Nursing Program Application Fee Form

You must pay a non-refundable application fee of **$50.00** in order to apply to the WCC Nursing Program. Your application will not be processed until this fee is received.

You may pay the fee in one of two ways:

1) In person at the WCC Cashier's office, located in Laidlaw Building, 237 W. Kellogg Road, Bellingham, WA 98226

2) By mailing a check **with the completed form below** to WCC Business Office, ATTN: Nursing Application Fee, Laidlaw Building, 237 W. Kellogg Road, Bellingham, WA 98226. Make check payable to, "Whatcom Community College." **Do not mail your application fee with your Nursing Program application.** Applications should be mailed or delivered to the Registration Office.

Note: The application fee is non-refundable. If you are not admitted to this program with your initial application, there will be no refund of the fee. If you reapply to this program within one year, you will not need to pay the fee again.

Student Name:

_____

Last First Middle

Student SID:

- - - - - - - -

_____

(9 digit number received after WCC general application)

Whatcom Community College Nursing Program
APPLICATION FOR SELECTIVE ENTRY ADMISSION

Whatcom
COMMUNITY COLLEGE

APPLICANT CHECKLIST

Below is a checklist to help you ensure that all your Nursing Program Application materials have been submitted and prerequisites met. Please submit this completed checklist with the rest of your Nursing application and materials. **Submit your materials in one complete packet**, by the stated deadline, to provide best consideration of your application. It is your responsibility to ensure that the Selective Entry Coordinator has received all Nursing Program Application materials.

The following has been submitted (if any of the below is missing, please explain why next to the item):

- ☐ **WCC Application for Admission**
  (If you are a current student at WCC you have already done this. If you attended previously [but are not currently a student] contact the Registrar's Office to reactivate your account and update your contact information.)

- ☐ **Applicant Checklist – Nursing Program (this form)**

- ☐ **Application for Selective Entry Admission – Nursing Program (2 pages)**

- ☐ **Official Transcripts from all previously attended colleges where you earned credits that may apply to the Nursing degree* (WCC transcripts are not required.)**

- ☐ **eLearners® Advisor Results (Hybrid Program only)**
  Go to www.elearners.com/advisor and complete the free survey questions to determine your readiness for online learning.

- ☐ **Personal Statement**

- ☐ **Copy of NAC or LPN licensure**

- ☐ **Washington State Patrol background check fee (Purchase this at the WCC Cashier's Office or call 360-383-3363 if out of the area.)**

*Please contact Jackie Landsem or Dave Knapp at 360-383-3080 for assistance in determining how courses taken from previous colleges will transfer. General education prerequisites may be fulfilled by a previously earned Associate's or Bachelor's degree. If you are requesting course substitutions, you must have approval for substitutions prior to the application deadline date for your prerequisites to be considered fulfilled.

Send all transcripts and application materials to:
Whatcom Community College
Office of Admissions
ATTN: Nursing Program Entry
237 W. Kellogg Road
Bellingham, WA 98226

Whatcom Community College Nursing Program
APPLICATION FOR SELECTIVE ENTRY ADMISSION

Thank you for applying to Whatcom Community College's Nursing Program. Please fill out the following application completely and legibly. Return with the required materials to:

Whatcom Community College
Office of Admissions
ATTN: Nursing Program Entry
237 W. Kellogg Road, LDC 102
Bellingham, WA 98226

☐ **I am applying for the on-campus program Fall Quarter 2012**
(Deadline for best consideration: **May 11, 2012** for **complete** application **and** all related materials).
Late applications may be considered on a space available basis.

☐ **I am applying for the hybrid program Fall Quarter 2013**
(Deadline for best consideration: **May 9, 2013** for **complete** application **and** all related materials).
Late applications may be considered on a space available basis.

NOTE: It is the applicant's responsibility to maintain current contact information (mailing address, phone number, etc.) with the Registrar's Office. For new students, the completion of a WCC Application for Admission will provide the Registrar's Office with this information. Current students should update their contact information online via OASIS (https://www.ctc.edu/~whatcm/). If it has been more than one quarter since attending, students should contact the Registrar's Office to reactivate their status and confirm their information.

Name		
First	MI	Last
Phone ( ) ( )		
Day Time	Evening	
Email		
WCC Student ID Number ___ - ___ - ____ - ____ - ____ - ____ - ____ - ____- ____		

CERTIFICATION: This application has been completed to the best of my knowledge, and I hereby authorize WCC to perform a Washington State Patrol (WSP) background check and a Kroll agency national criminal background check, maintain the record until I graduate or withdraw from the program, and share the information as requested by clinical sites. I have paid the $10 fee for the WSP background check. I understand that if I am conditionally accepted into the program, I will be billed the actual cost of my Kroll background check, which varies between $50 and $150, depending upon the number of states in which I have resided.

Signature:_____ **Date:**_____

Whatcom Community College Nursing Program
APPLICATION FOR SELECTIVE ENTRY ADMISSION

WCC will evaluate ***only the courses you list below*** to see if they satisfy prerequisites for the Nursing Program**.** If you have questions about filling out this portion of the application, **please contact David Knapp or Jackie Landsem in the Entry & Advising Center (360-383-3080).** If accepted into the program, your entire transfer transcripts will be evaluated for transferrable courses.

☐ **I have met**, or **will meet**, the following Nursing Program prerequisites **before the application deadline date.**

☐ I have the minimum grade (B- [2.7]) required in each prerequisite course.

☐ I have a Washington NAC license (copy attached). ☐ I have a Washington LPN license (copy attached).

Nursing Prerequisites

BIOL& 241 and BIOL& 242 must have been completed within 5 years of program admission.

Check appropriate box							OFFICE USE ONLY		
Have you completed the course?	If not completed – List quarter & year scheduled to complete.	Prerequisite Course	List equivalent course if taken at college other than WCC.	Grade	Credits	List college where course was completed.	**Credential Evaluator:** Evaluated Date	**Credential Evaluator:** Evaluated As Course	**Program Director**: Satisfies Prerequisite
☐ **Yes** ☐ **No**		**CHEM& 121** Intro to Chemistry							
☐ **Yes** ☐ **No**		**BIOL& 260*** Microbiology							
☐ **Yes** ☐ **No**		**BIOL& 241** Anatomy & Physiology 1							
☐ **Yes** ☐ **No**		**BIOL& 242** Anatomy & Physiology 2							

General Education Prerequisites

If you have an Associate's or Bachelor's degree, your general education prerequisites may be met. See the Entry & Advising Center if you have questions.

*Students who attend WCC for their prerequisites will have to take PSYC& 100 (Psych 110) and BIOL& 160 (BIOL 102) as they are prerequisites for PSYC& 200 (Psych 216) and BIOL& 260 (BIOL 240). PSYC& 100 and BIOL& 160 grades will not be a factor in the admissions process.

Check appropriate box							OFFICE USE ONLY		
Have you completed the course?	If not completed – List quarter & year scheduled to complete.	Prerequisite Course	List equivalent course if taken at college other than WCC.	Grade	Credits	List college where course completed	**Credential Evaluator:** Evaluated Date	**Credential Evaluator:** Evaluated As Course	**Program Director**: Satisfies Prerequisite
☐ **Yes** ☐ **No**		**ENGL& 101**							
☐ **Yes** ☐ **No**		**PSYC& 200***							
☐ **Yes** ☐ **No**		**MATH& 146**							

Do you have an Associate's Degree? ☐ **Yes** ☐ **No**	Degree GPA	College	State
Do you have a Bachelor's Degree (US)? ☐ **Yes** ☐ **No** ☐ BA or ☐ BS	Degree GPA	College	State

Send all transcripts and application materials to:

Whatcom Community College, Office of Admissions, ATTN: Nursing Program Entry, 237 W. Kellogg Road, Bellingham, WA 98226

Office Use Only:
Prelim Pre-Req Eval Date/By:_____ AG'd Date/By: _____

Whatcom Community College Nursing Program Application

PERSONAL STATEMENT

A personal statement is required of each applicant. It must be typed, no longer than two double-spaced pages, and no smaller than size 12 font.

The applicant's answers to the following questions are required:

1. Why did you choose the nursing profession?

2. What are your perceptions of the nursing profession?

3. What are your strengths and weaknesses?

4. What added value do you offer in relationship to cultural diversity (bilingual, etc.)?

The following overall criteria will also be evaluated in the personal statement:

1. Ability to follow directions.

2. Ability to organize thoughts.

3. Ability to express oneself in writing.