

NAME _____

STUDENT ID _____

Nursing Program Checklist

This Checklist **MUST** accompany your application.

Points awarded based on criteria below

- Students will be accepted into the Nursing Program on a Selective Admissions basis.
- Eligibility for application requires a 2.7 or higher GPA on pre-requisite courses

A. MANDATORY Nursing Program Information Session. Date Attended: _____

B. HESI (NAT-100) Exam

A minimum score of 80 must be achieved on all four subject areas; attach verification.

Exam needs to be taken within 3 years from date of application submission.

Scores: Reading _____ Grammar _____ Vocabulary _____ Math _____ Composite _____

C. Pre-Requisite Courses (*Minimum Grade C or above*)

- All OFFICIAL transcripts must be on file and transfer credits applied to your academic record at the time of application.

| COURSE | GRADE | SEMESTER & YEAR COMPLETED | INSTITUTION WHERE COMPLETED |
|--|-------|---------------------------|-----------------------------|
| BIO 233 | | | |
| ENG 131 | | | |
| PSY 131 | | | |
| MATH 115, 131, 141, 175, or 180 | | | |
| HCS 131 OR CIS 100 | | | |
| GPA composite on above courses | | | |

D. Total Credits Completed at Henry Ford College _____

- An unofficial copy of your HFC transcript must be attached.

E. OPTIONAL items for additional points (documentation must be attached for every item). Check the items below for which you have provided documentation:

- | | | | | | | | |
|--|---|---|---|--|---|---|---|
| <ul style="list-style-type: none"> ○ ACT <input style="margin-left: 10px;" type="checkbox"/> ○ Associate Degree <input style="margin-left: 10px;" type="checkbox"/> ○ Health-Related Certification - documentation for items below must indicate current licensure: <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td style="width: 50%;">Certified Nursing Assistant <input style="margin-left: 10px;" type="checkbox"/></td> <td style="width: 50%;">Certified Medical Assistant <input style="margin-left: 10px;" type="checkbox"/></td> </tr> <tr> <td>Licensed Emergency Medical Technician <input style="margin-left: 10px;" type="checkbox"/></td> <td>Licensed Respiratory Therapist <input style="margin-left: 10px;" type="checkbox"/></td> </tr> <tr> <td>Registered Occupational Therapist <input style="margin-left: 10px;" type="checkbox"/></td> <td>Registered Physical Therapy Assistant <input style="margin-left: 10px;" type="checkbox"/></td> </tr> </table> ○ Military Service <input style="margin-left: 10px;" type="checkbox"/> | Certified Nursing Assistant <input style="margin-left: 10px;" type="checkbox"/> | Certified Medical Assistant <input style="margin-left: 10px;" type="checkbox"/> | Licensed Emergency Medical Technician <input style="margin-left: 10px;" type="checkbox"/> | Licensed Respiratory Therapist <input style="margin-left: 10px;" type="checkbox"/> | Registered Occupational Therapist <input style="margin-left: 10px;" type="checkbox"/> | Registered Physical Therapy Assistant <input style="margin-left: 10px;" type="checkbox"/> | <ul style="list-style-type: none"> SAT <input style="margin-left: 10px;" type="checkbox"/> Baccalaureate or Master's Degree <input style="margin-left: 10px;" type="checkbox"/> |
| Certified Nursing Assistant <input style="margin-left: 10px;" type="checkbox"/> | Certified Medical Assistant <input style="margin-left: 10px;" type="checkbox"/> | | | | | | |
| Licensed Emergency Medical Technician <input style="margin-left: 10px;" type="checkbox"/> | Licensed Respiratory Therapist <input style="margin-left: 10px;" type="checkbox"/> | | | | | | |
| Registered Occupational Therapist <input style="margin-left: 10px;" type="checkbox"/> | Registered Physical Therapy Assistant <input style="margin-left: 10px;" type="checkbox"/> | | | | | | |
- Official SAT or ACT Scores results can be obtained from act.org or sat.collegeboard.org, or from your high school.

FALL 2018 Selective Admissions Nursing Application

Submission Deadline: January 29, 2018



Personal Information

HFC I.D. Number: _____ DOB: _____ Hawkmail address: _____

Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone: () _____ Cell Phone: () _____

Educational Background

High School (*last attended*): _____ City: _____ State _____

High School Graduation Date: _____ GED Completion Date: _____

List below all colleges and universities attended other than Henry Ford College. List most recent first.

| <u>Name of Institution</u> | <u>City & State</u> | <u>Dates of Attendance</u> | <u>Degree Earned</u> |
|----------------------------|-------------------------|----------------------------|----------------------|
| | | | |
| | | | |
| | | | |

I certify that my responses are true to the best of my knowledge. I understand the policies and procedures published in the College Catalog, Schedule of Classes, and on the website (www.hfcc.edu) are the official source of information for Henry Ford College.

Signature _____

Today's Date _____

Submit application with supporting documents in person at Nursing Application Submission Sessions, Jan. 22, 2018, 8-11 A.M. AND 1- 4 p.m., OR Jan. 29, 2018, 1 - 4 P.M. at the HFC School of Nursing, 3601 Schaefer Road, Dearborn MI 48126

| FOR OFFICE USE ONLY | | | | | | | | |
|---------------------|---------------------------------|-------|-------------------------|-----------------|---------|-------|-------------------------|-----------------|
| | COURSE | GRADE | SEMESTER/YEAR COMPLETED | HFC OR TRANSFER | COURSE | GRADE | SEMESTER/YEAR COMPLETED | HFC OR TRANSFER |
| | BIO 233 | | | | BIO 234 | | | |
| | ENG 131 | | | | ENG 132 | | | |
| | PSY 131 | | | | SOC 131 | | | |
| | MATH 115, 131, 141, 175, or 180 | | | | | | | |
| | HCS 131/CIS 100 | | | | | | | |