

Read this before completing your Nursing Application Form. It might come in handy.

→ This form is used for those applying to the nursing program for the first time. If you are re-applying, please obtain and complete the "Application to Re-Apply" from the nursing website.

→ Make sure you have attended an Information Session and obtained Proof of Attendance. The Proof of Attendance must be included with your application.

Make sure this form was downloaded from the LAHC Nursing Website:

→ <https://www.lahc.edu/academics/pathways/hhsps/nursing/prospective-students>

Forms obtained from any other source will be marked as ineligible if submitted.

This is an interactive, fillable PDF. For best results:

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- Save this form to your computer (do not edit directly from a web browser)
 - Preferred: use Adobe Acrobat Reader (Mac Users: do not use Preview)
 - Print form as "Landscape"
 - **Please type—do not handwrite information (except for signature)**

→ **Be truthful!** All applicable information is required. If certain information is not applicable, its field may be left blank.

Know which program **Route** to choose:

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- Generic – two-year nursing program—the most common and likely choice
 - LVN-RN – Advanced Placement into 2nd semester; provide copy of current LVN license and be enrolled in Nursing 329A/B, 311, 321 during fall semester

→ For Military Personnel – if challenging for advanced placement, select "**Military A/P**" Route and include any supporting documentation for proof of service and related healthcare experience (if any).

→ Your LACCD Student ID # and LACCD Email Address are required. **Only the LACCD Email Address will be used for any and all communication regarding your nursing application—make sure the email address is spelled correctly.** The Nursing department will not attempt to correct a misspelled email address and will simply mark the application as ineligible.

→ If you have previously attended another RN program, you must obtain and complete the *Transfer Recommendation Form* from the nursing website. This must be completed by you, as well as by the Program Director of your previous program. The previous program will need to mail the form back to LAHC Nursing on your behalf. This must be received by date listed on the nursing website or form.

Do not include this list in your application. Thank you. We look forward to your application.

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- For any Co-Requisites in-progress, provide the necessary information and type the Grade as "IP."
- If you repeated any sciences courses (Anatomy, Physiology, or Microbiology) to replace a substandard grade e.g. ("D," "F"), go to "Repeated?" and select "Yes." Under Grade, please provide the repeated grade (not the substandard grade). Please remember only 1 repeat of a substandard grade in the 3 science courses is allowed.
- If you repeated any sciences courses (Anatomy, Physiology, or Microbiology) for recency, go to "Repeated?" and select "Yes, for Recency." However, please provide the first grade received (not the grade from recency).
- For separate Lecture and Lab science courses, provide the individual information for each course. If you took a combined course, please leave the Lab information blank.
- Please complete the **Demographics** portion, as it is required. However, the information you provide does not affect your eligibility for admission into the program.
- **Sign and date your application form, if your application is not signed it will be marked ineligible.**
- Submit your nursing application, Proof of Attendance, transcripts, and any other documents, to the LAHC nursing department during the application window of time/ **Do not submit documents separately—they will not be matched with your application.**
- **Once submitted, your application is processed as-is.** The Nursing department will not attempt to reach out to you to rectify any incorrect information—your application will simply be marked as ineligible.
- **Please allow 6 – 8 weeks after the submission deadline for the initial processing of your nursing application.** You may not receive any correspondences during this time, but please be sure to access and check your student email (@student.laccd.edu).

Do not include this list in your application. Thank you. We look forward to your application.

Los Angeles Harbor College Associate Degree Nursing Program				Application Form <i>Complete this page</i>				Route	Semester	Year	
Last Name		First Name		Middle Name		LACCD Student ID #		Social Security #		Date of Birth	Age
Street Address				City		State	Zip	LACCD Email Address		Primary Phone	
Have you taken the ATI TEAS Previously?		If "YES," where?		If "YES," first ATI TEAS Score:		DO NOT send scores until requested. Be advised, we accept 62% or greater on the first attempt only .					
Have you ever participated in another RN program?		If "YES," where?		If "YES," visit the Nursing website for a <i>Transfer Recommendation Form</i> , or contact nursinginfo@lahc.edu for more information.		Are you a US Veteran or their spouse ?		If "YES," attach military documentation to your application. (e.g. DD-214)			
Highest education completed		Please list all colleges, universities, and institutions attended in order of <i>most recently attended</i> .									
1)		4)		7)							
2)		5)		8)							
3)		6)		9)							
Transcripts from all institutions listed above must be attached to this application. Please attach in the order you list above. DO NOT mail transcripts separately to the Nursing department.											
Subject e.g. English 101		Semester e.g. Spring	Year e.g. 2010	Grade e.g. A	Units e.g. 3	Repeated? Yes or No	Course Name & Number e.g. English 101		Institution e.g. LAHC		
Pre-Requisites	Anatomy 001										
	<i>Anatomy Lab (if separate)</i>										
	Physiology 001										
	<i>Physiology Lab (if separate)</i>										
	Microbiology 020										
	<i>Microbiology Lab (if separate)</i>										
	English 101										
	Psychology 001										
Psychology 041											
Math 123C or 125 or higher											
Co-Requisites	Communication Studies 101 or 121										
	Sociology 001 or Anthropology 102										
	American Institutions (area B1)										
	Humanities (area C)										
Ethnic Studies*fall 2023											
I verify that all information above is complete and true. I understand that false information will result in disqualification for consideration or admittance to the nursing program. I also understand that my LACCD Email Address must be correct as it will be used SOLELY for any and all communication.							Demographics – THIS IS REQUIRED ; however, the information you provide DOES NOT affect your eligibility for admission into the program.				
Printed Name		Signature			Date		Age Group	Gender	Ethnicity	*If "Other"	

(1) Pts _____ Rank _____ | (2) Pts _____ Rank _____

Los Angeles Harbor College **Application Form**
 Associate Degree Nursing Program *complete top of form; bottom office use only*

				Route	Semester	Year
Last Name	First Name	Middle Name	LACCD Student ID #	Social Security #	Date of Birth	Age
				@STUDENT.LACCD.EDU		

Street Address	City	State	Zip	LACCD Email Address	Primary Phone
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Have you taken the ATI TEAS Previously?	If "YES," where?	If "YES," first ATI TEAS Score:	DO NOT send scores until requested. Be advised, we accept 62% or greater on the first attempt only .
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Have you ever participated in another RN program?	If "YES," where?	If "YES," visit the Nursing website for a <i>Transfer Recommendation Form</i> , or contact nursinginfo@lahc.edu for more information.	Are you a US Veteran or their spouse ?	If "YES," attach military documentation to your application. (e.g. DD-214)
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Highest education completed Please list all colleges, universities, and institutions attended in order of *most recently attended*.

1)	4)	7)
2)	5)	8)
3)	6)	9)

*Transcripts from **all institutions** listed above must be attached to this application. Please attach in the order you list above. **DO NOT** mail transcripts separately to the Nursing department.*

	Subject e.g. English 101	Semester e.g. Spring	Year e.g. 2010	Grade e.g. A	Units e.g. 3	Repeated? Yes or No	Course Name & Number e.g. English 101	Institution e.g. LAHC
Pre-Requisites	Anatomy 001							
	<i>Anatomy Lab (if separate)</i>							
	Physiology 001							
	<i>Physiology Lab (if separate)</i>							
	Microbiology 020							
	<i>Microbiology Lab (if separate)</i>							
	English 101							
	Psychology 001							
	Psychology 041							
	Math 123C or 125 or higher							
	Communication Studies 101 or 121							
Co-Requisites	Sociology 001 or Anthropology 102							
	American Institutions (Area B1)							
	Humanities (Area C)							
	Ethnic Studies*fall 2023							

Science GPA _____	Nursing-A/R	OK	Inc App	Sci Rpt	Low Sci GPA	Low GPA	Inc Petitions	No Transcripts	Low TEAS	Bad Email	Other
Overall GPA _____	ATI TEAS	Invite	Not Selected	Accept	Decline	No Reply	NP (Remediate)	NP (2 nd Attempt)		<input type="checkbox"/> Info Session / Date	
Evaluator _____	Selection	Invite	Not Selected	Accept	Decline	No Show					
NOTES											

Los Angeles Harbor College Associate Degree Nursing Program | Multi-Criteria Application Worksheet
 For more information about required documents, please refer to the [Multi-Criteria Process for Admission](#).

Criteria – For Applicant to Complete	Pts	Evaluator Use
1) Academic Degrees - AA/AS, BA/BS or higher from regionally accredited college – Maximum 5 points		
<input type="checkbox"/> AA/AS, BA/BS or higher degree	5	<input type="checkbox"/> Verified
<input type="checkbox"/> High school graduate or equivalent	0	<input type="checkbox"/> Incomplete
2) Recent work or volunteer experience with direct human patient care within the past 5 years – Maximum 5 points		
<input type="checkbox"/> Licensed LVN, CNA, Paramedic, EMT, Respiratory Therapist, Certified Athletic Trainer (equal or greater than 1000 hours)**	5	<input type="checkbox"/> Verified <input type="checkbox"/> Incomplete <small>**must include documentation of 1000 hours & current certification</small>
<input type="checkbox"/> Medical Asst, school health aides, unlicensed assistants personal (UAP), adapted kinesiology asst, hospital unit based clerical staff, PT Aide, Medical Scribe, (equal or greater than 1000 hours)*	3	<input type="checkbox"/> Verified <input type="checkbox"/> Incomplete <small>*must include documentation of 1000 hours</small>
<input type="checkbox"/> Clinical Care Extender, or other program of volunteer activity with direct human patient care contact (equal or greater than 200 hours)	2	<input type="checkbox"/> Verified <input type="checkbox"/> Incomplete
3) Science GPA in relevant course work: Anatomy, Physiology and Microbiology (lecture and lab courses only) – Maximum 15 points		
Your Science GPA →	GPA:	
<input type="checkbox"/> 2.5 = 0 <input type="checkbox"/> 3.0 = 5 <input type="checkbox"/> 3.5 = 10		<input type="checkbox"/> 4.0 = 15
<input type="checkbox"/> 2.6 = 1 <input type="checkbox"/> 3.1 = 6 <input type="checkbox"/> 3.6 = 11		Calculate GPA to two decimal places and round down to one decimal place. e.g. 2.67 → 2.6 = 1 pt.
<input type="checkbox"/> 2.7 = 2 <input type="checkbox"/> 3.2 = 7 <input type="checkbox"/> 3.7 = 12		
<input type="checkbox"/> 2.8 = 3 <input type="checkbox"/> 3.3 = 8 <input type="checkbox"/> 3.8 = 13		
<input type="checkbox"/> 2.9 = 4 <input type="checkbox"/> 3.4 = 9 <input type="checkbox"/> 3.9 = 14		
<input type="checkbox"/> 2.5 = 0 <input type="checkbox"/> 3.0 = 5 <input type="checkbox"/> 3.5 = 10		
<input type="checkbox"/> 2.6 = 1 <input type="checkbox"/> 3.1 = 6 <input type="checkbox"/> 3.6 = 11		
<input type="checkbox"/> 2.7 = 2 <input type="checkbox"/> 3.2 = 7 <input type="checkbox"/> 3.7 = 12		
<input type="checkbox"/> 2.8 = 3 <input type="checkbox"/> 3.3 = 8 <input type="checkbox"/> 3.8 = 13		
<input type="checkbox"/> 2.9 = 4 <input type="checkbox"/> 3.4 = 9 <input type="checkbox"/> 3.9 = 14		
4) Cumulative GPA in all coursework – Maximum 15 points		
Your Cumulative GPA →	GPA:	
<input type="checkbox"/> 2.5 = 0 <input type="checkbox"/> 3.0 = 5 <input type="checkbox"/> 3.5 = 10		<input type="checkbox"/> 4.0 = 15
<input type="checkbox"/> 2.6 = 1 <input type="checkbox"/> 3.1 = 6 <input type="checkbox"/> 3.6 = 11		Calculate GPA to two decimal places and round down to one decimal place. e.g. 2.67 → 2.6 = 1 pt.
<input type="checkbox"/> 2.7 = 2 <input type="checkbox"/> 3.2 = 7 <input type="checkbox"/> 3.7 = 12		
<input type="checkbox"/> 2.8 = 3 <input type="checkbox"/> 3.3 = 8 <input type="checkbox"/> 3.8 = 13		
<input type="checkbox"/> 2.9 = 4 <input type="checkbox"/> 3.4 = 9 <input type="checkbox"/> 3.9 = 14		
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<input type="checkbox"/> 2.7 = 2 <input type="checkbox"/> 3.2 = 7 <input type="checkbox"/> 3.7 = 12		
<input type="checkbox"/> 2.8 = 3 <input type="checkbox"/> 3.3 = 8 <input type="checkbox"/> 3.8 = 13		
<input type="checkbox"/> 2.9 = 4 <input type="checkbox"/> 3.4 = 9 <input type="checkbox"/> 3.9 = 14		
5) Completion of relevant course work for Los Angeles Harbor College Nursing Program – Maximum 7 points		
a) Completion of ALL Co-requisite courses – Maximum 5 points		<input type="checkbox"/> Verified <input type="checkbox"/> Incomplete
<input type="checkbox"/> Communication Studies 101 or 121 <input type="checkbox"/> Sociology 001 or Anthropology 102 <input type="checkbox"/> American Institutions (Area B1 - 3 units) <input type="checkbox"/> Humanities (Area C - 3 units)	5	

Criteria – For Applicant to Complete	Pts	Evaluator Use
b) Completion of open Elective courses - One point each, Maximum 2 points – <i>List school & course below</i> ↓		<input type="checkbox"/> Verified <input type="checkbox"/> Incomplete
<input type="checkbox"/> Mathematics of Drugs & Solutions (Dosage Calculation)	1	
<input type="checkbox"/> Pharmacology	1	
<input type="checkbox"/> Medical Terminology	1	
6) Life experience(s) – choose ONE – Maximum 3 points		
<input type="checkbox"/> Disabilities <input type="checkbox"/> Low family income <input type="checkbox"/> Disadvantaged social or educational environment <input type="checkbox"/> First generation of family to attend college <input type="checkbox"/> Difficult personal or family situations or circumstances <input type="checkbox"/> Refugee status	3	<input type="checkbox"/> Verified <input type="checkbox"/> Incomplete <small>must include ADN supporting documentation form for 1st gen and difficult personal statement</small>
7) Veteran Status – choose ONE – Maximum 5 points		
<input type="checkbox"/> Active or former service <input type="checkbox"/> Spouse of active or former military	5	<input type="checkbox"/> Verified <input type="checkbox"/> Incomplete
Total Before ATI TEAS		/55 __
<i>If you have not taken the ATI TEAS, the points above will be used to determine your selection to take the ATI TEAS at Harbor College; Total Points will be added after a score has been earned. If you have taken the ATI TEAS, you may complete the last criterion and Total Points.</i>		
8) Assessment and Readiness testing (TEAS) - first passing score only – Maximum 20 points		
Your ATI TEAS score →		<input type="checkbox"/> Verified <input type="checkbox"/> Incomplete
<input type="checkbox"/> 85.0 - 100%	20	
<input type="checkbox"/> 78.0 - 84.9%	15	
<input type="checkbox"/> 71.0 - 77.9%	10	
<input type="checkbox"/> 62.1 - 70.9%	5	
<input type="checkbox"/> 62.0%	0	
Total Points		/75 __
<i>Evaluators and admission committee members will be comprehensively reviewing all documents and academic coursework to determine overall eligibility.</i>		