

Shasta College Associate Degree Nursing Program

Important Application Information

RETAIN THIS PAGE FOR YOUR RECORDS

Application

Single sided application packets must be submitted in a 9 x 12 **sealed envelope** during the application period.

Do **not** put Post-It notes or flags on your application as these will be removed prior to processing. If you need to identify or explain a document, write on the document itself.

If you mail your application, the envelope postmark will be considered the “received” date. It is **highly** recommended that you pay for tracking or certified mailing to ensure delivery and make a copy of your packet before mailing it.

Official Records & Transcripts

- OFFICIAL RECORDS/TRANSCRIPTS are those that have been issued by another educational institution.
 - Physical transcripts must **submitted in your sealed application packet**. DO NOT SUBMIT PHYSICAL TRANSCRIPTS TO ADMISSIONS & RECORDS.
 - Transcripts must be in a sealed envelope and remain unopened in order to be considered official. DO NOT OPEN. If an envelope has been opened (seal broken) prior to putting it in your application packet, it cannot be accepted for the purpose of application to the ADN Program.
 - Electronic transcripts must be sent to admissions@shastacollege.edu, and you must **include a copy of the receipt from your transcript request transaction** in your application packet.
- It is not necessary to submit an official Shasta College transcript; a transcript of your Shasta College courses will be obtained from the Admissions & Records Office and made an official part of your application packet.
- It is not necessary to submit an official TEAS exam transcript if the exam was taken through Shasta College.
- Unless you were a previously **continually qualified** applicant*, all other College and/or high school records that may already be on file with the Shasta College Admissions & Records (A&R) Office cannot be used for this application packet, and **you must resubmit all college, and if applicable, high school records with each new application packet**.
 - * If you were a previously **continually qualified** applicant, you may elect to use your previously submitted college and/or high school records that are on file with the A&R Office.

Recency for Anatomy & Physiology

There is a seven (7) year recency requirement for the Anatomy and Physiology science prerequisites.

- Even if you are a previously continually qualified applicant, the recency requirement still applies, and you may need to submit any transcript(s) showing that you completed these classes within the last 7 years.

Laboratory Classes

The prerequisite Anatomy, Physiology, and Microbiology courses must typically include a laboratory component. Online labs will be accepted at this time, but in-person labs are preferred.

TEAS Exam Requirements – version 7

The TEAS exam may be repeated a maximum of two (2) times for a total of three (3) exams. Exams must be taken a minimum of 90 days apart; exams taken too closely to a prior exam will not be used for evaluation. If the acceptable score is not attained after the third attempt, the student is ineligible to apply to the ADN program.

The Shasta College ADN program requires a composite score of 62% or higher. If the composite score is below 62%, reach out for individualized remediation plan. A copy of the completed remediation plan, signed by the director, must be submitted with the application.

Placement in program

If an applicant is selected as an Invitee or as an Alternate, the Health Sciences Division shall determine when entry into the program will begin. Program entry dates are non-negotiable, meaning that applicants will **NOT** have a choice as to which semester in which they will begin. **Deferment is not an option.**

**COLLEGE HEALTH SCIENCES AND UNIVERSITY PROGRAMS
ASSOCIATE DEGREE NURSING (ADN) PROGRAM June 2027 APPLICATION PACKET**

PLEASE PRINT IN INK

APPLICATION DEADLINE: 4P.M. Friday, June 25, 2027

Name: _____ ID# _____
(Last) (First) (MI)

Associate Degree Nursing Program Application packets for June 2027 will be accepted from **8:00am, June 1, 2027 through 4:00pm, June 25, 2027**. Mailed applications must be postmarked within the application period. **Print application single sided.**

PACKETS WILL NOT BE ACCEPTED OUTSIDE OF THE APPLICATION PERIOD

COLLECT THE OFFICIAL DOCUMENTS REQUIRED AND SUBMIT WITH APPLICATION IN A SEALED ENVELOPE.

Additional documents will not be accepted after submission of the application packet.

Mail or hand deliver to: Shasta College, Health Sciences Division Office, 1400 Market Street, Suite 8204, Redding, CA, 96001

The following items are **MANDATORY** and must be included in the application packet if applicable.

COMPLETED/ENCLOSED:

YES N/A

☐ **Associate Degree Nursing Program June 2027 Application (signed)** (3 pages)

☐ **Application Immunization Documentation Checklist** (2 pages)

☐ **TEAS Test Version 7:** An official copy must be sent **electronically** from ATI TEAS (www.atitesting.com) to Shasta College Health Sciences prior to the application filing period deadline. **Exams must be taken with a minimum of 90 days between attempts, and score must be above 62%.** *No previous versions of the TEAS exam will be accepted.*

Date of Exam: _____ Overall Score: _____%

Reading Score: _____% Math Score: _____% Science Score: _____% English & Language Usage Score: _____%

☐ ☐ **Completed TEAS Remediation Plan**, signed off by Director/Dean.

☐ ☐ **OFFICIAL High School Transcript*** showing the date of graduation, official transcript for completion of California High School Proficiency Examination (CHSPE), or official transcript of G.E.D test results.

① Official high school transcript, or official CHSPE, or official transcript of G.E.D test results are not necessary if applicant has a post-secondary degree and submits the official College Transcript showing the conferred degree. No photos of degrees, diplomas, certificates, or transcripts will be accepted.

☐ ☐ **OFFICIAL Advanced Placement (AP) or CLEP test scores*** if using to satisfy graduation/prerequisite requirements or proficiency in languages other than English (if applicable).

☐ ☐ **OFFICIAL College Transcript*** from all colleges ever attended where work was attempted or classes were completed, except for Shasta College. If general education or prerequisite courses were not taken at Shasta College or another California Community College, please include course descriptions/syllabi from the other college(s) in your application packet.

☐ ☐ **OFFICIAL Letter** regarding prior attendance of LVN-to-RN, RN (ADN), or BSN nursing program.
Name of Nursing School(s): _____

*Please review the **IMPORTANT APPLICATION INFORMATION** page for transcript requirements

**COLLEGE HEALTH SCIENCES AND UNIVERSITY PROGRAMS
ASSOCIATE DEGREE NURSING (ADN) PROGRAM June 2027 APPLICATION PACKET**

PLEASE PRINT IN INK

APPLICATION DEADLINE: 4P.M. Friday, June 25, 2027

The following items are OPTIONAL. If "yes" is marked, supporting documentation is required to be awarded points.

COMPLETED/ENCLOSED:

YES

N/A

☐☐

Alternate Verification Form - Only applicable if: applicant was an alternate for previous Multicriteria Selection Application Filing Period who was not enrolled into the ADN program **and** who completed **all** alternate requirements including participation in both online and in-person orientations.

☐☐

Licensed or State Certified Worker Verification Form and a printout from the federal or state verification website for your current license and/or certificate that shows your license/certificate number, status, date of issue and expiration (if applicable).

☐☐

Work or Volunteer Experience Form and letter from current and/or former employer/organization (if applicable).

☐☐

Life Experience or Special Circumstance Form and documentation according to specific area requirements (if applicable).

☐☐

Proficiency or Advanced Level Coursework in Languages other than English Form and copy of Proficiency Certification or official transcript from a U.S. institutionally accredited, or equivalent, college or university, verifying successful completion of two (2) semesters of study in the same foreign language, successful completion of a level 2 or higher foreign language, or Official AP (score: 5) or CLEP (scaled score: 50 or higher) test scores (if applicable).

According to the categories listed on www.shastacollege.edu/hsup_adnpoints, I have calculated my points to be:

Category	Maximum Points Possible	Points
1: Previous academic degrees, diplomas, or relevant certificates (if any)	14	
2: Alternate in previous application selection period OR Applicant with 2 consecutive, previously qualified applications	3	
3: Work or volunteer experience in healthcare (if any)	10	
4: Proficiency or advanced level coursework in languages other than English (if any)	5	
5: GPA in relevant coursework	50	
6: Life Experiences or Special Circumstances (if any)	5	
7: Approved diagnostic assessment tool, ATI Test of Essential Academic Skills (TEAS version 7)	13	
TOTAL POINTS	100	

Applicant Statement:

I hereby certify that all materials presented, and all statements made are true and correct. I authorize investigation of all records submitted and am prepared to provide original documentation when requested. I understand that any misrepresentation of material facts may be cause for immediate disqualification.

Furthermore, I understand and acknowledge that failure to meet requirements or omission of required documentation will result in disqualification of my MCS application packet.

Signature of Applicant: _____ Date: _____

**COLLEGE HEALTH SCIENCES AND UNIVERSITY PROGRAMS
ASSOCIATE DEGREE NURSING (ADN) PROGRAM JANUARY 2027 APPLICATION PACKET**

PLEASE PRINT IN INK

APPLICATION DEADLINE: 4 P.M. Friday, June 25, 2027

SHASTA COLLEGE ID NUMBER (REQUIRED)	SHASTA COLLEGE EMAIL ADDRESS (REQUIRED FOR ALL APPLICANTS):	BIRTHDATE:
NAME (Last, First, M.I.):		TELEPHONE:
ALL OTHER NAMES UNDER WHICH YOU HAVE BEEN KNOWN:		ALT. PHONE:
CURRENT ADDRESS:		

Street City State Zip

NAME AND LOCATION OF HIGH SCHOOL LAST ATTENDED: _____

HIGH SCHOOL GRADUATE: () YES () NO; EQUIVALENT: () G.E.D. () HIGH SCHOOL PROFICIENCY; COLLEGE: () AA/AS () BA/BS () MASTERS/PhD

ARE YOU A PREVIOUSLY **CONTINUALLY** QUALIFIED APPLICANT? () YES () NO If so, in what year(s) did you apply? _____

WILL YOU BE SUBMITTING AN UPDATED TRANSCRIPT? () YES () NO, PLEASE USE MY PREVIOUSLY SUBMITTED TRANSCRIPT(S)

ARE YOU A VETERAN/Active () Y () N If yes, did you receive medical training while in the service?
(Explain type of training) _____

ARE YOU REQUESTING ADVANCED PLACEMENT? () N () Y - into 2nd semester () Y - into 3rd semester and I have taken an LVN-to-RN transition course If yes, what is your qualification? () Current LVN license () Armed Services medical training () Transfer from another ADN (RN) program

LIST ALL COLLEGES AND UNIVERSITIES ATTENDED, INCLUDING SHASTA COLLEGE (Use an additional sheet if needed):				
NAME OF COLLEGE	LOCATION	UNITS COMPLETED (indicate Quarter or Semester)	Dates Attended FROM/TO	DEGREE
		☐ Q ☐ S		
		☐ Q ☐ S		
		☐ Q ☐ S		

All courses listed in Sections A through D must be completed prior to applying to the Associate Degree Nursing Program.

If courses were not taken at Shasta College or another California Community College, include course descriptions from college(s) attended.

If applicant has a B.A./B.S. or higher degree, applicant is exempt from A.S. GE requirements. Skip to line C.

Are you exempt? ☐ YES (skip to item C) ☐ NO (complete items A-D)

A.S. REQUIREMENTS (Minimum 3 semester units or 4 quarter units)	NAME OF COURSE	COLLEGE	COMPLETED Term & Year	GRADE
A. Humanities course				
B. ** Ethnic Studies				
C. Math course ☐ I would like to use this qualifying math course for calculating my GPA				
D. PREREQUISITE COURSES				
Anatomy* with lab				
Physiology* with lab				
Microbiology with lab				
English C1000 (Formerly ENG 1A or C1001) ☐ I have also completed English 1B or ENGL C – please use grade from that course when				
Sociology 1 <u>or</u> Anthropology 2 (SOC 2 accepted if completed Spring 2017 or prior.)				
Psychology C1000 (Formerly Psych 1A) (PSYC 14 accepted if completed Spring 2017 or prior.)				
Communication Studies C1000 <u>or</u> Comm 54 (formerly CMST 60 or 54)				

****Students who retain their catalog rights with Shasta College should consult with a counselor. * 7-year recency**



Name _____

Student ID # _____

Indicate program of application:

- ☐ Associate Degree Nursing (ADN) ☐ Dental Hygiene ☐ Physical Therapist Assistant ☐ Vocational Nursing

For ADN, Dental Hygiene, and Physical Therapist Assistant students **only**, mark one of the boxes below:

- ☐ I am a previously **continually** qualified applicant and wish to use the immunization/titer documents from my last application.
- ☐ I am **not** a previously continually qualified applicant and understand that I must follow the directions below.

Directions: Complete all the sections below and **attach copies of your official immunization & titer documentation**. Immunity to infections may be documented by either vaccine administration or a positive titer. Vaccines and titers offer the most objective documentation and protection for the student and institution.

Titer Requirements

- **Titers must show positive immunity.** Titers showing negative/equivocal/gray-zone results do not meet program requirements.
 - **Quantitative** titer results are preferred. All titers must show patients full legal name, date of birth, collection date, lab/doctor's information, name of test, and the numerical values used in interpreting the results (reference range), with the results. Quantitative titers need to be "Surface AB (Antibody) IgG", **NOT** AG (antigen) or Core IgM or ACIF. Titer results don't expire.
 - **Qualitative** titers will be accepted although Quantitative titers are preferred. Qualitative titers simply indicate "immune vs. non-immune" or "reactive vs. non-reactive" (with no numerical value). Titer must show full legal name, date of birth collection date, lab/doctor's information, name of test, and the result.
 - If your results come back negative, see the "*Options" section for that requirement to determine what steps to take next.
- ① For applicants deemed "non-converters" by their primary healthcare provider, provide proof of ALL vaccination & titer records as well as a letter from the provider confirming non-converter status.

Tetanus, Diphtheria, Pertussis (Tdap) - must show documentation of either A or B:

- A.** One time dose of Tdap (includes pertussis) as an adult **within** the last 10 years (exp; 4/4/2014 expires 4/4/2024)

Date _____

- B.** Proof of Tdap older than 10 years **AND** proof of Td booster within the last 10 years

Tdap date _____ Td date _____

Varicella - must show documentation of either A or B:

Note: A previous diagnosis of chickenpox is **NOT** accepted as proof of Varicella immunity. Must submit documentation of either A or B as outlined below.

- A.** Two (2) doses of Varicella vaccine administered at least 4-8 weeks apart

Date #1 _____ Date #2 _____

- B.** Proof of either a *quantitative* IgG titer or proof of a *qualitative* titer showing **positive/immune** or **reactive**

Titer date _____ Numerical/Results _____

*If titer results show as **negative OR equivocal immunity**, see Option 1 or 2.

****Options for addressing negative or equivocal titer***

You must provide either:

- 1)** Proof of your original 2-dose vaccination series and having received one (1) booster after your negative titer

Original Series: Date #1 _____ Date #2 _____ Booster date: _____

OR

- 2)** if you have no previous records, proof of obtaining the 2-dose series after your negative titer

Series given: Date #1 _____ Date #2 _____

Measles, Mumps, Rubella (MMR) - must show documentation of either A or B:

A. Two (2) doses of MMR vaccine administered at least 4-weeks apart

Date #1 _____ Date #2 _____

B. Proof of *quantitative* IgG titer showing **positive/immune** to Measles, Mumps, and Rubella

Titer date(s) _____

Numerical value - Measles (Rubeola): _____

Numerical value - Mumps: _____

Numerical value - Rubella: _____

****If titer results show as negative OR equivocal immunity, see Option 1 or 2.**

***Options for addressing negative or equivocal titer**

You must provide either:

1) Proof of your original 2-dose vaccination series and having received one (1) booster after your negative titer

Original Series: Date #1 _____ Date #2 _____ Booster date: _____

OR

2) if you have no previous records, proof of obtaining the 2-dose series after your negative titer

Series given: Date #1 _____ Date #2 _____

Hepatitis B: Must submit proof of *quantitative*, IgG surface antibody titer showing **positive/immune**

Titer Date: _____

Numerical Value: _____

If you have a titer drawn and the numerical value for titer falls in the "grayzone"/borderline/equivocal range or non-reactive/negative range, you will need to:

1) Receive **at least** one (1) booster of the vaccine. Discuss with your healthcare provider if your titer results indicate that you may need multiple boosters or to repeat the entire series. **PLEASE START THIS IMMEDIATELY.**

Note: If three dose vaccine series is needed, the CDC standard recommendations are for the series to be given at 0, 1, and 6 months. CDC minimum requirements allow for the series to be given at 0, 1, and 4 months.

2) Obtain a new titer for Hepatitis B [surface antibody IgG] at least 4 weeks after the final booster/dose and **submit the results showing positive/immune.**

For Health Sciences Division Use Only:

Date Received:

Immunization official documentation verified by:

Notes:

This form is OPTIONAL and does not need to be submitted as part of your application packet if it is not applicable.

To receive credit for any category below, you will need to fill in the applicable information and to submit the respective required documentation.

☐ **Alternate Verification**

- ☐ Received and accepted alternate invitation from last Multicriteria Selection period
- ☐ Has not previously enrolled in the ADN program
- ☐ Completed all alternate requirements: including, but not limited to, participation & completion of mandatory orientations

① A list of candidates eligible for points as an alternate from the last Multicriteria Selection Application Filing Period will be submitted to the Admissions and Records office by the Health Sciences Office – *no documentation required*.

☐ **Proficiency of Advance Level Coursework in Languages Other Than English Verification**

Applicant must be fluent in all aspects of language (reading, writing, and speaking) to qualify.

- ☐ Proficiency in languages other than English:
Language: _____
Proficiency Certification: _____
Certifying Organization: _____

- ☐ Advanced level coursework in languages other than English:
Language: _____
School: _____
Term: _____ Course: _____ Grade: _____
School: _____
Term: _____ Course: _____ Grade: _____

Required Documentation

For Proficiency in Languages other than English: Copy of proficiency certification indicating applicant is fluent in all aspects of language (reading, writing, listening and speaking) from college/university professor on college/university letterhead; or certification of proficiency from an accredited foreign language proficiency test center such as the American Council on the Teaching of Foreign Languages (ACTFL) or Seal of Billiteracy.

For Advanced Level Coursework in languages other than English: Official transcript from a U.S. regionally accredited college or university, or equivalent, verifying successful completion of two (2) semesters study in the *same* foreign language or successful completion of one level 2 or higher foreign language; or an Advanced Placement (AP) Transcript showing a Foreign Language with a score of 5; or an Official College Level Examination Program (CLEP) transcript showing completion of a Level II foreign language course with a scaled score of 50 or higher.

☐ **Licensed or Certificated Worker Verification**

This verifies that I, _____, hold a current and valid: ☐ License and/or ☐ Certificate.
(Name of Applicant)

Required Documentation

- ☐ **For licensed healthcare worker credit:** A printout from the federal or state verification website for your current license with your license number, status, date of issue, and expiration.
- ☐ **For certificated healthcare worker credit:** A printout from the federal or state verification website for your current certificate with your certificate number, status, date of issue, and expiration.

This form is OPTIONAL and does not need to be submitted as part of your application packet if it is not applicable.

To receive credit for any category below, you will need to fill in the applicable information and to submit the respective required documentation.

☐ **Work or Volunteer Verification**

- ☐ Employee: Healthcare experience Full time (≥ 35 hrs./week) employment for at least 1 year, and direct human care/contact within the past 3 years.
- ☐ Employee: Healthcare experience Part time work (≤ 35 hrs./week) for at least 1 year in direct human care/contact within the last 3 years. Or Full-time work (≥ 35 hrs./week) for less than 1 year but at least 3 months in direct human care contact within the last 3 years.
- ☐ Employee: Part-time work (≤ 35 hrs. /week) for less than 1 year but at least 3 months in direct human care contact within the last 3 years OR working in non-direct human care or volunteering for at least 1-year within the last 3 years.
- ☐ Working in non-direct human care or volunteering for less than 1 year but at least 3 months withing the last 3 years.

Required Documentation

For Work Experience with Direct Human Care/Contact: The letter must be on organization letterhead with an original signature and include the applicant's name (must match name on application), start date and end date (if applicable), employment status (full-time/part-time), number of hours worked per week (or total hours worked from/to date), job title, department (if applicable), and examples of duties including patient interaction.

For Work Experience with Non-Direct Human Care/Contact: The letter must be on organization letterhead with an original signature and include the applicant's name (must match name on application), start date and end date (if applicable), employment status (full-time/part-time), number of hours worked per week (or total hours worked from/to date), job title, department (if applicable), and examples of duties.

For Volunteer Experience with Direct Human Care/Contact: The letter must be on organization letterhead with an original signature and include the applicant's name (must match name on application), start date and end date (if applicable), total number of hours volunteered, and examples of duties including patient interaction.

☐ **Life Experience or Special Circumstance Type Verification**

- ☐ 6A – Disabilities (Same meaning used in Section 2626 of the Unemployment Insurance Code)
- ☐ 6B – Low Family Income
- ☐ 6C – First Generation to Attend College
- ☐ 6D – Need to Work (need to work means a student is working at least part-time while completing academic work that is a prerequisite for the ADN program)
- ☐ 6E – Disadvantaged Social or Educational Environment
- ☐ 6F – Refugee Status
- ☐ 6G – Veteran Status/Veteran's spouse

Required Documentation

6A: Documented disability from College Learning Disability Program or Partners in Access to College Education (PACE)

6B: Proof of eligibility or receipt of financial aid **for the current or upcoming academic year** under a program that may include, but not limited to, a fee waiver from California's Promise Grant, the Cal Grant Program, the Federal Pell Grant Program or CalWORKS

6C: Attach and sign a letter which supports and explains your situation or circumstances

6D: Paycheck stub during period of time enrolled in prerequisite courses or letter from employer (must be on organization Letterhead and signed) verifying employment was at least part-time while completing prerequisite courses

6E: Documented proof of current participation in Extended Opportunity Programs and Services (EOPS)

6F: Documentation or letter from United States Citizenship & Immigration Services (USCIS)

6G: Copy of DD-214 showing active military service, (including Full-time National Guard) and discharge under conditions other than dishonorable. An eligible spouse would include the widow/er of a veteran who meets this criterion.