APPLICATION INFORMATION & INSTRUCTIONS

- **APPLICATION PERIOD:** September 15 – February 15

- **COLLEGE ADDRESS:** Howard Community College  
  Attn: Nursing & Allied Health  
  Office of Admissions and Advising, RCF-Room 242  
  10901 Little Patuxent Parkway  
  Columbia, MD 21044

- **QUESTIONS?**  
  Telephone: 443-518-4230  
  Email: alliedhealth@howardcc.edu  
  Fax: 443-518-4589  
  Admissions Webpage: www.howardcc.edu/rnadmissions

- **ADMISSIONS REQUIREMENTS:** Supplemental applications, along with additional admissions requirements, may be submitted in person at the Office of Admissions & Advising (RCF-242), emailed, faxed or mailed to the address listed above.

  1. Submit the **HCC General Admissions Application** ($25 fee) with Traditional Nursing (#08A) declared as area of study *(Only if not a current HCC student)*
  2. Submit the **Traditional Nursing Program Supplemental Application**
  3. Submit the one-time $25 application fee; checks and money orders should be made payable to HCC *(The $25 fee is waived for active military, active military spouses and veterans)*
  4. Submit two documents for proof of residency *(Howard County residents only – see chart below)*
  5. Submit official academic transcripts from each college/university for prior learning credit *(if applicable)*
  6. Submit the **Transcript Evaluation Request Form** for prior learning credit *(if applicable)*
  7. Complete the HESI Clinical Nursing Admissions Assessment (A2) with overall composite score of 70 or higher
  8. All math and science courses must be completed with a grade of ‘C’ or higher, however, an ‘A’ or a ‘B’ is required in at least one science course
  9. Have an overall HCC GPA of 2.0 or higher

- **PROOF OF RESIDENCY:** Applicants who reside in Howard County for a minimum of 90 days prior to the application deadline will be given priority in the selection process. Howard County applicants must submit one of the following documents from each of the lists below for a total of two. The College reserves the right to request additional information and documentation as necessary.

<table>
<thead>
<tr>
<th>Select One From This List:</th>
<th>Select One From This List:*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Valid Maryland driver’s license</td>
<td>• Utility bill: gas, electric, phone, cable, water</td>
</tr>
<tr>
<td>• MVA issued change of address card</td>
<td>• Howard county tax bill</td>
</tr>
<tr>
<td>• Valid state issued ID</td>
<td>• Statement from bank, credit card or insurance company</td>
</tr>
<tr>
<td>• Voter’s registration card</td>
<td>• Pay stub with current address</td>
</tr>
<tr>
<td>• Rental agreement/deed/lease</td>
<td>*Must be dated within three months of submitting application</td>
</tr>
</tbody>
</table>

- **CORRESPONDENCE:** All correspondence will be sent to your HCC email account. Please check this account on a regular basis as it will be the official form of communication, including receipt of application, notification of missing documents and admissions decision. Applicants who need assistance accessing their HCC email account should contact the Help Desk at 443-518-4444.

- **INTERNATIONAL (F1) STUDENTS:** Clinical courses cannot be guaranteed, therefore, international (F1) students may **not** enroll in the Traditional Nursing area of study.

- **PRIOR LEARNING CREDIT:** If you expect to transfer credit, all academic coursework taken outside of HCC from an accredited college/university should be evaluated by submitting official transcripts in sealed envelopes from each institution along with a **Transcript Evaluation Request Form** *(available in the Office of Admissions & Advising or at www.howardcc.edu/transcriptevaluation)*. Academic coursework completed outside of the United States must first be evaluated, course-by-course, for transfer by a nationally accredited transcript evaluation service accepted by HCC (list available in the Office of Admissions & Advising) and then sent to Howard Community College, Office of Admissions & Advising.
ADMISSION SELECTION:

First Lottery: Applicants who have completed all prerequisite courses, have met both the math and science grade requirements, have met the minimum GPA and have passed the **HESI Clinical Nursing Admissions Assessment (A2)** (overall composite score of 70 or higher) by February 15 will be eligible for the first lottery. Priority will be given to applicants who have completed first semester co-requisites (fourth science course and PSYC-101). Applicants will receive notification by March 31.

Second Lottery: Applicants who have completed all prerequisite courses, have met both the math and science grade requirements, have met the minimum GPA and have passed the **HESI Clinical Nursing Admissions Assessment (A2)** (overall composite score of 70 or higher) by May 15 will be eligible for the second lottery. Priority will be given to applicants who have completed first semester co-requisites (fourth science course and PSYC-101). Applicants will receive notification by June 30.

NON-REFUNDABLE $300 DEPOSIT: If admitted, a non-refundable $300 deposit will be required from accepted students to hold their seat in the class and will be applied to their Fall 2020 tuition. Once students have been admitted and have paid their deposit, all other active nursing and allied health applications will be withdrawn.

REQUIRED DOCUMENTATION FOR ADMITTED STUDENTS ONLY: In order to ensure the safety of patients in the clinical setting, newly admitted students to the clinical nursing program will be required to attend a **mandatory New Nursing Student Orientation**. During the orientation, the clinical coordinators will discuss and give a time-sensitive deadline for required **Health Forms**, including immunization and titer certifications, **Healthcare Provider CPR Certification**, **Criminal Background Check and Drug Screening** to be obtained. Students who do not comply with the drug screening and criminal background check are ineligible for placement in clinical agencies and therefore are not able to progress in the clinical nursing/allied health program. Students with a criminal background may be unable to progress in the clinical nursing/allied health program. It is the students’ responsibility to know whether they are eligible for licensure. If students have a criminal background, it is the students’ responsibility to explore whether the background will prohibit them from being licensed and employed in the health care industry. HCC faculty and staff are NOT able to provide legal advice. If you have any questions about your existing criminal background, you may wish to discuss this with legal counsel.

Applications must be completed in their entirety. Incomplete applications will not be considered.
**APPLICANT INFORMATION—PRINT NEATLY AND COMPLETE FORM IN ITS ENTIRETY**

Choose One Option: Day Option _____ Evening/Weekend Option _____

HCC Student ID Number: ____________________________ HCC Email: ____________________________

Applicant’s Full Name: __________________________________________________________________________ first middle last

Address: __________________________________________________________________________________________ street address ______ city ______ state ______ zip code ______ County ______

Telephone: ____________________________ Howard County Resident: □ Yes □ No

Are you a U.S. Citizen? □ Yes □ No If no, please indicate Immigration/Visa Status: ____________________________

Are you a Veteran or Active Duty United States Military? □ Veteran □ Active Duty □ Active Military Spouse
If active military or an active military spouse, please provide a copy of your PCS order. If a veteran, provide a copy of your DD214.

Were you enrolled in the HCPSS ARL? □ Yes □ No If yes, please indicate the program: ____________________________

Please indicate if you have a prior degree: □ Associate □ Bachelor □ Masters □ Doctorate □ Medical Doctor

### REQUIRED COURSEWORK

**PREREQUISITE COURSES**

<table>
<thead>
<tr>
<th>Course</th>
<th>List College or University Where Course Was Completed/Will Be Completed</th>
<th>Year Completed/Will Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICROBIOLOGY (Biol-107 or Biol-200)</td>
<td>4 credits with lab (completed with a ‘C’ or higher)</td>
<td>[10 year time limit]</td>
</tr>
<tr>
<td>ANATOMY &amp; PHYSIOLOGY I (BIOL-203)</td>
<td>4 credits with lab (completed with a ‘C’ or higher)</td>
<td>[5 year time limit]</td>
</tr>
<tr>
<td>CHEMISTRY (CHEM-101 or CHEM-103)</td>
<td>4 credits with lab (completed with a ‘C’ or higher)</td>
<td>[10 year time limit]</td>
</tr>
<tr>
<td>COLLEGE LEVEL MATH CORE</td>
<td>3-4 credits (completed with a ‘C’ or higher)</td>
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**THE FOLLOWING COURSES MAY BE TAKEN AS CO-REQUISITES. PREFERENCE IN THE ADMISSIONS LOTTERY IS GIVEN TO THOSE APPLICANTS WHO HAVE COMPLETED ANATOMY & PHYSIOLOGY II AND GENERAL PSYCHOLOGY.**

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>ANATOMY &amp; PHYSIOLOGY II (BIOL-204)</td>
<td>4 credits with lab (completed with a ‘C’ or higher)</td>
<td>[5 year time limit]</td>
</tr>
<tr>
<td>GENERAL PSYCHOLOGY (PSYC-101)</td>
<td>3 credits</td>
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</tr>
<tr>
<td>COLLEGE COMPOSITION I (ENGL-121)</td>
<td>3 credits (completed with a ‘C’ or higher)</td>
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<tr>
<td>INTRODUCTION TO HUMANITIES (HUMN-101)*</td>
<td>3 credits</td>
<td></td>
</tr>
<tr>
<td>LIFESPAN DEVELOPMENT (PSYC-200)</td>
<td>3 credits</td>
<td></td>
</tr>
<tr>
<td>INTRODUCTION TO SOCIOLOGY (SOCI-101)</td>
<td>3 credits</td>
<td></td>
</tr>
<tr>
<td>SPEECH CORE COURSE (SPCH-101, SPCH-105 or SPCH-110)*</td>
<td>3 credits</td>
<td></td>
</tr>
</tbody>
</table>

*General education core requirements vary depending on student's catalog year.
Carefully review and initial each item listed below and then please sign and date.

________ I understand that I may submit supplemental applications for admission to more than one of the nursing and allied health programs. However, once I submit a $300 deposit to hold my seat in a program, all other active nursing and allied health applications will be withdrawn. **Please Note: Students may not submit supplemental applications to both the Traditional RN and LPN Programs.**

________ If not already declared, I authorize the Office of Admissions and Advising to add Traditional Nursing (#08A) to my active area of study.

I understand that if admitted:

________ I will be required to submit a **non-refundable $300 deposit** along with my **Admission Acceptance Form** by the given deadline. The deposit will hold a seat in the class and be applied to my Fall 2020 tuition. If I do not submit the deposit and form by the given deadline, my admission may be revoked.

________ I will be required to abide by college policy as outlined in HCC’s Catalog, Student Handbook, including the Student Code of Conduct, and the Nursing Student Handbook.

________ I will be required to attend a mandatory **New Nursing Student Orientation** (date and time TBD). During the student orientation, the clinical coordinators will discuss and give a time sensitive deadline for required **Student Health Forms, including immunization and titer certifications, Healthcare Provider CPR Certification, Criminal Background Check and Drug Screening** to be obtained. These requirements must be submitted prior to enrollment in any clinical course in order to ensure the safety of patients in the clinical setting. Failure to submit these requirements by the stated deadline may result in my admission being revoked.

________ I will be assigned and expected to participate in off-site clinical experiences and will be responsible for my own transportation and parking fees. Sites may be located in or around the state of Maryland.

________ The Office of Admissions and Advising will register me for my clinical coursework each term.

________ Students who are not successful in their nursing courses and who do not progress in accordance with both the sequence and the timeframe as designated in the course catalog, will not be able to progress through the Nurse Education program. Readmission is based on seat availability and it is highly unlikely that a seat will be available for readmission. Please note that a student may be readmitted only once to the Nurse Education Program.

My signature confirms that the information I have provided on this application is truthful, that I have read all instructions carefully and that I agree with all stipulations as outlined in the application and admission process. In addition, I acknowledge that I have been given the opportunity to obtain the necessary information about the Traditional Nursing Program including the admissions requirements, academic standards and essential functions.

X ____________________________

**Applicant Signature**

Date

Howard Community College is committed to providing equal opportunity through its educational programs, admissions and the many services it offers to the community. It is the policy of the college to abide by all applicable requirements of state and federal law so that no person shall be discriminated against or otherwise harassed on the basis of race, religion, disability, color, gender, national origin, age, political opinion, sexual orientation, veteran status, genetic information or marital status.

*The college reserves the right to change unilaterally, without notification, any requirement, fee or program if it is deemed necessary.*