



## **ADVANCED PLACEMENT INFORMATION & APPLICATION PACKET**

### **1) Application Eligibility**

In order to be eligible to apply for the AWC Nursing Program as advanced placement the student must complete the following:

- a. Transfer all college credits to AWC. Contact the AWC Transfer Services office at 928-344-7638.
- b. Schedule an advisement appointment with the Director of Nursing by calling the Nursing Department at (928) 317-6049. (This is after Credits have been transferred to AWC)
- c. Have a current and unrestricted Arizona State
  - Practical Nurse license (LPN)
  - Must rank in the NUR 121 cohort for the semester the Adv PI application is submitted for
  - Must have at least one year of current practice as an LPN
  - Once admitted, any student who becomes sanctioned or excluded while enrolled in the program, will not be permitted to continue. The website for additional information: <http://oig.hhs.gov/fraud/exclusions.asp>
  - Please see student guide on the nursing webpage for additional updates in regards to Advanced Placement information located at: [www.azwestern.edu/nursing](http://www.azwestern.edu/nursing)
- d. Be eligible for Math 142 or higher.
- e. Have an Overall GPA of 2.5 or greater.
- f. Take the HESI Admission Assessment (HESI A2):
  - Applicants must score at a 75% or higher on Math, English Language Composite, and Cumulative.
  - HESI A2 must have been taken within 24 months of application through Arizona Western College.
  - 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 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.
  - Testing eligibility and scheduling will be determined during the advising session with the Director.
- g. Successfully complete NUR 117 or transfer an equivalent pharmacology course within 6 months of entering the program.
- h. Successfully complete BIO 202 or transfer an equivalent course within 6 months of entering the program
- i. Be currently enrolled in or have completed the prerequisite courses with a grade C or higher, for the course the applicant is requesting advanced placement into.

### **2) Application Instructions**

- a. Complete the Nursing Program Advanced Placement Forms A and B. The application form is available from the program website at [www.azwestern.edu/nursing](http://www.azwestern.edu/nursing).
- b. Include copies of the following supporting documentation:

- HESI scores (all attempts within 24 months)
    - Available under your Evolve account, [www.evolve.elsevier.com](http://www.evolve.elsevier.com)
  - Unofficial **Arizona Western College** transcript
    - These need to be current and can be obtained from Admissions/Registration services or the students AWC Self-Service account.
  - Unofficial transcripts from all colleges/universities attended
    - If a student has attended a college or university other than AWC, official transcripts must be evaluated by the Registrar's Office for transfer of credits before the application is submitted.
  - Evaluation of all credits completed by Arizona Western College Transfer Services, if applicable.
    - Transfer credits will not be considered until the evaluation is complete.
  - Provide verification of a valid, current and unrestricted practical nurse license within Arizona
- c. All required documentation *must be*:
- Hand delivered no later than 4:30pm *March 1<sup>st</sup>* for fall admissions and *September 1<sup>st</sup>* for spring admissions (or the last work day prior to deadline date), **or**
  - Post marked on or before *March 1<sup>st</sup>* for fall admissions and *September 1<sup>st</sup>* for spring admissions (or the last work day prior to deadline date):

**Arizona Western College**  
**Attn: Nursing Department PO Box 929**  
**Yuma, AZ 85366-0929**

**\*Late or incomplete applications will not be considered for admission\***

### 3) Admission Placement

- a. Entry into NUR 122 is not guaranteed as is based on seat availability.

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

*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 APPLICATION - Form A**

Application must be submitted before 4:30pm on March 1<sup>st</sup> for fall admissions and September 1<sup>st</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:* ADDRESS: \_\_\_\_\_      *City:* \_\_\_\_\_      *State/Zip:* \_\_\_\_\_

PHONE NUMBER(S): *Home:* \_\_\_\_\_      *Work:* \_\_\_\_\_      *Cell:* \_\_\_\_\_

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

*Toro Email will be used to contact you regarding placement into the nursing program.*

Documents to be attached:      HESI A2 Scores:       Other College/University Transcript(s):

AWC Transcript:       Evaluation of Credits:

**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.

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       Asian or Pacific Islander       Black, Non-Hispanic       American Indian/Native       White, Non-Hispanic

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.

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

---

I fully understand that if I fail to pass the drug screening I will be disqualified from admission. Please complete felony disclosure as per policy.

---

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

---

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 - Form B**

Name: _____			Student ID#: _____		<b>Verified</b>	<b>Advising Record Date/Comments /Adv. Signature</b>
Advanced Placement: <input type="checkbox"/> AZ LPN # _____					<input type="checkbox"/>	
Date of Advising by Director of Nursing: _____					<input type="checkbox"/>	
Overall GPA (2.5 or higher): _____					<input type="checkbox"/>	
Eligibility for MAT 142 or higher:			HESI A2:	English: _____ Math: _____ Cumulative: _____	<input type="checkbox"/>	
<b>Course</b>	<b>Grade</b>	<b>Sem/Year</b>	<b>College</b>	<b>Currently Enrolled</b>		
<b>Pre-Requisites</b>						
ENG 101				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
BIO 201				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
<b>1<sup>st</sup> Semester</b>						
NUR 121				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
NUR 117				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
BIO 202				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
<b>2<sup>nd</sup> Semester</b>						
NUR 122				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
PSY 101				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
FAS 238 or PSY 238				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
<b>3<sup>rd</sup> Semester</b>						
NUR 221				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
ENG 102				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
BIO 205				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
<b>4<sup>th</sup> Semester</b>						
NUR 222				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
MAT 142 or higher				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
Humanities				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	

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

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

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