## Los Angeles Harbor College Application to Associate Degree Nursing Program Re-Apply Route Semester Year This form is only used for those who have previously submitted an application in the last year, or two (2) application periods. If it has been more than one year, 1st app or previously ineligible, please use the 1st Application Form instead. Initial Semester Applied Semester Year

							XXXXXX	xxxxxxxxxxxxxx		
Last Name	First Name		Middle Name			LACCD Student ID#			Date of Birth	Age
							@STUD	ENT.LACCD.EDU		
Street Address City			State	Zip	LACCD Email Address			Primary Phone		
Have you taken the ATI TEAS Previously?		If "YES," where?		·		First ATI TEAS Score:	DO NOT send scores until requested. Be ac accept <b>62%</b> or greater on the <b>first attem</b>			

List any changes to your application, if any (e.g. including new transcripts, courses in progress)							
	LES HARBOO						
	Service Control of the Control of th						

- I understand that I must attach updated documentation e.g. transcripts, granted petitions, evaluations, test scores, etc. for required course work that was in progress or not yet taken when my application was originally submitted.
- I understand that I must attach transcript(s) for any course(s) currently In Progress, showing that I am enrolled in such course.
- I understand that I must provide proper documentation, e.g. transcript, granted petition, evaluation, test score, etc., for any courses or requirements not completed when I originally submitted my application.
- I understand that ALL TRANSCRIPTS FROM ANY SCHOOL (EXCEPT LACCD COLLEGES) MUST BE OFFICIAL (SEALED, UNOPENED). IF THE TRANSCRIPT HAS BEEN OPENED IT IS NO LONGER OFFICIAL. LACCD TRANCRIPTS MAY BE UNOFFICIAL.

I verify that all information above is complete and true. I understand that false						
information will result in disqualification for consideration or admittance to the nursing						
program. I also understand that my LACCD Email Address must be correct as it will be						
used SOLELY for any and all communication.						
Printed Name	Signature	Date				

FOR OFFICE USE

Demographics - THIS IS REQUIRED; however, the information you provide DOES NOT affect your eligibility for admission into the program.

Age Group

Gender

Ethnicity

\*If "Other"

Los Angeles Harbor College Associate Degree Nursing Program | Multi-Criteria Application Worksheet For more information about required documents, please refer to the <u>Multi-Criteria Process for Admission</u>.

Criteria - For Applicant to Complete			Pts Evaluator Use		Criteria - For Applicant to Complete	Pts	Evaluate	or Use
1) Academic Degrees - AA/AS, BA/BS or hig			highe	r from regionally	b) Completion of open		☐ Verifie	
accredited college - Maximum 5 points					Elective courses - One point each,		☐ Incom	nplete
			5	☐ Verified	Maximum 2 points – <i>List school &amp; course below</i> ↓			
, , , ,			0	☐ Incomplete	☐ Mathematics of Drugs & Solutions (Dosage Calculation)	1		
<u> </u>	rk or volunteer e		with d	irect human	□ Pharmacology	1		
	within the past 5				□ Medical Terminology	1		
☐ Licensed LVN,	CNA, Paramedic, EMT, Re	espiratory	5	☐ Verified				
Therapist, Cert than 1000 hou	tified Athletic Trainer (equ	ual or greater		☐ Incomplete ☐ Disabilities			□ Verifi	
than 1000 hours)				**must include	☐ Low family income	3	☐ Incom	
				documentation of 1000 hrs & current certification	☐ Disadvantaged social or educational		L Incom	ipiete
					environment			
☐ Medical Asst, school health aides, unlicensed assistants personal (UAP), adapted kinesiology asst,			3	☐ Verified	☐ First generation of family to attend			
hospital unit b	ased clerical staff, PT Aid	le, Medical		☐ Incomplete *must include	college			
Scribe,(equal	or greater than 1000 hou	rs)*		documentation of	☐ Difficult personal or family situations or			
				1000 hours	circumstances			
☐ Clinical Care Extender, or other program of volunteer			2	☐ Verified	☐ Refugee status			
activity with direct human patient care contact (equal or greater than 200 hours)				☐ Incomplete	7) Veteran Status - choose ONE - Maximu	m 5 p	oints	
3) Science GPA in relevant course work: Anatomy, Physiology			☐ Active or former service <b>5</b> ☐ Verified					
and Microbiol	logy (lecture and	lab course	s only	) – Maximum 15	☐ Spouse of active or former military ☐ Incomplete			nplete
points	37 (		•	,				
Your Science	GPA →		GPA:		Total Before ATI TEAS			/55
□ 2.5 = 0	□ 3.0 = 5	□ 3.5 =	10	<b>4.0</b> = 15	If you have not taken the ATI TEAS, the points abo	ve will	he used to	
□ 2.6 = 1	<b>□</b> 3.1 = 6	□ 3.6 =	11	Calculate GPA to two	determine your selection to take the ATI TEAS at I			al Points
□ 2.7 = 2	□ 3.2 = 7	<b>□</b> 3.7 =	12	decimal places and will be added after a score has been earn		have to		
□ 2.8 = 3	□ 3.3 = 8	□ 3.8 =		decimal place.	you may complete the last criterion and Total Poin			
□ 2.9 = 4	<b>□</b> 3.4 = 9	□ 3.9 =	14	e.g. 2.67 → 2.6 = 1 pt.	8) Assessment and Readiness testing (TE	AS) -	first pass	sing
4) Cumulative	e GPA in all cours	sework – Ma	aximur	n 15 points	score only – Maximum 20 points		r	
Your Cumulat			GPA:		Your ATI TEAS score →		☐ Verifie	
□ 2.5 = 0	□ 3.0 = 5	□ 3.5 =		<b>□</b> 4.0 = 15	□ 85.0 - 100%	20	☐ Incom	nplete
□ 2.6 = 1	□ 3.1 = 6	□ 3.6 =	11	Calculate GPA to two	□ 78.0 - 84.9%	15		
□ 2.7 = 2	<b>□</b> 3.2 = 7	□ 3.7 =	12	decimal places and round down to one	□ 71.0 - 77.9%	10		
□ 2.8 = 3	□ 3.3 = 8	□ 3.8 =		decimal place.	<u> </u>	5		
□ 2.9 = 4	<b>□</b> 3.4 = 9	<b>□</b> 3.9 =	14	e.g. 2.67 → 2.6 = 1 pt.	□ 62.0%	0		
	5) Completion of relevant course work for Los Angeles Harbor				Total Points			/75
College Nursing Program - Maximum 7 points			I Otal Pullits			//3_		
a) Completion of ALL				Evaluators and admission committee members will	be com	prehensive	ely	
				☐ Incomplete	reviewing all documents and academic coursework			
	on Studies C1000		5		eligibility.			
☐ Sociology 001 or Anthropology 102								
☐ Amer Inst or Ethnic Studies (Area 4a or 6)								
☐ Arts & Humanities (Area 3)								