

# Hutchinson Community College Practical Nursing Program Application Full Time Class

## Personal Information

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Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Maiden \_\_\_\_\_

HutchCC Student ID# \_\_\_\_\_

HutchCC email address: \_\_\_\_\_@dragons.hutchcc.edu

*All communication from this office will be through your HutchCC email. Please sign that you have read and understand to check your HutchCC email regularly.*

Please sign: \_\_\_\_\_

Home/Legal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Person to notify in case of emergency: Person to notify in case of emergency:

Name:  
\_\_\_\_\_

Name:  
\_\_\_\_\_

Relationship:  
\_\_\_\_\_

Relationship:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Residency Status

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, are you a permanent resident?  
\_\_\_\_\_

Is English a second Language? Yes \_\_\_\_\_ No \_\_\_\_\_

- If you answered yes to the above question - Please send TOEFL scores in with application.
    - Visit the [TOEFL website](https://www.ets.org/toefl) (https://www.ets.org/toefl) for more information
    - Writing – 20 Speaking – 20 Reading – 19 Listening – 20
- or – complete a transferable English Composition I course with a “C” or better. Official transcript must be on file with Records.

## CNA

- I have my active CNA/CMA
  - I am working on my CNA/CMA
  - Attach a copy of your active CNA certificate. See page 6 on Application Process & Checklist for example. To get a copy or screenshot please go to [Kansas Nurse Aide Registry](https://tinyurl.com/y5xpx9ka) (<https://tinyurl.com/y5xpx9ka>)
- Your CNA certificate must be verifiable by:
- Full-time – July 30<sup>th</sup>
  - Part-time – December 20<sup>th</sup>
- Points are given on admission criteria rating sheet for up to 2 years of working experience.
    - In order to receive points, submit a letter from your employer which verifies how long you worked at that organization as a CNA/CMA/Medic/Surg Tech, Registered Medical Assistant.
    - Letters are only accepted if submitted on letter head and signed by Supervisor or HR Manager. Letters must be sent to [LPNProgram@hutchcc.edu](mailto:LPNProgram@hutchcc.edu) by application deadline or no points will be given.

## Essay

- Please answer question on a separate sheet of paper in essay format.
  - Typed, double spaced, Times New Roman 12pt font, margins 1 inch all around.
  - Minimum word count 150 words.
  - Include your name and date at the top of the page.
- Please submit essay with application via email to [LPNProgram@hutchcc.edu](mailto:LPNProgram@hutchcc.edu)

Essay Question: What impact do you hope to make in people's lives by becoming a nurse?

## Demographics

*The following information is used for federal and state reporting. Your response is encouraged but optional.*

Gender: \_\_\_ Female \_\_\_ Male \_\_\_ I prefer not to respond

Ethnicity: American Indian or Alaskan Native, Asian, Hispanic or Latino, Native Hawaiian or Pacific Islander, White or Caucasian, Black or African American, Multiracial, or Other/Unknown. *Please circle one.*

## References

Give name and complete email address of three persons (not relatives) as references. At least two professional references must be included, i.e., employer, clergy, instructor, etc. One of the three references may be a non-professional acquaintance.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

- *Address, phone numbers and letter of recommendation are not needed and will not be accepted. Email addresses are required because we use a questionnaire through Survey Monkey for references. These surveys must be received by the due date in order to receive points.*

## Prerequisites

Have you completed the following with a grade of “C” or better?

<b>Prerequisite Course</b>	<b>College</b>	<b>Semester completed</b>	<b>Grade</b>	<b>In Progress? (date to be completed)</b>
General Psychology (3 credit hours)				
Nutrition or Medical Terminology (3 credit hours)				
Anatomy & Physiology (6 credit hours w/lab) Within 5 years of application deadline				
Human Growth & Development (3 credit hours)				

**Note:** Please make sure that all official transcripts have been sent to Hutchinson Community College Records office at: Hutchinson Community College, Attn: Records Office, 1300 N Plum, Hutchinson, KS 67501

If transcripts are not on file by application deadline, points for admission will not be awarded. You can view your transcript on your DragonZone under the Academics tab then the Transcript Link. To check status of transcripts sent to HutchCC, please check under, *My Profile* in DragonZone then under the *Education* tab at the top of the page.

### **Signature**

I certify that the information on this Hutchinson Community College Practical Nursing Program Application is correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Hutchinson Community College Practical Nursing Program  
KSBN Requirements

**Please read and complete the following information:**

The Kansas State Board of Nursing requires this program to obtain the following information. A misdemeanor or felony conviction can prevent a graduate practical nurse from obtaining a Kansas Nursing license.

Have you ever been convicted of any misdemeanor or felony?  Yes  No

Have you ever been convicted of a felony for a crime against persons?  Yes  No

- Please review the [Kansas Nurse Practice Act \(65-1120\)](#) and [Article 54 of Chapter 21](#).

Have you ever been convicted of a misdemeanor or felony involving an illegal drug offense?  Yes  No

- Please review [Kansas policy](#).

**If yes, to any question, please type up an account of the offense on a sheet that includes the dates and details of sentencing.** You may also want to contact the Kansas State Board of Nursing Legal Department at 785-296-4325 to make sure that these convictions will not bar you from being licensed as a Practical Nurse in the state of Kansas.

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Applicant's Signature

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Date

**If you are accepted into this program, it is your responsibility to promptly notify the Coordinator of the program of any convictions that occur after this date.**

Rev. 2/98; 3/99; 1/01; 02/02; 10/12; 03/19

**HUTCHINSON COMMUNITY COLLEGE**  
**ALLIED HEALTH DEPARTMENT**  
**Technical Standards Policy**

Students in the Allied Health Department must have the following minimum abilities:

**COGNITIVE**

- Observation** – Students must
  - Be able to observe lectures and demonstrations.
  
- Communication** – Students must
  - Be able to use multiple communication techniques including verbal, nonverbal, written, group processes and information technology in order to communicate with instructors, peers, health professionals, patients and others.
  - Be able to speak, read and write in English
  
- Intellectual/Conceptual/Integrative/Quantitative** – Students must
  - Read, understand and be able to discuss information from reading.
  - Acquire and apply information from classroom instruction, lectures, laboratory experience, independent learning and team projects.
  - Measure, calculate reason, analyze, evaluate, and process information

**EMOTIONAL**

- Behavioral, Emotional and Social** – Students must
  - Possess the emotional health required for full use of his or her intellectual abilities.
  - Be able to function under stress.
  - Develop mature, sensitive and effective relationships with others.
  - Adapt to changing environments.
  - Work cooperatively with instructors, peers, health professionals, patients and others.

**PHYSICAL**

- Motor Function** – Students must
  - Possess the skills necessary to carry out the procedures in their discipline.
  
- Physical Endurance** – Students must possess
  - Physical stamina sufficient to complete assigned periods of clinical practice within allotted time frames specific to their discipline.

**HUTCHINSON COMMUNITY COLLEGE**  
**PRACTICAL NURSING PROGRAM**  
*Technical Standards Policy*

The Hutchinson Community College Practical Nursing Program's faculty has identified specific abilities that are critical to the practical nursing students' success. Students must demonstrate the ability to meet these standards, with or without reasonable accommodations.

**PHYSICAL:**

- ❖ Ability to manipulate equipment and supplies as required in providing nursing care.
- ❖ Ability to use senses of hearing, seeing, touch and smell to make observations regarding client conditions for the purpose of demonstrating competency to engage in nursing practice.
- ❖ Ability to lift a minimum of 50 pounds.

**COMMUNICATION:**

- ❖ Ability to effectively communicate with members of the health care team, clients, peers, and faculty. Skills include verbal, written/computerized, and non-verbal abilities.
- ❖ The clinical rotations require independent reading of medical records and independent recording of nursing care plans and communication analysis.

**EMOTIONAL:**

- ❖ Ability to demonstrate emotional coping skills necessary to provide nursing care as determined by standards of practice.
- ❖ Ability to carry out activities consistent with safe nursing practice without demonstrated behaviors of addiction to, abuse of, or dependence on any drug that might impair behavior or judgment.

**COGNITIVE:**

- ❖ Ability to measure, calculate and problem solve to engage in the safe practice of nursing.
- ❖ Ability to exercise judgment skills as required in providing nursing care.
- ❖ Ability to identify, gather data, and understand patient conditions to provide nursing care.
- ❖ Ability to determine appropriate conclusions and course of success necessary for providing client care.
- ❖ Ability to demonstrate responsibility and accountability for actions as a student that are required by nursing practice.

The Hutchinson Community College Practical Nursing Program adheres to the Kansas Act Against Discrimination (KAAD) which prohibits discrimination against those with a disability. The KAAD is in compliance with the Federal Americans with Disabilities Act.

If anyone needs accommodations to meet the above criteria, please contact the Program Director immediately.

I have read and understand the above criteria and believe I can meet these requirements with reasonable accommodations.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

**Please sign with a witness, date and return with application  
(Does not need to be notarized.)**