

VERIFICATION OF COMPLETED REGISTERED NURSING (AAS-Nursing) PRE-APPLICATION REQUIREMENTS

Verification forms must be submitted to the Admissions & Guidance Services Office
(Administrative Building, Room A-101) by the **first Monday in June** and/or the **first Monday in October**.

Note: Students accepted from the June applicants will start nursing courses the following winter semester.
Students accepted from the October applicants will start nursing courses the following fall semester.

Both application cycles allow students one semester to concentrate on non-nursing required courses prior to starting the nursing sequence.

If the requirements listed on this form are not completed by or submitted to the Admissions Office on or before the application deadline, your application will not be considered. Students are strongly encouraged to review the *Registered Nurse Program Class Selection Criteria*, *General Information* section of the application packet, and *Student Information Handbook* prior to applying to the AAS-Nursing program.

Name: _____ **Phone:** _____

1. Accepted student to MCCC. **Student ID # :** _____
2. High school transcript or GED scores and all *official* college transcripts submitted to the MCCC Admissions Office by the application deadline. Students new to MCCC must meet with an MCCC Counselor in order to have their college/transfer transcripts evaluated by the Registrar's Office.
3. MELAB (80 percentile) or IBN TOEFL (79-80) tests may be required to show proof of English language proficiency for individuals whose native language is not English.
4. Completion of the following courses (can be satisfied by transfer coursework) or qualifying scores on accepted placement test:

<i>Course</i>	<i>Institution or Qualifying Score</i>	<i>Date Completed</i>
MATH 092 or 150 (Beginning Algebra)		
ENGL 090 (Basic Writing Skills)		
RDG 090 (Basic Reading Skills)		

5. Minimum Overall Score of 60 on the ATI TEAS nursing entrance exam. Official transcript must be sent to MCCC if taken at another institution. Overall Score: _____ Date Completed: _____ Testing Site: _____
6. Cumulative grade point average of 2.7 or higher from the most recent academic institution attended (high school, college, university) deemed appropriate by MCCC.
7. Certifications/Licensure/Degrees (*if applicable - See selection criteria for qualifying items - **NOT REQUIRED TO APPLY***):
 Credential: _____ State/Institution: _____
 Date Completed/Expiration Date: _____

I have received a Registered Nurse Program Class Selection Criteria packet that includes information required by the Michigan Licensing and Regulatory Agency (LARA) and the United States Department of Education (US DOE) related to:

- a. Student Compliant Process: <https://www.monroecc.edu/student-consumer-information>
- b. Career opportunities by state: <https://www.bls.gov/>
- c. Licensure requirements by state: The AAS-Nursing program at MCCC meets the state education requirements for a registered nursing license in the state of Michigan and Ohio. MCCC has not determined if the AAS-Nursing program at MCCC meets the state education requirements in any other state or any U.S. Territory. Students are encouraged to contact the state regulatory agency for nursing in any other state for which this information is needed. The National Council of State Boards of Nursing (NCSBN) has resources that may be helpful including:
 - A link to every [Nursing Practice Act](https://www.ncsbn.org/14730.htm). (<https://www.ncsbn.org/14730.htm>)
 - Link to [FAQs](https://www.ncsbn.org/ProfessionalLicensureReq-FAQs.pdf) regarding the impact of 34 CFR 668.43 on nursing programs. (<https://www.ncsbn.org/ProfessionalLicensureReq-FAQs.pdf>)
 - Link to the webpage for every State Regulatory Agency for Nursing. **Applicant initials:** _____

I verify the above information is correct and completed.

Signature

Date

**Completion of this form does not guarantee a seat in the Nursing program.
*Criteria are subject to change with each catalog year***