



## **Aloha, Nursing Program Applicant!**

Thank you for considering the **Certificate of Achievement in Practical Nursing Program** at **Kapi'olani Community College (KAPI'OLANI CC)** 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 **“KAPI'OLANI CC Admissions Application/Checklist Form”** and **application instructions** for the **Practical Nursing (PRCN) Program** in each **Fall Semester** and each **Spring Semester**.

To ensure that your application is completed properly, thus enabling the KAPI'OLANI CC 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 KAPI'OLANI CC 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 on-line **UH System Application Form**. If you are currently enrolled within the UH System, you do not have to complete the UH System Application Form.

**Nursing program applicants, who utilize a nurse aide course to fulfill the nurse aide requirement** for the Kapi'olani CC 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 100&100L (formerly known as 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 Kapi'olani CC 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.

Effective September 2020, and since the PHRM 110 – Introduction to Pharmacology course is no longer being offered by Kapi'olani Community College, pre-nursing students preparing to apply for the Kapi'olani CC PRCN Program **must complete PHYL 142 – Human Anatomy & Physiology II and PHRM 203 – General Pharmacology as prerequisite courses prior to applying to the PRCN program.**

**Effective April 1, 2023** a pilot study will be implemented to determine if a **5-year time limit waiver for science courses** (PHYL 141, PHYL 142, & PHRM 203) can be granted for applicants who have completed 200+ hours of work experience in the healthcare field with direct patient care at a medical facility (home health care not eligible) within the past 3-years of the application period.

### **Post-Application Advisory:**

If you are applying to the nursing program in the Fall semester, the Nursing Department will notify you of your application status by sending you a notification letter by **mid June**. If you are applying to the nursing program in the Spring semester, the Nursing Department will notify you of your application status by sending you a notification letter in **mid October**.

### **Program Advisory:**

Every Fall semester, **students accepted into the Practical Nursing Program will complete their nursing program at the Kapi'olani CC Nursing Department's off-campus instructional site at Leeward Community College.** Every Spring semester, students accepted into the Practical Nursing Program in the Spring term will complete their nursing program at the Kapi'olani CC Nursing Department's Diamond Head campus site.



## Aloha, Nursing Program Applicant!

Thank you for considering the **Certificate of Achievement in Practical Nursing Program** at **Kapi'olani Community College (KAPI'OLANI CC)** 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 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 Kapi'olani CC 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 Kapi'olani CC 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 Kapi'olani CC 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 Kapi'olani CC 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 contact the Nursing Department by phone at (808) 734-9305 or by e-mail at [kapnurs@hawaii.edu](mailto:kapnurs@hawaii.edu).

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

**Submit Applications (via USPS Mail) to:**

Kapi'olani CC Nursing Department  
Kōpiko Building, Room 201  
4303 Diamond Head Road  
Honolulu, HI 96816

**For More Information:**

Kapi'olani CC Nursing Department  
Tel: (808) 734-9305;  
E-Mail: [kapnurs@hawaii.edu](mailto:kapnurs@hawaii.edu)

Application Advisory: Applications must be **mailed in or hand-delivered** to the Kapi'olani CC Nursing Dept. Application will not be accepted via fax or e-mail.

Directions: Please complete each item carefully and submit this Admissions Application/Check List (pages 1-2) and all required documents to the Kapi'olani CC 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#: \_\_\_\_\_  
(Last Name, First Name and M.I.)

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

UH Email Address: \_\_\_\_\_

List other name(s) used on documents: \_\_\_\_\_  
(Notify the Kapi'olani CC Kekauike 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)**

- |  |                                     |                                     |                                      |  |
|--|-------------------------------------|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Kapi'olani CC | <input type="checkbox"/> Hawai'i CC | <input type="checkbox"/> Leeward CC | <input type="checkbox"/> Windward CC | <input type="checkbox"/> UH-West O'ahu |
| <input type="checkbox"/> Honolulu CC   | <input type="checkbox"/> Kaua'i CC  | <input type="checkbox"/> Maui CC    | <input type="checkbox"/> UH-Hilo     | <input type="checkbox"/> UH-Mānoa      |

**New Home Institution Designation for All Applicants:**

If accepted your home institution will be changed to Kapi'olani CC and your major will be changed to "CA-PRCN". IF not accepted your home institution and major will remain as it is when applied.

**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 Kapi'olani CC Kekauike Center 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):** | **Date Stamp Here**

- |   |                                      |                                 |                               |  |
|---|--------------------------------------|---------------------------------|-------------------------------|--|
| <input type="checkbox"/> ATI Profile Report                               | <input type="checkbox"/> STAR Report | <input type="checkbox"/> MyPlan | <input type="checkbox"/> SASE |  |
| <input type="checkbox"/> Academic transcripts: _____                      |                                      |                                 |                               |  |
| <input type="checkbox"/> Nurse Aide work experience/training verification |                                      |                                 |                               |  |
| <input type="checkbox"/> Medical terminology course verification          |                                      |                                 |                               |  |
| <input type="checkbox"/> Other: _____                                     |                                      |                                 |                               |  |

**ADMISSIONS/APPLICATION CHECKLIST for Practical Nursing Program (CA-PRCN) DATE:** \_\_\_\_\_**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 Kapi'olani CC Nursing Department)**Exam Date:** \_\_\_\_\_ **Exam Total Score:** \_\_\_\_\_ **Exam Site:** \_\_\_\_\_

(Note: Please attach a copy of your ATI-TEAS Individual Performance Profile form to verify your score (page 1 only).)

**3. PREREQUISITE COURSES:** To affirm that you've completed the prerequisite courses, please complete the chart below indicating the courses that you completed within and/or outside of the UH System.

Time Limit	PREREQUISITE Courses	Course Credits	Course Grade	Equivalent Course (if applicable)	Where Completed (i.e., School Name)	When Completed		
						Term		Year
none	ENG 100					O Fall	O Spring	O Summer
none	FAMR/HDFS 230					O Fall	O Spring	O Summer
none	MATH 100 or higher					O Fall	O Spring	O Summer
5 yrs	PHYL 141					O Fall	O Spring	O Summer
5 yrs	PHYL 142					O Fall	O Spring	O Summer
5 yrs	PHRM 110 or PHRM 203					O Fall	O Spring	O Summer

**4. \*\*PILOT STUDY: 5-Year Time Limit Waiver:** For applicants whose science course/s (PHYL 141, PHYL 142 & PHRM 203) have expired. If an applicant has completed 200+ hours of working experience in the healthcare field with direct patient care at a medical facility (home health care not eligible) within the past 3-years of the application period the time-limit may be waived. **Please attach a copy of your work verification from your employer/HR department.****5. 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.****6. ACADEMIC TRANSCRIPTS:** 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.)**7. COLLEGE TRANSCRIPTS for courses completed outside of the University of Hawai'i System:** Official transcript(s) must be sent to the KAPI'OLANI CC Kekaulike 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: \_\_\_\_\_

**8. 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) (3 year time limit)**

• Course Title: \_\_\_\_\_

• Course Completion Date: \_\_\_\_\_ (e.g., Fall 2019)

• 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 Kapi'olani CC Nursing Department in the Kōpiko Building, Room 201, 4303 Diamond Head Road, Honolulu, HI 96816. **Please reference the State of Hawai'i Office of Health Care Assurance website** for a list of accepted nurse aide sites, <https://health.hawaii.gov/ohca/medicare-facilities/skilled-nursingintermediate-care-facilities/>.**9. VERIFICATION OF MEDICAL TERMINOLOGY (Credit or Non-credit; 15-hours minimum) (\*)**

• Course Title: \_\_\_\_\_

• Course Date: \_\_\_\_\_ (e.g., Fall 2019)

• 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 a non-credit course, please attach a copy of the course completion certificate to your application. (See page 4 for additional instructions.)**10. 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    ☐ KAPI'OLANI CC Cum.GPR <2.0 (\_\_\_\_)    ☐ MyPlan    ☐ Did Not Complete Prerequisites: \_\_\_\_\_  
☐ ATI Exam Score <60%    ☐ No College Transcripts    ☐ Prerequisite Courses Expired    ☐ No Med Term Course    ☐ NA WorkExp/Trng (Y / N)  
☐ ATI Exam Score Expired    ☐ No Highlighted Transcript    ☐ Tuition Status: Res./ Non-Res.    ☐ **Qualified/ Not Qualified**

## **EXPLANATION FOR ADMISSIONS CHECKLIST (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 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 Kapi'olani CC Nursing Department by the application deadline.** If the ATI-TEAS is completed outside of Kapi'olani CC, **you must contact ATI to have ATI send an official report to Kapi'olani CC.)** 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 60% and the score remains current for 3 years. Applicants may retake the exam every three (3) months.

### **Item 3&4 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 Kapi'olani CC 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/transferrdatabase/>
- 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. **Per a pilot study starting Fall 2023 PRCN application period, April 1-May 15, 2023, a 5-Year Time Limit Waiver may be requested** for applicants whose science course/s (PHYL 141, PHYL 142 & PHRM 203) have expired within 5-years of the application periods. If an applicant has completed 200+ hours of working experience in the healthcare field with direct patient care at a medical facility (home health care not eligible) within the past 3-Years; the time limit may be waived. **Please attach a copy of your work verification from your employer/HR department.**
- 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 prerequisite 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 5&6 STAR Academic Transcript:**

**To access and print out your STAR academic transcripts, please follow the steps below.**

- a. Access your MyUH Portal at <https://myuh.hawaii.edu/cp/home/displaylogin> (and enter your username and password);
- b. Click to "STAR Degree Check 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 courses completed.
- h. 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 transcript.

### **Item 7 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 Kapi'olani CC 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 Kapi'olani CC PRCN Program, but is not required as part of the application to the Kapi'olani CC PRCN Program.



### **Item 8 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 a 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 8.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. Please reference **the State of Hawai'i Office of Health Care Assurance website** for a list of accepted nurse aide sites, <https://health.hawaii.gov/ohca/medicare-facilities/skilled-nursingintermediate-care-facilities/>. 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 Kapi'olani CC 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 8.A and 8.B on page 2 within the application form.**

### **Item 9 Completion of Medical Terminology Course**

Medical terminology course must include fifteen (15) hours minimum of training and be verified via a copy of a course completion certificate or academic transcript.

### **Item 10 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 prerequisite 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 prerequisite 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 a total score of 60% or higher) and be taken within the last 3 years.
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;
  - b. Grade point ratio (GPR) for completed pre-requisite courses;
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 Kapi'olani CC 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, Diphtheria and Pertussis** (Tdap) vaccination within the past 10 years.
  - d. Positive titer blood test for **Varicella** (chicken pox) after receiving two Varicella vaccinations.
  - e. Positive titer blood tests for **Rubeola (Measles), Mumps and Rubella** after receiving two MMR vaccinations.
  - f. Positive **Hepatitis B** titer (HbsAb) with signed consent form or 3 Hepatitis immunizations with signed consent form.
  - g. Annual **seasonal flu vaccinations**.
  - h. Documentation of **COVID-19 Vaccination**.

- 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. Nursing Dept Forms: **Understanding & Agreement; Medical Consent; Exclusion of Worker's Compensation; Document Release.**
- k. Verification of personal **health insurance.**
2. **Purchase of Medical Malpractice Liability Insurance:** Accepted students will purchase the Kapi'olani CC 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
  - 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 KAPI'OLANI CC NURS 9/100&100L (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 Kapi'olani CC and regardless of their having nurse aide work experience will be offered a conditional acceptance to the Kapi'olani CC 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 healthcare 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 Kapi'olani CC 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.

## KAPI'OLANI CC NURSING PROGRAM CAREER LADDER

After completing the Kapi'olani CC Practical Nursing program and obtaining a practical nursing licensure, students will have an opportunity to apply to the Kapi'olani CC 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 Exam total score;
- Grade point ratio (GPR) for prerequisite 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. If you are accepted into and have started a nursing program at Kapi‘olani CC, you must complete the first nursing program before entering a second nursing program at Kapi‘olani CC. You will not be able to simultaneously withdraw from the first nursing program to enter a second nursing program at Kapi‘olani CC.

## TECHNICAL STANDARDS

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**

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



# Kapi'olani Community College Practical Nursing (PRCN) Program Course Sequence for New Students

## Fall Admission Sequence

Fall	NURS 101 Nursing Perspectives	1 cr.
	NURS 111 Nursing Concepts	5 cr.
	NURS 121 Medical Surgical Nursing	7 cr.
Spring	NURS 131 Mental Health Nursing	2 cr.
	NURS 132 Maternal and Newborn Health	2 cr.
	NURS 133 Child Health Nursing	3 cr.
Spr/Sum	NURS 141 Geriatric Nursing	8 cr.

## Spring Admission Sequence

Spring	NURS 101 Nursing Perspectives	1 cr.
	NURS 111 Fundamental Concepts	5 cr.
	NURS 121 Medical Surgical Nursing	7 cr.
Summer	NURS 131 Mental Health Nursing	2 cr.
	NURS 132 Maternal and Newborn Health	2 cr.
	NURS 133 Child Health Nursing	3 cr.
Fall	NURS 141 Geriatric Nursing	8 cr.

**Kapi‘olani Community College – Certificate of Achievement in Practical Nursing (CA-PRCN)**  
**PROGRAM COST ITEMS FOR PRCN STUDENT**  
**Fall, Spring and Summer**

**For specific program cost information for each item below, please check the Kapi‘olani CC website, specifically the “PRCN Self Advising Form” within the “Forms & Documents” section for the Practical Nursing Program.**

<b>Semester</b>	<b>Description (Cost Item)</b>	
<b><u>Nursing Course(s) and Credits</u></b>		
<b>Fall</b>	Tuition (per credit) & Fees	\$1,779
NURS 101 – Nursing Perspectives (1 credit)	Nursing Books	\$563 (est.)
NURS 111 – Fundamental Concepts (5 credits)	Liability Insurance	\$15
NURS 121 – Medical Surgical Nursing (7 credits)	Professional Fee	\$300
	ATI Testing	\$1,000 (est.)
	Online Testing Fee	\$27
	Health Doc Tracking Fee	\$25
	Health Insurance	\$5,300 (est.)
	Initial Health Costs	\$342 (est.)
	Uniforms/supplies	\$589 (est.)
	Parking/Mileage	\$261 (est.)
	<b>Total</b>	<b>\$10,201</b>
<b>Spring</b>	Tuition (per credits) & Fees	\$981
NURS 131 – Mental Health Nursing (2 credits)	Nursing Books	\$132 (est.)
NURS 132 – Maternal and New Born Health (2 credits)	Professional Fee	\$300
NURS 133 – Child Health Nursing (3 credits)	Online Exam Fee	\$27
	Parking/Mileage	\$261 (est.)
	<b>Total</b>	<b>\$1,701</b>
<b>Summer</b>	Tuition (per credit)	\$1,074
NURS 141 – Geriatric Nursing (8 credits)	Nursing Books	\$124 (est.)
	Professional Fee	\$300
	Online Exam Fee	\$27
	Parking/Mileage	\$261 (est.)
	Graduation Cost	\$157
	<b>Total</b>	<b>\$1,943</b>
<b>PN License</b>	NCLEX-PN Exam	\$223
	LPN License	\$36
	<b>Total:</b>	<b>\$259</b>
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<b>TOTAL ESTIMATED COST: \$14,104</b>		