

UH FILE DROP:

ONLINE SUBMISSION PROCEDURES

Directions: Please complete each item by typing directly into the fields or neatly printing on a hardcopy, and submit this Admission Application Checklist with all required documents to the Nursing Department via [UH File Drop](#). We are also accepting in-person applications this application period.

To use file drop follow the directions below:

1. Scan application or save to your computer all supporting documents
 - a. If you do not have access to a scanner, use a free smartphone app like *Scannable* or *Scanner Pro* or *Cam Scanner*. Save your application and all supporting documents in PDF format.
2. From any web browser, go to <https://www.hawaii.edu/filedrop>
3. Log in as a UH User or Non-UH user (Non-UH Users will be sent a verification email, click on the link in the email)
 - a. In the recipient field, type: kapnurs@hawaii.edu
 - b. Click in the drop down menu in the expiration timer, change it to **14 days**.
 - c. In the “Optional Message” field, enter FULL NAME and the PROGRAM you are applying to
 - d. After you’ve completed the Recipient field, extended the expiration timer (to “14-days”), type in the Optional Message, click Proceed.
 - e. Click the Choose File button to browse for your application and supporting documents. If you upload your documents in different files (i.e. application, transcripts, etc.), please write a description of the file in the Description box.
 - f. Click the Start Upload button.
 - g. You will be redirected to a confirmation page with the link to your uploaded file. You’re finished.

Please contact us at kapnurs@hawaii.edu or 808-734-9305 if you have any questions or need assistance with these temporary application submission procedures.

Adult Residential Care Home Primary Care Givers (ARCH) Program (NURS 11, 12, 13, 14) – Certificate of Competence

ADMISSIONS APPLICATION/CHECKLIST FORM

Fall Semester Application Period: Continuous

Spring Semester Application Period: Continuous

Submit Applications (via USPS) at:

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

For More Information, Contact:

Kapi'olani CC Nursing Department
Kōpiko Building, Room 201
Tel: (808) 734-9305
E-Mail: kapnurs@hawaii.edu

Application Advisory: Applications must be **mailed or hand-delivered or emailed**

through UH File Drop to the Kapi'olani CC Nursing Dept. Applications will not be accepted via fax.

Directions: Please complete each item carefully and submit this Admissions Application/Check List (pages 2-3) and all required documents to the Kapi'olani CC Nursing Department. Additional information on the application and acceptance process is provided on the attached pages 3-7. **If pages 2-3 of the application are not completed in its entirety, the application will be deemed incomplete and will NOT be processed or considered for admissions 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 Kapi'olani CC Kekaulike 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 Kaula'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 Adult Residential Care Home Primary Care Givers 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 Adult Residential Care Home Primary Care Givers 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 Kapi'olani CC Kekaulike Center to change my major and home institution if I am not accepted into the ARCH program. **I have read and agree to abide by the application policies within pages 3-6.**

Date: _____ **Signature:** _____

For Office Use Only:

Student Type: F M T C (Indicate home institution below)

Current Home Institution: HAW HON LEE KAP WIN
 KAU MAU HIL MAN WOA

Residency: Resident Nonresident (Type: _____) Pending

Action: Accepted Denied Redirected to: _____

Date Stamp Here

ADMISSIONS CHECKLIST for Adult Residential Care Home Primary Care Givers (ARCH) Program DATE: _____

APPLICANT NAME: _____ **UH ID# or Username:** _____
(Last Name, First Name and M.I.)

Date Completed Item

1. _____ **UH System Application Form (UH SAF)** for New or Returning Students.

2. _____ **English (Reading) Requirement (for NURSE AIDES):**
Complete **one** of the items (A, B, C or D) below.

A) Complete Accuplacer test with a reading score of 250 or higher.

•Test Date: _____ •Reading Score: _____

OR **B) Completion of ENG 21 or higher** (e.g., ENG 22, 97, 98, ENG 100S or ENG 100)

•Course Title: _____

•Course Completion Date: _____ (e.g., Fall 2020)

•Institution Name (where course completed): _____

•Official (non-UH System) Transcripts sent to Kapi'olani CC on: _____

OR **C) Provide copy of your U.S. High School transcript/diploma.**

OR **D) Provide copy of your General Educational Development (GED) certificate.**

3. _____ **Certification or Work Experience Requirement (for NURSE AIDES):**
Complete **one** of the items (A or B) below.

A) Submit copy of current Nurse Aide Certificate (as received after successfully completing the Certified Nurse Aide exam as administered by the American Red Cross or Prometric in Hawai'i) and indicate below what course was completed and where.

NURS 9 – Long Term Care Nurse Aide Course at Kapi'olani Community College
Term/Year: _____

NURS 16 – Nurse Aide Training Course at Kapi'olani Community College
Term/Year: _____

NURS 100/100L – Nurse Aide/Clinical Lab Courses at Kapi'olani Community College
Term/Year: _____

Other Equivalent Nurse Aide Course (as approved by the State of Hawai'i)

•Course Title: _____

•Course Completion Date: _____ (e.g., Fall 2020)

•Institution Name (where course completed): _____

•Official (non-UH System) Transcripts sent to Kapi'olani CC on: _____

OR **B) Confirm Nurse Aide Work Experience:** Complete and submit the attached "Nurse Aide Work Experience Verification" form. (See pages 4 and 7 for more info)

4. _____ **Licensure Requirement (for REGISTERED NURSES and LICENSED PRACTICAL NURSES):** Please attach a copy of registered nurse or practical nurse license (as issued by the Hawai'i Board of Nursing), when submitting ARCH application.

Note: Selection is made on the **FIRST QUALIFIED, FIRST ACCEPTED** basis. Applicants with a cumulative grade point average (GPA) below 2.0 (who are on probation/suspension at Kapi'olani Community College) will not be considered for selection or admission to the program. Applicants not accepted into the program must reapply and resubmit required information. Residents of the state of Hawai'i receive selection priority.

EXPLANATION OF ADMISSION CHECKLIST (page 2) – Adult Residential Care Home Primary Care Givers

Item 1 UH System Application Form (SAF)

If you are new to Kapi'olani Community College or are returning after being out a semester, you must complete the UH System Application Form. Indicate your major as: “ARCH”

Students withdrawing from 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 for Fall. 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 Kapi'olani CC Kekaulike Center by the program application deadline. All students who withdraw from college are subject to the program requirements in effect at the time of re-entry.

Item 2 The English (reading) requirement for NURSE AIDES may be fulfilled via ONE of the options (A, B, C or D) below.

Option A – Placement Test.

- i. Complete the Accuplacer (Reading) Test at the Kapi'olani CC Testing Center in the Lama Building, Room 101. Bring a picture I.D.
- ii. Request two (2) copies of your test results. **Submit one copy with your application. Keep the second copy for your records.**
- iii. **A an Accuplacer reading score of 250 or higher** is required for entrance into the ARCH program.
- iv. The placement test is valid for 2 years. If more than one test is taken, the highest score will be used. You may retake the test after 60 days have elapsed after taking the test.
- v. The placement test can be taken at any of the Community Colleges within the University of Hawai'i System.

Option B – Placement Test Waiver by English Course Completion

- i. If you completed English 21 or higher (i.e., English 22, 97, 98 100S or 100) with a grade of “C” or higher within the past ten years, you do not need to take the placement test.
- ii. If the course was completed at a campus outside of the University of Hawai'i (UH) System, you must have official transcripts sent directly to the Kapi'olani CC Kekaulike Center; after which you must submit a Transcript Evaluation Request form to the Kekaulike Center in order to evaluate the English course you completed. To be considered for transfer, a course description must accompany each course taken outside of the UH system.
- iii. Courses completed outside of the UH System and which were evaluated by UH System schools (other than Kapi'olani Community College) will also need to be evaluated by the Kekaulike Center.
- iv. If the course was completed at a campus within the UH System, transcripts do not have to be sent to the Kekaulike Center. However, you must submit a Transcript Evaluation Request form to the Kekaulike Center to formally transfer the UH system course to Kapi'olani Community College.
- v. If there are any questions about the transferability of the course, it is recommended that you complete the placement test.

Option C – U.S. High School Diploma: Provide a copy of your High School diploma/transcript if you graduate from a high school within the United States.

Option D – General Educational Development (GED) Certificate: Provide a copy of your General Educational Development (GED) certificate.

Item 3 Certification or Work Experience requirement for NURSE AIDES must be fulfilled via ONE of the options (A or B) below.

Option A – Submit copy of current nurse aide certification as received after successfully completing the Certified Nurse Aide exam as administered by the American Red Cross or Prometric in Hawai'i, and indicate what course (as referenced below) was completed and where.

- i. **NURS 9** - Long-Term Care Nurse Aide course (150-hr) at Kapi'olani CC: Indicate on form if you completed this course.
- ii. **NURS 16** - Nurse Aide Training course (240-hr) at Kapi'olani CC: Indicate on form, if you completed this course.
- iii. **NURS 100/100L** – Nurse Aide/Clinical Lab course (150-hr) at Kapi'olani CC. Indicate on form, if you completed this course.
- iv. **Other Course Equivalent to Kapi'olani CC NURS 16 Course:** Have official transcripts sent directly to Kapi'olani CC Kekaulike Center; after which you must submit a Transcript Evaluation Request form to the Kekaulike Center in order to evaluate the nurse aide course that you completed. To be considered for transfer, a course description must accompany each course taken outside of the UH system.

Option B – Confirm Nurse Aide Work Experience: Complete Nurse Aide Experience Verification” form (See attached form on page 7.) Applicants should complete this form if they worked a minimum of six (6) months of full-time work as a nurse aide in a hospital, skilled nursing facility (SNF), intermediate care facility (ICF) approved by the Hawai‘i State Department of Health (DOH) as referenced within <https://health.hawaii.gov/ohca/medicare-facilities/>. Nurse Aides providing skilled nursing care in a home health agency approved by the DOH may also apply. Work in a foster care, care home or day care facility do not meet the requirements. The Nurse Aide experience must be within the past ten (10) years.

Item 4 Licensure Requirement for REGISTERED NURSES and LICENSED PRACTICAL NURSES: Please submit a copy of your registered nurse or practical nurse license as issued by Hawai‘i Board of Nursing, when submitting ARCH application.

EXPLANATION FOR ACCEPTANCE – Adult Residential Care Home Primary Givers Program

A. Minimum Requirements for Acceptance

1. (For Nurse Aides) Completion of the Accuplacer (reading) test with a reading score of 250 or higher; OR
2. (For Nurse Aides) Completion of English 21 or higher (e.g., ENG 22 or ENG 100); OR
3. (For Nurse Aides) Possession of a U.S. high school diploma; OR
4. (For Nurse Aides) General Educational Development (GED) certificate.
5. (For Nurse Aides) Certification or Work Experience as Nurse Aide
6. (For Registered Nurses or Licensed Practical Nurses) Hawai‘i Licensure as a Registered Nurse or Practical Nurse

B. Acceptance Criteria

1. All applicants who meet the minimum requirement are considered for acceptance on a first qualified basis.
2. Applicants are notified of their application status by mail.

C. Health Requirements: In order to register for classes, you will need to submit the health requirements listed below to the Kapi‘olani CC Kekaulike Center.

1. Tuberculosis clearance (card or physician’s report) within the past 12 months.
2. Measles, Mumps, Rubella (MMR) immunizations.
3. Tetanus, diphtheria and pertussis (Tdap) immunizations;
4. Varicella (chicken pox) immunization.

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” on page 6.

HEALTH CARE STUDENT NOTIFICATION

Health care students are required to complete University-prescribed academic requirements that involve clinical practice in a University-affiliated health care facility with no substitution allowed. Failure of a student to complete the prescribed clinical practice shall be deemed as not satisfying academic program requirements. 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.

ARCH COURSES, TUITION AND BOOKS

ARCH Courses include:

NURS 011 – ARCH Activities (1 credit)

NURS 012 – ARCH Common Health Disorder; Nutrition Orientation; and Making Medications Available (1 credit)

NURS 013 – Specialized Populations; Communications; Rehabilitation Services (1 credit)

NURS 014 – ARCH Regulations, Accounts and Community Resources (1 credit)

Tuition and Fees: For current tuition cost, please check the Kapi‘olani CC website, specifically the ARCH Program Schedule/Flyer within the Forms & Documents section within the Adult Residential Care Home Primary Care Givers Program webpage. Program fees include a student transportation (bus pass) fee, student publication fee and student activity fee will also be applied. Tuition and fees are paid at the time of registration. A supply fee for the NURS 11 course is also being proposed in the future.

ARCH Books include:

NURS 011 – NURS 11 Module on ARCH Activities

NURS 012 – NURS 12 Module and Mosby’s Drug Guide

NURS 013 – NURS 13 Module

NURS 014 – NURS 14 Module and Chapter 100.1 (from the Hawai‘i State Department of Health)

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 Primary Care Givers 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, you must complete the first nursing program before entering a second nursing program. You will not be able to simultaneously withdraw from the first nursing program to enter a second nursing program.
4. Health Science Programs: For more information, please contact the Kapi‘olani CC Health Sciences Department at 808.734.9270 or visit the Kapi‘olani CC website at <http://www.kapiolani.hawaii.edu/page/programs> (and scroll to “Health Sciences”).

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.”

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
Nursing Department
Nurse Aide Work Experience Verification Form**

This Section To Be Completed By Applicant

I, _____, have applied for courses in the Nursing Department at Kapi'olani Community College and need verification of my nurse aide experience. Please assist me with my application to Kapi'olani CC by completing the information below at your earliest possible convenience. I hereby give permission to the agency identified below to release the requested information to Kapi'olani Community College.

Signature: _____ Phone: _____ Date: _____
Kapi'olani CC Program Choice: _____ Semester of Application: _____

This Section To Be Completed By Agency/Employer

Agency _____ Phone _____

Address _____

Supervisor's Name and Title (Print) _____

Supervisor's Signature: _____ Date: _____

Employment Dates: **From** (month/year) _____ **To** (month/year) _____

Average Hours Per Week _____ Today's Date: _____

Job duties are in a SNF, ICF, Hospital or Home Health setting: Yes ___ No ___

Duties performed satisfactorily: (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> bed bath, pericare, grooming | <input type="checkbox"/> taking and recording blood pressure |
| <input type="checkbox"/> assisted shower | <input type="checkbox"/> measuring intake and output |
| <input type="checkbox"/> occupied and unoccupied bedmaking | <input type="checkbox"/> care of patient with a foley |
| <input type="checkbox"/> dependent and partially dependent bed to chair transfers | <input type="checkbox"/> range of motion exercise |
| <input type="checkbox"/> feeding the patient | |
| <input type="checkbox"/> taking and recording temperature, pulse and respirations | |

Has basic knowledge of: (Please check all that apply)

- medical asepsis
- maintaining patient safety
- observations to report
- positive patient communication
- reporting patient care and observations
- responsibility for maintaining confidentiality and other basic patient rights

Behaves in a way that is: (Please check all that apply)

- responsible
- respectful of others
- safe

Additional comments: _____

Please mail completed form to: Kapi'olani Community College
Nursing Department Counselor
Kōpiko Building, Room 201
4303 Diamond Head Road
Honolulu, HI 96816