



NURSING STATEMENT OF INTENT

Name _____ ctcLink ID # _____ Other Name(s) _____

Day Phone # _____ Evening/other Phone # _____ Email: _____

Please email completed applications to enroll@clark.edu

Or Postal Mail to "Attn: Enrollment Services" Clark College, 1933 Fort Vancouver Way, Vancouver WA 98663

1. APPLICATION REQUIREMENTS

PLEASE CHECK	TO BE ELIGIBLE FOR SELECTION INTO THE NURSING CORE ALL STUDENTS MUST COMPLETE THE FOLLOWING:
<input type="checkbox"/>	Complete the online Clark College Application for Admission form . Instructions can be found online at http://www.clark.edu/getstarted/ Complete the Nursing of Intent Form (this form). You will be prompted to pay the program application \$50 fee 4-5 business days after Clark College receives the application.
<input type="checkbox"/>	Submit official college transcripts from ALL colleges attended (with the exception of Clark College) and send updated official college transcripts each term.
<input type="checkbox"/>	Applications will not be considered unless all degree requirements needed for application, are completed prior to the application deadline. Application deadlines are as follows: April 1 (fall start), July 1 (winter start), and November 1 (spring start). Visit the Nursing website for additional information: www.clark.edu/clarknursing
<input type="checkbox"/>	A 3.0 or higher applicable grade point average must be achieved in the degree requirements.
<input type="checkbox"/>	Students must earn a grade of "C" or higher in each degree requirement to be eligible for selection.
<input type="checkbox"/>	I am a Military Veteran and will provide a copy of my DD 214 to earn the additional 1 point in selection. (if applicable)
<input type="checkbox"/>	I am submitting a completed Healthcare Experience form with a job description. (optional)
<input type="checkbox"/>	I am submitting a completed Volunteering Experience form. (optional)

2. DEGREE REQUIREMENTS NEEDED FOR APPLICATION

If you are currently enrolled, or plan to retake any of these courses you must indicate the institution and term you plan to take them below. You must enclose a copy of your schedule and submit official transcripts once grades are posted.

PLEASE CHECK	REQUIRED COURSEWORK	COURSE/S TAKEN	INSTITUTION/S	CREDIT HOURS	IN PROGRESS? (Y or N)
<input type="checkbox"/>	ENGL& 101: English Composition I				
<input type="checkbox"/>	English Composition: ENGL& 102 (APA recommended)				
<input type="checkbox"/>	PSYC& 200: Lifespan Psychology				
<input type="checkbox"/>	BIOL& 160: General Biology				
<input type="checkbox"/>	BIOL& 241, 242: Human Anatomy & Physiology Sequence				
<input type="checkbox"/>	BIOL& 260: Microbiology				
<input type="checkbox"/>	CHEM& 121: Intro to Chemistry				
<input type="checkbox"/>	NUTR& 101: Nutrition				

3. DEGREE REQUIREMENTS NEEDED BEFORE NURSING CORE

PLEASE CHECK	REQUIRED COURSEWORK	COURSE/S TAKEN	INSTITUTION/S	CREDIT HOURS	IN PROGRESS? (Y or N)
<input type="checkbox"/>	PSYC& 100: General Psychology				
<input type="checkbox"/>	Humanities: 10 credits minimum				
<input type="checkbox"/>	MATH& 146: Intro to Statistics				

4. LIST OF ALL COLLEGES ATTENDED

Please list ALL colleges. If needed, list additional institutions on a separate piece of paper and include with application.

COLLEGE NAME	DATES OF ATTENDANCE	NAME LISTED ON TRANSCRIPT
	____/____ to ____/____	
	____/____ to ____/____	
	____/____ to ____/____	
	____/____ to ____/____	



NURSING STATEMENT OF INTENT

PLEASE INDICATE YOU HAVE READ AND ARE AWARE OF THE FOLLOWING ADDITIONAL REQUIREMENTS FOR THE NURSING PROGRAM CORE BY PLACING YOUR INITIALS IN THE SPACES PROVIDED:

In order to participate in this program, students must be able to perform standard essential functions. Students must be able to meet communication, physical and mental requirements necessary to ensure the safe patient care.

Admission to the nursing core may be contingent upon the applicant verifying their ability to meet the essential functions with or without reasonable accommodation. (Please reference the disability statement in the online Registered Nursing student handbook for additional information).

I understand I will be notified about the outcome of selection via my preferred email, which I have provided in CtcLink.

I understand a Clark College email(studentname@clark.students.edu) is required for several onboarding procedures related to clinical compliance and for the distribution of vital communication while in the program. Therefore, it is the student's responsibility to create and provide an email account with Clark College and check it frequently. Students are responsible for information provided to them via email including deadlines.

The program requires a 40-45 hour per week commitment from students for classes and clinical rotations. Clinical assignments may require driving significant distances (with travel time up to 1.5 hours one way). Reliable transportation is an important consideration. Clinical assignments may be offered at times other than traditional clinical hours, such as evenings (other than Monday-Friday, 5:00am-7:00pm) and/or weekends.

Students enrolled in clinical courses are required to complete a comprehensive Criminal Background Check. Students should be aware that certain convictions may prevent clinical placement and employment, and that completion of this program does not guarantee certification, licensing or employment. Please see: <http://apps.leg.wa.gov/wac/default.aspx?cite=388-113-0020>

ARE YOU NOW OR HAVE YOU EVER BEEN ENROLLED IN A LIMITED ENTRY PROGRAM?

Please be aware that applicants who have failed or been dismissed from a limited entry program will not receive admission into the Clark College nursing program core (NURS courses). If you have previously withdrawn from a program, you must submit proof that you withdrew from the program while in good academic and clinical standing.

I understand that upon acceptance there is a \$200 non-refundable deposit.

I have provided all transcripts from every college that I have attended (other than Clark College).

I have reviewed the program requirements on the Clark College website. I am aware of the degree requirements, selection processes, required immunizations including the COVID-19 vaccine, criminal background check requirements, and all other specific program information. I am aware that if selected into the program, clinical sites require drug screening. I am aware that completion of the degree requirements does not guarantee entrance into the nursing core requirements.

I understand that any misrepresentations or false statements on this application will be subject to the Clark College and program code of conduct disciplinary procedures, and may disqualify my application from consideration.

This program requires all students to be fully vaccinated against COVID-19 as a requirement for clinical placement

Signature

Date

Print Name

To mail or email this application, please send to:
Clark College-Enrollment Services
Attn: Selective Admissions
1933 Fort Vancouver Way
Vancouver, WA-98663
Or email to enroll@clark.edu