Aloha, Nursing Program Applicant!

Thank you for considering the Certificate of Achievement in Practical Nursing Program at Kapi'olani Community College as you pursue a career in the nursing field and begin the journey towards completing your nursing education.

Pre-Application Advisory:
The attached nursing application packet contains the “KCC Admissions Application/Checklist Form” and application instructions for the Practical Nursing (PRCN) Program in the Fall 2019 and Spring 2020.

To ensure that your application is completed properly, thus enabling the KCC Nursing Department to consider your application, please be sure to read and follow all of the instructions within the application packet. If an error is made by you or if an item is left blank by you within your application, the KCC Nursing Department will not be responsible for correcting the error such that your application may be deemed incomplete or may not be reviewed accordingly.

If you are not currently enrolled within the University of Hawai‘i (UH) System or if there is a semester break between your last semester of enrollment and your intended semester of enrollment for the nursing program, please be sure to also complete the online UH System Application Form. If you are currently enrolled within the UH System, you do not have to complete the UH System Application Form.

Starting in the Fall 2015 and every Fall semester thereafter, students accepted into the Practical Nursing Program will complete their nursing program at the KCC Nursing Department’s satellite site at Leeward Community College. Starting in Spring 2018 and every Spring semester thereafter, students accepted into the Practical Nursing Program in the Spring term will complete their nursing program at the KCC Nursing Department’s Diamond Head campus site.

Post-Application Advisory:
If you are applying to the nursing program in the Fall semester, the KCC Nursing Department will notify you of your application status by sending you a notification letter by early June. If you are applying to the nursing program in the Spring semester, the KCC Nursing Department will notify you of your application status by sending you a notification letter in mid October.

Program Advisories:
To enable the Nursing Department to make the required adjustments to the new nursing courses within the KCC Practical Nursing Program, the practical nursing courses offered in the Fall 2017 and Spring 2018 will be designated as experimental courses (see page 7 within the application); after which, pending approval by the college, the practical nursing courses will be converted to non-experimental (permanent) courses starting in the Fall 2018. Pending final approval by the Hawai‘i State Board of Nursing, nursing students entering the PRCN program in the Fall 2017 semester and thereafter and who successfully complete the PRCN program will be eligible to sit for the NCLEX-PN exam to obtain their practical nursing license in Hawai‘i.

Effective April 1, 2018 and pending approval by the college, nursing program applicants, who utilize a nurse aide course to fulfill the nurse aide requirement for the KCC Practical Nursing (PRCN) Program, must complete a Hawai‘i-state approved nurse aide course with a minimum of 135 hours of classroom lecture, lab and clinical practicum. PRCN applicants must complete the NURS 9 – Long Term Care Nurse Aide course offered by Kapi‘olani Community College or complete any equivalent nurse aide course offered at another institution. Nursing program applicants, who utilize the nurse aide work experience to fulfill the nurse aide requirement for the KCC PRCN Program, must provide proof of a minimum of two hundred (200) hours of nurse aide work experience and completion of any Hawai‘i state-approved nurse aide course.

Application Assistance:
If you have questions regarding the completion of the nursing application, please visit with a Nursing Department Counselor/Advisor during the walk-in advising period on Tuesdays at 9:00 a.m. to 12:00 p.m. and on Wednesdays at 1:00 p.m. to 4:00 p.m. in the Kōpiko Building, Room 201.

Additional information on the KCC Certificate of Achievement in Practical Nursing Program is provided within the KCC website at http://www.kapiolani.hawaii.edu/academics/programs-of-study/practical-nursing-prcn-program/
Aloha, Nursing Program Applicant!

Thank you for considering the Certificate of Achievement in Practical Nursing Program at Kapi‘olani Community College (KCC) as you pursue a career in the nursing field and begin the journey towards completing your nursing education.

Academic Transcript Process:

If you’ve completed any of the PRCN prerequisite and co-requisite courses through coursework completed outside of the University of Hawai‘i (UH) System, please be sure to complete the procedures below as part of your application to the PRCN program.

For college coursework completed outside of the UH System, please have official academic transcripts sent from your previous college(s) to the KCC Kekaulike Center by the application deadline. In addition, please attach a student copy of all your college coursework (i.e., academic transcripts) to your PRCN application. This will enable the KCC Nursing Department to expedite the review of your application.

ATI-TEAS Exam Process:

Please attach a student copy of your ATI-TEAS Individual Performance Profile report to your nursing application regardless of whether or not you completed the ATI-TEAS exam at KCC or another institution/agency. This will enable the Nursing Department to expedite the review of your application.

If you did not complete the ATI-TEAS exam at Kapi‘olani Community College, and for verification of your ATI-TEAS exam adjusted individual total score (or scaled score), please contact ATI to have an official ATI-TEAS Individual Performance Profile Report sent directly from ATI to the KCC Nursing Department by the application deadline.

MyPlan for the Nursing Program

On a separate sheet of paper, please describe how you will prepare for the nursing program by addressing each item below. At the top of the document, please use the title “MyPlan for the Nursing Program” and indicate your name. The MyPlan document should address how you will ensure the following:

• Approximately 25-30 hours of study time per week;
• Financial resources to pay for tuition/fees and books each semester;
• Reliable transportation in preparation for your clinical practicum;
• Reliable child care to adhere to program schedule;
• Reliable computer access and proficient computer skills;
• Able to take care of your health to complete program requirements;
• Able to balance commitments to school, family and work.

Application Advisory: The MyPlan essay will not be scored or used to rank applicants, but will be used for informational purposes to determine the applicant’s readiness for the rigors of the nursing program. There is no minimum or maximum words for the essay as each applicant may determine the length and quality of his/her essay. Please attach your MyPlan essay to your application.

Application Notification Requirement (via U.S. Postal Service): In order for your notification letter to be sent to you by mail, you must attach a self-addressed, stamped envelope with your nursing program application. The envelope (measuring 9 ½ inches by 4 inches) should have your current mailing address with the appropriate postage (e.g., USPS “Forever” stamp) on the envelope.

On the envelope, the mailing address should be typed or handwritten with legible print. The Nursing Department will not be responsible for notification letters that are delayed or not mailed accordingly by the U.S. Postal Service due to incorrect or illegible mailing addresses as printed on the envelope.

Application Assistance: Please be sure to complete the above application instructions. If the instructions are not completed, your application may be deemed incomplete or may not be reviewed accordingly. If you have questions regarding the completion of the nursing application, please visit with a Nursing Department Counselor/Advisor during the walk-in advising period on Tuesdays at 9:00 a.m. to 12:00 p.m. and on Wednesdays at 1:00 p.m. to 4:00 p.m. in the Kōpiko Building, Room 201. For additional questions, please contact the Nursing Department at (808) 734-9305 or kapnurs@hawaii.edu.

4303 Diamond Head Road, Kopiko 210
Honolulu, Hawai‘i 96816-4421
Telephone: (808)734-9305
Facsimile: (808)734-9147
Website: www.kcc.hawaii.edu
An Equal Opportunity/Affirmative Action Institution

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UNIVERSITY OF HAWAI‘I • KAPI‘OLANI COMMUNITY COLLEGE
4303 Diamond Head Road, Honolulu, HI  96816        http://www.kcc.hawaii.edu

Practical Nursing Program (CA-PRCN)
ADMISSIONS APPLICATION/CHECK LIST
Fall 2019 Application Period: April 1, 2019 – May 15, 2019
Spring 2020 Application Period: August 1, 2019 – September 15, 2019

Pick Up and Submit Applications at:
KCC Nursing Department
Kōpiko Building, Room 201
4303 Diamond Head Road
Honolulu, HI  96816

Application Advisory: Applications may be hand-delivered or mailed in to
the KCC Nursing Dept. Application will not be accepted via fax or e-mail.

For More Information:
KCC Nursing Department
Tel: (808) 734-9305;
E-Mail: kapnurs@hawaii.edu

Directions: Please complete each item carefully and submit this Admissions Application/Check List (pages 1-2) and all required
documents to the KCC Nursing Department by the application deadline. Additional information on the application and acceptance
process is provided on the attached pages 3-8. If pages 1-2 of the application are not completed in its entirety, the application will
be deemed incomplete and will NOT be processed or considered by the Nursing Department.

APPLICANT INFORMATION  Indicate Application Term (and Year): □ Fall ______  □ Spring ______

Name: ____________________________________________ UH ID# or Username: ______________________
(Last Name, First Name and M.I.)

Mailing
Address: __________________________________________
(Street Address) (City) (State) (Zip Code)

Phone: Home: __________________________ Cell: __________________________ Work: __________________________

Email Address: __________________________________________

List other name(s) used on documents: __________________________________________________________
(Notify the KCC Kekaulike Information & Service Center regarding other names used on college documents.)

Current Home Institution Designation for Continuing Students: If you are currently attending an institution within the University
of Hawai‘i System, please indicate your current home institution. (Choose Only One)
□ Kapi‘olani CC  □ Hawai‘i CC □ Leeward CC □ Windward CC □ UH-West O‘ahu
□ Honolulu CC □ Kaua‘i CC □ Maui CC □ UH-Hilo □ UH-Mānoa

New Home Institution Designation for All Applicants: (Choose Only One)
□ I request that my major and home institution be changed to Kapi‘olani Community College ONLY if I am accepted to the Practical
Nursing program.
□ I request that my home institution be changed to Kapi‘olani Community College and my major be _____________________,
if I am NOT accepted to the Practical Nursing program. (All health sciences and nursing programs are selective admissions
programs. If a health science or nursing program is listed above, your major will be unclassified.)

APPLICANT CERTIFICATION: I certify that the answers and responses provided for all of the items on this Admissions
Application/Check List (on pages 1 and 2) are true to the best of my knowledge and belief. I understand that providing incorrect or
false information will subject me to the requirements and/or discipline measures as provided under the University’s Student Conduct
Code. I understand that if I am not accepted into the program of application, I must submit a new application and all required
documents for any subsequent semester. I also allow KISC to change my major and home institution if I am not accepted into the
Practical Nursing program. I have read and agree to abide by the application policies within pages 3-6.

Date: __________________________ Signature: __________________________

For Office Use Only (Application Attachments):
□ ATI Profile Report  □ STAR Report  □ MyPlan □ SASE
□ Academic transcripts: ____________________________________________
□ Nurse Aide work experience/training verification
□ Medical terminology course verification
□ Other: ____________________________________________

Date Stamp Here

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APPLICANT NAME: ___________________________  UH ID# or Username: ________________

(Last Name, First Name and M.I.)

1. UH SYSTEM APPLICATION FORM for New, Returning & Transfer Student.  Completion Date: _______________________

2. ATI Test of Essential Academic Skills (ATI-TEAS) Exam Score (to be verified by the KCC Nursing Department)
   Exam Date: __________  Exam Adjusted Indiv. Total Score (or equivalent scaled score): __________  Exam Site: __________
   (Note: Please attach a copy of your ATI-TEAS Individual Performance Profile form to verify your score.)

3. PREREQUISITE and CO-REQUISITE COURSES: To affirm that you’ve completed the prerequisite and/or co-requisite courses, please complete the chart below indicating the courses that you completed within and/or outside of the UH System.

<table>
<thead>
<tr>
<th>Time Limit</th>
<th>PREREQUISITE Courses</th>
<th>Course Credits</th>
<th>Course Grade</th>
<th>Equivalent Course (if applicable)</th>
<th>Where Completed (i.e., School Name)</th>
<th>When Completed Term</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td>ENG 100</td>
<td></td>
<td></td>
<td></td>
<td>O Fall O Spring O Summer</td>
<td></td>
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<tr>
<td>none</td>
<td>FAMR 230</td>
<td></td>
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<tr>
<td>none</td>
<td>MATH 100 or higher</td>
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<td>O Fall O Spring O Summer</td>
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<tr>
<td>5 yrs</td>
<td>PHYL 141</td>
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<td></td>
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<td>O Fall O Spring O Summer</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Time Limit</th>
<th>CO-REQUISITE Courses</th>
<th>Course Credits</th>
<th>Course Grade</th>
<th>Equivalent Course (if applicable)</th>
<th>Where Completed (i.e., School Name)</th>
<th>When Completed Term</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 yrs</td>
<td>PHYL 142</td>
<td></td>
<td></td>
<td></td>
<td>O Fall O Spring O Summer</td>
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</tr>
<tr>
<td>5 yrs</td>
<td>PHRM 110 or higher</td>
<td></td>
<td></td>
<td></td>
<td>O Fall O Spring O Summer</td>
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<td></td>
</tr>
</tbody>
</table>

4. ACADEMIC TRANSCRIPTS: For applicants who have completed courses within the UH System, please attach a copy of your STAR academic transcripts. For applicants who have completed courses outside of the UH System, please attach a copy of your transcripts to verify course completion. After completing the chart above, please highlight all courses listed above within your academic transcripts using a yellow highlighting pen. (See page 3 for instructions.)

5. COLLEGE TRANSCRIPTS for courses completed outside of the University of Hawai’i System: Official transcript(s) must be sent to the KCC Kaulike Center by the application deadline. Using the space below, indicate prior institution(s) attended outside of the UH System and when transcripts were requested.
   - Institution(s): _____________________________________________  Transcript Request Date: ___________

6. VERIFICATION OF NURSE AIDE COURSE COMPLETION AND/OR NURSE AIDE WORK EXPERIENCE
   (See page 4 for additional instructions)

A) Completion of a State-Approved Nurse Aide Course (Credit or Non-Credit)
   - Course Title: ____________________________________________
   - Course Completion Date: ________________________________ (e.g., Fall 2018)
   - Institution Name (where course completed):

   (Note: Please attach a copy of certificate or academic transcripts confirming your completion of the above course, if the course was offered outside of the University of Hawai’i System. Letter from the institution may substitute for the certificate or transcript.)

B) Letter from employer (on company letterhead) verifying nurse aide work experience with a minimum of two hundred (200) hours of work experience completed within the past three years.  Note: The letter may be attached to this application or submitted to the KCC Nursing Department in the Kōpiko Building, Room 201, 4303 Diamond Head Road, Honolulu, HI 96816.

7. VERIFICATION OF MEDICAL TERMINOLOGY (Credit or Non-credit; 15-hours minimum) (*)
   - Course Title: ____________________________________________
   - Course Date: ____________________________________________ (e.g., Fall 2018)
   - Institution: ____________________________________________

   (*) Please attach a copy of certificate or academic transcripts confirming your completion of the above medical terminology course, if the course was offered outside of the UH System. If the course was offered as a non-credit course within the UH System, please attach a copy of the course completion certificate to your application. (See page 4 for additional instructions.)

8. MY PLAN FOR THE NURSING PROGRAM: After completing the MyPlan essay, please attach your essay to your application.  See page 4 for additional instructions.

For Nursing Department Use Only:
- □ No ATI Exam Score  □ KCC Cum.GPR <2.0 (_____ )  □ Did Not Complete Prerequisites: ____________________________  
- □ ATI Exam Score <65%  □ No College Transcripts  □ Prerequisite Courses Expired  □ No Med Term Course  □ NA WorkExp/Trng (Y / N)  
- □ ATI Exam Score Expired  □ No highlighted STAR Transcript □ Tuition Status: Res./Non-Res.  □ Gender: M / F  □ Qualified/Not Qualified
EXPLANATION FOR ADMISSIONS CHECK LIST (page 2)–Practical Nursing Program (CA-PRCN)

Item 1 University of Hawai‘i System Application Form (UH SAF)
If you are new, transferring or returning to Kapi‘olani Community College, you must complete the UH System Application Form. Indicate your major as: Practical Nursing – Certif. of Achievement.

NOTE: Students withdrawing from Kapi‘olani Community College on or after the first day of instruction of the Fall semester may reapply for the program as a continuing student for Spring by indicating on the withdrawal form that they intend to reapply. They may also register for non-nursing courses as a continuing student. Students who do not indicate their intent to return or who withdraw in the Spring semester will be required to apply for readmission by submitting the UH SAF to the KCC Kekaulike Center by the required application deadline. Students who apply for entry and do not enroll (in non-nursing courses) in the previous semester (i.e. taking a break for one semester) will be required to submit the UH SAF to the Kekaulike Center by the required deadline. All students who withdraw from college are subject to the program requirements in effect at the time of re-entry.

Item 2 Assessment Technology Institute – Test of Essential Academic Skills (ATI-TEAS) Exam Score
a. An official copy of your ATI-TEAS exam adjusted individual total score (or equivalent scaled score) must be filed with the KCC Nursing Department by the application deadline. If the ATI-TEAS is completed outside of KCC, you must contact ATI to have ATI send an official report to KCC.) In the interim, please attach a copy of your ATI-TEAS Individual Performance Profile report with your nursing application.
b. The minimum acceptable percentile score is 65 (or equivalent scaled score) and the score remains current for 3 years. Applicants may retake the exam every three (3) months. Effective October 1, 2013, an adjusted individual total score of 60% or higher (or equivalent scaled score or higher) will be considered for admission as part of a pilot study to be conducted by the KCC Nursing Department.

Item 3 Prerequisite and Co-requisite Courses
Completion of Prerequisite Courses:
a. All prerequisite courses must be completed by the deadline of that application period.
b. Submit official transcripts from outside of the University of Hawai‘i System to the KCC Kekaulike Center by the application deadline. Courses that have already been evaluated and transferred into the UH System may be verified via the UH System Transfer Database: http://www.hawaii.edu/transferdatabase/
c. All courses must be completed with a grade of “C” or higher

d. Physiology (formerly Zoology) and pharmacology courses must be current within the last 5 years. No time limit is applied for all other non-science courses.
e. Courses must be taken on an “A-F” grade basis except for credit-by-examination for which a “CR may be accepted. Pass/Fail is accepted only if the institution uses Pass/Fail exclusively for their grading system. Courses with no letter grade will be assigned a “C” grade for admissions and ranking purposes, depending on the institution’s grading system which describes the grade equivalent for pass/fail.
f. Students with less than a 2.5 cumulative grade point ratio (GPR) for pre-requisite courses and co-requisite courses are not considered for admission.

Completion of Co-requisite/Support Courses:
Co-requisite/support courses may be completed before applying to the program or after being accepted into the PRCN program. The same policies as referenced above in Item 3 b-f (for prerequisite courses) will apply to the co-requisite/support courses.

Item 4 STAR Academic Transcript:
To access and print out your STAR academic transcripts, please follow the steps below.
a. Access your MyUH Portal at https://myuhportal.hawaii.edu/cp/home/displaylogin (and enter your username and password);
b. Click to “STAR Degree Check/View Transcript” (located within the left-side column);
c. Click to “Transcript” Tab (located at the top);
d. When “Choosing Type of Transcript You Would Like,” select “All Campuses and Degree Levels” (from pull-down menu).
e. Click to “Combination Transcripts By Semester” located at the bottom of the page;
f. After accessing your STAR transcript, click the “Print” button (located next to the “PDF” button) to print out your transcript;
g. After downloading a hard copy of your STAR transcript, please use yellow highlighting pen to delineate PRCN prerequisite and co-requisite courses completed.
h. Previously evaluated transfer credits will be situated in the “Transfer Report” section (at the bottom of the STAR transcript).
i. If you are not able to print out your STAR academic transcript (after being out of the UH System for over a year), please contact the Nursing Department counselors for assistance with downloading a copy of your STAR academic transcripts.

Item 5 College Transcripts and Transfer Credit Evaluation

a. For required courses completed at a campus outside of the UH System, you must also have official transcripts sent directly to the KCC Kekaulike Center by the application deadline; after which, if you are accepted into the nursing program, you must submit a Transcript Evaluation Request form to the Kekaulike Center in order to have these courses formally evaluated. To be considered for transfer, a course description must accompany each course taken outside of the UH system.
b. For required courses completed outside the UH System and which were evaluated by UH System schools (other than Kapi‘olani Community College), these courses will also need to be evaluated by the Kekaulike Center.
c. For required courses completed at a campus within the UH System, you do not have to have transcripts sent to the KISC nor will you need to complete a Transcript Evaluation Request Form, since course credits completed within the UH System will automatically be evaluated and transferred accordingly.
d. The transcript evaluation process is required after acceptance into the KCC PRCN Program, but is not required as part of the application to the KCC PRCN Program.

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Item 6  Completion of Nurse Aide Course and/or Nurse Aide Work Experience  

a. If using a Nurse Aide course to fulfill the nurse aide requirement, the nurse aide course must be a Hawai’i state-approved course with a minimum of 135 hours of training and must be completed within the past three years of application with verification provided via a copy of a course completion certificate or academic transcripts or letter from the institution, if the course was offered outside of the UH System. Please complete Item 6.A. on page 2 within the application form. 

b. If using the Nurse Aide work experience to fulfill the nurse aide requirement, the nurse aide work experience must include a minimum of two hundred (200) hours of work experience completed within a state Department of Health/Medicare-approved facility within the past three years of application after completing a formal nurse aide course. The nurse aide work experience must be verified via a letter from employer (on company letterhead). The letter must be attached to the application or mailed directly to the KCC Nursing Department. If using the Nurse Aide work experience to fulfill the nurse aide requirement, there is no time limit for when the nurse aide course was completed, but please provide a copy of a course completion certificate or academic transcript or letter from the institution, if the course was offered outside of the UH System. Please complete Items 6.A and 6.B on page 2 within the application form.

Item 7  Completion of Medical Terminology Course  

Medical terminology course must include fifteen (15) hours of training and be verified via a copy of a course completion certificate or academic transcript or letter from the institution, if the course was offered outside of the University of Hawai’i System. Medical terminology course requirement must be verified via a copy of a course completion certificate or letter from the institution, if the course was offered as a non-credit course within the University of Hawai’i System.

Item 8  MyPlan for the Nursing Program:  

On a separate sheet of paper, please describe how you will prepare for the rigors of the nursing program. At the top of the document, please use the title “MyPlan for the Nursing Program” and indicate your name. The MyPlan document should address how you will ensure the following: 25-30 hours of study per week; financial resources to pay for tuition/fees/books; reliable transportation for clinical practicum; reliable child care; reliable computer access and proficient computer skills; ability to take care of health to complete program requirements; and ability to balance commitments to school, family and work.

Application Advisory: The MyPlan essay will not be scored or used to rank applicants, but will be used for informational purposes to determine the applicant’s readiness for the rigors of the nursing program. There is no minimum or maximum words for the essay as each applicant may determine the length and quality of his/her essay. Please attach your MyPlan essay to your application.

EXPLANATION FOR ACCEPTANCE – Practical Nursing Program (CA-PRCN)  

A. Minimum Requirements for Acceptance  

1. All of the pre-requisite and co-requisite courses must be completed with a “C” grade or higher within the time limitations.
2. A cumulative grade point ratio (GPR) of 2.5 for pre-requisite and co-requisite courses taken is required. Note: GPR’s are not rounded.
3. Completion of other admissions requirements (i.e., nurse aide and medical terminology) with a passing grade of “C” or higher.
4. Students with a GPR of less than 2.0 at Kapi‘olani Community College cannot apply for any of the nursing programs until they have a cumulative GPR of 2.0 or higher at Kapi‘olani Community College.
5. The ATI-Test of Essential Academic Skills exam must have an adjusted individual total score of 65 or higher (or equivalent scaled score or higher) and be taken within the last 3 years. Effective October 1, 2013, an adjusted individual total score of 60% or higher (or equivalent scaled score or higher) will be considered for admission as part of a pilot study to be conducted by the KCC Nursing Dept.
6. All courses transferred to Kapi‘olani Community College that have a credit/no credit or pass/fail will be given a grade of “C” for ranking purposes when applying to the nursing program.

B. Acceptance Criteria  

1. All applicants who have met the minimum requirements are considered for acceptance on a best qualified basis. Applicants are ranked on a point scale based on the following criteria:
   a. ATI-Test of Essential Academic Skills (ATI-TEAS) exam adjusted individual total score (or equivalent scaled score);
   b. Grade point ratio (GPR) for completed pre-requisite and co-requisite support courses;
   c. Co-requisite/support courses completed by application deadline.
2. Applicants are notified of their application status by mail.

C. Post-Acceptance Requirements  

1. Health Requirements for Accepted Students: Accepted students will be required to complete a series of health-related requirements and forms as part of their enrollment in the nursing program. More information may be found within the “Nursing Health Requirements” webpage on the KCC website. The health requirements include:
   a. Current certificate for CPR for Health Care Providers
   b. Two-step tuberculosis clearance (card or physician’s report) within the past 12 months.
   c. Tetanus vaccination within the past 10 years.
   d. Positive Rubella titer blood test.
   e. Positive Measles titer blood test.
   f. Positive Varicella (chicken pox) titer blood test.
   g. Positive Mumps titer blood test.
   h. Positive Hepatitis B titer (HbsAb) with signed consent form or 3 Hepatitis immunizations with signed consent form.
   i. Physical examination completed by primary care provider confirming health status and ability to fulfill the technical standards for the nursing program (as described on page 6).
   j. Verification of personal health insurance.

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2. **Purchase of Medical Malpractice Liability Insurance**: Accepted students will purchase the KCC medical malpractice liability insurance when they register for their nursing courses and pay for their tuition and related fees.

3. **Criminal Background Check for Accepted Students**: Criminal background check and urine drug screening to be completed via or for the clinical facility. See “Health Care Student Notification” on page 5.

4. **Nurse Aide Skills Check Off**: Accepted students will be required to complete a nurse aide skills check off prior to starting the Practical Nursing Program. The nurse aide skills check off will be completed in July/August prior to starting in Fall; and in November/December prior to starting in Spring. The nurse aide skills listed below will be assessed for each accepted student.

   An accepted student must successfully complete each nurse aide skill before being able to start the practical nursing program.
   
   a. Handwashing;
   b. Proper use of restraints;
   c. Positioning;
   d. Transfer and Ambulation;
   e. Range of Motion;
   f. Personal Care Skills, i.e., bedmaking (occupied/unoccupied), oral care, bed bath & skin care (e.g., back rub);
   g. Vital Signs (TPR)
   h. Vital Signs (Blood Pressure)
   i. Incontinent Care
   j. Intake and Output (measure and record)
   k. Care of resident with tubes (foley catheter care)

   **Acceptance Status Relative to Nurse Aide Skills Check Off**: Accepted students who complete the KCC NURS 9 (nurse aide) course and have worked as a nurse aide in an acute/long term care facility for 200 hours or more will be waived from having to complete the nurse aide skills check off. Accepted students who complete an equivalent nurse aide course outside of KCC and regardless of their having nurse aide work experience will be offered a conditional acceptance to the KCC practical nursing program, whereupon they must successfully complete the nurse aide skills check off after which they will be formally admitted into the practical nursing program. Failure to complete the nurse aide skills check off will result in the rescission of acceptance to the practical nursing program.

**HEALTH CARE STUDENT NOTIFICATION**

Due to the complex nature of the health care industry, the University-affiliated health care facilities have implemented various rules, policies and procedures that must be met and adhered to by nursing students at Kapi‘olani Community College. As such, nursing students are required to complete University-prescribed requirements that involve clinical practice in a University-affiliated health care facility with no substitution allowed. In addition, it is the responsibility of the student to satisfactorily complete affiliated health care facility criminal background checks and drug testing requirements in accordance with procedures and time lines as prescribed by the affiliated health care facility. If a clinical facility does not give permission for a KCC nursing student to complete his/her clinical practicum in the facility, the nursing student will not be allowed to continue with their clinical assignment and the nursing course. Furthermore, the Nursing Department at Kapi‘olani Community College is not obligated to find an alternative clinical placement for the student. Failure of a student to complete the prescribed clinical practice shall be deemed as not satisfying academic program requirements, such that the student will be required to withdraw from the nursing program.

**KCC NURSING PROGRAM CAREER LADDER**

After completing the KCC Practical Nursing program and obtaining a practical nursing licensure, students will have an opportunity to apply to the KCC Associate in Science Degree/Transition for Licensed Practical Nurses Program (aka LPN-RN Transition Program) in order to pursue training and licensure as a registered nurse. After completing the Transition Program, students will have an opportunity to apply for and complete the NCLEX-RN exam via the Hawai‘i State Board of Nursing.

**SELECTION PROCESS**

Selection is made on a BEST QUALIFIED, FIRST ACCEPTED basis. Applicants with the highest scores will be admitted into the PRCN program. All qualified applicants will be ranked for admissions based on combined scores of the three areas below. In the event that several students achieve the same ranking, admission will be determined anonymously by random selection.

- ATI-TEAS Version 5.0 Exam adjusted individual total score (or equivalent scaled score);
- Grade point ratio (GPR) for prerequisite general education courses;
- Number of and grade point ratio (GPR) for co-requisite/support courses.

Applicants with a cumulative grade point ratio (GPR) below 2.0 (who are on probation/suspension at Kapi‘olani Community College) will not be considered for selection or admission to the program. Kapi‘olani Community College is a state-funded institution such that residents of the state of Hawai‘i receive selection priority before qualified non-residents (including non-resident, military exempt students). Applicants not accepted into the program must reapply and resubmit required information.

**ALTERNATE CHOICES AND MULTIPLE APPLICATION POLICIES**

The policies below apply to the nursing programs within Kapi‘olani Community College.

1. If you do not qualify or if you are not accepted into your first choice (nursing) program, and if you’ve applied for an alternate choice (nursing program), your application for your alternate choice (nursing program) will be processed accordingly.

2. Acceptance into another nursing program will be on a “first qualified, first accepted basis” (as with the Nurse Aide Program and Adult Residential Care Home Operator Program) or on a “best qualified, first accepted basis” (as with the ADN, LPN-RN Transition and Practical Nursing Program). If you are interested in another nursing program (as an alternate choice), your application to the alternate nursing program will be considered only until after your application for the initial nursing program is denied. Please contact the Nursing Department to obtain the application information for other nursing programs.

3. If you are accepted into and have started a nursing program at KCC, you must complete the first nursing program before entering a second nursing program at KCC. You will not be able to simultaneously withdraw from the first nursing program to enter a second nursing program at KCC.
In order to familiarize yourself with the physical requirements for students entering a nursing program at Kapi‘olani Community College, please review the “Technical Standards for the Department of Nursing Program” as referenced below.

Kapi‘olani Community College  
Technical Standards for the Department of Nursing Program

<table>
<thead>
<tr>
<th>Issue</th>
<th>Standard</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>hearing</td>
<td>Ability sufficient to monitor and assess health needs.</td>
<td>Converse with patients and health care professionals; auscultation of BP breath, heart and bowel sounds; respond to paging systems, bells, telephones, and equipment sounds.</td>
</tr>
<tr>
<td>mobility</td>
<td>Mobility and strength sufficient to support and move patients.</td>
<td>Support and transfer patients, move in and out of treatment areas.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reach equipment or parts of patient's body.</td>
</tr>
<tr>
<td>motor skills</td>
<td>Perform multiple motor tasks simultaneously. Ability to lift, move,</td>
<td>Maneuver and operate equipment, pushing/pulling/carrying, perform CPR.</td>
</tr>
<tr>
<td>(fine &amp; gross)</td>
<td>position, and transfer patients sufficient to provide safe and effective</td>
<td></td>
</tr>
<tr>
<td></td>
<td>nursing care.</td>
<td></td>
</tr>
<tr>
<td>tactile</td>
<td>Tactile ability sufficient for physical assessment.</td>
<td>Distinguish hot or cold skin temperature, pulse rate; feel anatomical landmarks.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Distinguish textures, degree of firmness, temperature differences.</td>
</tr>
<tr>
<td>visual</td>
<td>Ability sufficient for observation and assessment necessary in nursing</td>
<td>Describe patient's skin color, perform calibrations on syringes, administering medications, thermometers, reading and writing patient's charts/flow sheets/monitors; interpret regent tests, color of body fluids, changes in skin color.</td>
</tr>
<tr>
<td></td>
<td>care. Have peripheral form depth perception and ability to distinguish</td>
<td></td>
</tr>
<tr>
<td></td>
<td>shades of color.</td>
<td></td>
</tr>
</tbody>
</table>
**Fall Admission Sequence (†)**

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Code</th>
<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>NURS 101</td>
<td>Nursing Perspectives</td>
<td>1 cr.</td>
</tr>
<tr>
<td></td>
<td>NURS 111</td>
<td>Nursing Concepts</td>
<td>5 cr.</td>
</tr>
<tr>
<td></td>
<td>NURS 121</td>
<td>Medical Surgical Nursing</td>
<td>7 cr.</td>
</tr>
<tr>
<td></td>
<td>+ PHRM 110</td>
<td>Basic Clinical Pharmacology</td>
<td>2 cr.</td>
</tr>
<tr>
<td></td>
<td>+ PHYL 142</td>
<td>Human Anatomy and Physiology II</td>
<td>3 cr.</td>
</tr>
<tr>
<td>Spring</td>
<td>NURS 131</td>
<td>Mental Health Nursing</td>
<td>2 cr.</td>
</tr>
<tr>
<td></td>
<td>NURS 132</td>
<td>Maternal and Newborn Health</td>
<td>2 cr.</td>
</tr>
<tr>
<td></td>
<td>NURS 133</td>
<td>Child Health Nursing</td>
<td>3 cr.</td>
</tr>
<tr>
<td>Spr/Sum</td>
<td>NURS 141</td>
<td>Geriatric Nursing</td>
<td>8 cr.</td>
</tr>
</tbody>
</table>

**Spring Admission Sequence (†)**

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Code</th>
<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring</td>
<td>NURS 101</td>
<td>Nursing Perspectives</td>
<td>1 cr.</td>
</tr>
<tr>
<td></td>
<td>NURS 111</td>
<td>Fundamental Concepts</td>
<td>5 cr.</td>
</tr>
<tr>
<td></td>
<td>NURS 121</td>
<td>Medical Surgical Nursing</td>
<td>7 cr.</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>+ PHYL 142</td>
<td>Human Anatomy and Physiology II</td>
<td>3 cr.</td>
</tr>
<tr>
<td>Summer</td>
<td>NURS 131</td>
<td>Mental Health Nursing</td>
<td>2 cr.</td>
</tr>
<tr>
<td></td>
<td>NURS 132</td>
<td>Maternal and Newborn Health</td>
<td>2 cr.</td>
</tr>
<tr>
<td></td>
<td>NURS 133</td>
<td>Child Health Nursing</td>
<td>3 cr.</td>
</tr>
<tr>
<td>Fall</td>
<td>NURS 141</td>
<td>Geriatric Nursing</td>
<td>8 cr.</td>
</tr>
</tbody>
</table>

(†) Course sequence (by semester/term) is subject to change.

* Experimental course alpha/numeric.

+ SUPPORT COURSES (Non-Nursing courses) recommended for completion before entering the nursing program.
# Kapiʻolani Community College – Certificate of Achievement in Practical Nursing (CA-PRCN)

## APPROXIMATE PROGRAM COST FOR PRCN STUDENT (RESIDENT)

**Fall 2019 – Summer 2020**

<table>
<thead>
<tr>
<th>Semester (+)</th>
<th>Description</th>
<th>Nursing Only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall 2019</strong></td>
<td>Tuition ($131/credit) &amp; Fees</td>
<td>$1,739</td>
</tr>
<tr>
<td></td>
<td>Nursing Books</td>
<td>$550 (est.)</td>
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<tr>
<td></td>
<td>Liability Insurance</td>
<td>$15</td>
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<tr>
<td></td>
<td>Professional Fee</td>
<td>$300</td>
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<tr>
<td></td>
<td>ATI Testing</td>
<td>$657 (est.)</td>
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<tr>
<td></td>
<td>Health Insurance</td>
<td>$4,839 (est.)</td>
</tr>
<tr>
<td></td>
<td>Initial Health Costs</td>
<td>$334</td>
</tr>
<tr>
<td></td>
<td>Uniforms, shoes</td>
<td>$334 (est.)</td>
</tr>
<tr>
<td></td>
<td>Instruments</td>
<td>$241</td>
</tr>
<tr>
<td></td>
<td>Parking/Mileage</td>
<td>$255</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$9,264</td>
</tr>
</tbody>
</table>

| Spring 2020 | Tuition ($131/cr) & Fees | $941 |
|             | Nursing Books | $129 (est.) |
|             | Professional Fee | $300 |
|             | Parking/Mileage | $255 |
| **Total**   |             | $1,625 |

| Spring/Summer 2020 | Tuition ($131/credit) & Fees | $1,074 |
|                    | Nursing Books | $121 (est.) |
|                    | Professional Fee | $300 |
|                    | Parking/Mileage | $249 |
|                    | Graduation Cost | $149 |
| **Total**   |             | $1,893 |

| PN License | NCLEX-PN Exam | $223 |
|           | LPN License | $36 |
| **Total:** |             | $259 |

**TOTAL ESTIMATED COST(*)**

$13,041

(*) Subject to change based on tuition increase, textbook costs, additional supply purchases, mandatory health insurance cost, transportation expenses, health updates, etc. Cost may also be subject to change depending on which term the course will be offered.

(+): Students are admitted in Fall and Summer (depending on program entry)

The chart reflects PRCN program costs for accepted students and does not indicate cost to complete the prerequisite courses, co-requisite courses and the fee for the ATI-TEAS exam.