Thank you for your interest in Hillsborough Community College Health Sciences Programs. Acceptance to the Nursing Program is selective, a complete application packet must be submitted in order to be considered for admission. Please note that for all Health Sciences Programs, ALL required prerequisite courses and ALL the admission requirements mentioned below must be completed prior to the application deadline. Incomplete applications will not be considered for admission.

Use this as your checklist. This document was created as part of the Health Sciences application to help you through the admission process. Please read carefully all the information provided before submitting your application. Following these guidelines will facilitate you submitting a complete application to Health Sciences Admissions. After reading this checklist, please sign your initials and send it with your Nursing Application.

Admission packets must include the following:

- **College admission application**: All new students must submit an HCC admissions application. Current HCC students do not need to submit a new application, UNLESS you had an interruption through your HCC enrollment of three academic terms or more. Students who have not attended HCC within the last year as well as recent graduates must complete a new application. Recent graduates, if you will continue attending HCC after graduation OR you are submitting a Health Sciences application, you must fill out the Student Information Change form at the Admissions, Registration and Records Office to select a new program code.

- **Nursing Program Application**: In addition to an HCC admission application, applicants must complete a Nursing Application form. If your address changes after submitting this application, notify Health Sciences Admissions via email to healthsciences@hccfl.edu.

- **Health Sciences application fee**: A $53 money order must be included with the application form. Please make money order(s) payable to Hillsborough Community College. Application fee payment by check, credit card or cash will be accepted at the Bursar’s Office. Receipt must be included with application. Students applying to more than one program for the same term, an additional fee of $10 must be included for each additional program application. The application fee is non-refundable.

- **TEAS V**: Students applying for admission for the Nursing Basic and Transition (LPN) Programs are required to take the Test of Essential Academic Skills version 5 (TEAS V) entrance examination and achieve a passing score of 60 or above. The TEAS V will evaluate reading, math, science and English and language usage. Students are allowed 3 attempts per year to achieve a passing score of least 60. Students must wait 30 days between attempts. More details about the testing can be found on the HCC Nursing Website http://www.hccfl.edu/department/health-science/nursing/admissions.aspx. Passing the TEAS V exam will not guarantee placement, but not passing assures that the student will not be accepted into the program. Copy of the results must accompany the nursing application. Applicants must complete the test by the program deadline.

- **Background Consent form**: All applicants are required to complete and sign the enclosed Criminal Record Consent form. If accepted in the Nursing Program, the applicant will be required to complete a Background check at his/her expense. Background checks are ONLY valid for the term the applicant is applying.

- **Transcripts**: Applicants are responsible for verifying that final official high school transcripts (regular high school attendance or dual enrollment) or GED scores have been received by the Admissions, Registration and Records Office prior to the established program deadline date regardless of previous attendance.

Applicants MUST submit official transcripts from ALL academic institutions attended (high school, college, university, military, technical centers or institutes, etc.). Also, applicant must send AP or CLEP test scores from official testing source. Scores listed in transcripts from other academic institutions will not be considered official.
Transcripts can be sent to: Hillsborough Community College  Attn: Transcripts 1602 N. 15th St. Tampa, FL 33605 or with the Health Sciences application to Hillsborough Community College Health Sciences Admissions Office PO Box 30030 Tampa, FL 33630-3030.

In the event you are unable to secure transcripts due to reasons beyond your control (i.e. institution is no longer in existence) you must provide official documentation of your attempts to secure those transcripts prior to the established deadlines. **Students must submit transcripts from all institutions attended.** HCC will NOT waive the requirement if the student's prior institution will not release the transcripts due to financial obligations.

☐ **Copy of current license/certification, if applicable.** (CPR, LPN, CNA, PN, ARRT, EMT, CRT, etc…)

☐ **Deadlines:** All necessary documents MUST BE COMPLETED and RECEIVED with the application by the Health Sciences Admissions Office by the published application deadline, in order to be considered in the desired program applicant pool. **Applications with missing documents or received after the deadline date will be considered incomplete and will not be included in the applicant pool.**

- Fall – January 15th
- Spring – June 1st
- Summer – January 15th (Nursing Transition Program ONLY)

☐ Initial this checklist.______

For up to date information about the Nursing Program, please consult the college catalog. You may also visit the [http://www.hccfl.edu/departments/health-science/nursing.aspx](http://www.hccfl.edu/departments/health-science/nursing.aspx). Academic Advisors and Counselors are also available at any of our campuses to assist applicants. You may also email Health Sciences Admissions Office to healthsciences@hccfl.edu for further assistance.

All documents must be submitted before or by the deadline to the following address: Hillsborough Community College Health Sciences Admissions Office PO Box 30030 Tampa, FL 33630-3030. **Do not mail your application to any other address.**

You may also drop off your application packet in person by using the Health Sciences Admissions Drop Box located in the Dale Mabry Campus Student Services Building, right to the Admissions, Registration and Records Office, room DSTU 119.

To monitor the progress of your application, please log on to your HCC WebAdvisor account. Check your Hawkmail or the email you provided in the application for any correspondence, if necessary, regarding the application prior to the deadline date. If you use your personal email account when submitting your application, we advise you to check your Junk or Spam mail for any Health Sciences Admissions correspondence before the deadline date. **Please note that while we are reviewing your application, documents will show a “Not Received” or “ASAP” status next to them until it has been reviewed by the Health Sciences Admissions Team.** This information is updated regularly so continue to monitor.

**ALL required documents must be received by the deadline date in order for the application to be considered eligible for admission into the Program.**

Health Sciences Admissions **will not inform** applicants of their official status or offer detailed information about the application or documents submitted. The official acceptance status into the Nursing/LPN Program will **ONLY** be notified through official communication send via U.S. Mail from the Health Sciences Admissions Committee. Please be aware that it takes approximately 12 – 15 weeks after the deadline for the application to be processed.

If you desire confirmation of receipt of your application packet, please provide a pre-paid, self-addressed post card. **No other confirmation will be sent.**
APPLICATION FOR ADMISSION
NURSING PROGRAM

Fill out completely and print in ink. Submit this application with all required documents to the Health Sciences Admissions Drop Box or send it to the following address:

Hillsborough Community College
Health Sciences Admissions Office
P.O. Box 30030
Tampa, FL 33630-3030

Application Term:
☐ Fall (NUR) – January 15th ______ Year
☐ Spring (NUR) – June 1st ______ Year
☐ Summer (LPN) – January 15th ______ Year

I. PERSONAL INFORMATION (Note: If your address changes after submitting this application, notify Health Sciences Admissions via email to healthsciences@hccfl.edu.)

NAME ____________________________________________ Student ID # ______________________
Last Name First Name MI

PREVIOUS NAME (If any) _________________________________________________________________________

MAILING ADDRESS ___________________________________________________________
Number and Street Apt #
City State Zip code

PHONE/S (Local) __________________________ Email: ________________________________

II. APPLICATION(S) BEING SUBMITTED

Is this the only Health Science application you are submitting for this term? _____ Yes _____ No

If no, then please list all other programs for which you will be applying or have applied to:
__________________________________________________________________________
__________________________________________________________________________

III. PREVIOUS EDUCATION: List ALL institutions and dates of attendance.

Applicants are responsible for verifying that final official high school (regular or dual enrolled students) transcripts or GED scores have been received by the Hillsborough Community College or Health Sciences Admissions Office prior to the established program deadline date. Applicants who have attended other colleges, universities, vocational or technical schools or have received education while in the military must submit official transcripts from these institutions. Failure to include an institution or Health Sciences Admissions not receiving the official transcript may result in admission to the program being denied.
HIGH SCHOOL OR GED
Official transcript must be included with the application. Students who already have a degree (associate, bachelors and/or masters), high school transcript will not be required. However, it is the student’s responsibility to ensure that official transcript confirming degree/s have been received by HCC.

<table>
<thead>
<tr>
<th>High School</th>
<th>City</th>
<th>State</th>
<th>Graduation Date (MM/YY)</th>
</tr>
</thead>
</table>

COLLEGE/UNIVERSITY
Official transcripts for ALL institutions attended, including vocational, technical must be included with this application. It is the student’s responsibility to ensure that official and updated transcripts have been received regardless of previous attendance at HCC. Test scores for AP, CLEP exams or the equivalent in the military must come from the official testing source (i.e. College Board, International Baccalaureate…). Scores listed in transcripts from other academic institutions will not be considered official.

<table>
<thead>
<tr>
<th>Name of College/University</th>
<th>State</th>
<th>Attendance Date From (MM/YY) to (MM/YY)</th>
<th>Degree(s) or Number of credits earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. PREVIOUS OR CURRENT LICENSES/CERTIFICATIONS
List previous or current licenses or certifications in an allied health profession below. Include dates and registry/certification numbers. Please attach a copy of all your current licenses/certifications.

________________________________________

________________________________________

________________________________________

________________________________________
V. PROGRAM SELECTION

Please identify the Nursing option you are applying for admission by checking the appropriate space below.

_____ A. Basic RN Program:

Please rank your campus and times from 1 to 5 based on your preference starting from your preferred (1) to your least (5). The reason for this formality is if the applicant is accepted into the Program we can attempt to accommodate them into his/her top choices. The applicants with the highest prerequisites GPAs, who are accepted, automatically receive their first campus choice, if possible.

_____ Dale Mabry Mornings (1)
_____ Dale Mabry Afternoons (2)
_____ Plant City Day (3)
_____ Night/Weekend (4)
_____ SouthShore (5)

NOTE: Campus assignments are final and for the duration of the Nursing Program. Attendance to the Nursing Program Orientation is MANDATORY. Failure to attend will result in a forfeiture of seat.

Approximate dates for the Nursing Program Orientation:
- Fall term – usually scheduled sometime between the last week of June and the first two weeks of July.
- Spring term – usually schedule sometime between the last two weeks of October.

_____ B. Transition Option: LPN to AND – (Summer Entry) – Dale Mabry Campus only

Approximate date for the Nursing Transition (LPN) Program Orientation: Summer term – usually schedule by Mid-April.

NOTE: The following MUST be submitted with the Nursing Transition application.

1. Provide a copy of valid Florida LPN license.

2. Applicants that qualify for Experiential credit must provide an official letter signed by the employer as proof of 6 consecutive months of full-time employment during the last three years as a Licensed Practical Nurse. (Original letter on official letterhead from the immediate supervisor at the time of employment, verifying full-time employment as Licensed Practical Nurse must to be included with the LPN application.)

3. Applicants that qualify for Articulated credit and waiver from work experience must provide the following:
   a. Graduated from a Practical Nurse Program in Florida.
   b. Completed Practical Nurse Program within five (5) years of starting the Registered Nurse Program at HCC.
   c. Provide an official transcript from the Florida Practical Nurse Program at the time of application.

IMPORTANT INFORMATION: Students admitted to the Nursing Transition (LPN) Program must notify the Dean of Health Sciences or the Director of the Nursing Department if they are participating in the Intervention Project for Nurses. This must be met prior to any clinical placement. Additionally, a copy of the Contract with IPN/Monitoring Plan along with any necessary clinical restrictions must be identified. Note that the documents will be reviewed by HCC officials prior to being placed in a clinical setting. Please schedule an appointment with the Director of the Nursing Department if you have any questions regarding this process. For appointment, call to 813-253-7366.
VI. PHYSICAL HEALTH

If accepted into the Nursing Program you will be required to provide an up to date Immunizations record and Physical Exam, certified by a licensed physician. Further information will be provided during the MANDATORY Program Orientation.

VII. BACKGROUND INVESTIGATION

Upon acceptance into a Health Sciences Program, you will be required to complete a background check/finger print. Information on how to complete this background check/finger print will be included in Acceptance packet. The cost for this background check is approximately $50.00. The applicant is solely responsible for the cost of this background check. Background checks are ONLY valid for the term you are applying.

Please be advised that certain certifying agencies for health science professions require that an individual disclose prior arrest/conviction records. Some agencies will not permit individuals with prior arrest/conviction records to become certified. Should you have a prior arrest/conviction record, you may wish to contact the certifying agency for your program of choice to clarify whether your record will affect your certification eligibility.

Incomplete applications will not be considered for admission. Students will have to reapply for admission to their desired program by the next established deadline. We strongly encourage you to submit your application at least 30 days in advance. We will attempt to screen applications for deficiencies although screening is not the college’s responsibility.

Acknowledgment:

I certify that all statements given in this application are true and accurate to the best of my knowledge. I understand and agree that the responsibility of submission, verification of receipt and documentation of submissions of all forms, applications, fees, transcripts, evaluations and certifications by the designated deadline is mine. I agree to abide by the rules and regulations of Hillsborough Community College as published in the Student’s Code of Conduct.

I understand that the decision to allow entrance into an HCC program is in no way a guarantee of future employment and/or licensure. Should I have any questions concerning ability to be licensed I understand it is my responsibility to contact the licensing board.

____________________________________________
Signature of applicant

____________________________________________
Date

____________________________________________
Printed Student Name

____________________________________________
Student Id Number

Hillsborough Community College is an equal access/equal opportunity employer that makes employment and education-related decisions without regard to race, color, gender, religion, national origin, age, disability, sexual orientation, marital status or any other bias that is or may be prohibited by laws. Employees and students who believe they have been a victim of discrimination or sexual harassment should contact:

Dr. Joan B. Holmes
Special Assistant to the President for Equity and Special Programs
District Administrative Offices
39 Columbia Dr., Room 718  Tampa, FL 33606  (813) 253-7043  Email: jholmes16@hccfl.edu

Updated Application form - 02/25/2015
Health Sciences Admissions – LH/GG
For acceptance into a Health Sciences program at Hillsborough Community College (HCC) and continuing through enrollment and program completion, you must not have been found guilty, regardless of adjudication, of an offense that would disqualify you from employment in health care or a health care setting. If you have unresolved offenses or are on probation, you may be ineligible to be placed in a clinical environment. You must meet all placement standards to participate in Health Sciences programs at HCC due to requirements mandated by affiliation agreements with clinical sites.

You will submit fingerprints and information about yourself, including your Social Security number, for a Level 2 screening (“Consumer Report”). Results of the background screening will be sent to the HCC Health Sciences Admissions Office. Should you require an exemption from a disqualification, you can appeal to the HCC Health Sciences Admissions Office. Not all offenses are disqualifying. If your Consumer Report lists a potentially disqualifying offense, the HCC Health Sciences Admissions Office will contact you for additional documentation and/or for a more in-depth review. Your Health Sciences Licensure Board, where applicable, may or may not allow a graduate from a Health Sciences program who has a disqualifying offense, such as an arrest or conviction, to sit for licensure.

I understand that per the Fair Credit Reporting Act and the Federal Trade Commission, the Level 2 background check described in this Disclosure and Release (informed consent form) is considered to be a Consumer Report. To be eligible as an applicant/student to any HCC Health Sciences program or to continue as a student in a Health Sciences program at HCC, I cannot have a criminal history with a conviction of one or more crimes as outlined in Section 435.03, Florida Statutes.

I understand that effective July 1, 2009, pursuant to Section 456.0635, Florida Statutes, health care boards in Florida or the Department of Health will refuse to issue a license, certificate or registration and will refuse to admit a candidate for examination, as outlined in Section 456.0635, Florida Statutes.

I understand that admission into any HCC Health Sciences program on the basis of the Consumer Report is no guarantee I will be eligible for licensure or future employment. I acknowledge it is my responsibility to contact my Health Sciences Licensure Board to determine criteria based on criminal activity included in my Consumer Report.

I understand that this “Informed Consent” form serves as:

1. A clear and conspicuous disclosure by HCC that a Consumer Report, which includes a Level 2 background check, will be completed on me and will be obtained for admissions purposes into any HCC Health Sciences program and that a consumer reporting agency will provide the report to HCC; and
2. An authorization from me for HCC to procure the Consumer Report, and an agreement that I will pay for the Consumer Report.

I understand that information from the Consumer Report for admission purposes into any HCC Health Sciences program will not be used in violation of any applicable federal or state laws or regulations.

I understand that HCC certifies that before taking adverse action in whole or part based on the Consumer Report for admission purposes into any HCC Health Sciences program, it will provide me a:

1. Copy of the Consumer Report; and
2. Copy of my rights, in the format approved by the Federal Trade Commission, which notice shall be supplied to HCC by the consumer reporting agency.

I understand that as an applicant/student, I will be responsible for notifying the HCC Health Sciences Admissions Office at the Dale Mabry Campus within five (5) working days of any arrests and convictions, regardless of adjudication that occur after the application deadline but before the first day of classes. The Chair of the Admissions and Appeals committee will communicate to me whether or not I will remain eligible to enter the program and will notify the program manager if I am no longer eligible to enter the program.

I understand that if I am accepted and/or enrolled into any Health Sciences program at HCC and arrested, on or after the first day of class, of any crimes, I must notify my program manager within five (5) working days of the arrest or conviction or any criminal charges pending against me that occur while I am in the program.

I understand that my failure to notify the appropriate individuals shall be grounds for denial of admission to or permanent dismissal from an HCC Health Sciences program. Further, HCC may require a Consumer Report to be generated on me at any time when I am enrolled in any HCC Health Sciences program, which will be at no cost to me.

I understand that some clinical affiliates/partners/hospitals/agencies may require that the HCC Health Sciences program share the results of the background check, and I agree that HCC may share my results.

Student Signature: ___________________________ Date: ___________________________
Printed Student Name: ___________________________ Student ID #: _________________

HCC reserves the right to make changes in the admission criteria and program information, as circumstances require. Original signature copy will be retained in the student’s file.

Revised November 2012