PROGRAM OVERVIEW: The Associate of Applied Science Degree Nursing program is approved by the Oregon State Board of Nursing. This two-year program is designed to train highly skilled nurses. Clinical settings include hospitals, nursing homes and health care agencies in Linn and Benton counties. Upon successful completion of all program requirements students will be eligible to apply for an Associate of Applied Science degree and to take the National Council Licensing Examination for Registered Nurse licensing (NCLEX-RN). For more information about the program see http://www.linnbenton.edu/nursing.

ESTIMATED PROGRAM COST: $13,300 – $14,500 (subject to change)

PROGRAM DATES: Fall Term 2016 – Spring Term 2018

APPLICATION DATES: Online application opens: March 14, 2016, midnight
(Neither early nor late applications will be accepted.)
Online application deadline: March 28, 2016, midnight

WINTER TERM TRANSCRIPT DEADLINE: April 4, 2016, 5:00 PM

POINTS LETTERS: Emailed to your LBCC email account during the week of April 25, 2016

PROCTORED NURSING ADMISSION ESSAY: Saturday, May 14, 2016 (See page 3)

ADMISSION DECISION: Emailed to your LBCC email account during the week of May 23, 2016

MANDATORY ORIENTATION: Friday, June 10, 2016 at LBCC’s Albany Campus (time TBA)

POST-ADMISSION REQUIREMENTS DEADLINE: July 2016 (see last page)

CLASS SELECTION PROCESS: Admission to the program is based on the point system and NOT a first-come, first-served basis. Ties between applicants with the same point totals will be broken based upon the applicants’ (a) number of points for Work Experience, then (b) accumulative points received for BI231, BI232, BI233, and WR123. Only qualified applicants will have their points evaluated (see the point system information in this bulletin). The number of points needed for admission varies based on the applicant pool. The Nursing Program accepts one cohort per year beginning Fall Term. It is your responsibility to be informed and adhere to all requirements, procedures and deadlines as they may change from year to year. New applicants as well as applicants from previous years must complete the entire application process.

RESIDENT POINTS: Residents of the Linn-Benton Community College (LBCC) tax district will receive 5 Resident Points. To be eligible for Resident Points, you must establish residency at least 90 days prior to the first day applications are accepted. To determine whether or not you live at such an address (whether you rent or own), please refer to your property tax statement, or inquire at your county tax assessor’s office. Some addresses at or near the Linn or Benton county lines, though inside the county lines, may not be within the LBCC tax district. NOTE: Not all student Visas allow students to claim USA permanent residential status and/or be admitted to this program. International students need to consult LBCC’s International Admissions to see if they are eligible to apply. http://www.linnbenton.edu/international-students

CANCELLATION: The program is subject to cancellation if there are an insufficient number of clinical sites or eligible students. Students admitted to a cancelled session must reapply to be given consideration for admission to the next session.
ADMISSION LIMITATIONS

Applicants should be aware of the following Admission Limitations; failure to comply may result in application denial:

- **APPLICATION COMPLETION**: Applicants must submit proof of completing all Minimum Application Requirements by the deadlines given to be considered for admission to this program.
- **HOLDS**: Applicants must have no registration Holds at LBCC during the entire application and admissions process to be considered for admission to this program.
- **ACADEMIC STANDING**: Applicants’ Academic Standing must be in Good Standing at LBCC during the entire application and admissions process to be considered for admission to this program.
- **STUDENT STATUS**: Applicants must be in good Student Status with Student Services at LBCC during the entire application and admissions process to be considered for admission to this program.

* To view your status at LBCC: 1) Log in to WebRunner, 2) Select “Student,” 3) Select “Registration,” 4) Select “Check Your Registration Status,” 4) Select the next available term. Contact your LBCC advisor if you have questions about your status.

**NOTE REGARDING FINANCIAL AID**: The Federal Financial Aid standards and policies regarding Satisfactory Academic Progress (SAP) are not identical to the college’s standards on admission/registration eligibility. Poor Financial Aid SAP status will not limit your potential admission into this program, but may severely affect your funding options. To view your current SAP status: 1) Log in to WebRunner, 2) Select “Financial Aid,” 3) Select “Your Financial Aid Status,” 4) Select “academic progress.” To find out more about Financial Aid Academic Standards at LBCC go to: http://www.linnbenton.edu/financial-aid/academic-standards

CIVIL RIGHTS

**LBCC STATEMENT OF NONDISCRIMINATION**: LBCC prohibits unlawful discrimination based on race, color, religion, ethnicity, use of native language, national origin, sex, sexual orientation, marital status, disability, veteran status, age, or any other status protected under applicable federal, state, or local laws. (For further information http://po.linnbenton.edu/BPsandARs/) Board Policy P1015

**PERSONS RESPONSIBLE FOR COORDINATING TITLE II (ADA reasonable accommodations), TITLE IX (gender discrimination), and SECTION 504 (discrimination against individuals with disabilities – a civil rights issue):**

- **Affirmative Action Officer**: Scott Rolen - 541-917-4425
- **ADA Coordinator (Students)**: Carol Raymundo - 541-917-4690
- **ADA Coordinator (Employees/Applicants)**: Kathy Withrow - 541-917-4420
- **Title IX Coordinator**: Lynne Cox - 541-917-4806

**DISCRIMINATION/HARASSMENT COMPLAINT PROCESS**: If you feel you have been discriminated against in any interaction at Linn-Benton Community College or have been harassed by another person while at LBCC please contact us immediately based on the following:

- **A student complaint about another student**: Contact: Lynne Cox, 541-917-4806, coxly@linnbenton.edu
- **A student complaint about an LBCC staff member**: Contact: Scott Rolen, 541-917-4425, rolens@linnbenton.edu
- **An LBCC staff member complaint about another staff member or student**: Contact: Scott Rolen, 541-917-4425, rolens@linnbenton.edu

This and additional information can be found at http://www.linnbenton.edu/current-students/administration-information/policies/equal-opportunity
2016 MINIMUM APPLICATION REQUIREMENTS

All supplemental documentation, listed below, must be submitted/postmarked (c/o LBCC Special Admissions) in a sealed envelope within 2 business days of completing your online application. If you satisfy the minimum application requirements and do not have any other admission limitations you will be considered a qualified applicant. Failure to do so may result in your application being denied. Course numbers noted in this bulletin refer to LBCC courses as described in the LBCC Catalog. Course equivalencies are considered on a case-by-case basis and are not guaranteed. Once supplemental documentation is submitted, new materials may not be added.

☐ CHECK YOUR STATUS: Prior to the day applications open, if you have ever been an LBCC student, log in to WebRunner to view your Academic, Financial, Student, and Financial Aid statuses (see page 2)

☐ ONLINE APPLICATION: Complete the ONLINE Application for Admission (see next page)

☐ READING PLACEMENT TEST: Complete the LBCC Computerized Placement Test (CPT) for reading or petition to have it waived. Students who have previously taken the LBCC CPT for reading do not need to repeat it.

☐ TRANSCRIPTS: If submitting Official transcripts from any non-LBCC institutions, please follow the transcript submission steps noted at www.linnbenton.edu/transcripts. Transcripts must be official, unopened copies from the institution(s) where you completed the applicable course(s).

☐ SUPPLEMENTAL DOCUMENTATION: Submit all applicable supplemental documentation to the Albany LBCC Admissions department in a sealed envelope with your legal name and the program title written on the front:
  — Special Admission fee UPDATE: The LBCC application fee is now a Post-Admission Requirement (see last page)
  — Compliancy: Complete and submit the Statement of Understanding and Compliance
  — Residency: Submit proof of your official residency for 90 days prior to March 14, 2016 by completing the Request to Establish Residency Status form along with supporting documentation.
  — Minimum Application Requirement Courses: Complete and submit the Application Course Details form. All courses must be completed prior to the application deadline to be considered toward meeting requirements.
  — Oregon CNA: Submit proof of your unencumbered Oregon Certified Nursing Assistant certification; must be valid through June 1, 2016.
  — Points: Submit all applicable documentation (see Point System below)

PETITION PROCESS: To petition for an exception to a minimum course requirement complete a Petition to Waive Minimum Admission Requirement to a Special Admissions Program form (available through LBCC Admissions, 541-917-4811). Petitions do NOT guarantee an exception will be granted.

2016 POINT SYSTEM

RESIDENT POINTS: Residents of the Linn-Benton Community College tax-district will receive 5 Resident Points (see pg. 1)

ALTERNATE POINTS: (2 points max) 2015 Alternates for the Nursing Program who were not offered an opportunity to enter the program will be awarded 2 points.

GRADE BASED COURSES: (32 points max) If applicable, complete the Grade Based Points Courses portion of the Application Course Details form (page 8). Grade Based Point Scale: A = 4 points, B = 3 points, C = 2 points.

COLLEGE LEVEL EDUCATION: (1 point per category) Associates = 1 pt, Bachelors = 1 pt, Masters = 1 pt, PhD/EdD = 1 pt Consult your advisor about possible Financial Aid consequences of earning a degree prior to admission to this program.

WORK EXPERIENCE: (4 points max) If applicable, complete and submit the Work Experience Verification Form (see page 9). Only one work experience category will be considered for points.

ADMISSION ESSAY: (18 points max) The top 75 ranked qualified applicants will be invited to complete the proctored Nursing Admission Essay designed to evaluate applicants’ non-cognitive attributes which contribute to being a good healthcare professional. Qualified applicants will be ranked based on their point totals. Invitations will be sent via email to the applicants who rank in the top 75. Questions will not be shared prior to the date of the admission essay. Additional information can be found on the Nursing Program’s webpage: www.linnbenton.edu/nursing.

ONLINE APPLICATION INFORMATION
When applying for the Nursing Program you are required to apply online. Applications will open online on March 14, 2016 at midnight. Online applications receive an automatic time/date stamp. The online application deadline is March 28, 2016 at midnight. Neither early nor late applications will be considered.

NEW STUDENTS: Students who have never attended or applied to LBCC must begin at step 1.

1. Go to http://webrunner.linnbenton.edu/admit_home.htm
2. Select “I Want to Earn a Degree or a Certificate”
3. Create a Login ID:
4. Create and verify a PIN:
5. Select “Login”
6. Select the Nursing Program from the Application Type drop down options (See NOTE below)
7. Select “Continue”
8. Select “Fall 2016” from the Admission Term drop down options
9. Enter at least your first and last name into the appropriate boxes
10. Complete all online application checklist items:
    ✓ Name
    ✓ Permanent Address
    ✓ Mailing Address, if different from permanent
    ✓ Personal Information
11. Select “Application is Complete”

LBCC STUDENTS: Log in to your WebRunner account, select the “Student” tab, select “Admissions”, select “Apply with an Online Application”, and then, beginning at step 6, follow the rest of the above online application steps.

NOTE: If you are applying within the appropriate application dates but are unable to view this program on the Application Type drop down list, create a new application by starting at Step 1 (using a new Login ID and password). Be sure to select the appropriate program from the drop down list and not to select A New Student nor Transfer Student.

Remember: The supplemental documentation must be submitted/postmarked in a sealed envelope in entirety to the Albany Admissions department (c/o LBCC Special Admissions) within 2 business days of submitting your online application. Submit all documentation you believe will be necessary to satisfy the application requirements. Failure to do so will result in your application being denied. You may NOT add new information once submitted.

Tips:
1 Date of Birth (DOB) and Social Security Numbers (SSN) are used to help ensure applications are not mismatched between LBCC applicants with the same names. This information is very useful, but is optional for the purposes of this online application.

2 Once you submit your application a time/date stamp will be applied electronically. If additional information is needed to process your application, the original stamp will remain and you will be contacted by a staff member from the Admissions department. Failure to provide accurate information will result in your application being delayed and may result in it being denied.

2016 STATEMENT OF UNDERSTANDING AND COMPLIANCE

Initial:
I understand that communication from LBCC regarding my application to this program will be made using my LBCC student email account (if I have never been admitted to nor registered for a class at LBCC, I give LBCC permission to contact me via the email address I provided with my application).

I have read, understand and agree to uphold those policies put forth in LBCC's and my host college's Students Rights and Responsibilities Handbook, including the Standard of Student Conduct located at www.linnbenton.edu/go/studentrights.

I have read and understand my civil rights as a student at LBCC.

I have read and understand the information on page 2 regarding Admission Limitations and Financial Aid SAP.

I have read this Nursing Bulletin and understand that it is my responsibility to be aware of and comply with all requirements by the deadlines specified in the bulletin.

I understand that only the forms included in this Nursing Bulletin may be used, however, they may be copied if more than one of the same form is needed.

I understand some occupational health hazards include, but are not limited to, heavy lifting, exposure to bodily fluids and the use of latex gloves and masks; therefore, I will meet with the Nursing advisor if I feel I have any risk factors to consider.

I understand that it is my responsibility to prove my residency by supplying the appropriate documentation, regardless of how long I have lived at my current address.

I understand that, if admitted, I will be required to complete and pass all post-admission requirements and meet all deadlines as set by the program in the Admission letter in order to remain admitted in the program.

I understand that my social security number (SSN) will be matched against the US Department of Health & Human Services list of individuals who are barred from any participation in federally funded health programs. If on the list, I am not eligible to participate in this program.

I understand that, if admitted, I will be required to complete and pay for the LBCC approved criminal background check. The results will determine, in part, my eligibility to be in the program but does not guarantee I will be eligible to be licensed or employed in this field.

I understand that, if admitted, I will be required to pay for and submit for review proof of the required immunizations/medical screens, physical exam and CPR certification as per the Admission letter. It will be my responsibility to keep all immunizations and CPR certifications up to date during the duration of the program. ONLY AMERICAN HEART ASSOCIATION’S HEALTHCARE PROVIDER CPR WILL BE ACCEPTED.

I understand that if I am suspected of or known to have a communicable disease which may be transmitted under normal Nursing activities, I will be required to have documentation of medical treatment prior to participating in clinical/lab assignments.

Student Drug Testing Notification: Cooperating with the drug testing policies of any work experience, clinical or cooperative teaching site is a condition for continued enrollment in the course and/or related academic program. A student may be required to comply with the non-LBCC site's policy. Testing may be random and unannounced or conducted when reasonable beliefs that work behavior may be the result of the presence of a drug. The presence, as determined by the program approved test procedures, of prescription or non-prescription drugs, controlled substances or cannabis may result in immediate dismissal from the work site and disenrollment from the course and/or related academic program if the course is a requirement for program completion. The student may be subject to appropriate disciplinary action for violating the Standards of Conduct as outlined in the LBCC Students Rights and Responsibilities and the host institution’s code of student conduct.

I understand that, if admitted, it will be my responsibility to attend the mandatory orientation on the date and time noted in my Admission letter in order to keep my seat in the program.

I understand that, if admitted, I must maintain a minimum “C” grade in all required Nursing degree and Related Instruction courses as listed on the graduation worksheet for the year I enter the program, and courses must be taken in the specified sequence.

I understand that, if I wish to grant a third party (employer, TAA, CSC, spouse, etc) access to information regarding my application status, grades, etc, I must complete and submit the Disclosure Authorization form available at www.linnbenton.edu/forms or update this information through WebRunner.

Applicant’s Signature ___________________________ Date ________________

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The Oregon State Board of Nursing reviews applicants for RN licensure upon completion of LBCC’s nursing program and is responsible for ensuring that approved applicants meet certain criteria regarding issues of substance abuse and criminal histories. Specific questions regarding these issues should be directed to: 17938 SW Upper Boones Ferry Rd. Portland, OR, 97224, (971)673-0685.
RESIDENCY INFORMATION REQUIRED FOR SPECIAL ADMISSIONS PROGRAMS

For admission to special programs, a resident is defined as someone who established permanent residency 90 days before the first day applications are accepted for that program. Permanent residence is defined as the home a person intends to return to after any absence, and in which one’s dependents reside for an unlimited period of time. You must complete the residency information below and provide at least one document from Category 1 AND one document from Category 2 to prove your permanent residency status.

NOTE: Not all student Visas allow students to claim USA permanent residential status and/or be admitted to this program. International students need to consult International Admissions to see if they are eligible to apply. Go to http://www.linnbenton.edu/international-students for more information.

CATEGORY 1 (One of below)
- Rent receipts with your name, resident address, and dates of occupancy for the period of time in question. (Rental agreements are not acceptable.)
- Notarized affidavit substantiating your permanent residency for the period of time in question. (Applicants cannot complete the Affidavit for Residency for themselves.)
- Documents proving your own Oregon property and that the property is your permanent residence.

CATEGORY 2 (One of below)
- Oregon driver’s license
- Oregon vehicle registration with your resident address.
- Oregon state income tax return (for previous year) with resident address.
- Verification of local bank account showing resident address.
- Oregon voter registration.
- Oregon Hunting/Fishing license.

ALL documents must have your name and permanent address for the period of time in question. The address on these documents must agree with the permanent address on your application form or the previous addresses you have listed below.

COMPLETE THE INFORMATION BELOW

Name ___________________________ Phone ___________________________
ID # or SS# _______________________________________________________

Program for which you are requesting to establish your residency ___________________________________________

Please list all addresses you have lived at for the time period involved (see the special admissions bulletin for the time period).

___________________________________________________________________         ______________
Street     City    State  Zip  Time Period
___________________________________________________________________         ______________
Street     City    State  Zip  Time Period
___________________________________________________________________         ______________
Street     City    State  Zip  Time Period

List the two documents you are submitting to verify your permanent address.

Category 1 ____________________________________ Category 2 ____________________________________

The above information is a true and accurate statement of my residency.

_________________________________________       Date

Student signature

Admissions & Records
STATE OF OREGON)
COUNTY OF _____)

I, _______________________________________, being first duly sworn, state the following:  
(Landlord certifying residency)

That____________________________________________________________________ has lived at
(student’s name and ID #)

_____________________________________________________________________________________
(street, city, state)

since ______________________________ .
(date first at above address)

By affixing my signature, I hereby affirm that this information is accurate and correct. I further state
that my statement is not for any fraudulent purpose.

_______________________   ________________________________________
(date) (signature of Landlord certifying residency)

NOTARIZATION: Subscribed and sworn before me this _____ day of _____ , 20______

_____________________________________________________
Notary Public for the State of Oregon

My Commission expires:

6500 Pacific Blvd SW        Albany, Oregon 97321        (541) 917-4812
### Minimum Application Requirement Courses:

<table>
<thead>
<tr>
<th>Course Number/Title:</th>
<th>Grade:</th>
<th>Date Completed:</th>
<th>College/University:</th>
</tr>
</thead>
<tbody>
<tr>
<td>WR 121 – English Composition</td>
<td>required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MTH 095 – Intermediate Algebra* (since September 2011)</td>
<td>required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BI 231 - Anatomy &amp; Physiology I</td>
<td>required</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Grade Based Points Courses: (A = 4, B = 3, C = 2)

<table>
<thead>
<tr>
<th>Course Number/Title:</th>
<th>Grade Possible:</th>
<th>Grade:</th>
<th>Date Completed:</th>
<th>College/University:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BI 231 - Anatomy &amp; Physiology I</td>
<td>2 - 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BI 232 - Anatomy &amp; Physiology II</td>
<td>2 - 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BI 233 - Anatomy &amp; Physiology III (since September 2011)</td>
<td>2 - 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BI 234 - Microbiology (since September 2011)</td>
<td>2 - 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Terminology 1 (2 credits)</td>
<td>2 - 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NFM 225 - Nutrition</td>
<td>2 - 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSY 215 - Developmental Psychology</td>
<td>2 - 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WR 123 - Research Writing</td>
<td>2 - 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### College Level Education:

<table>
<thead>
<tr>
<th>Degree Title</th>
<th>Points Possible:</th>
<th>Date Completed:</th>
<th>College/University:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associates Degree</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ph.D or Ed.D</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Computerized Placement Test (CPT) may not be used to meet this graduation requirement; Math CPT may only be used to show proof of recent competence.*
WORK EXPERIENCE VERIFICATION FORM

You may receive points for showing proof of work experience within one of the categories listed below. Work experience must be verified using this form, and the lower portion must be completed by your supervisor, human resources representative, or personnel office. You may duplicate this form as needed to show proof of the minimum hours within a category, but only ONE Work Experience Category will be considered toward your points. Incomplete forms will not be considered for points.

Dear Supervisor/Human Resources,

I am in the process of applying to the Nursing Program offered through Linn-Benton Community College. The points process requests verification of applicable work experience within one of the categories listed below (may be from more than one location).

I, ____________________________ (program applicant’s name), authorize the college to contact the individuals listed on this form to verify the information provided.

Program Applicant’s Signature: ____________________________ Date: ______________

--- The portion below is to be completed by your Supervisor/Human Resources Representative ---

<table>
<thead>
<tr>
<th>A. Work Experience Category: (Select one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current Unencumbered LPN License (4 points)</td>
</tr>
<tr>
<td>→ Training must have included internship/externship hours</td>
</tr>
<tr>
<td>→ Must submit proof of current unencumbered license with your application</td>
</tr>
<tr>
<td>2. Paid work experience as a CNA for at least 480 hours within the last year (4 points)</td>
</tr>
<tr>
<td>→ Bottom portion of this form must be complete by your supervisor or human resources representative</td>
</tr>
<tr>
<td>→ Must submit proof of CNA certification with your application</td>
</tr>
<tr>
<td>3. Paid work experience in a certified allied health care field for at least 480 hours within the last year (2 points)</td>
</tr>
<tr>
<td>→ Bottom portion of this form must be complete by your supervisor or human resources representative</td>
</tr>
<tr>
<td>→ Training must have included direct patient care internship/externship hours prior to certification/licensure</td>
</tr>
<tr>
<td>→ Must submit proof of certification/licensure with your application (ex: CNA, CMA, EMT, etc.)</td>
</tr>
<tr>
<td>4. Military service in a medical MOS (Military Occupational Specialty) within the last five years (1 point)</td>
</tr>
<tr>
<td>→ Bottom portion of this form must be complete by your unit commander or personnel officer or submit verification of service record which show proof of medical MOS.</td>
</tr>
</tbody>
</table>

| B. Applicant’s Position Title: ____________________________ |

| C. Dates of Service: ____________________________ Total Paid hours: ____________ |

| E. Supervised by: ____________________________ |
| Name, Title |

| F. Medical Facility: ____________________________ Phone: ____________ |
| Facility Address: ____________________________ |

| G. Supervising signature: ____________________________ Date: ______________ |
POST-ADMISSION REQUIREMENTS

Please do not turn in proof of the items listed below with your application packet. Only students who are admitted to this program will be required to complete the Post-Admission Requirements. Instructions and deadlines will be provided with the admission emails. The following requirements and estimated costs are subject to change:

- **CONFIRMATION:** All admitted students and Alternates will be required to submit a commitment form.
- **EMAIL:** Admitted students will be required to use their LBCC student email while in the program.
- **MANDATORY ORIENTATION:** Attend the Mandatory Orientation on Friday, June 10, 2016 (time TBA)
- **RECORD RELEASE:** All admitted students will be required to complete and submit a Record Release form
- **CRIMINAL BACKGROUND CHECK:** All admitted students will be required to complete and pass the LBCC approved criminal background check to remain eligible for this program (estimated cost is $60; not included in program cost estimate)
- **HEALTH AND TRAINING DOCUMENTATION:** All admitted students will be required to electronically submit the appropriate immunization, medical screening, and CPR documentation. (estimated review and tracking cost is $35; cost of immunizations, medical screenings, and CPR certification varies; NOT included in program cost).
  - **Hepatitis B** – 3 doses and positive titer
  - **MMR (Measles, Mumps, Rubella)** – positive titer or 2 doses
  - **Varicella (Chicken Pox)** – positive titer or 2 doses
  - **Tdap (Tetanus, Diphtheria and Pertussis)** – 1 dose within last 10 years
  - **TB (Tuberculosis) Skin Test (PPD)** – Negative PPD within last 12 months & repeated annually
  - **CPR** – Submit proof of current CPR certification; ONLY AMERICAN HEART ASSOCIATION’S HEALTHCARE PROVIDER CPR WILL BE ACCEPTED. Other CPR certifications will be denied. CPR certification must be kept current for the duration of the program.

- **RECOMMENDED IMMUNIZATIONS:** The following immunizations are recommended but not required for admission to this program. Since some clinical sites in Oregon require one or both of these immunizations for clinical placement acceptance, not completing these requirements might result in fewer clinical placement options while in the program. (Cost of immunizations varies; NOT included in program cost.)
  - **Flu shot** – Current flu vaccine & repeated annually
  - **Polio** – positive titer or 3 doses

- **DRUG TEST:** Instructions regarding the drug test (completing and clearing) as a requirement for continued admission will be provided with the admission letter (estimated cost is $45).

- **LBCC ADMISSION FEE:** If you have never paid the one-time LBCC Admission Fee in the past, you will be required to submit payment of the LBCC Admission fee prior to your first term of classes at LBCC.

**NOTE:** Courses listed on the Point System page under “Grade Based” are required for the Associates of Applied Science in Nursing degree. Nursing courses must be completed in sequence. Required courses are subject to change.

**TIP:** It is strongly encouraged to maintain your CNA certification regardless of your 2016 application/admission status in the event you need it for a future application period. Expired/Incomplete CNA certifications will not be accepted to meet the Minimum Application Requirement.