



**STUDENT CHECKLIST FOR APPLICATION TO THE NURSING PROGRAMS  
KANSAS CITY KANSAS COMMUNITY COLLEGE  
7250 State Ave, Kansas City, KS 66112-9978**

**APPLICATIONS WILL NOT BE CONSIDERED WITHOUT ALL REQUIRED ITEMS.**

\*\*\*\*\*  
*Students must submit the Application for Admission to the Nursing Programs, this checklist, and ALL required items to the Nursing office by 5pm CST on the appropriate deadline to be considered for admission. Deadlines are as follows:*

**RN - January 31st (Fall start) or July 31st (Spring start) PN- April 15th (Fall start) or October 15th (Spring start)**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Program(s) applying for (select all that apply):  RN-generic  RN-articulation  
 PN (Must have KS CNA license)  PN-RT-Paramedic (Must have license)

Initials	
	Submit an application to KCKCC and meet the admission requirements of the College ( <a href="http://www.kckcc.edu">www.kckcc.edu</a> ).
	Complete the <i>Application for Admission to the Nursing Programs</i> <u>in its entirety</u> and submit to the Nursing program office.
	Go to <a href="http://www.atitesting.com">www.atitesting.com</a> to set up an account, register, and pay to take the ATI TEAS®, <b>current version (only three (3) attempts allowed)</b> on one of the dates scheduled. <i>Official transcripts from the TEAS® taken at other schools must be sent to KCKCC electronically through the <a href="http://www.atitesting.com">www.atitesting.com</a> website. Please ensure you have registered through ATI to take TEAS and must be able to provide proof.</i> <b>RN</b> School code: KS CITY KS CC ADN Minimum score requirement: 60.0 <b>PN</b> School code: KS CITY KS CC PN Minimum score requirement: 58.0
	Official college transcripts are <b>required</b> from each institution attended (with the exception of KCKCC) and must be submitted to the KCKCC Registrar’s Office. 7250 State Avenue Kansas City, KS 66112 <a href="mailto:Registrar@KCKCC.edu">Registrar@KCKCC.edu</a>
	Wyandotte and Leavenworth County (Kansas) applicants must provide proof of residency <i>at the time of application</i> . In order to prove current residency, applicants will need to provide <b>one</b> of the following items: <ul style="list-style-type: none"> <li>• Receipt for purchase of Wyandotte or Leavenworth County license tags</li> <li>• Receipt of payment of Wyandotte or Leavenworth County property taxes</li> <li>• Copy of voter registration for Wyandotte or Leavenworth County</li> <li>• Copy of Kansas driver’s license with Wyandotte or Leavenworth County address</li> <li>• Utility receipt and/or rent receipts from Wyandotte or Leavenworth County address</li> </ul>
	Students wishing to transfer from another nursing program must contact the nursing advisor. <a href="mailto:registerednursing@kckcc.edu">registerednursing@kckcc.edu</a> OR <a href="mailto:practicalnursing@kckcc.edu">practicalnursing@kckcc.edu</a>
	<b>Articulation applicants only:</b> Submit proof of active licensure as a LPN, Paramedic, or RRT when submitting nursing application
	Admission to the Kansas City Kansas Community College Associate Degree Nursing Program does not guarantee graduation from the program, graduation from the nursing program does not guarantee eligibility to take the registered nurse licensure examination (NCLEX-RN) The Kansas State Board of Nursing (KSBN) may deny a license to practice nursing as a registered professional nurse if the applicant has been guilty of a felony or guilty of a misdemeanor involving an illegal drug offense unless the applicant establishes sufficient rehabilitation to warrant the public trust. Further information can be found in the Kansas Nurse Practice Act, described in 65-1120 in the Kansas Nurse Practice Act ( <a href="https://ksbn.kansas.gov/npa/">https://ksbn.kansas.gov/npa/</a> )

**Admission notification dates are as follows:**

**RN – April (Fall start) or October (Spring start) PN – May (Fall start) or November (Spring start)**

List all colleges and universities attended, **including KCKCC**. Please request each college to forward an official transcript to the KCKCC Registrar. Transcripts earned at KCKCC will be requested by the program. **Your application is not complete until official transcripts are received in the KCKCC Registrar Office.**

School	Dates of Attendance	Degree Earned

**Please identify the courses you have completed.**

	Course	Title	Semester	College	Grade
RN and PN	PSYC 0101	Psychology			
	PSYC 0203	Human Development			
	BIOL 0143	Anatomy and Physiology <i>*RN may substitute Human Anatomy and Laboratory (BIOL 0141)</i>			
PN only	ALHT 0120	Medical Terminology			
RN only	BIOL 0271	Physiology			
	BIOL 0272	Physiology Lab			
	BIOL 0261	Microbiology			
	BIOL 0262	Microbiology Lab			
	BIOL 0285	Pathophysiology			
	ENGL 0101	Composition I			
	MATH 0104	Intermediate Algebra or higher			
	SPCH 0151 <b>OR</b> SPCH 0201	Public Speaking <b>OR</b> Interpersonal Communication			

**Special notes:**

- Applicants convicted of a misdemeanor or felony are encouraged to contact the Kansas State Board of Nursing to discuss potential licensure implications.
- If you have a documented disability that requires accommodation for the TEAS, you must contact the Student Accessibility and Support Services office (913-288-7156). It is recommended this process be started at least six (6) weeks prior to the test.
- Application requirements may change due to state and accrediting organizations. The most current information is found at: <https://www.kckcc.edu/academics/programs-and-departments/nursing/index.html>

Name and phone number of a person to be notified in CASE OF EMERGENCY:

(Name)	(Relationship)	(Phone #)

- Must be 18 years old and have a high school diploma or equivalent. I
- have read the program brochure/information sheet for the program.
- I understand my application is not complete without submitting this application, the student checklist, and **ALL** required supporting documentation. Including Teas score sheet and official transcripts to KCKCC Registrar
- I understand the physical and mental requirements of the program and the profession and can perform these skills (with reasonable accommodation, if applicable).
- I certify all information provided is correct and complete. I understand providing false information could result in dismissal from the program.

Applicant Signature

Date