



PRACTICAL NURSING APPLICATION 2023-2024

- Application Cycle:** Fall (Full-Time) Spring (Part-Time)
- Enrollment Option:** Traditional LPN MA-C to LPN

Student Name (Last, First): _____

ctcLink ID Number (issued after you apply to GRC): _____

Green River Email Address (if available): _____

Personal Email Address: _____

Phone Number: _____

Nursing is a dynamic field with many career paths available. They work in a variety of settings, including clinics, hospitals, long-term care facilities, and community centers. The Practical Nursing Program consists of 90 credits, which includes classroom instruction, campus lab practice, and community lab experiences. Upon successful completion of the program, graduates are eligible to apply for the National Council Licensure Examination for Practical Nurses. Passage of this exam is the mechanism by which to receive a license to practice as an LPN.

This document is available in alternative formats to individuals with disabilities by contacting Disability Support Services at 253-833-9111, ext. 2631; TTY 253-288-3359; or by email at dss@greenriver.edu. Green River College is an equal opportunity educator and employer. Learn more at www.greenriver.edu/accessibility.

ELIGIBILITY TO APPLY - MUST BE FULLY COMPLETE

- Apply to Green River College: <https://www.greenriver.edu/students/academics/getting-started/>. Once an application is submitted, a ctcLink identification (ID) number will be issued through the email the applicant applied with.
- Color copy of valid photo ID** acceptable IDs include a driver’s license or any state-issued photo ID.
- Complete the required prerequisite courses with a 2.5 (B-) GPA or higher. *Refer to page 2.*
- Complete a two-page essay (to be included in your application packet), typed in Times New Roman, double spaced, size 12 font with 1-inch margins answering the following prompt: *One of the goals of Healthy People 2030 is to eliminate health disparities, achieve health equity, and attain health literacy*

to improve the health and well-being of all. What would a more equitable health care system look like to you? How do you plan to incorporate this goal into your nursing practice? Refer to page 3.

- Submit proof of AHA BLS Certification. Must be **Healthcare Provider BLS card certified by the American Heart Association (AHA BLS)** to apply. Please note that this is different from the standard CPR and can take up to 1 week to complete. It is your responsibility to maintain current AHA BLS certification throughout the program. *Refer to page 7.*
- Successfully complete the background check, drug screening and acknowledgement forms. **DO NOT RUN THE BACKGROUND CHECK OR PERFORM THE DRUG SCREENING AT THIS TIME.** *Refer to pages 9-10.*
- Submit copies of up-to-date immunization tests. This can take up to 8 months to complete. *Refer to pages 6-7.*
- Submit proof of personal health insurance. *Refer to page 7.*
- Submit a 1-page resume **describing** the specific activities and responsibilities of your professional and academic experiences, please do more than just list them. Include any activities, certifications, and skills relevant to health care. The font size needs to be 12-point Arial or Times New Roman with 1- inch margins across the page. *Refer to page 4.*
- For those seeking to complete the MA to LPN option, submit a copy of your active, unencumbered Washington State MA licensure information and a copy of your transcripts demonstrating proof of graduation from an approved MA-C educational program. *Refer to page 8.*
- For HEET students, submit your participant verification letter. *Refer to page 8.*
- Submit any relevant licensure information if seeking bonus points. *Refer to page 4 and 8.*
- Submit **official transcript(s)** from every college or university (except Green River College) that you have taken any of the prerequisites at. *Refer to pages 2 & 11.* Transcript evaluations can take up to 6-8 weeks to be reviewed. If you have transcripts sent, it MUST stay in the original sealed envelope unopened.
- Submit **unofficial transcript(s)** from every college or university with your application, this will allow us to begin processing the application while we wait for official transcripts.

Upload all application materials in PDF form to our secure application drop box. Available here:

<https://greenrivergrc.app.box.com/f/ebbf3f4dc90b474cadd12411c131108d>

Applications will be accepted beginning 11/14/2022 & must be received by 4:00 pm on 01/06/2023.

Applicants will be notified of acceptance into the program during the week of 02/06/2023. Admitted students and the top 10- waitlisted applicants are required to attend an all-day mandatory orientation held 03/03/2023. Those who fail to attend forfeit their seat to the next applicant on the waitlist. Classes will begin on 04/03/2023.

EVALUATION & SCORING

PREREQUISITE COURSES

Applicants must complete the following prerequisites before admission into the program. One course may be in-progress during the summer at the time of application. The LPN Program does not limit the number of times an applicant may repeat a course or have expiration dates for course completions. Applicants must have a minimum grade of a 2.5 (B-) in each prerequisite to be eligible to apply. **Repeated course(s), withdrawals, pending prerequisite, and inconsistent academic performance may make your application less competitive**, but you are still welcome to apply.

Course Title	Green River Course
General Biology	BIOL& 160
Anatomy and Physiology 1	BIOL& 241
Anatomy and Physiology 2	BIOL& 242
English Composition	ENGL& 101
Introduction to Psychology	PSYC& 100
Lifespan Psychology	PSYC& 200
Introduction to Statistics	MATH& 146 or MATH 256
Nutrition	NUTR& 101
Speech Communication	CMST& 101 or CMST& 210 or CMST& 220 or CMST& 230 or CMST 238
All classes require a grade of 2.5 remember this is the minimum	

SCORING

Applications will be evaluated for minimum eligibility and then ranked based on the four categories listed below with an opportunity for an additional 15% bonus points as described. Each category is carefully considered and valuable in the application process.

Final admission to the program depends on the results of the following: prerequisites, essay, resume, pending Washington State Patrol, Healthcare agency and National background checks.

1. Prerequisite / Competitive GPA (50% of application score): After grades for any in-progress courses are received, the GPA for prerequisite courses will be calculated. One course may be in-progress during the time of application.
2. Essay (15% of application score): Complete a two-page essay (to be included in your application packet), typed in Times New Roman, double spaced, size 12 font with 1-inch margins answering the following prompt: *One of the goals of Healthy People 2030 is to eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all. What would a more equitable health care system look like to you? How do you plan to incorporate this goal into your nursing practice?*

3. Resume (15% of application score): Submit a 1-page resume **describing** the specific activities and responsibilities of your professional and academic experiences. Include any activities, certifications, and skills relevant to healthcare. The font size needs to be 12-point Arial or Times New Roman with 1- inch margins across the page.
4. All materials submitted on time, completed correctly, with all required documents (10%)
5. Bonus Points (17% possible), if applicable for the following (check those that apply):
 - 5% will be given if you completed the NAC, ERT or Phlebotomy program(s) from Green River
 - 2% for having one of the following: CNA, NA-C, NA-R, MA, or HCA by enclosing a copy of your most recent professional certification or license (current or expired – no more than 1 year) in your application. *Refer to page 8.*
 - 2% for HEET Grant Training Fund students. *Refer to page 8.*
 - 2% for students underrepresented in nursing (BIPOC, LGBTQIA+, male, financially disadvantaged background)
 - 2% for Military/Veterans
 - 2% for multilingual students (must be noted in resume to get points)
 - 2% for first generation students

ACCOMMODATIONS

Candidates for the Practical Nursing Program are required to certify that these standards have been provided to them. Applicants who need accommodations to meet standards may request accommodations. Eligibility for accommodations are identified through the Disability Support Services office. Additional information about requesting accommodation is available at www.greenriver.edu/DSS.

FUNDING OPTIONS

- Workforce Education: <https://www.greenriver.edu/students/academics/workforce/>. Workforce Education programs provide financial support to help connect students with a path into a high-demand, high wage career. If eligible, Workforce Education Grants may provide funding for tuition, books, childcare, transportation, and specialized tools/equipment. Students must meet with a Workforce Education Coordinator to determine eligibility.
- Grants and Scholarships: Please refer to the Green River College website for funding options.
 - FAFSA: <https://www.greenriver.edu/students/pay-for-college/financial-aid/>
 - Green River Foundation Scholarships: <https://www.greenrivercollegefoundation.org/applynow>
 - Washington State Scholarship: <https://www.greenrivercollegefoundation.org/other-funding>

COST

Please refer to the Green River College website for the current tuition rates and fees:

<https://www.greenriver.edu/students/academics/getting-started/tuition-fees/>.

Expenses	Approx. Cost
Green River Tuition per credit - in state	\$116 per credit
Green River Tuition per credit - out of state or International	\$131 per credit
Supplies, Textbooks, Course Fees and Misc.	\$2500.00 and up
Washington State application & National State Exam (NCLEX) License	\$250.00-300.00
Approximate Total- Cost based on 90 program credits	In- State: \$7,697 Out-State: \$8,166

NOTIFICATION AND MANDATORY ORIENTATION

If you have questions about the application or any of the processes listed in this application, please email the Health Occupations Advisor, nursing@greenriver.edu. Please note, due to the high volume of student emails, it may take 1-2 business days for a reply.

Students assume all responsibility for reviewing and following instructions. There will be no exceptions to the admission process. **Applications will be accepted beginning November 14th, 2022 and must be received no later than 4:00 pm on January 6th, 2023.** Applicants will be notified of acceptance into the program during the week of August 1st, 2022. Admitted students and the top 8 waitlisted applicants are **required to attend an all-day mandatory orientation held 03/03/2023.** Those that fail to attend forfeit their seat to the next applicant on the waitlist.

The notification will be done through your Green River student email or your personal email account if you haven't been assigned a Green River student email account. Some may only receive conditional acceptance if any of the following apply: in the process of taking prerequisites, pending official transcript(s) review, pending Washington State Patrol, Healthcare agency and National background checks.

Upload all application materials in PDF form to our secure application drop box. Available here:

<https://greenrivergrc.app.box.com/f/ebbf3f4dc90b474cadd12411c131108d>

Applications must be received no later than 4:00pm on January 6th, 2023. Late or incomplete applications will be denied.

IMMUNIZATIONS AND ADDITIONAL INFORMATION

REQUIRED IMMUNIZATIONS AND TESTS

In order to participate in the Community Lab/clinical courses, students need to have all of the immunizations and tests completed. **Documentation must be from a healthcare provider and include signature, credentials, and date (mm/dd/yyyy).** Can take up to 8 months to complete. Please refer to the [GRC Nursing website](#) for directions. Green River College will not attempt to locate an alternative location for clinicals for those that do not have the required immunizations and tests.

Tuberculin Status [PPD(TB)]: Must have 2-step TB noting placement location and results with dates (4 visits total), or a Quantiferon blood draw.

If no records or more than 12 months since last Two-Step TST, a Two-Step TST must be done before enrollment in the program. The 2-step process is explained as follows:

- **First visit:** Get the TB shot (make sure you get documentation for this – date and signature).
- **Second visit:** Two days after visit #1 you go back to get the TB Test Reading (results) – this should be given in millimeters (mm), which will determine whether the test is positive or negative.
- **Third visit:** No sooner than one week after visit #1 (1st TB shot), no later than two weeks after visit #1. You will get the whole process done over again. This visit you get your 2nd TB shot.
- **Fourth (final) visit:** Two days after visit #3 you will get the 2nd TB shot reading. Again, you need documentation stating the results in millimeters (mm) and whether the effect is positive or negative.

Note of Caution: Be aware that a 2-step TB has 4 total components, the TB shot and TB reading, both done twice. You must have 2 separate TB Tests within the proper timeframe. For your convenience, a **form is available on Page 13** that can be filled out by your provider and follows the above guidelines for timed 2-step TB testing.

If an applicant has a medically documented history of prior BCG vaccine, an IGRA test will need to be obtained. If the results are positive, they will be required to get a clear chest x-ray and provide a negative symptom check from a healthcare provider. (IGRA should be drawn on the same day as live-virus vaccines or weeks after administration of live-virus vaccines.). Students with a history of positive TB results must provide proof of a clear chest x-ray and submit an annual negative symptom check from a healthcare provider.

Hepatitis B: The Hepatitis B vaccination is a series of 3 intramuscular injections completed at appropriate time intervals (1 and 6 months after the initial dose) and a post-vaccination titer (blood draw) at 6-8 weeks after the series completion. If the titer is negative, then the series is repeated, and another titer is drawn 6-8 weeks after the completion of the second series. This vaccination can be obtained through your healthcare provider. Students may also provide documentation of a positive titer (anti-HBs or HepB Sab) or sign a

vaccination declination. However, specific healthcare institutions may require vaccination without exception; alternate clinical rotation arrangements will not be made. Can take up to 8 months to complete.

Tetanus, diphtheria, pertussis (Tdap): Must have one adult dose of Pertussis (Tdap) after age 18. And a Tdap or Td within 10 years.

Measles (Rubeola), Mumps, & Rubella: Proof of vaccination (2 doses at appropriate intervals) or proof of immunity by titer, showing resistance to all three.

Varicella (Chickenpox): Proof of vaccination (2 doses at appropriate intervals) or proof of immunity by titer.

Flu: Annual season flu vaccination is required for community clinics. Typically offered beginning in August/September and available through April.

COVID-19: We require the two-step Moderna or Pfizer OR one-step Johnson & Johnson COVID-19 vaccine in order to participate in the program. At this time, we also require the booster for those eligible.

ADDITIONAL REQUIREMENTS

Medical Insurance: Provide a copy of your medical insurance card.

Liability Insurance: Purchase insurance during the first week of the fall quarter from Green River College.

Healthcare provider CPR (BLS): All applicants must be Healthcare Provider BLS card certified by the American Heart Association (AHA BLS) to apply. Please note that this is different from the standard CPR commonly offered. It is the student's responsibility to maintain current AHA BLS certification throughout the program. Failure to do so will result in failure to progress in the program. If you are unable to find an appropriate AHA course due to COVID-19 restrictions please reach out to the Health Occupations Advisor, nursing@greenriver.edu to discuss BLS training options. To find a course near you visit: [Basic Life Support \(BLS\) Course Options | American Heart Association CPR & First Aid](#).

Drug screening: All students will be required to submit a drug screen **after acceptance** into the program and before attending community clinical. The student will be provided with the name and location of an authorized agency who will conduct the screening. The student is responsible for all costs associated with the drug screening. If the screen comes back ineligible, a medical review may be done for an additional fee (some Rx drugs will cause a positive drug screen). **If a student fails to produce the requested sample by the date and time designated, the student will be ineligible.**

Licensure: For students seeking to enroll in the MA-LPN option or those seeking to receive bonus points for having a healthcare provider license. Refer to page 8.

HEET Grant Training Fund students: For all HEET Grant students applying to the program, please include your Training Fund Letter acknowledging your participation in this program as proof of participation.

LICENSE VERIFICATION

For license verification, you must legibly print the information before submitting this form as part of your application packet. For students seeking to enroll in the MA-LPN option please complete the following. You must also include a copy of your active, unencumbered Washington State MA-C License. Please ensure that you print clearly. If you wish to receive bonus points for having a healthcare provider license, please complete the following and include a copy of your most recent professional certification or license.

Applicant Name (Last, First): _____

Previous Name Practiced Under – if any (Last, First): _____

Washington State License Number: _____

Name of program where education was completed: _____

Location of program where education was completed: _____

I verify that the information above is correct.

Signature: _____ Date: _____

I-BEST SUPPORT

Classroom success can be yours, even if you have trouble in a traditional classroom setting. The Practical Nursing program incorporates the I-Best program, where you will receive help from an additional instructor throughout the program. This second instructor assists your primary teacher helping you with: English as a second language, study skills development, math skills assistance, test taking, career options. All students will be provided the additional I-Best program support. In order for the program to receive funding to support the additional services I-Best provides, all students must take a placement exam called the CASAS during the first week of class.

BACKGROUND CHECKS

The following section must be completed and turned in with your application. **Do not pay to run the background check.** We will contact you when it is appropriate for us to run a background check. Clinical fieldwork is integrated throughout the program and is required for all students. Placement can occur but is not limited to, the following settings: long-term care, rehabilitation care, outpatient clinics, school districts, pediatric clinics, hospitals, and home health. Disqualifying factors on a criminal background check limits or prevents Community Lab/clinical placement and employability. If you have cause for concern regarding your criminal history outcome or any charges related to vulnerable populations (i.e., children, vulnerable adults), contact the Department of Health <https://www.doh.wa.gov/> to receive clarification about the background as it pertains to licensure. Final admission to the program is dependent upon the results of this background check. See [Washington State DSHS Secretary's List of Crimes and Negative Actions](#).

CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

All students who will be placed in practicum education sites for Green River College's health occupation programs are requested to complete the below, Washington State Patrol Abuse Clearance section. The purpose of this abuse clearance is to assure the safety and well-being of patients, clients, and children who come into contact with students. Practicum education sites are expecting that Green River students will not pose undue risks to the safety of patients/children.

The Washington State Patrol, abuse clearance request, is for the following: "Child/Adult Abuse Information: Response limited to convictions against children or other persons, dependency proceedings, abuse of vulnerable adults, and DOL disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision." Please be aware that information on other felony and misdemeanor convictions may be reported from the State Patrol office. This abuse clearance is used only for the purpose of practicum education placement, determination and further dissemination or use of the record is prohibited.

As stated earlier, all students are **required to complete this form.** Any student choosing not to complete this process must be aware that the ability of faculty to arrange practicum education experiences will be severely restricted and, in some instances, impossible. A large number of facilities (all of them for the Practical Nursing Program) require proof of this clearance before students are allowed to participate in any practicum and clinical activities.

I have read and understood this information about the Washington State Patrol Abuse Clearance.

Signature: _____ Date: _____

Complete the following information permitting the program to run the required background checks. Please ensure that you print clearly.

Last Name: _____

First Name: _____

Middle Name (if none, state 'NMN'): _____

Alias/Maiden Name: _____

Date of Birth (MM/DD/YYYY): _____

ACKNOWLEDGEMENT

By indicating below, I verify that this application packet for the Practical Nursing Program is accurate and has been completed to the best of my knowledge. I, at this moment, authorize Green River College to perform criminal background checks, maintain the record(s) until I graduate or withdraw from the program, and share the information as requested by clinical sites. **I understand any questionable records/incidences in my past can prevent me from completing clinical and therefore, without clinical I cannot complete this program.** I understand that I may request a reasonable accommodation to meet the standards.

1. I will be checking my personal email (or GRC email if available) regularly _____ Initial
2. I understand I must successfully pass a drug screen and will be fingerprinted for clinical placements _____ Initial
3. I read the disqualifying factors located on [WA State DSHS](#) website _____ Initial

Student Name (Last, First): _____

ctcLink ID Number: _____

Signature: _____ Date: _____

TRANSCRIPT EVALUATION REQUEST

INSTRUCTIONS

If you did not complete all of the prerequisites here at Green River College or have not had your transcript official evaluated already, then please fill out the information below. Green River College does NOT evaluate faxed or previously opened transcripts. **As we wait for your official transcripts, please attach your unofficial transcripts to your application.**

For students seeking to enroll in the MA-LPN option please make sure that you include your transcripts from your approved MA-C educational training program.

Requested transcript by mail

- I requested my official transcripts to be mailed, and am placing them in this application (sealed in original envelopes) from all institutions.
- I requested my official transcripts to be mailed, and they have been sent directly to **Green River College Enrollment Services c/o: Admission/PN Nursing Application 12401 SE 320th St. Auburn, WA. 98092-3622**

Request transcript electronically

- I requested my official transcripts to be sent electronically, and they have been sent directly to **Green River College Enrollment Services c/o: Admission/PN Nursing Application 12401 SE 320th St. Auburn, WA. 98092-3622**

List ALL institutions for which you have submitted transcripts that need to be evaluated:

Name of Institution	Method of Transmission (Email or Electronic)	Date Form Requested (MM/YYYY)

DOUBLE CHECK THAT ALL IS INCLUDED IN YOUR APPLICATION

- Apply to Green River College: <https://www.greenriver.edu/students/academics/getting-started/>. Once an application is submitted, a ctLink identification (ID) number will be issued through the email the applicant applied with.
- Color copy of valid photo ID** acceptable IDs include a driver's license or any state-issued photo ID.
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Dear Healthcare Provider,

You are receiving this letter to help us document an applicant or current student’s vaccination record. For our Health Sciences Programs we require that students be tested for tuberculosis using one of two options:

1. **A QuantiFERON test that is negative.** If the lab result states the applicant/student is positive, the applicant/student will be required to provide a negative chest x-ray and physician evaluation stating the student has no current symptoms. An asymptomatic applicant/student, whose chest x-ray and assessment indicates no active disease, may attend class/clinical.
2. **A two-step TB skin test (TST) that is negative, given 7-21 days apart.** If at any point in the testing the TST is positive, it indicates that the applicant/student has been exposed to TB. The applicant/student will be required to provide a negative chest x-ray and physician evaluation stating the student has no current symptoms. An asymptomatic applicant/student, whose chest x-ray and assessment indicates no active disease, may attend class/clinical.

For students who received a QuantiFERON Test or those requiring physician’s assessment and chest x-ray please attach a signed copy of the medical record indicating the results.

TWO STEP TB TESTING DOCUMENTATION

First TB Test:	
Placement Date:	Location of Placement:
Reading Date (48-72 hrs after placement):	Results (documented in mm):

Second TB Test (placed 7-21 days later):	
Placement Date:	Location of Placement:
Reading Date (48-72 hrs after placement):	Results (documented in mm):

Students Name (First and Last): _____

Printed Name of Healthcare Provider and Credentials: _____

Signature of Healthcare Provider: _____

Signature Date: _____

Address of Healthcare Facility: _____