Moorpark College Advanced Placement Associate Degree Nursing (RN) Program Application

Any prior nursing student that has been out of a nursing program for more than four semesters will not be considered for Advanced Placement but may apply as an LVN or through military challenge. If you are not an LVN, have never passed an RN program course, or do not qualify for military challenge, please apply with the Beginning Program Application instead.

1.	Last Name:	First Name:	Middle Name:					
	Previous Name(s) if any							
	If you do not have a Moorpark College Student ID # or Email, please submit an application to the college to obtain one							
	before submitting the nursing ap	pplication. You must be at least	18 years old before applying to the nursing program.					
	MC Student ID#:	**Date of Birth	**For Statistical Purposes Only					
	I have a Social Security Number or Individual Taxpayer Identification Number: Yes SSN Yes ITIN							
	VCCCD Email address:		@my.vcccd.edu					
	Address							
	City	State Zip Code	eCounty					
	Daytime Telephone Number Evening/Cell Number							
	**Race/Ethnicity: <u>Please check as</u>	<u>l that apply</u>	**For statistical purposes only					
	 □ African American/Black □ Hispanic/Latin-x □ White/Caucasian □ American Indian or Alaska Native □ Other Non-Filipino, non-Native Hawaiian Pacific Islander □ South Asian (e.g. Indian, Pakistani, etc) □ Other Asian □ Other 							
	**Primary Language Spoken at Home							
	**Gender: Female Male Non-binary							
	Veterans and spouses must atta ☐ Veterans Eligibility: active milit Includes full-time National Gu ☐ Spouse Eligibility: (widow/er o	ary or discharged under conditio	ns other than dishonorable.					
2.		Second Semester ☐ Third Sem Non-Degree-LVN 30 Unit option	ester Fourth semester (specific restrictions)					
3.		· · · · · · · · · · · · · · · · · · ·	curning MC Nursing student requesting readmission school?					
	List any RN program enrollment a Include semester, year(s), and sc							
5.	Highest Degree held:	If no c	ollege degree, did you earn a □ GED □ HS Diploma					
6.	Do you have a current CNA Certifi	cate? \square No \square Yes (If yes please	attach a copy)					
7.	Have you taken the ATI TEAS within the past 12 months? No No, but I have scheduled an appointment to take the ATI TEAS elsewhere on (specify date) No, I am a returning Moorpark nursing student and am not required to have TEAS results from within the past 12 months.							
	has been taken more than on • If No, qualified applicants ma	a ATI to Moorpark College by the d ice in the past 12-month period, or y randomly receive an invitation to	eadline indicated on the nursing website. If the ATI TEAS lly the first exam result will be accepted. take the ATI TEAS at Moorpark College on a date following that to do if not invited. It is strongly suggested that you					

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take the ATI TEAS elsewhere due to the limited number of testing seats at Moorpark.

8.	List ALL Colleges and Universities with any coursework attempted, completed, or in progress, regardless if they apply to
	the program. Include the approximate dates of attendance. Include any dual-enrollment/special admit (college courses
	completed during elementary school, middle school, or high school), or distance learning. If you attempted courses at a
	multi-college district, list each college separately. For example: list Moorpark, Ventura, and/or Oxnard College on separate
	lines if you attempted courses with any of them.

College or University Attended (Attach a separate sheet if more lines are needed)	Approximate Dates of Attendance (which years or semesters)

9. List **COMPLETED** prerequisite coursework required for application. All must be completed with a letter grade of "C" or better with a regionally accredited college or university. Core sciences must have been completed within the past 7 years. You may petition the recency requirement through the Health Science Counselor. There is no guarantee of approval.

Prerequisite Course	Units	Where Taken	When Taken	Grade
College Human Anatomy W/lab, 4 units				
College Human Physiology W/Lab, 4 units				
College General Micro. W/lab, 5 units				
ENG M01A English Composition, 4 units				
Math M03 Intermediate Algebra or higher, 5 units		1		
Or 2 years of High School Algebra with a grade of				
B or higher in each semester				

10. OPTIONAL Elective Courses: List if you COMPLETED any of the elective courses below with a letter grade of "C" or better with a regionally accredited college or university. These are optional courses, among many that promote success in nursing coursework. If you have not taken the course, leave the row blank.

Optional Elective Course	Units	Where Taken	When Taken	Grade
Medical Terminology				
Pharmacology				
Basic Pathophysiology or Pathophysiology (expected to pertain to humans)				

- 11. Required Documentation to have at Admissions and Records: Must be on file with Moorpark College Admissions and Records PRIOR to submitting this application. Official electronic or official hard-copy (original, unopened envelope) method is acceptable.
 - Official transcripts for ALL college courses attempted outside of VCCCD (Moorpark, Ventura, Oxnard Colleges),
 including all courses taken for credit or no credit even if not a part of the major or the prerequisites. Failure to have
 transcripts on file with all courses attempted and grades posted will result in disqualification.
 - If you attempted courses with Los Angeles Community College District colleges, official hard copy transcripts are preferred instead of official electronic transcripts.
 - All official high school or GED transcripts if no college degree
 - Official International transcript evaluation, if applicable
 - Official Advanced Placement (AP) scores from College Board, if being used for satisfying a prerequisite course
 - Official LVN Transcripts, if applicable

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12. Required Documentation to include with application

- An opened official VCCCD transcript, if courses were attempted at Moorpark, Ventura, or Oxnard College. Refer to the
 <u>Admissions and Records Official Transcript Request webpage</u> for directions on ordering a transcript for delivery to
 yourself. It is understood that this official VCCCD transcript is opened for submission with the application. Failure to
 submit transcripts with all courses attempted within VCCCD and grades posted will result in disqualification.
- All course descriptions from the <u>college catalog</u> for the semester and year of the above **prerequisite courses** if attempted outside of VCCCD. Include a PDF of the catalog page with the course description. Do not copy-paste the description into a word processing document, do not use the description from the Schedule of Classes, do not use the Syllabus course description, do not screen-snip a portion of the page. Include the entire page. If a webpage-only catalog and a PDF or hard-copy catalog is not available, make a PDF print that includes the headers and footers of the webpage. The header or footer often indicates the webpage is from the catalog, and includes the name of the school.
 - Personal letter from applicant requesting admission: Indicate which semester level is being requested; explain current
 situation and future goals; and outline any activities, remediation or work experiences completed to prepare for
 admission eligibility. Letter should be typed, double spaced.
 - Letters of recommendation, resume, documentation of work experience and or remediation as applicable. Refer to the Moorpark College website for complete information: http://www.moorparkcollege.edu/departments/academic/nursing/advanced_placement.shtml
 - Copy of current LVN license from https://www.bvnpt.ca.gov/consumers/license_verification.shtml if applicable.
- **13. Optional Supporting Documentation for Multicriteria Selection Process:** <u>Include with</u> application, if applicable. See the "Admission Criteria" at <u>www.moorparkcollege.edu/nursing</u> for details.

Skills Attestation:

If admitted as an advanced placement student new to the Moorpark College nursing program, you are expected to be familiar with the psychomotor skills from the earlier semester(s) of the nursing program (NS M01L if requesting second semester, NS M01L and NS M02L if requesting third semester). Signing and submitting this application attests that you are competent with the skills of the course you are requesting to be placed ahead of.

A competent student performs well in simulation or the clinical setting with supervision that is appropriate to the complexity of the skill. A list of the skills from NS M01L are below. For a list of the skills from NS M02L, please contact the Health Sciences Department to request a copy.

Table: Clinical Skills Checklist, NS M01L section

UNIVERSAL REQUISITES	SKILLS		
INFECTION CONTROL			
Asepsis	Hand hygiene		
Isolation	Maintain standard precautions	Maintain isolation precautions (contact, droplet, enteric)	
SAFETY			
	Identify code status, advance directive, allergies	Assess environment for hazards	
	Injury and fall precautions	Ensure privacy & confidentiality	
	Seizure precautions	Document care of the client	
	Decubitus ulcer prevention	Collaborate with client, peers, staff effectively	
	Emergency preparedness: Emergency codes	Mandated reporting: Elder abuse	
	Fire safety	Use of bed alarms	
SELF-CARE/ADL SKILLS			
Hygiene	Bath: complete & partial		
Oral Care	Dependent client	Denture care	
Hair Care	Shampoo (bed)		

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UNIVERSAL REQUISITES	SK	ILLS
Skin Care	Application of lotion	Incontinence care
Bed Making	Unoccupied	Occupied
Elimination	Assist with bedpan	Assist with urinal
	Assist with toileting	Measure and record intake and output
	Assist with bladder/bowel training	
Mobility	Turn/position	Use of walker
	Range of motion (passive and active)	Use of crutches
	Use of gait belt	Assist with ambulation
	Use of cane	
Transfers	One person transfer (bed to chair/commode &	Sling-type scale/Hoyer lift
	back)	
	Two person transfer (bed to chair/commode &	
	back)	
Body Mechanics	Work at waist level	Techniques of body mechanics/back precautions
	Use of draw sheet for positioning patient	
	Use of hospital on-line patient education tool	
ASSESSMENT		
Vital Signs	Temperature (oral, axillary, tympanic, temporal)	Respiratory rate
	Pulse (apical, radial, pedal, carotid)	Blood pressure (manual, machine)
COMPLETE HEAD TO TOE	ASSESSMENT	
Neuro/Sensory	Level of consciousness/orientation	Muscle strength and movement
	Pupil size, shape, equality, reaction to light	Speech pattern/content
	Pain (0-10 scale, FACES)	Cranial nerve assessment (I-XII)
Cardiac/Circulatory	Heart sounds: S1, S2; abnormal	Capillary refill time
	Rhythm/regularity of heart sounds	Extremity color and temperature
	Presence/absence of chest pain	Presence of dialysis graft/AV fistula
	Pulses: apical, radial, post tibial, pedal	S/S of deep vein thrombosis (pain, redness,
		swelling)
ASSOCIATED SKILLS	Use of sequential compression device	Orthostatic blood pressure
	Application of anti-embolism stockings (TED	
	hose)	
Respiratory	Respiratory effort, pattern & rate	Presence/absence of cough, sputum
	Auscultate breath sounds (anterior & posterior)	Supplemental oxygen use/setting/delivery
ASSOCIATED SKILLS	Use of pulse oximeter	Teach use of Incentive Spirometer
	Application of nasal cannula	Teach purse lip, abdominal breathing, and TCDB
	Oral Suctioning with Yankauer	
GI/Nutrition	Abdominal appearance; distention	Body Mass Index (BMI)
	Bowel sounds (4 quadrants)	Bowel pattern/assessment of stool
	Swallowing ability	Presence of ostomy
	Assess appetite, diet, food preference, cultural	Abdominal pain
	needs	
ASSOCIATED SKILLS	Set up/feeding: non-dysphagic	NG Insertion, placement check, discontinuing
	Set up/feeding: dysphagic	Residual check with NG tube/PEG tube
	Weight: bed scale, standing scale	
GU	Assess for bladder distention	Color/clarity of urine, pain with urination
ASSOCIATED SKILLS	Perineal and indwelling catheter care	Straight catheter insertion
	Foley catheter insertion: male/female	Use/application of condom (Texas) catheter
	Foley catheter discontinuation: male/ female	Use of bladder scanner
Musculoskeletal	Gait evaluation	ROM (full, limited)
	Use of assistive devices (walker, cane, prosthetic)	Unilateral loss of strength
	Strength of extremities (push/pull/grips)	Contractures
	Presence of breaks or fractures (sling, cast)	Amputations

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UNIVERSAL REQUISITES	SKILLS			
MEDICATION ADMINISTRA	ATION			
Prepare, administer, and o	document medications following 6 rights.			
	Oral	Withdrawing medication from ampule and vial		
	NG/GT	Subcutaneous injection		
	Sublingual	Insulin administration		
	Topical, transdermal	Heparin/Lovenox administration		
	Eye/ear/nose drops	Intramuscular injection		
	Metered Dose Inhalers (MDI)	Intradermal injection		
	Suppository (vaginal/rectal)			
Glucose Testing	Perform capillary blood glucose testing	Perform quality control on glucometers		
IV Therapy	Assess IV site for infiltration, infection	Manage primary IV fluid using IV pump		
	Maintain IV fluid infusion	Calculate IV rate in ml/hr, gtts/min		
	Prime and change IV tubing, label correctly	Administer saline flush via existing saline lock		
Nursing Care of the Surgic	al Client			
	Informed consent check-off	Dressings: Wound irrigation/packing		
	Collection of wound culture	Care of Jackson Pratt drain, Hemovac, Penrose, t-		
		tube		
	Dressings: Gauze dressing change, clean	Suture, staple removal		
	technique			
	Dressings: Monitoring Wound Vac system	Postoperative monitoring for complications		
Beginning Cardiac	Telemetry: Apply and maintain	Calculate rate, determine regularity		
Monitoring				
	Basic EKG interpretation			

Admission is dependent on clearance of clinical requirements including: Health Appraisal, Background Check, and Drug Screen

I understand all official transcripts must be <u>on file with</u> (not just sent to) MC Admissions and Records <u>prior</u> to submitting this application. I authorize the use of this information to evaluate my qualifications. By signing this application, I certify under penalty of perjury that the information on this **application is complete and correct**. I understand that falsification or failure to report may result in my dismissal. **Incomplete application materials will result in your application not being considered and all materials will be discarded.**

APPLICATION WILL NOT BE ACCEPTED IF NAME NOT PRINTED, NOT SIGNED, OR NOT DATED BY APPLICANT.

Signature must be handwritten, typed signatures will not be accepted.

Print Name: _		Student Signature:				Date:				
	To be completed by Counselor after submission									
Overall GPA:	Core Bio GPA:	Core Bio Repeats:	English GPA:	English Repeats:	Math PA:	Math Repeats:				
Success Score	If LVN, LV	/N transcripts on file? _	Counselor Sig	 gnature:		 Date:				

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