APPLICATIONS WILL NOT BE CONSIDERED WITHOUT ALL REQUIRED ITEMS.

****

*This application is for **all** nursing programs at KCKCC. Please indicate your preference for admission.*

Registered Nursing – Generic　　□ 1st choice　□ 2nd choice　□ 3rd choice　□ Not interested
Practical Nursing　　　　　　　　□ 1st choice　□ 2nd choice　□ 3rd choice　□ Not interested
PRACTICAL NURSING APPLICATIONS MUST INCLUDE KANSAS CNA LICENSE WHEN SUBMITTING
Registered Nursing Articulation – <u>Submit LPN/PMED (KS or MO)/RRT License with application</u> □ 1st choice

□ **Fall semester (August)** _____ **(year)**　　□ **Spring semester (January)** _____ **(year)**
　RN: *Deadline is JANUARY 31st*　　　　　　　　　**RN:** *Deadline is JULY 31ST*
　PN: *Deadline is APRIL 15th*　　　　　　　　　　**PN:** *Deadline is OCTOBER 15th*
Students must submit the application for admission, student checklist, and all supporting documentation to the nursing office by 4pm CST on the appropriate deadline to be considered for admission.

□ New Application　　　　　　　□ Re-Application (When did you last apply?) _____
　　　　　　　　　　　　　　　　　*Submit updated application, proof of residency if WY/LV county
　　　　　　　　　　　　　　　　　 resident, and any updated transcripts from colleges other than KCKCC.

Name: _____
PLEASE PRINT　　　　(Last)　　　　　　　　　(First)　　　　　　　　　　　　(Middle)

Other names that may appear on transcripts: _____

Mailing Address: _____
　　　　　　　　　(Street)　　　　　　　　　(City)　　　　　　　(State)　　　　　(Zip)

Wyandotte or Leavenworth County resident?　□ Yes (*must provide proof of residency*)　　　□ No

KCKCC Student ID: _____　　Date of Birth: _____

Social Security Number: _____　　Phone: _____

KCKCC-issued email: _____

Personal email: _____

*KCKCC-issued email is the primary method of communication. *Please make sure you accept emails from* cboorem@kckcc.edu, registerednursing@kckcc.edu, & practicalnursing@kckcc.edu.

*Please notify the program and Registrar of any change of name, address, phone, or email.

Check all that apply:
□　Currently enrolled at KCKCC　　　　　　　□　College application submitted
□　Previously enrolled at KCKCC　　　　　　　□　Currently enrolled at another college
Have you ever enrolled in a Nursing program □ Yes　□ No　　School: _____
If yes, reason for not completing the program. _____
_____

IF TRANSFERING FROM ANOTHER NURSING PROGRAM You **MUST** submit a letter from the previous colleges' Director *of Nursing reflecting your standing in that program. This letter should be addressed to the Director of Nursing at KCKCC. You must also submit a course syllabus for each nursing course completed plus a transcript showing those courses*

Rev 2/25

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 4pm 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	*MUST READ AND INITIAL EACH BOX. WRITE "N/A" IF IT DOES NOT APPLY TO YOU*
	Submit an application to KCKCC and meet the admission requirements of the College (www.kckcc.edu).
	Complete the *Application for Admission to the Nursing Programs* in its entirety and submit to the Nursing program office.
	Go to *www.atitesting.com* to set up an account, register, and pay to take the ATI TEAS®, **current version** (**only three (3) attempts allowed**) on one of the dates scheduled. *Official transcripts from the TEAS® taken at other schools must be sent to KCKCC electronically through the www.atitesting.com website*. **Please ensure you have registered through ATI to take TEAS and must be able to provide proof.** *TEAS must be submitted through ATI website prior to application* **SCHOOL CODE:** KS CITY KS CC **RN:** *Minimum score requirement:* 60.0 ---- **PN:** *Minimum score requirement:* 58.0
	Official college transcripts are **required** 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 Registrar@KCKCC.edu
	Wyandotte and Leavenworth County (Kansas) applicants must provide proof of residency *at the time of application*. In order to prove current residency, applicants will need to provide **one** of the following items: • Receipt for purchase of Wyandotte or Leavenworth County license tags • Receipt of payment of Wyandotte or Leavenworth County property taxes • Copy of voter registration for Wyandotte or Leavenworth County • Copy of Kansas driver's license with Wyandotte or Leavenworth County address • Utility receipt and/or rent receipts from Wyandotte or Leavenworth County address
	Students wishing to transfer from another nursing program must contact the nursing advisor. CBoorem@kckcc.edu
	Articulation applicants only: 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 Further information can be found in the Kansas Nurse Practice Act, described in 65-1120 in the Kansas Nurse Practice Act (https://ksbn.kansas.gov/npa/)

Rev 2/25

<u>**MUST**</u> 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. ***Official transcripts must be received in the KCKCC Registrar Office prior to application submission***

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 **RN may substitute Human Anatomy and Laboratory (BIOL 0141)*			
PN only	ALHT 0120	Medical Terminology			
RN only	BIOL 0271	Physiology			
	BIOL 0272	Physiology Lab			
	ALHT 0120 **OR** ALHT 0126 **OR** ALHT 0127	Medical Terminology			
	BIOL 0285	Pathophysiology			
	ENGL 0101	Composition I			
	MATH 0104	Intermediate Algebra or higher			
	SPCH 0151 **OR** SPCH 0201	Public Speaking **OR** 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

All students in the nursing education programs at KCKCC must be able to meet the following essential functions, with or without reasonable accommodations:

- Communicate effectively with clients, families, health care team members, peers, and faculty from a variety of social, cultural, and intellectual backgrounds.
- Communicate and organize thoughts to accurately prepare written documents for the healthcare environment.
- Perform CPR, i.e. move above client to compress chest and manually ventilate client.
- Respond with precise, quick actions in emergency situations.
- Stand and walk for an entire clinical shift, which may be up to 12 hours.
- Bend, squat, kneel and twist repeatedly during a clinical shift.
- Lift up to 50lbs and push, pull, or carry up to 25lbs on a regular basis.
- Assist with lifting or moving clients of all age groups and weights, with or without the use of mechanical lifts as appropriate.
- Work with arms fully extended overhead.
- Use hands for grasping, pushing, pulling and other fine manipulation.
- Demonstrate eye/hand coordination for manipulation of equipment, i.e. syringes, procedures, etc.
- Possess tactile ability to differentiate changes in sensation.
- Possess tactile ability sufficient for physical examination of a patient.
- Possess auditory acuity to note slight changes in the client's condition, i.e. lung sounds, bowel sounds, etc.
- Possess auditory acuity to hear client's calls for assistance without facing the client.
- Possess auditory acuity to interpret various equipment signals and use the telephone.
- Possess visual acuity to read and distinguish colors, to read handwritten orders and other handwritten/printed data.
- Possess visual activity to clearly view electronic monitors and scales in order to correctly interpret data.
- Possess olfactory ability sufficient to detect differences in odor.
- Possess cognitive ability to manage multiple clients' needs simultaneously.
- Possess cognitive ability to perform mathematical calculations necessary for administering medications.
- Possess good short-term and long-term memory.
- Behave in a competent, professional manner.

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

_____
(Name)   (Relationship)   (Phone #)

ALL BOXES MUST BE UNDERSTOOD AND CHECKED OFF

☐ Must be 18 years old and have a high school diploma or equivalent.
☐ I have read the program 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 sent by ATI and all 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.
☐ I have read and understand the *Essential Functions* as stated on previous page.

_____   _____
Applicant Signature   Date