

ADVANCED PLACEMENT STAGE II WORKSHEET INSTRUCTIONS

Early Consideration Period: October 8-11, 2018

Late Consideration Period: December 2018, TBA

****Late Consideration will only be held if seats are available.**

SHEETS DUE BY 4:00 PM

Submit in Kennedy 125

INSTRUCTIONS

1. Complete the worksheet (on reverse) using the points formula below.
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.
7. Submit this worksheet and transfer credit documents (if applicable) to the Nursing Department. If you are unable to submit the worksheet in person, please contact the Nursing Department at 910-695-3834.

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

EXAMPLE					
Course	Semester/Year	College (if not SCC)	Grade/Points	Credit Hours	Total
ENG 111	Fall 2013	ABC College	B/3	3	9
BIO 166C	Fall 2014		B/3	3	9
BIO 166L	Fall 2014		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	Semester/Year	College (if not SCC)	Grade/Points	Credit Hours	Total
BIO 165				4	
BIO 166				4	
BIO 275				4	
ENG 111				3	
ENG 112 OR 114				3	
PSY 150				3	
PSY 241				3	
SOC 210				3	
List one (CIRCLE): ART 111, ART 114, ART 115, HUM 115, MUS 110, MUS 112, PHI 215, PHI 240				3	
(Maximum Points = 120)				TOTAL POINTS	
PREVIOUS WORK EXPERIENCE					
<p>Attach to this form a letter 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: Be on official agency letterhead; Show the original signature of the Director of Nursing or the Director of Human Resources; List the agency contact person with name, address and email; Be delivered in a sealed agency envelope.</p> <p>If the agency requires use of an electronic system, attach a copy of your request confirmation. Points may be deducted if the agency does not send the validation by the due date.</p>					
(Maximum Points = 1)				TOTAL POINTS	
LPN LICENSURE					
<p>Attach to this form a validation of current North Carolina LPN license from the NCBON website. This validation must:</p> <ul style="list-style-type: none"> • Be unrestricted and have no charges pending; • Remain valid and current throughout the ADN program. 					
(Maximum Points = 2)				TOTAL POINTS	
BASIC CARDIAC LIFE SUPPORT					
<p>Attach to this form a validation of current Basic Cardiac Life Support. This validation must:</p> <ul style="list-style-type: none"> • Be issued by the American Heart Association; • Be for the Health Care Provider, AED, Through the Life Span; • Remain current throughout the ADN program. 					
(Maximum Points = 2)				TOTAL POINTS	
HESI A2 CUMULATIVE SCORE					
(Minimum 75, Maximum 100)				TOTAL POINTS	
TOTAL SCORE FOR ADMISSION					
ADD ALL OF THE TOTALS ABOVE		(Maximum Points = 225)		TOTAL SCORE	