



Community Colleges
of Spokane

Spokane Community College NURSING PROGRAM APPLICATION FORM

**Admission to begin Nursing Core Courses occurs two times a year:
Fall and Spring Quarter**

**Applications will be accepted from
March 15 – April 15 for Fall admission and
September 15 – October 15 for Spring admission**

INCOMPLETE OR ILLEGIBLE PACKETS WILL BE REJECTED.

Applications will be accepted via:

1. **MAIL:** Spokane Community College | ATTN: Registration Nursing Pathway Specialist | 1810 N. Greene Street, MS 2151 | Spokane, WA 99217-5399
2. **HAND DELIVER:** Spokane Community College Building 15, Registration Desk
3. **EMAIL:** Nursingapp@scc.spokane.edu

This form should 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)

SID #: _____

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 ☐

Yes, please submit the most current application (revised 10/24)

I hereby certify that to my knowledge, my application and all documents submitted are true and complete, and I understand that 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 ILLEGIBLE PACKETS WILL BE REJECTED.** Points are awarded for information received with this packet. Missing information cannot be assessed for the 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 a cumulative 3.0 GPA or above and a minimum 2.5 grade in each course. Math and Sciences courses must be completed within ten years:
 - Biol& 160: General Biology with Lab
 - Biol& 241: Human Anatomy and Physiology I
 - Biol& 242: Human Anatomy and Physiology II
 - Biol& 260: Microbiology
 - Chem& 121: Intro to Chemistry with Lab
 - Engl& 101: English Composition I
 - Math& 146: Introduction to Statistics
 - Psych& 100: General Psychology
 - Psych& 200: Lifespan Psychology

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

- Cmst 227: Intercultural Communication
- Engl& 102: Composition II
- HUM& 101: Intro to Humanities
- ☐ Minimum cumulative GPA in all required support courses of 3.0 with a minimum GPA of 2.5 in each course. Only required support courses will be considered in the calculation of the GPA. If any course is repeated, the highest grade will be used.
- ☐ 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 attached to 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 the start of the program:
Spokane Community College Transcripts Office
1810 N Green St, MS 2151,
Spokane, WA 99217



Community Colleges
of Spokane

Spokane Community College NURSING PROGRAM APPLICATION FORM

☐ 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 experiences 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 license or certification credential issued from the 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: _____



Community Colleges
of Spokane

Spokane Community College NURSING PROGRAM APPLICATION FORM

HEALTHCARE EMPLOYMENT WITH LICENSE OR CERTIFICATE

TO BE COMPLETED BY THE 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 (type): _____ Date: _____
Last First Middle

Student's signature: _____ Date: _____

TO BE COMPLETED BY THE EMPLOYMENT SUPERVISOR

(Handwritten employee forms will be accepted)

Student Name (Print): _____
Last First Middle

Supervisor's Name: _____

Facility / Business Name: _____

Address: _____
Street or PO box City State ZIP Code

Phone: _____
###-###-####

Position or title 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. Employment dates must fall within the licensure period (include a copy of licensure)

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

Supervisor Signature: _____ Date: _____



Community Colleges
of Spokane

Spokane Community College NURSING PROGRAM APPLICATION FORM

GENERAL EMPLOYMENT

TO BE COMPLETED BY THE 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 (type): _____ Date: _____
Last First Middle

Student's Signature: _____ Date: _____

TO BE COMPLETED BY THE EMPLOYMENT SUPERVISOR

(Handwritten employee forms will be accepted)

Student Name: _____
Last First Middle

Employer: _____

Facility / Business name: _____

Address: _____
Street or PO box City State ZIP Code

Phone: _____
###-###-####

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

Primary duties or responsibilities: _____

Start and end dates of employment:

Number of hours worked:

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

Supervisor's Name (type): _____
Last First Middle

Supervisor Signature: _____ Date: _____



Marketing and Public Relations



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 a minimum GPA of 2.5 in each course. Only required support courses will be considered in the 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 Lab²
 - b) Biol& 241: Human Anatomy and Physiology I^{1,2}
 - c) Biol& 242: Human Anatomy and Physiology II^{1,2}
 - d) Biol& 260: Microbiology^{1,2}
 - e) Chem& 121: Intro to Chemistry with Lab²
 - f) Engl& 101: English Composition I
 - g) Math& 146: Introduction to Statistics²
 - h) Psych& 100: General Psychology
 - i) Psych& 200: Lifespan Psychology

¹Following course grade will be utilized in the competitive scoring process. ²Course 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 the program):

3. Minimum cumulative GPA in all required support courses of 3.0 with a minimum GPA of 2.5 in each course. Only required support courses will be considered in the 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 NURS101, NURS102, or NUTRI251 or NUTR&101 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 to 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.***



Community Colleges
of Spokane

Spokane Community College

NURSING PROGRAM APPLICATION FORM

- *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:** _____