



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. The application and background check fees must be paid with each application.

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
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.)**
- Smarter Measure**
Go to [Smarter Measure](#) to complete this learning readiness assessment.
 - Login: "Nursing2020"
 - Password: "orcaonline" – Please submit assessment summary.
- Personal statement**
- Allied Healthcare Licensure/Certification and Experience Verification Form (if applicable), must be current May 21, 2020.**
- Washington State Patrol background check fee (Purchase this at the WCC cashier's office or call 360-383-3363 if out of the area.)**
- I have attended an information session, or contacted an Advisor to review application requirements. This does not serve as an official course evaluation, confirmation of a complete application or indication a late application will be accepted.**

Advisor signature and date: _____

*Please contact Entry & Advising at 360-383-3080 to speak with an advisor for assistance in determining how courses taken from previous colleges will transfer. 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.

**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 fall quarter 2020 program, application period starts January 21, 2020.** (Deadline for best consideration: **May 21, 2020** for **complete** application **and** all related materials). Late applications will only be considered if qualified on-time applicants cannot fill the class.

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 MyWCC (<https://mywcc.whatcom.edu/>). 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
WCC 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 CastleBranch 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 \$11 fee for the WSP background check. I understand that if I am conditionally accepted into the program, I will be responsible for the actual cost of my CastleBranch 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 part of the application, **please contact the Entry & Advising Center (360-383-3080).**

- I have met, or will meet, the following nursing program requirements before the application deadline date.**

Nursing General Education Requirements: Note BIOL& 241 and BIOL& 242 must have been completed within 5 years of application deadline.

							OFFICE USE ONLY	
	Prerequisite Course and Required Credits	Month and year of course completion	List equivalent course if taken at college other than WCC	Grade	Credits	List college where course was completed	Credential Evaluator: Evaluated As Course	Program Director: Satisfies Prerequisite
Course requiring a B/ (3.0) or better WILL be used in ranking	ENGL& 101 (5) Composition I							
	MATH& 146 (5) Statistics							
	CHEM& 121 (5) (or higher-level Chem)							
	BIOL& 241 (5) Anatomy & Physiology 1							
	BIOL& 242 (5) Anatomy & Physiology 2							
	BIOL& 260 (5) Microbiology							
	PSYC& 200 (5) Lifespan Psychology							

Courses require any passing grade and will NOT be used in ranking	BIOL& 160 (5) (or higher lab course)							
	PSYC& 100 (5) (or higher level Psyc)							
	Communications (5) Any Oral Comm (OC)							
	Humanities (5)							
	Humanities (5)							

Each prerequisite course must be at least five credits (or three credits from a semester schedule college or university). If you have completed an equivalent course to one of the prerequisite courses that was for four-credits, you may be able to have another course in a similar discipline used to complete that particular distribution requirement. For example, if your BIOL& 160 equivalent course is four credits, and you have taken another Biology course, you may request to have one credit considered to reach a total of five credits. Please list any previously unused courses you would like to request be applied to fulfill each courses credit requirement.

Other courses	Required Course and Credits	Additional course ID	Month and year additional course taken	Grade	Credits needed	List college where course was completed		
	BIOL& 160 (4) (example)	BIOL& 221	June, 2009	B	1	Skagit Valley College		

Do you have a degree from a regionally accredited US college or one from outside the US, determined by an international evaluation service, as equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	College	State
Have you taken NUTR& 101 or an equivalent course (grade C or higher)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Please contact registrar for information about evaluation of non-US transcripts.



Name _____ SID _____

ALLIED HEALTHCARE LICENSURE/CERTIFICATION AND EXPERIENCE VERIFICATION FORM

Whatcom Community College **does not require** applicants to the Associate Degree Nursing DTA/MRP program to have healthcare experience. However, healthcare licensure/certification and healthcare work experience are evaluated for points towards the entrance score. The nursing program will review and either approve or deny an applicant’s healthcare experience based on the information provided by the applicant.

Washington Healthcare licensure/certification and experience accepted: *Nursing assistant, medical assistant, paramedic, emergency medical technician, radiology technician, surgical technologist, home care aid, phlebotomist, pharmacy technician, physical therapist assistant, massage therapist, respiratory therapist or licensed clinical social worker. Veterans who served as military medics/corpsman may provide military documentation to demonstrate this training/experience (DD-214 and Joint Services Transcript/Community College of the Air Force Transcript and Letter on official letterhead from Commanding Officer or equivalent documenting hours). Please contact WCC Veteran’s Services for further information.*

Other allied health professionals may be considered by request.

The Washington license/certification must be current and active at application deadline to be considered for points toward the entrance score.
(Fall 2020 application deadline: Thursday, May 21, 2020)

Type of Healthcare Experience

Certification in Allied Healthcare Field: attach printout from the [Washington State Dept. of Health \(DOH\) website](#)

Credential Type: _____

Credential # _____

Credential Status: _____ First Issue Date: _____

Last Issue Date: _____ Expiration Date: _____

Type of Military Experience

DD-214 and Joint Services Transcript/Community College of the Air Force Transcript

Letter on official letterhead from Commanding Officer or equivalent (documenting hours)

Work Experience: 2 points for +500 hours/4 points for +1000 hours (no additional points given for extra hours), points cannot be combined {+1500 hours does not = 6 points}. Provide letter of documentation from employer on company letterhead stating hours worked and in what capacity.

I have documentation of +500 hours work experience

I have documentation of +1000 hours work experience

Office Use Only: ----- Approved ----- Denied -----

Nursing Program Representative _____

PERSONAL STATEMENT

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