



APPLICATION FOR PRACTICAL NURSING PROGRAM

USE THIS APPLICATION IF YOU COMPLETED ALL OF YOUR PRE-NURSING COURSES AT HTC.
There is a separate application for students who transferred courses in.

PLEASE READ AND FOLLOW ALL DIRECTIONS CAREFULLY. FAILURE TO SUBMIT A COMPLETE APPLICATION MAY RESULT IN DENIAL OF YOUR APPLICATION.

Applications will be accepted **November 23rd-December 11th 2009** by **MAIL ONLY**. All applications must be postmarked by December 11, 2009. Please mail your completed application **with all attachments** to:

**Nursing Applications
Hennepin Technical College
9000 Brooklyn Blvd.
Brooklyn Park, MN 55445**

When your application is received, you will be notified by email (please **print clearly** below). Students will be notified of their status by January 1, 2010 **via email** and/or US mail. Please make sure that you **print** clearly.

Student ID Number:	Primary Campus of Attendance: <input type="checkbox"/> Brooklyn Park <input type="checkbox"/> Eden Prairie	
Last Name:	First Name:	Middle Name:
Address:		
City:	State:	Zip:
Day Phone:	Evening Phone:	
E-mail Address:		
Enrollment Preference: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	I plan to pursue: <input type="checkbox"/> A.A.S. Degree <input type="checkbox"/> Diploma	

Pre-Nursing Requirements

All pre-nursing requirements must be completed before you can be accepted into the program. Students should apply to the program during the semester that they anticipate completion of pre-nursing requirements. Students must have a minimum grade point average of 2.5 or higher in Pre-Nursing courses. **All pre-nursing courses must be completed with a grade of "C" or better.**

- BIOL 2015 Human Anatomy
- NURS 1120 Medical Terms
- NURS 1143 Infection Control
- ENGL 2121 Writing & Research
- SSCI 2310 Psych throughout the Lifespan

Nursing Assistant Requirement **(Choose One):**

NURS 1001 Nursing Assistant (taken at HTC)
Semester and year course was completed: _____
If your course is more than 3 years old, you will also need to provide a **copy of your MN Dept of Health Registry card.**

OR

75-hour course Nursing Assistant course completed AND on MN Dept of Health Registry
Location of course: _____
Date completed: _____
You must include BOTH proof of completed course (i.e. certificate or transcript) AND a copy of your MN Dept of Health Registry card.

CPR Requirement **(Choose One):**

EMSV 1020 CPR/First Aid (taken at HTC within the past 2 years and with a grade of "C" or better)

OR

Current certification card for **BLS (CPR) for Health Care Providers** (American Heart Association)

OR

Current certification card for **CPR for Professional Rescuers** (American Red Cross)

note: online CPR courses are **not accepted.*

Computer Literacy & Math Requirements



Computer Literacy Requirement

(Choose One):

Score of 60% or higher on ACCUPLACER Computer Literacy or Test Waiver

OR

Completion of CPLT 1100 Essential Computer Applications

OR

Completion of comparable computer course at another college (subject to approval, must submit official transcript for counselor review).

Course title: _____

School Name: _____



Math Requirement

(Choose One):

Score of 41 or higher on ACCUPLACER Elementary Algebra test or Test Waiver

OR

Completion of MATH 1000 Pre Algebra at HTC

OR

Completion of comparable math course at another college (subject to approval, must submit official transcript for counselor review).

Course title: _____

School Name: _____

Application Attachments

All applicants must include the following attachments. **Failure to include all documents may result in denial of your application.**



Completed HTC Nursing Program Immunization Form (see page 4 of application)

Note: This form must be signed by a physician or Nurse practitioner to verify completion. If your form is not signed, we will not accept it. This immunization form is different from the form you submitted to registration when you were originally accepted to the college. Due to requirements from our clinical sites, no exceptions are made for this requirement.



Proof of CPR Certification

Note: Proof of CPR can be included by providing one of the following: An HTC transcript with EMSV 1020 (grade of C or better) within the last 2 years, or a copy of current CPR certification card (either American Heart Association-Health Care Provider or American Red Cross-Professional Rescuer)



Proof of completion of Nursing Assistant requirement

Note: Proof of Nursing Assistant requirement must include either:

1. NURS 1001 Nursing Assistant completed at HTC within the past 3 years (provide HTC transcript)

OR

2. Proof of completion of a 75-hours course (certificate or transcript) **AND** current Minnesota Department of Health Registry Card.



Current copy of your HTC Transcript and Degree Audit Report (DARS)

Note: Unofficial transcripts are acceptable. Due to the timing of application process, some of your HTC grades may not be posted when you turn in your application. Both of these documents can be printed off student e-services.

Application Timeline

Nov 23-Dec 11

Applications accepted (must be postmarked by December 11, 2009).

January 1, 2010

Students notified of their status via email and/or US mail.

January 4, 2010

Accepted students register ONLINE. (Instructions will be in acceptance letter).

Pre-Nursing GPA

Pre-nursing GPA is determined using your grades in the pre-nursing requirement courses only. See page 1 for a list of those courses. Students must have a pre-nursing GPA of 2.5 or higher for admission to the program.

Priority Point System

If there are more qualified applicants than spaces available, HTC will use the following priority point system to rank students:

*Students may earn a maximum of 10 priority points.

1 point for each pre-requisite course taken at Hennepin Technical College (max of 7 points)

1 point for Pre-Nursing GPA above 3.0

1 additional point for Pre-Nursing GPA above 3.5

1 point for attending Application Information Session

Ties will be broken by Pre-Nursing GPA and then original date of application to Hennepin Technical College.

Information Sessions

You are highly encouraged to attend an information session regarding the application process. Information sessions will be hosted by the Director of Nursing and a Counselor.

Brooklyn Park Campus-Room H193/195

Monday, Oct 5, 2009 4-5pm

Tuesday, Oct 27, 2009 3-4pm (room D156)

Monday, Nov 9, 2009 9-10am

Eden Prairie Campus-Room H193/195

Wednesday, Oct 14, 2009 10-11am

Thursday, Oct 29, 2009 1-2pm

Thursday, Nov 19, 2009 2-3pm

Online

**Online sessions are hosted by counselor only.*

See www.hennepintech.edu for details. Times and dates will be listed under "Events and Dates" on the front page.

Questions

If you have any questions regarding the Practical Nursing program or application process, please contact a counselor at 763-488-2579 (Brooklyn Park Campus) or 952-995-1450 (Eden Prairie Campus). It is recommended that pre-nursing students meet with a counselor at least once a semester as they complete pre-nursing requirements.

Hennepin Technical College Nursing Program Immunization Form

Student Name (Last/Family, First, MI)	Date of Birth / /	Student ID#
Street Address		Phone
City, State, Zip		Month/Year you will be attending class
<p>Minnesota Law requires all students born after December 31, 1956, who enroll in a Minnesota college or university to be immunized against diphtheria, tetanus, measles, mumps, and rubella. This law allows for some exemptions (see Part 2). The law also requires the University to collect the information requested on this form and maintain these records. All information on this form, except your name, is private data. You are legally required to provide the other information.</p> <p><input type="checkbox"/> Check here if you were born before January 1, 1957, for the age exemption. Physician/Nurse Practitioner required to sign. Physician/Nurse Practitioner Signature _____ Date _____</p> <p>* If you wish to file a medical exemption, complete Part 2. * If you are not exempt for reasons listed above, complete Part 1. Enter the month and year for *Most recent "booster" shot for diphtheria/tetanus (must be within last 10 years): and *Two doses of measles or MMR vaccine that you received after age 12 months. *Dose of mumps and rubella.</p>		
Part 1: Immunization Record		
Diphtheria/Tetanus (Td) (Must be within last 10 years)		Month/year:
Measles (Rubeola, Red Measles) (2 doses required after age 12 months)	Month/year Dose 1:	Month/year Dose 2:
Mumps (1 dose after age 12 months)	Month/year:	
Rubella (German Measles) (1 dose after age 12 months)	Month/year:	
Varicella (Chicken Pox) (1 dose)	Month/year:	
Hepatitis B	Dose 1 (required at time of application)	Dose 2
		Dose 3
<p><i>For the physician/nurse practitioner: I certify that the above information is a true and accurate statement of the dates on which the student named above received the immunizations required by Minnesota law.</i></p> <p>Physician/Nurse Practitioner Signature _____ Date _____</p>		
Part 2: Medical Exemption		
<p>Medical exemption: The student named above does not have one or more of the required immunizations because he/she has (check all that apply and fill in the appropriate blanks):</p> <p><input type="checkbox"/> a medical problem that precludes the _____ vaccine(s). <input type="checkbox"/> not been immunized because of a history of _____ disease. <input type="checkbox"/> shown laboratory evidence of immunity against _____.</p> <p>Physician/Nurse Practitioner Signature _____ Date _____</p>		