

# APPLICATION for the

# ADVANCED PLACEMENT LPT NURSING APPLICANT

Spring Admission - Submit Application between July 1 <sup>st</sup> & October 1 <sup>st</sup>						
• Applications postmarked after October 1 <sup>st</sup> will not be accepted.						
Check each box to ensure your application is complete.						
<u>LPT Nursing Applicant requesting admission</u> to start the second semester of the nursing program.						
Submit official college transcripts from ALL INSTITUTIONS ATTENDED. (You do not have to submit transcripts from Contra Costa College, Los Medanos College, or Diablo Valley College).						
Application to Contra Costa College via opencccapply.net:						
Personal Statement Letter addressed to CCC Nursing Dept:						
Copy of your current LPT License:						
Mail or walk-in your completed nursing application packet to:						
Contra Costa College Admissions & Records SSC #115 ATTN: Nursing Application 2600 Mission Bell Drive San Pablo, CA 94806						
<ul> <li>Incomplete applications will not be accepted.</li> </ul>						

# CONTRA COSTA COLLEGE APPLICATION

Print Clearly & Do Not Leave Blanks. If not applicable, please write N/A in the pertaining section. Please Read the Entire Application Carefully.

Registered Nursing Program							
Last Name		First Na	ame	·	Middle N	lame	
List ALL Previous Names Use	ed:						
	_				(	Dinsite.4cd.edu	
Social Security Number	CCC Student ID	# xxxxxxx	Email Ado	dress		*For Statistical Purposes Only	
Home Address			City		State	Zip Code	
( )	()						
Home Phone Did you previously apply to t US Citizen: Yes No	<b>Cell</b> Phone <b>he CCC Nursing Prog</b> If <b>No</b> , Indicate State	ram?: Yes	thdate	If <b>YES</b> , list the year	you app	lied:	
If you have ever been enrolle College:	ed or accepted in any	<b>y R.N. nursing p</b> Year:	rogram, pl	ease state: Phone	e:		
Courses Completed:			Rea	son for withdrawal	 :		
Emergency Contact Informat	ion Name:			Relation to	you:		
Day Phone Nu	mber:		_	Evening Phone Nun	nber:		
Relative that doesn't live with				Relation to	-		
Day Phone Nu	mber:			Evening Phone Nun	nber:		

Ι,

\_\_\_\_\_\_, understand that any omission(s) and/or information stated on my CCC nursing program application found to be inaccurate and/or fraudulent may be cause for my application to be

withdrawn from the qualified applicant pool.

Signature:

Contra Costa College

Date: \_\_\_\_\_



Full Name: \_\_\_

\_\_\_\_\_CCC Student ID: \_\_\_\_\_

#### Print Clearly & Do Not Leave Blanks. If not applicable, please write N/A in the pertaining section.

Required Course	Course Number/ Name	Units	Grade	College/City	Year	Repeated? No. of Times	OFFICE USE ONLY Reviewer:
Area A:							
Anatomy Biosc-132							^Must Contain Lab
Physiology							
Biosc-134							^Must Contain Lab
Microbiology Biosc-119 or 148							^Must Contain Lab
English Composition Engl-001A or Engl-001B or Engl-001C or Engl-002B							
Drug Dosage Calculation Nurs-205							Minimum 2.0 units
Pharmacology for Nursing Nurs-212							Minimum 2.0 units

#### Minimum 2.75 GPA required for Area A

Required Course	Course Number/ Name	Units	Grade	College/City	Year	Repeated? No. of Times	OFFICE USE ONLY Reviewer:
Area B:							
Introduction to Sociology Socio-220 or Anthro-130							
Psychology							
Psych-130 or Psych-220 Human Communication							
Spch-120 or 121 or 128							
Developmental Psych Psych-126 or 128							

#### Minimum 3.00 GPA required for Area B

All 10 prerequiste courses must be completed before the applicant will be considered eligible for admissions to the nursing program. Student who have not completed all prerequisites with the minimum GPA requirements will be omitted from consideration. Incomplete applications will not be accepted.

/	, certify that all information provided in
connection with my application is	true, correct, and complete. I understand that
providing false information or omi	tting required information is grounds for denial
of enrollment from the Nursing Pro	ogram.

Signature:\_\_\_\_\_

\_Date: \_\_\_

## **Determining Program Eligibility**

### Area A:

### Required Prerequisite Courses:

Course	Units Att	Grade Pts.	GPA
Biosc-132 (units-5.0) or equivalent			
Biosc-134 (units-5.0) or equivalent			
Bisoc-119 or 148 (units-5.0) or equivalent			
Engl-1A or 1B or 1C or 2B (units-3 - 4) or equivalent			
Nurs-205 (units-2.0)			
Nurs-212 (units-2.0)			
TOTAL			

\*\*\* Minimum GPA of 2.75 is required for Area A\*\*\*

Nurs-205 and Nursing 212 or equivalent of either course must be completed with a minimum of 2.0 units. Courses completed with less than the minimum 2.0 units will not be accepted as equivalent courses.

Course	Units Att	Grade Pts.	GPA
Socio-220 or Anthro-130 (units-3.0) or equivalent			
Psych-130 or Psych-220 (units-3.0) or equivalent			
Spch-120, 121, or 128 (units-3.0) or equivalent			
Psych-126, or 128 (units-3.0) or equivalent			
TOTAL			

\*\*\* Minimum GPA of 3.00 is required for Area B\*\*\*

### How to Calculate Your Grade Point Average (GPA)

Your grade point average (GPA) is calculated by dividing the total amount of grade points earned by the total amount of credit hours attempted. Your grade point average may range from 0.0 to a 4.0.

For example:

A = 4.00 grade points A- = 3.70 grade points B+ = 3.33 grade points B = 3.00 grade points B- = 2.70 grade points C+ = 2.30 grade points C = 2.00 grade points

C- = 1.70 grade points

Example Student Transcript							
Course	Credit Hours	Grade	Grad	e Points			
English 1a	4	А	16				
Biology 132	5	В	15				
Socio 120	3	В	9				
Psych 220	3	В	9				
15 Total Cred	dit Hours At	tempted	49 Total Grade Points				

To get the example student's GPA, the total grade points are divided by the total credit hours attempted.

Total Grade Points		49	
Total Credit Hours Attempted	<u>divided by</u>	15	= 3.266

You can total your current semester courses and credits with our online GPA Calculator (above).