complete my application to the Registered Nurse Program at Spokane Community College. My signature below authorizes my former or current volunteer organization to provide the information requested below.

Student's Name (typed): \_\_\_\_\_  
*Last First Middle*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY VOLUNTEER SUPERVISOR**

*(This section may be handwritten by the supervisor)*

Student's Name: \_\_\_\_\_  
*(Last) (First) (Middle)*

Volunteer Supervisor's Name: \_\_\_\_\_

Facility / Business name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street or PO box City State ZIP Code*

Phone: \_\_\_\_\_  
*###-###-####*

Position or title applicant held while volunteering for your organization:  
\_\_\_\_\_

Primary duties or responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Start and end dates of volunteer service within the last two years:  
\_\_\_\_\_

Number of hours worked within the last two years: \_\_\_\_\_

**I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and accurate.**

Supervisor's Name (Please Print) \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**REGISTERED NURSING ADMISSION REQUIREMENTS TO TAKE NURSING CORE COURSES**

**Minimum Application Criteria (must be met to move to competitive scoring process):**

1. Minimum cumulative GPA in all required support courses of 3.0 with minimum GPA of 2.5 in each course. Only required support courses will be considered in calculation of the GPA. If any course is repeated, the highest grade will be used.
  - a. Required Support Courses include:
    - a) BIOL& 160: General Biology with Lab<sup>2</sup>
    - b) BIOL& 241: Human Anatomy and Physiology<sup>1, 2</sup>
    - c) BIOL& 242: Human Anatomy and Physiology<sup>1, 2</sup>
    - d) BIOL& 260: Microbiology<sup>1, 2</sup>
    - e) CHEM& 121: Intro to Chemistry with Lab<sup>2</sup>
    - f) ENGL& 101: English Composition
    - g) MATH& 146: Introduction to Stats<sup>2</sup>
    - h) PSYCH& 100: General Psychology
    - i) PSYCH& 200: Lifespan Psychology

**<sup>1</sup>Following course grade will be utilized in the competitive scoring process.**

**<sup>2</sup>Course must have been completed within the last ten years.**

2. Completion of a Blood Borne Pathogens/HIV course that meets 7-hour Washington State Requirement.

**Additional required support courses (must be met before starting program):**

3. Minimum cumulative GPA in all required support courses of 3.0 with minimum GPA of 2.5 in each course. Only required support courses will be considered in calculation of the GPA. If any course is repeated the highest grade will be used.
  - a. Additional required support courses include:
    - a) CMST 227: Intercultural Communication
    - b) ENGL& 102: Composition II
    - c) HUM& 101: Intro to Humanities OR any course from the Humanities Distribution area of the AA/DTA degree (except Philosophy).

**NOTES:**

- ***Students who fail NURS 101, NURS 102, or NUTRI 251 will be required to reapply for acceptance. Students who fail more than one course in the Spokane Community College Nursing Program are ineligible to reapply for admission. Students who have previously been enrolled in any other Nursing Program must be eligible to return to the previous program (as evidenced by a letter from the director of the Nursing Program) in order to be considered for admission to the SCC Nursing Program.***
- ***Student must be able pass a criminal background screening, provide documentation of selected immunizations, and present an American Heart Association Healthcare Provider CPR (cardiopulmonary resuscitation) card prior to registering for Nursing courses. These requirements will be further outlined in a letter sent to students accepted into the program.***



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- ***In instances where changes in professional degrees and certificates make the above guidelines inappropriate, it is at the Department's discretion to determine which degree requirements to follow.***

*Please sign below stating that you have read the above nursing program admission requirements and understand that you must meet all of these requirements by the application deadline to apply to the nursing program. If your application does not reflect these requirements, you will not be eligible for the application process.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_