

# ADVANCED PLACEMENT STAGE II WORKSHEET INSTRUCTIONS

**Early Consideration Period:** October 11-26, 2023  
**Late Consideration Period:** December 2023, TBA  
**\*\*Late Consideration will only be held if seats are available.**

**SUBMIT IN FOUNDATION HALL 1002**  
 Nursing Office Opens 9AM  
 Monday-Thursday  
**FAX 910-693-2060**

## INSTRUCTIONS

1. Complete the worksheet (on reverse) using the points formula below. Course substitutions are not permitted. Do not add courses not on the sheet.
2. If you received different grades in a science class and corresponding lab, list the course and lab on separate lines (see example below).
3. List the cumulative GPA from your most recently completed semester in college and indicate the school.
4. **If using transfer credit** (SCC must have received official transcript): List the SCC course number as listed on your *Transfer Equivalency Report*.
5. Attach your *Transfer Equivalency Report (with grades)* and highlight each course listed on this worksheet.
6. List your highest HESI A2 cumulative score which meets the minimum requirements for reading comprehension, math, and cumulative scores. Round up or down to a whole number.
7. Submit this worksheet and transfer credit documents (if applicable) to the Nursing Department in Foundation Hall Room 1002 by 4:00 PM of the final day of the consideration period. If you are unable to submit the worksheet in person, contact the Nursing Department to ensure it was received and obtain a confirmation of receipt.

**POINTS FORMULA:** Multiply grade points **X** credit hours = TOTAL

**HUMANITIES/FINE ARTS CLASSES:** ART 111, ART 114, ART 115, HUM 115, MUS 110, MUS 112, PHI 215, PHI 240

**GRADE POINTS:**

A = 4 points  
 B = 3 points  
 C = 2 points

<b>EXAMPLE</b>					
SCC Course	Original Course	College Taken	Grade/Points	Credit Hours	Total
ENG 111			B/3	3	9
BIO 166C	BIO 122 lecture	ABC College	B/3	3	9
BIO 166L	BIO 122 lab	ABC College	A/4	1	4

Name \_\_\_\_\_ SCC Student ID# \_\_\_\_\_  
 Phone (area code) \_\_\_\_\_ Advisor \_\_\_\_\_  
 SCC Student Email \_\_\_\_\_

I have received a Stage I email confirming that I am qualified to apply for the Advanced Placement program. \_\_\_\_\_ (initial)

Have you ever been enrolled in the Sandhills Community College Nursing program under your current or any previous name?

NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, year \_\_\_\_\_ Previous name if applicable \_\_\_\_\_

I submit this information as a true and accurate account of my academic and Nursing HESI A2 performance as of this date. I understand that forms received after the published deadline will not be considered. I have read and followed all of the instructions on this sheet and understand that mistakes or misrepresentation of this information **MAY RESULT IN THE LOSS OF POINTS AND THUS IMPACT MY ADMISSION TO THE ASSOCIATE DEGREE NURSING PROGRAM.**

I am aware that notifications will be made by **SCC email only**, and that if offered a seat in the program **I must:**

- attend a mandatory Information Session and mandatory Orientation;
- submit all Stage III documentation by the deadlines requested by the Nursing Department.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Received in Nursing Department by \_\_\_\_\_ Date \_\_\_\_\_

NAME \_\_\_\_\_

SCC STUDENT ID# \_\_\_\_\_

CUMULATIVE GPA \_\_\_\_\_ from \_\_\_\_\_

college or university

COLLEGE COURSE POINTS						
SCC Course	Original Course	College (if not SCC)	Grade/Points	Credit Hours	Total	
<i>Extra lines may be blank and should only be used if original course lecture and lab received different grades.</i>						
BIO 165				4		
BIO 166				4		
BIO 275				4		
ENG 111				3		
ENG 112 <b>OR</b> 114				3		
PSY 150				3		
PSY 241				3		
SOC 210				3		
<b>List one (CIRCLE): NO SUBSTITUTIONS</b> ART 111, ART 114, ART 115, HUM 115, MUS 110, MUS 112, PHI 215, PHI 240				3		
<b>(Maximum Points = 120)</b>				<b>TOTAL POINTS</b>		
PREVIOUS WORK EXPERIENCE						
<p><b>Attach to this form</b> the <i>LPN Work Verification Attestation</i> form validating at least 6 months of full time employment in an LPN role within the last 3 years. No copies or hand-corrected originals will be accepted. The letter must:</p> <ul style="list-style-type: none"> <li>• Show the original signature of the Director of Nursing or the Director of Human Resources;</li> <li>• Be delivered in a sealed agency envelope.</li> <li>• If the agency requires use of an electronic system, <b>attach a copy</b> of your request confirmation. Points may be deducted if the agency does not send the validation by the due date.</li> </ul>						
<b>(Maximum Points = 1)</b>				<b>TOTAL POINTS</b>		
LPN LICENSURE						
<p><b>Attach to this form</b> a validation of current North Carolina LPN license from the NCBON website. This validation must:</p> <ul style="list-style-type: none"> <li>• Be unrestricted and have no charges pending;</li> <li>• Remain valid and current throughout the ADN program.</li> </ul>						
<b>(Maximum Points = 2)</b>				<b>TOTAL POINTS</b>		
BASIC CARDIAC LIFE SUPPORT						
<p><b>Attach to this form</b> a validation of current CPR certification. This validation must:</p> <ul style="list-style-type: none"> <li>• Be issued by the <b>American Heart Association</b>;</li> <li>• Be for <b>Heart Code</b>/Basic Life Support (CPR and AED) Certificate;</li> <li>• Remain current throughout the ADN program. If the certification will expire you may attach for points, but must renew before it expires.</li> </ul>						
<b>(Maximum Points = 2)</b>				<b>TOTAL POINTS</b>		
HESI A2 CUMULATIVE SCORE						
<b>(Minimum 75, Maximum 100)</b>				<b>TOTAL POINTS</b>		
TOTAL SCORE FOR ADMISSION						
<b>ADD ALL OF THE TOTALS ABOVE</b>				<b>(Maximum Points = 225)</b>	<b>TOTAL SCORE</b>	