



**ADVANCED PLACEMENT INFORMATION & APPLICATION PACKET**  
**FOR**  
**LICENSED PRACTICAL NURSES AND TRANSFER APPLICANTS**

**Nursing Program Contact Information:**

Location: AWC Main Campus, LR 209  
Web Page: <http://www.azwestern.edu/nursing>  
E-mail: [nursing@azwestern.edu](mailto:nursing@azwestern.edu)  
Phone: (928) 317-6049

**REQUIREMENTS FOR ADMISSION**

All applications for advanced placement into the AWC Nursing Program must be approved and signed by the Director of Nursing before the application is complete.

1. **College Admission:** Applicants must seek admission to Arizona Western College through Enrollment Services. Enrollment services information is available online at [http://www.azwestern.edu/student\\_services/enrollment\\_services/](http://www.azwestern.edu/student_services/enrollment_services/)
2. **College Transcripts:** All official colleges/universities transcripts must be sent to the AWC Transfer Services office. Transfer credit information is available online at [http://www.azwestern.edu/student\\_services/enrollment\\_services/transfer\\_credit.html](http://www.azwestern.edu/student_services/enrollment_services/transfer_credit.html) Unofficial transcripts or transcripts sent to the Nursing Department are not accepted. Allow up to 2 months for the transcript evaluation process. Non-nursing transfer credits must appear on the AWC transcript in order to apply for advanced placement. The Director of Nursing will evaluate prior nursing course credits as part of the advanced placement application process. Appropriate nursing credits will be granted once the admission requirements have been met.
3. **Advisement:** Applicants seeking admission to the Nursing Program must schedule an advisement appointment with the Director of Nursing by calling the Nursing Department at (928) 317-6049.
4. **Fingerprint Requirement:** An unrestricted Fingerprint Clearance Card (FCC) must be presented when submitting the advanced placement application. FCC application packets may be obtained at the Nursing Department office, LR 209. Allow 4 to 8 weeks to receive the FCC. Once admitted, any student who becomes sanctioned or excluded while enrolled in the program will not be permitted to continue. The web site for additional information: <http://oig.hhs.gov/fraud/exclusions.asp>. Practical Nurse licensure

(LPN) or Nursing Assistant certification (CNA) in Arizona that include fingerprint clearance will be accepted in lieu of the FCC.

5. **Standardized Testing Requirement:**

- a. Transfer applicants and LPN applicants entering NUR 122, Nursing 2, must take the HESI Admission Assessment Exam in order to be considered for placement. Applicants must score at a 75% or higher in English Language Composite Score and 75% or higher in Math within 24 months of application. Applicants may retest after remediation to improve the score after 60 days up to a maximum of 3 times per 12-month period. Information on test preparation, test fee, and the guidelines for taking the test are available on the AWC Nursing Department website at <http://www.azwestern.edu/nursing>. The Director may deny acceptance of an application if an applicant violates the guidelines for taking the entrance exam.
- b. LPN applicants eligible to enter NUR 221, Nursing 3, must take the HESI PN Exam. Applicants must achieve a score of 850 or higher to enter NUR 221. Applicants scoring less than the required score may apply for entrance in NUR 122, Nursing 2. Applicants can test only once to determine placement status. The HESI test scores are accepted only if taken within the last six (6) months prior to application.
- c. Testing eligibility and scheduling will be determined during the advising session with the Director.

6. **Pharmacology Requirement:** Applicants must successfully complete a pharmacology course within 12 months of entering the program.

7. **Transition to Associated Degree Nursing course:** All advanced placement students must successfully complete a 1-credit transition course in order to be prepared for the clinical component of the core-nursing course in which they are placed.

### **ADDITIONAL REQUIREMENTS BY CLASSIFICATION**

All applicants must have a CPT-R score of 80 or greater and must complete all Nursing Program prerequisite and co-requisites courses up to the core-nursing course of entry prior to acceptance.

**LPN Applicants:** Provide verification of a valid, current and unrestricted practical nurse license within the US.

**Transfer Applicants:** A candidate for transfer into the AWC Nursing Program must be a student in good standing in a nationally accredited nursing program.

The transfer student requesting admittance must:

1. Deliver the attached Transfer Student Status Verification form to the Nursing Administrator (Director/Dean) of the program in which they are currently enrolled. The Nursing Student Status Verification form must be received by mail or emailed attachment directly from the transferring Nurse Administrator.
2. Submit course descriptions and the syllabi for each nursing course completed.

***The application is complete only when all requirements are met.***

## ADMISSION PLACEMENT

Once the application documentation is complete, the Director of Nursing determines appropriate placement and notifies the applicant in writing (*Toro account email*).

1. **LPN Applicants:**
  - a. Applicants who have graduated from the AWC Nursing Program within the last 2 years or who have a minimum of 1 year acute care experience within the last 2 years will be considered for entrance into NUR 221, Nursing 3. Proof of employment required.
  - b. All other applicants will enter into the second semester of the nursing program, NUR 122, Nursing 2.
2. **Transfer Applicants** will be placed based on course syllabi from previous nursing programs, general education course completion, and the entrance exam data.

## APPLICATION INSTRUCTIONS

1. Complete the Nursing Program Application Forms A and B: Copies of supporting documentation (CPT-R score, unofficial AWC transcripts, and transcript evaluations if applicable) must be attached to the completed application form.
2. Submit all documentation to the Nursing Department and schedule an advising appointment with the Director of Nursing.
3. Application must be submitted before 5 pm on April 15<sup>th</sup> for fall admissions and September 1<sup>st</sup> for spring admissions.

### NON-DISCRIMINATION STATEMENT

*Arizona Western College does not discriminate in admission or access to, or treatment in employment in, its services, programs, or activities on the basis of race, color, national origin, sex, religion, age, or disability.*

### DECLARACIÓN DE PRÁCTICAS ANTIDISCRIMINATORIAS

*Arizona Western College prohíbe la discriminación en el empleo en base a la raza, el color, la religión, el sexo, la nacionalidad, la religión, la edad o la discapacidad de las personas. La habilidad limitada del idioma inglés no es una barrera para la admisión o la participación de las carreras técnicas y vocacionales disponibles en la institución.*

**ARIZONA WESTERN COLLEGE  
ADVANCED PLACEMENT & TRANSFER APPLICATION - Form A**

Application must be submitted before *5pm on March 1<sup>st</sup>* for fall admissions and *September 15<sup>th</sup>* for spring admissions (or the last work day prior to deadline date).

**(Please Print)**

NAME: *Last:* \_\_\_\_\_ *First:* \_\_\_\_\_ *Middle:* \_\_\_\_\_

FORMER NAME(S): \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ Student ID # \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*Street/Apt:* \_\_\_\_\_ *City:* \_\_\_\_\_ *State/Zip:* \_\_\_\_\_

TORO EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER(S) *Home:* \_\_\_\_\_ *Work:* \_\_\_\_\_ **Cell:** \_\_\_\_\_  
*Email will be used to contact you regarding placement into the nursing program.*

**Nursing certification and/or licensure:** If applicable, list your certification and/or license number, and state of registration. Once admitted into the nursing program, all certifications and licenses held or received must remain in good standing, with no restrictions. Any student receiving disciplinary action that may restrict patient care or pose a potential danger to patient care will not be permitted to attend clinical.

Documents to be attached: \_\_\_\_\_ CPT-R Score report:  AWC Transcript attached:

Prior Learning and/or current enrollment: \_\_\_\_\_

Field of Study (i.e. Practical Nursing or Nursing Assistant)	School Name & State	Certification/License Number	State of Registration

Were you previously admitted into the AWC Nursing Program:  No  Yes Year/Semester: \_\_\_\_\_

*The following information is for institutional research purposes only, **not for admission.** Please place a ✓ mark in the appropriate box.*

Male  Female  Date of Birth: \_\_\_\_\_  
 Ethnic Group: Hispanic  White, Non-Hispanic   
 Asian or Pacific Islander  Black, Non-Hispanic   
 American Indian/Native Alaskan  Other: \_\_\_\_\_ (Please specify)

When I begin the nursing program, I will have already completed the following degree program:  
 Associate  Baccalaureate  Master's  Doctoral  Study Major: \_\_\_\_\_

I desire consideration for admission to the AWC Nursing Program. I understand that my admission is contingent upon meeting the requirements stipulated in the Advanced Placement Information and Application Packet. I fully understand that if I fail to pass the fingerprint clearance or drug screening I will be disqualified from admission. Please complete felony disclosure as per policy.

Felony Convictions:  No  Yes (If yes, please explain)

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I have provided true, correct, and complete information on my application. I have read and I understand the information presented in this application packet.

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Notes:

- Applicants must supply all information as requested. Applicants failing to identify nursing schools attended or those supplying false information will not be eligible for admission or enrollment in the nursing program.
- If application is deemed incomplete, the application will be returned and the date stamp will be considered null and void and a new application must be submitted.
- Return your completed application to AWC Nursing Department, Main Campus, Room LR 209 or mail to P.O. Box 929, Yuma, AZ 85366-0929

**ARIZONA WESTERN COLLEGE  
ADVANCED PLACEMENT & TRANSFER APPLICATION - Form B**

Name:				Student ID#:		Date:			
Advanced Placement: <input type="checkbox"/> Transfer <input type="checkbox"/> LPN # _____						<b>Advising Record</b>			
CPT-R Score: _____								Date/Comments/Adv. Signature	
Eligibility for <input type="checkbox"/> MAT 121 or 122 MAT 142: <input type="checkbox"/> Placement test <input type="checkbox"/> Other (Specify): _____				HESI A2: English: _____ <u>or</u> Math: _____ HESI-PN Comp.: _____					
<b>Course</b>	<b>Grade</b>	<b>Credits</b>	<b>Sem/Year</b>	<b>College</b>					
<b>Pre-Requisites</b> (In database <input checked="" type="checkbox"/> )									
ENG 101							<input type="checkbox"/>		
CHM 130							<input type="checkbox"/>		
BIO 201							<input type="checkbox"/>		
NUR 110							<input type="checkbox"/>		
<i>(NUR 110 must be completed within 1 year prior to entering the program)</i>									
<b>Co-Requisites</b>									
<b>1<sup>st</sup> Semester</b>									
NUR 121							<input type="checkbox"/>		
NUR 117							<input type="checkbox"/>		
FAS 238 <b>or</b> PSY 238									
BIO 202							<input type="checkbox"/>		
<b>2<sup>nd</sup> Semester</b>									
NUR 122							<input type="checkbox"/>		
PSY 101							<input type="checkbox"/>		
BIO 205							<input type="checkbox"/>		
<b>3<sup>rd</sup> Semester</b>									
NUR 221							<input type="checkbox"/>		
ENG 102							<input type="checkbox"/>		
ANT 130							<input type="checkbox"/>		
<b>4<sup>th</sup> Semester</b>									
NUR 222							<input type="checkbox"/>		
MAT 142 or higher							<input type="checkbox"/>		
Humanities							<input type="checkbox"/>		

Director of Nursing Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

Request is:  Granted for NUR \_\_\_\_\_ Year/Semester: \_\_\_\_\_

Denied, reason: \_\_\_\_\_

Director of Nursing Signature: \_\_\_\_\_

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

**Arizona Western College**  
**Transfer Student Status Verification**

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Date: \_\_\_\_\_ Student's Name (print or type): \_\_\_\_\_

To whom it may concern:

I, \_\_\_\_\_ (Signature) a nursing student in the \_\_\_\_\_ nursing program, give the nursing program administrator permission to release the following information to Arizona Western College.

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The above-identified student has requested a transfer from your nursing program to the Arizona Western College Nursing Program. We request that the nursing program administrator provide the following information and return this form directly to:

Director of Nursing  
Arizona Western College  
PO Box 929  
Yuma AZ  
85366-0929

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The following nursing student, \_\_\_\_\_:

Is a current student in our program    Yes     No

Is in good standing in our program    Yes     No

Comments:

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Nurse Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information (*name printed*):

Phone number:

Email address:

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