



Nursing Admission Information and Application Packet

Application Period:
July 1, 2017 – June 30, 2018

Chandler-Gilbert Community College
Estrella Mountain Community College
GateWay Community College
Glendale Community College
Mesa Community College
Paradise Valley Community College
Phoenix College
Scottsdale Community College



Nursing Program Locations

Chandler-Gilbert Community College
7360 E. Tahoe Avenue
Mesa, AZ 85212-0908
480.988.8000
<http://www.cgc.maricopa.edu/>

Estrella Mountain Community College
3000 N. Dysart Road
Avondale, AZ 85392
623.935.8000
<http://www.estrellamountain.edu/>

GateWay Community College
108 North 40th Street
Phoenix, AZ 85034-8000
602.286.8000
<http://www.gatewaycc.edu/>

Glendale Community College
6000 West Olive Avenue
Glendale, AZ 85302-3090
623.845.3200
<http://www2.gccaz.edu/>

Mesa Community College
1833 West Southern Avenue
Mesa, AZ 85202-4866
480.461.7000
<http://www.mesaac.edu>

Paradise Valley Community College
18401 North 32nd Street
Phoenix, AZ 85032-1210
602.787.6500
<http://www.pvc.maricopa.edu/>

Phoenix College
3700 N. 3rd Avenue
Phoenix, AZ 85013-4234
602.285.7500
<http://www.pc.maricopa.edu/>

Scottsdale Community College
9000 East Chaparral Road
Scottsdale, AZ 85256-2626
480.423.6000
<http://www.sc.maricopa.edu/>

The Maricopa Community Colleges reserve the right to change materials, information, curriculum, requirements, and regulations in this publication.

A. PROGRAM INFORMATION

Nursing programs are available at eight of the Maricopa Community Colleges which comprise the MaricopaNursing consortium. Clinical experiences are provided in a variety of healthcare settings. Completion of the nursing courses and general education degree requirements and subsequent posting of the degree provides eligibility for students to apply for licensure as registered nurses. Licensing requirements are the exclusive responsibility of the State Boards of Nursing.

The MaricopaNursing Programs are approved by the Arizona State Board of Nursing, 4747 N. 7th St. Suite 200, Phoenix, AZ 85014, PH: 602.771.7800 and accredited by the Accrediting Commission for Education (ACEN), 3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326, PH: 404.975.5000.

B. OCCUPATIONAL INFORMATION

Graduates receiving an Associate in Applied Science in Nursing degree are eligible to apply for licensure as a Registered Nurse (R.N.). The R.N. is educated as a generalist who delivers health care to clients and family groups and has competencies related to the art and science of nursing. The R.N. may be employed in a variety of acute, long-term, and community-based health care settings. Registered Nurses function within the legal scope of practice and use professional standards of care when caring for clients and families across the life span. The degree provides the graduate with an educational foundation for articulation into the University setting.

C. ELIGIBILITY FOR LICENSURE

Students completing graduation requirements for the Associate in Applied Science degree in Nursing are eligible to apply for licensure as registered nurses through the AZBN. Licensing fees and requirements are determined by and are the sole responsibility of the AZBN. Approximate cost of application fees, testing fees, and fingerprinting is approximately \$550.00. Contact: Arizona State Board of Nursing at <http://www.azbn.gov> or 602-771.7800.

Effective January 1, 2008 applicants for licensure in Arizona must provide evidence of citizenship or nationality. Licensing fees and requirements are determined by and are the sole responsibility of the State Boards of Nursing. For all questions about eligibility for licensure and the documents required showing eligibility, contact the Arizona State Board of Nursing <http://www.azbn.gov> or 602-771-7800.

Cost Estimate for MaricopaNursing Programs*

Tuition (up to 74 credits x \$86.00; Maricopa County Resident)		\$6,364.00
Course Fees Estimate		918.00
Textbook & Electronic Resources Estimate	Cost will Vary	1,200.00
Fingerprint Clearance Card	Cost will Vary	70.00
Background Check, Drug Screen	Cost will Vary	150.00
Clinical placement registration	Cost will Vary	50.00
Uniform and Clinical Supplies	Cost will Vary	200.00
Immunizations/Health Requirements	Cost will Vary	300.00
Health document tracking		35.00
Total Estimated Cost of the MaricopaNursing Program		<u>\$ 9,287.00</u>

*Cost estimate is for the total number of credits for the nursing courses in all 4 Blocks as well as pre and co-requisite courses. Total credits will depend upon the Block of placement. Fees are subject to change by the Governing Board of the Maricopa County Community College District.

MaricopaNursing Program Contact Information

Web Page: www.nursing.maricopa.edu/

E-mail for general questions: nursing@domail.maricopa.edu

Hotline for general questions: 480.731.8264

Advisement: Following review of the Information and Application Packet, see an Advisor/Admissions Officer at the college of first choice.

College	Advisors/Admission Officers	Phone Number/Email
Chandler-Gilbert Community College	Maria De la Torre	480-988-8880 chuy.delatorre@cgc.edu
Estrella Mountain Community College	TBA	
GateWay Community College	Andrea Romo PK Felix	romo@gatewaycc.edu felix@gatewaycc.edu
Glendale Community College	Spring Turner Ruben Briese Jennifer Leyda	Advisor phone: 623-845-3200 Email: gccnursing@gccaz.edu
Mesa Community College	Tuesdee Pfeiff	480-461-7208 tuesdee.pfeiff@mesacc.edu
Paradise Valley CC	Dionna Johnson	602-787-7060 dionna.johnson@paradisevalley.edu
Phoenix College	Tiffany Baxter	602-285-7777 tiffany.baxter@phoenixcollege.edu pc-advisement-chat@phoenixcollege.edu
Scottsdale Community College	Maria King	480-423-6135 maria.king@scottsdalecc.edu

The following list identifies the Directors comprising the Nursing Program Council. The Council represents the governing body of the nursing program. Unresolved issues about the admission and progression through the program may be directed to one of the following members:

College	Nursing Director	Phone Number/Email
MaricopaNursing	Margi Schultz	schultz@gatewaycc.edu
Chandler-Gilbert Community College	Karen Flanigan	480.988.8884 karen.flanigan@cgc.edu
Estrella Mountain Community College	Roni Collazo	623-935-8983 roni.collazo@estrellamountain.edu
GateWay Community College	Margi Schultz	602-286-8530 schultz@gatewaycc.edu
Glendale Community College	Susan Mayer	623-845-3849 Susan.mayer@gccaz.edu
Mesa Community College	Diane Dietz	480-461-7460 diane.dietz@mesacc.edu
Paradise Valley Community College	Nelly Peterson	602-787-7192 nelly.peterson@paradisevalley.edu
Phoenix College	Salina Bednarek	602-532-8601 salina.bednarek@phoenixcollege.edu
Scottsdale Community College	Nick DeFalco	480-423-6235 nick.defalco@scottsdalecc.edu

Requirements for Admission

- 1. Enrollment:** Students who have not previously attended a Maricopa Community College should follow the [Enrollment Steps guide](#) available online. You will need to create a MEID account, apply for admission to any Maricopa college, and submit proof of identification. Once these steps are complete and your identification has been verified, access to Maricopa student tools and resources is available.
- 2. Advisement:** Applicants seeking admission to the Nursing Program must see an Advisor/Admission Officer for assistance in completing the application process.
- 3. High school graduation or GED:** is required for the Associate in Applied Science degree in nursing. Applicants must attest they meet this requirement by signing the statement of high school graduation or noting high school graduation on the advanced placement application.
- 4. Transcripts:** Request all official college/university transcripts be sent to the Admissions Office at the **college of first choice** for evaluation. Pre-and co-requisite courses will be evaluated by a Maricopa Community College advisor/admission officer to determine transferability.

Advisors/admission officers will complete credit by evaluation for coursework completed at institutions not regionally accredited. There may be a fee for the courses. Applicants may be required to pay for credit by evaluation which may be the equivalent cost of the credits for one or more semesters of the program of study. Students will be notified if this is necessary.

- 5. Level One Fingerprint Clearance Card:** A current Level One DPS Fingerprint Clearance Card (FCC) is required for application to MaricopaNursing. Bring FCC and a copy of card. See an advisor/admission officer or www.nursing.maricopa.edu/ for FCC information and application packet. Allow up to 12 weeks to receive the FCC.
- 6. HESI Admission Assessment (HESI A2):** All students applying to MaricopaNursing must show evidence of passing scores on the HESI A2. The nursing director may deny acceptance of an application if an applicant violates the guidelines for taking the exam.

A score of 80% or higher in the English language composite score and a 75% or higher in math* must be achieved to apply to MaricopaNursing. The cost of the HESI A2 is approximately \$40.00. The HESI A2 Study Guide is available in select college bookstores and libraries to assist in exam preparation. If unable to achieve the minimum score, remediation is advised before repeating the test. Applicants may retest after a 60 day period for a maximum of 3 times per 12-month period. See the MaricopaNursing website under "Prospective Students" for additional HESI A2 information.

- 7. Background Check/Drug Screen:** All Maricopa Community College healthcare students are required to complete a criminal background check and drug screen during the registration process. Previous background checks and drug screens are not valid. The colleges will send information on how and when to obtain these requirements. Enrollment is contingent on passing results from the background check and drug screen. Once admitted, students have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of the DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during my enrollment in a Program. Any student who loses eligibility to participate in clinical experiences due to inability to meet program requirements will be withdrawn from the program.

**NOTE: HESI A2 scores subject to change*

8. General Education Course Requirements (Minimum grade required is a “C” or 2.0):

General Education Prerequisites		BLOCK 1	BLOCK 2	BLOCK 3	BLOCK 4
MAT140, 141, or 142 College Math 3-5 Credits	ACCEPTANCE	NUR152	NUR172	NUR252	NUR283
BIO156/181 or 1 yr. HS BIO Biology 201 0-4 Credits		Nursing Theory & Science I 9 Credits	Nursing Theory & Science II 9 Credits	Nursing Theory & Science III 9 Credits	Nursing Theory & Science IV 9 Credits
CHM130/130LL or 1 yr. HS CHM Chemistry 0-4 Credits		CO-REQUISITE COURSES			
ENG 101 or 107 First Year Composition 3 Credits		BIO202 Human Anatomy & Physiology II (Recommended Pre- req to NUR172) 4 Credits	PSY101 Introduction to Psychology (Recommended Pre-req to NUR252) 3 Credits	BIO205 Microbiology (Recommended Pre- req to NUR283) 4 Credits	HUM--- Humanities Elective 2 Credits
			CRE101 (Recommended Pre-req) Critical Reading 0-3 Credits		ENG102 or 108 First Year Composition 3 Credits
		TOTAL 13 Credits	TOTAL 12-15 Credits	TOTAL 13 Credits	TOTAL 14 Credits
Prerequisite Credits = 10-20		Total Nursing Core Credits = 36 General Education Co-requisite Credits = 16-19 Total Credits for AAS in Nursing Degree = 62-75			

9. Clinical placement database(s) registration and Certified Profile document management

There is a student charge for all MaricopaNursing and Allied Health students to register in the clinical placement database, myClinicalExchange (mCE) and to upload health and safety documents to Certified Profile. There is a fee charged for all students and directions for registration and document uploading will be provided during the orientation to the semester.

Application Process

1. Where to Apply:

Submit the MaricopaNursing Application with the required documentation of admission requirements to the **college of first choice** to the nursing program advisor. Only one application is accepted.

2. How to Apply:

- Copy your complete application before submitting the application to the college of first choice. Additional information is available on the web site: www.nursing.maricopa.edu under FAQs (Frequently Asked Questions).

- **Complete Application:** When all admission requirements have been met and the Advisor/Admissions Officer deems the application complete, the application is accepted. If criteria are missing, the student will be notified. Pending or incomplete applications are not accepted.

Requirements for a Complete Application – student is required to provide all copies

- HESI A2 Entrance Exam - official evidence of required scores within 24 months of application
- Level One Fingerprint Clearance Card - current card – advisor verify and copy the front of card
- Signed statement of High School graduation or GED or official high school transcripts
- Grade of “C” or better for the Pre-requisites and official transcripts on file at the college of first choice.

3. When to Apply:

- MaricopaNursing accepts completed applications only; no provisional or incomplete applications are accepted. Applications that meet all admission requirements are accepted at any time during regular campus business hours at any of the colleges providing a MaricopaNursing Program.

4. Notification of Admission Status:

- Once your application is accepted, the advisor/admission officer will enter your application into the placement data base.
- Program options change each semester. Applicants will be asked to update their selections each semester. Select only the choices you are willing to accept. Normally, only one deferral is permitted. For extenuating circumstances, please notify the nursing hotline and the MaricopaNursing Administrator will make a determination for a second deferral.
- In all options, student schedules must be flexible to accommodate the required days and hours of the clinical rotations at health care agencies. Clinical experiences may occur during day, evening, or night hours and may be scheduled on weekends. Clinical days are **NOT** guaranteed and a weekend only or a weekday only clinical rotation is not always possible even in the evening or weekend programs due to clinical site requirements. Please note the evening program option at GWCC and the weekend and evening programs at GCC are scheduled during evenings and/or weekends, including Friday, Saturday, and/or Sunday **whenever possible**. Evening program classes are usually scheduled for 2 – 3 evenings per week, approximately 5:00 – 10:00 PM.
- Applicants accepting placement will receive an email admission letter and information from the college prior to the start of the semester. The admission information will contain the dates of the nursing student orientation, registration information, and directions on completing the required program requirements such as Certified Profile and other items as designated by the college. It is the student’s responsibility to make certain the college has a current email on file as most correspondence is sent electronically.
- Please note that you must be able to meet all Health and Safety requirements prior to beginning courses in the MaricopaNursing Program. All students must provide documentation of compliance with all health and safety requirements essential to protect patient safety. Students are required to have current Health and Safety documents to maintain enrollment in the program. All documents will need to be uploaded to Certified Background immunization and documentation tracking system. Instructions will be provided and the cost is \$25 (subject to change) per student. Questions about these documents should be directed to the individual colleges. If there are

questions regarding medical or religious variances, please contact the MaricopaNursing Administrator and be prepared to provide written documentation for any variance.

5. Deferring Placement:

- Applicants are placed in open positions according to their date and time stamp and choices. Once placed, the applicant receives an email and will have 10 business days to respond and accept or defer to the next semester. After the 10 day return period, the placement offer expires and the application is withdrawn from the database. Applicants receiving placement within two (2) weeks before the start of a semester must respond within 48 hours to secure their placement status via e-mail or phone.
- Applicants may defer placement. In most instances the deferral option is only valid one time and only before a placement is accepted. Once the deferral is made, the applicant forfeits additional placements until the next semester. If the applicant chooses not to attend the nursing program after placement is accepted, the applicant may not be eligible for deferral and the application may be withdrawn.

Felony Bar: If a person has been convicted of a felony, the person is not eligible to apply for licensure or certification with the Arizona State Board of Nursing until 3 years after the “absolute discharge” of the sentence. “Absolute discharge from the sentence” means completion of any sentence, including imprisonment, probation, parole, community supervision or any form of court supervision. This also includes payment of all restitution, fines, fees, etc. If the conviction is reduced to a misdemeanor, or set aside, dismissed, etc., the 3-year bar may no longer be applicable, but the Board may still consider the conduct involved, and the person’s application will be considered on a “case by case” basis.

Information for Applicants

- **ZERO TOLERANCE POLICY:** All programs within MaricopaNursing supports a Zero Tolerance Policy for the following behaviors:
 - Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such harm.
 - Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
 - Unauthorized use, distribution, or possession for purposes of distribution of alcohol or any controlled substance or illegal drug on the campus or at a clinical site.

Nursing students engaging in this misconduct are subject to immediate dismissal from nursing classes and disciplinary action as described in the Student Handbook of the college.

- **HEALTH DECLARATION:** It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application. **All must provide documentation of compliance with all health and safety requirements required to protect patient safety.** Only students in compliance are permitted to enroll in nursing courses. Students will meet these requirements by providing the required documentation for the Health/Safety Requirements Documentation Checklist and the signed Health Declaration Form.
- **DRUG SCREENING:** All students are required to complete the urine drug screening procedure under the program account number, within the specified timeframe, and according to directions given at the time of notification. Only students in compliance with the screening guidelines, as reported by the Medical Review Officer (MRO), will be permitted to continue their enrollment in nursing courses.**
- **DUTY TO REPORT:** All students enrolled in nursing courses holding or receiving a certificate as a Nursing Assisting and/or license as a Practical Nurse must remain in good standing with the Board of Nursing. Students with certification and/or licensure from allied health regulatory boards are included under this provision. Students receiving any disciplinary actions against their certificate or license must notify the Nursing Director within five (5) school days. The Nursing Director reserves the right to restrict the student's participation in clinical experiences and involvement in patient care until the certificate and/or license is valid and unrestricted and terms of the action are met and the action dismissed.
- **BACKGROUND CLEARANCES:** The Fingerprint Clearance Card must be a Level One and must remain current and valid throughout enrollment in the program. All nursing students must undergo a background check as directed by the college. Any student who becomes sanctioned or has his or her FCC revoked while enrolled in the program will not be permitted to continue in nursing courses.

A Background Check is required for all nursing students who seek to begin MaricopaNursing or other campus healthcare programs on or after September 1, 2011. This is the date the updated background check standards became effective. Additionally, students who have been admitted to a MCCCDC healthcare program or who are currently enrolled will be required to sign a MCCCDC Criminal Background Check Disclosure Acknowledgement form. In

order for MCCCDC students to be able to complete clinical experiences at local hospitals, students must meet these standards. **A student may be dismissed from the program and may receive a failing grade in the course based on the inability to place the student in a clinical facility.**

This Application Packet prescribes admission and readmission requirements and standards of conduct for students enrolled in MaricopaNursing. The standards are in addition to those detailed under MCCCDC policies and Administrative regulations. Violation of any such standard may serve as grounds for non-admission to a program or other discipline, program suspension or dismissal. MaricopaNursing programs reserve the right to make program changes as needed, and to change without previous notice any information requirements and regulations published in this document.

- **WAIVER OF LICENSURE/CERTIFICATION GUARANTEE:** Admission or graduation from the Nursing Program does not guarantee obtaining a license to practice nursing. Licensure and subsequent procedures are the exclusive right and responsibility of the State Boards of Nursing. Students must satisfy the requirements of the Nurse Practice Act: Statutes, Rules and Regulations, independently of any college or school requirements for graduation. Pursuant to A.R.S. § 32-1606(B)(17), an applicant for professional or practical nurse license by examination is not eligible for licensure if the applicant has any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge must be received five or more years before submitting this application. If you cannot prove that the absolute discharge date is five or more years, the Board cannot consider your application. All nurse applicants for licensure will be fingerprinted to permit the Department of Public Safety to obtain state and federal criminal history information. The Fingerprint Clearance Card required for application to the nursing program will not meet the requirements for certification or licensure through the State Board of Nursing. Effective January 1, 2008, applicants for licensure in Arizona must provide evidence of citizenship or nationality. If there are any questions about eligibility for licensure and the documents required showing eligibility to apply for licensure, contact the Arizona State Board of Nursing <http://www.azbn.gov> or 602-771-7800.

*** With exception of Nicotine, a drug screen must be negative for all identified substances. Nicotine testing is currently a required component of the drug screening panel. Some specific healthcare agencies that host the MaricopaNursing students require a negative nicotine screen in order to participate in clinical experiences. If a screen is positive for nicotine as determined by the MRO, continuation in the Nursing Program is based on the availability of alternative sites and the ability to reassign the student to another facility that does not restrict nicotine.*

Essential Skills and Functional Abilities for Nursing Students

Individuals enrolled in MaricopaNursing must be able to perform essential skills. If a student believes that he/she cannot meet the standards without accommodations, the nursing program must determine, on an individual basis, whether reasonable accommodation can be made. The ultimate determination regarding reasonable accommodations will be based upon the preservation of patient safety.

Functional Ability	Standard	Examples Of Required Activities
Motor Abilities	Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care.	Mobility sufficient to carry out patient care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces such as treatment room or operating suite.
Manual Dexterity	Demonstrate fine motor skills sufficient for providing safe nursing care.	Motor skills sufficient to handle small equipment such as insulin syringe and administer medications by all routes, perform tracheotomy suctioning, insert urinary catheter.
Perceptual/ Sensory Ability	Sensory/perceptual ability to monitor and assess clients.	Sensory abilities sufficient to hear alarms, auscultatory sounds, cries for help, etc. Visual acuity to read calibrations on syringe, assess color (cyanosis, pallor) Tactile ability to feel pulses, temperature, palpate veins, etc. Olfactory ability to detect smoke, odor
Behavioral/ Interpersonal/ Emotional	Ability to relate to colleagues, staff and patients with honesty, civility, integrity and nondiscrimination. Capacity for development of mature, sensitive and effective therapeutic relationships. Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds. Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism. Negotiate interpersonal conflict. Capacity to demonstrate ethical behavior, including adherence to the professional nursing and student honor codes.	Establish rapport with patients/clients and colleagues. Work with teams and workgroups. Emotional skills sufficient to remain calm in an emergency situation. Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of patients. Adapt rapidly to environmental changes and multiple task demands. Maintain behavioral decorum in stressful situations.
Safe environment for patients, families and co-workers	Ability to accurately identify patients. Ability to effectively communicate with other caregivers.	Prioritizes tasks to ensure patient safety and standard of care.

Functional Ability	Standard	Examples Of Required Activities
	<p>Ability to administer medications safely and accurately.</p> <p>Ability to operate equipment safely in the clinical area.</p> <p>Ability to recognize and minimize hazards that could increase healthcare associated infections.</p> <p>Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to patient, family and co-worker falls.</p>	<p>Maintains adequate concentration and attention in patient care settings.</p> <p>Seeks assistance when clinical situation requires a higher level or expertise/experience.</p> <p>Responds to monitor alarms, emergency signals, call bells from patients, and orders in a rapid and effective manner.</p>
Communication	<p>Ability to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language).</p> <p>Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy</p> <p>Communicate professionally and civilly to the healthcare team including peers, instructors, and preceptors.</p>	<p>Gives verbal directions to or follows verbal directions from other members of the healthcare team and participates in health care team discussions of patient care.</p> <p>Elicits and records information about health history, current health state and responses to treatment from patients or family members.</p> <p>Conveys information to clients and others to teach, direct and counsel individuals in an accurate, effective and timely manner.</p> <p>Establishes and maintain effective working relations with patients and co-workers.</p> <p>Recognizes and reports critical patient information to other caregivers.</p>
Cognitive/ Conceptual/ Quantitative Abilities	<p>Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis.</p> <p>Ability to gather data, to develop a plan of action, establish priorities and monitor and evaluate treatment plans and modalities.</p> <p>Ability to comprehend three-dimensional and spatial relationships.</p> <p>Ability to react effectively in an emergency situation.</p>	<p>Calculates appropriate medication dosage given specific patient parameters.</p> <p>Analyze and synthesize data and develop an appropriate plan of care.</p> <p>Collects data, prioritize needs and anticipate reactions.</p> <p>Comprehend spatial relationships adequate to properly administer injections, start intravenous lines or assess wounds of varying depths.</p> <p>Recognizes an emergency situation and responds effectively to safeguard the patient and other caregivers.</p> <p>Transfers knowledge from one situation to another.</p>

Functional Ability	Standard	Examples Of Required Activities
		<p>Accurately processes information on medication container, physicians' orders, and monitor and equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and policy and procedure manuals.</p>
<p>Punctuality/ work habits</p>	<p>Ability to adhere to MCCDNP policies, procedures and requirements as described in the Student Nurse Handbook, college catalog and student handbook and course syllabus.</p> <p>Ability to complete classroom and clinical assignments and submit assignments at the required time.</p> <p>Ability to adhere to classroom and clinical schedules.</p>	<p>Attends class and clinical assignments punctually.</p> <p>Reads, understands and adheres to all policies related to classroom and clinical experiences.</p> <p>Contacts instructor in advance of any absence or late arrival.</p> <p>Understands and completes classroom and clinical assignments by due date and time.</p>
<p>Environment</p>	<p>Recognize the personal risk for exposure to health hazards.</p> <p>Use equipment in laboratory or clinical settings needed to provide patient care.</p> <p>Tolerate exposure to allergens (latex, chemical, etc.)</p> <p>Tolerate wearing protective equipment (e.g. mask, gown, gloves)</p>	<p>Takes appropriate precautions for possible exposures such as communicable disease, blood borne pathogens, and latex.</p> <p>Uses person protective equipment (PPE) appropriately.</p>

PLEASE DO NOT SUBMIT PAGES 13 - 17 WITH APPLICATION. THESE PAGES ARE FOR INFORMATION ONLY.

Below are the current Health & Safety Requirements for your review recognizing that some requirements may change prior to placement. It is not necessary to complete all requirements prior to making application to the program. However, requirements must be fully met after being placed and prior to the first course.

Documentation must be uploaded (copies of lab reports, immunization records, CPR card, etc.) as indicated for each of the following to be in compliance with MaricopaNursing requirements. Fingerprint clearance card, CPR certification and TB skin test must be current through the semester of enrollment. See “Explanation of Requirements” for specific detail.

- A. MMR (Measles/Rubeola, Mumps and Rubella):** Requires documented proof of a positive IgG MMR titer or documented proof of one MMR series.

Date & results of IgG titer: Measles/Rubeola: _____ Mumps: _____ Rubella: _____

If unable to provide proof of positive titer, list immunizations and dates received:

MMR Series/Dates: #1 _____ #2 _____

- B. Varicella (Chickenpox):** Requires documented proof of positive IgG titer or documented proof of one Varicella series.

Date of IgG titer: _____

If unable to provide proof of positive titer, list all varicella immunizations and dates received:

#1 _____ #2 _____

- C. Tetanus/Diphtheria/Pertussis (Tdap):** One-time dose of Tdap, followed by a Td booster every 10 years.

Tdap Date: _____ Td: _____

- D. Tuberculosis:** Documentation of a tuberculin skin test (TST). For individuals who have never had a TB test, this consists of an initial TB skin test and a boosted TB skin test 1-3 weeks apart. After completion of the 2-step, an annual update of TB skin test is sufficient. If you have a positive skin test, provide documentation of a QuantiFERON test or negative chest X-ray within the last 2 years, and annual documentation of a TB disease-free status. **Most recent skin testing or blood test must have been completed within the previous six (6) months.**

TB Skin Test:

Initial Test (#1) Date: _____ AND Date of Reading: _____ Results: Negative **OR** Positive
AND

Boosted Test (#2) Date: _____ Date of Reading: _____ Results: Negative **OR** Positive

Annual Update:

Date: _____ Date of Reading: _____ Results: Negative **OR** Positive

OR Chest x-ray Date: _____ Results: Negative **OR** Positive Date of Symptom Sheet: _____

QuantiFERON Test: Date: _____ Results: Negative **OR** Positive

E. Hepatitis B: Documented evidence of completed series or positive antibody titer. If you have not received any injections, do not get a titer. If you are beginning the series, first injection must be prior to admission, the second injection is 1 to 2 months after the first dose and the third injection is 4 to 6 months after the first dose. A Hepatitis B titer is recommended 1-2 months after dose #3 to confirm immunity.

Date Titer received: _____ Results: _____

Date of 1st injection: _____ Date of 2nd injection: _____ Date of 3rd injection: _____

OR

HBV Vaccination Declination Form Date: _____

F. CPR Card (Healthcare Provider level): An official **card** is required (online certificates are not accepted)

Date card issued: _____ Expiration Date: _____

G. Level One Fingerprint Clearance Card: Date card issued: _____ Expiration Date: _____

H. Health Care Provider Form: Reviewed and signed by a licensed health care provider (M.D., D.O., nurse practitioner, or physician's assistant) within the past six (6) months.

I. Certified Background Clearance Document: Passed Date: _____

J. Flu Vaccine: During flu season, students will be required to receive an annual flu vaccination. Details will be provided by the MaricopaNursing program you are attending.

IMPORTANT:

- All students placed in MaricopaNursing must provide documentation of compliance for the vaccinations and testing required to protect patient safety.
- Only students uploading/providing documentation of health and safety requirements are enrolled in nursing courses.
- The Nursing Department requires students to submit proof of health and safety documents for purposes of verification. Original documents will be retained by the student after submission to Certified Background.
- Students are responsible for maintaining their health and safety documentation and must submit documentation by due dates provided by Certified Background or the school. Failure to maintain program health and safety requirements may result in clinical warning, clinical probation, and/or withdrawal from the nursing program.
- All immunization records must include student name and the signature of healthcare provider.
- Health and safety requirements are subject to change depending on clinical agency requirements.

EXPLANATION OF HEALTH AND SAFETY REQUIREMENTS

A. MMR (Measles/Rubeola, Mumps, & Rubella)

Options to meet this requirement:

- a. Provide a copy of proof of positive IgG antibody titer for Measles/Rubeola, Mumps and Rubella or completion of one series of MMR immunizations. One “series” of immunizations includes immunization for each disease on separate dates at least 28 days apart.
- b. If you had all three illnesses OR you have received the vaccinations but have no documented proof, you can have an IgG MMR titer drawn. If the titer results are POSITIVE, attach a copy of the lab results to the health declaration form. If any of the titer results are NEGATIVE or EQUIVOCAL, you must get your first MMR vaccination and attach documentation to this health and safety documentation checklist. The second MMR must be completed after 28 days and proof submitted to the nursing department.

B. Varicella (Chickenpox)

Options to meet this requirement:

- a. Proof of a positive IgG titer for varicella.
- b. If the titer is NEGATIVE or EQUIVOCAL, attach a copy of proof to this health and safety documentation checklist that you received the first vaccination. Complete the second vaccination 30 days later and submit proof to Certified Background.

C. Tetanus/Diphtheria/Pertussis (Tdap):

Tdap = Tetanus / Diphtheria / Pertussis

Td = Tetanus / Diphtheria

You must provide proof of Tdap vaccination, followed by a Td booster every 10 years. Provide proof of a Tdap vaccination and Td if indicated.

D. Tuberculosis (TB)

All students entering the MaricopaNursing program are required to submit documentation of a negative tuberculosis status. Documentation may include a negative 1-step or 2-step Tuberculosis Skin Test (TST). If you have ever received a TST in the past, you are required to get a 1-step TST before beginning the nursing program. If you have never had a TST in the past, you are required to receive a 2-step TST. A TST is considered current if no more than 365 days have elapsed since the administration of the test. For a 2-step TST, the 365 day time interval starts the day the second test is administered. If you have ever had a positive TST, you must provide documentation of a negative QuantiFERON test or negative chest X-ray. Your most recent skin testing or blood test must have been completed within the previous six (6) months.

Documentation for TB skin testing requires date given, date read, result, and the name and signature of the healthcare provider.

If you have a positive TST, provide documentation of negative QuantiFERON blood test OR negative chest X-ray within the last 2 years and annual completion of a Tuberculosis Screening Questionnaire.

E. Hepatitis B

If you have not received the injections in the past, do not get a titer. You must obtain the first injection and attach a copy as requested. The second injection is given 1 to 2 months after the first dose and the third injection is 4 to 6 months after the first dose. Documentation required:

Submit a copy of proof of a positive HbsAb titer -OR-

Provide your immunization record, showing completion of the three Hepatitis B injections

If the series is in progress, attach a copy of the immunizations received to date. You must remain on schedule for the remaining immunizations and provide the additional documentation. One to two months after your last immunization, it is recommended that you have an HbsAb titer drawn.

G. CPR Card:

You must have a Healthcare Provider CPR card (Basic Life Support). CPR certification must include infant, child, and adult, 1 and 2-man rescuer, and evidence of a hands-on skills component. Attach a copy of both sides of the CPR card to this form. CPR certification must remain current through the semester of enrollment. A fully online CPR course will not be accepted.

H. Level One Fingerprint Clearance Card:

All students admitted MaricopaNursing are required to obtain a valid Level One Arizona Department of Public Safety Fingerprint Clearance Card (FCC). Applications are available from MaricopaNursing advisors or from MaricopaNursing District Office. Please email MaricopaNursing at nursing@domail.maricopa.edu to request a packet by mail. The original Fingerprint Clearance Card (FCC) will need to be presented and validated prior to course registration. The FCC must remain current throughout the semester of enrollment.

If the FCC is suspended or revoked at any time during the nursing program, the student must report this to the Nursing Director within five (5) school days and will be unable to continue in the program until the FCC is reinstated. The student must be able to show his or her FCC during the clinical rotations upon request.

I. Health Care Provider Signature Form:

Must be completed and signed by a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant within the past six (6) months. A signature on the Health Care Provider Signature form, without proof of immunization or titer status, is NOT acceptable.

J. Certified Background Clearance Document:

All students admitted to MaricopaNursing are required to show a "Pass" result on the MCCCDC-required background screening through Certified Background. Information on the background clearance is obtained from MaricopaNursing once you are accepted into a program. Please note that results for the Certified Background self-check cannot be accessed by the nursing program. If you have done a self-check, you will be required to do an additional background check through Certified Background using your Nursing Program access code.



Health Care Provider Signature Form

Instructions for Completion of Health Care Provider Signature Form

A health care provider must sign the Health Care Provider Signature Form within six (6) months of program admission and indicate whether the applicant will be able to function as a nursing student. Health care providers who qualify to sign this declaration include a licensed physician (M.D., D.O.), a nurse practitioner, or physician’s assistant.

(Please Print)

Applicant Name: _____ Student ID Number: _____

It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients’ lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

I have reviewed the MaricopaNursing Essential Skills and Functional Abilities. I believe the applicant:

_____ **WILL** _____ **WILL NOT** be able to function as a nursing student as described above.

If not, explain:

Licensed Healthcare Examiner (M.D., D.O., N.P., P.A.):

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

APPLICATION

Application Period: July 1, 2017 – June 30, 2018

Updates to the Concurrent Enrollment Program (CEP)

MaricopaNursing has offered the Concurrent Enrollment Program (CEP) since Fall 2011. The CEP provides an efficient, affordable pathway to a bachelor’s degree, which is often the preferred credential for entry into nursing practice and is desired by many healthcare organizations. Each semester, the eight MaricopaNursing locations identify their capacity for block 1 enrollment. Total enrollment may include CEP and traditional (non-CEP) placements. In March 2016, due to the high volume of applications received, not all CEP applicants who met minimum eligibility requirements were able to be placed.

To assure students are fully informed, this message outlines the anticipated enrollment for CEP and traditional placements for each MaricopaNursing location. MaricopaNursing recognizes and values the efforts of students who have completed coursework and other requirements for CEP acceptance. We also recognize the CEP may not be an option for all students entering our nursing program.

To serve the needs of CEP and traditional applicants, MaricopaNursing will reserve a percentage of placements for our traditional applicants. Our centrally located campuses have reserved at least 50% of placements for traditional students, which enables students in all geographic locations of the valley placement opportunities. Traditional students who have applied to MaricopaNursing locations who wish to change placement choices should contact the Maricopa District Office by emailing nursing@domail.maricopa.edu.

College Name	Enrollment (estimated) total per semester	Percent CEP placements
Chandler Gilbert Community College	40	Up to 60% CEP
Estrella Mountain Community College	24	Up to 100% CEP
GateWay Community College	120	Up to 50% CEP
Glendale Community College	96	Up to 100% CEP
Mesa Community College	90	Up to 100% CEP
Paradise Valley Community College	24	Up to 65% CEP
Phoenix College	80	Up to 50% CEP
Scottsdale Community College	90	Up to 50% CEP



APPLICATION PLEASE PRINT CLEARLY!
(Page 1 of 2)

(PRINT) Name _____
Last First Middle

All names previously used: _____ Student ID Number _____

Phone: Day _____ Evening _____ Cell _____

Mailing Address _____

City _____ State _____ Zip _____

E-Mail Address _____

This E-mail will be used to contact you regarding placement into the nursing program.

Declaration of High School Graduation or GED:

Name of High School:	City/State:	Date of Graduation:
OR GED: Date of Completion		

Nursing School Attended: If you were enrolled in a nursing program other than at the Maricopa Community Colleges and did not graduate, you must request a letter from the Director of Nursing explaining the reasons for withdrawal or dismissal. Address the letter to the MaricopaNursing Director, Maricopa Community Colleges, 2411 W. 14th Street, Tempe, AZ 85281. The Nursing Council reserves the right to deny acceptance of this application if applicant was dismissed for issues relating to academic integrity, unsafe patient care, inappropriate conduct, and/or two (2) or more failures from any nursing program. **The application is complete only when all letters have been received and reasons for exit identified.**

Name of School	Dates Attended	Reason for leaving: Letter required before eligible for placement.

Nursing and/or Allied Health certificate, certification and/or licensure: In the space below, list the health care field of study and your certification and/or license number, and state of registration. Once admitted into any nursing program within MaricopaNursing, all certifications and licenses held or received must remain in good standing, with no restrictions. Any student receiving disciplinary action that may restrict patient care or pose a potential danger to patient care will not be permitted to attend clinical experiences.

Identify Field of Study	Certification Number/License Number	State of Registration (or Agency)

I have provided true, correct, and complete information on the application. I have read and I understand the information presented in this application packet. I attest that I have graduated from high school or hold a GED.

Signature _____ Date _____

Note: Applicants must supply all information as requested. Applicants failing to identify nursing schools attended or those supplying false information will not be eligible for admission or enrollment in the nursing program.

If application is deemed incomplete, the application will be returned and the date and time stamp will be considered null and void and a new application must be submitted.



APPLICATION ADMISSION CHECKLIST

(Page 2 of 2) **Must be signed by Advisor**

Admission requirements and pre/co-requisites are subject to change.

Please verify all requirements with a nursing advisor as you progress through the application process

Print Name:	Student ID:	Date:
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Return your completed application to the college of first choice from the options listed below. The selection of program options changes each semester. Prior to placement, updated program options are available as long as you remain in the placement data base at www.nursing.maricopa.edu

College where application submitted: _____

Demographic Survey: Optional: The nursing program is required to report the following demographic data to the accrediting agency. Please provide this data for accurate reporting of numbers only. Place an "X" in the box next to the correct response.

GENDER	Female		ETHNICITY	American Indian	
	Male			Asian or Pacific Islander	
HIGHEST DEGREE CURRENTLY HELD	Associate degree			Black, Non-Hispanic	
	Baccalaureate degree			Hispanic	
	Master's degree			White, Non-Hispanic	
	Doctoral degree			Other/Unknown	

<input type="checkbox"/> Level One Fingerprint Clearance Card <i>Bring original FCC. Advisor will get a copy of card.</i>	Date of Expiration: _____	<input type="checkbox"/> Student Disclosure Form - Background Check <input type="checkbox"/> Preparing for CEP
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HESI Admission Assessment (HESI A2) Attach Copy of Test Analysis. Advisor will verify all scores before accepting application. Note: HESI A2 scores from outside the Maricopa Community Colleges are not accepted without verification of score.

Date: <i>(Valid for 24 months)</i>	Location of HESI A2 Test:	Math Score: <i>(Required 75.0% or higher)</i>	English Language Composite Score: <i>(Required 80.0% or higher)</i>
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Prefix	Course	Credits Required	College	Date Completed	Grade
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Minimum grade required is a "C" or 2.0 in all pre-requisite courses:

CHM130 + CHM130LL	Fundamental Chemistry with lab or one year high school chemistry (verified by high school transcript)	0 - 4			
(BIO156/181 or 1 yr. HS BIO) BIO201	Human Anatomy and Physiology I	4			
ENG 101 or 107	First Year Composition	3			
MAT 140, 141, 142	College Math or higher Mathematics	3			

Nursing Program co-requisites:

BIO202	Human Anatomy and Physiology II	4			
BIO205	Microbiology	4			
HUM	Humanities Elective	2			
CRE101	Critical and Evaluative Reading or Test Exempt	0 - 3			
PSY101	Introduction to Psychology	3			
ENG102	First-Year Composition	3			

Advisor Signature: _____ **Date:** _____

Application Admission School Selections

(Page 3 of 3)

Please indicate your choices for placement into the Nursing Program.

Please Print Clearly

1.
2.
3.
4.
5.

List of school choices

Chandler Gilbert Community College Day	(Up to 60% Concurrent Enrollment Program)
Estrella Mountain Community College Day	(Up to 100% CEP)
Glendale Community College Evening/ Weekend	(Up to 100% CEP)
Glendale Community College Weekend/Day	(Up to 100% CEP)
Glendale Community College Traditional	(Up to 100% CEP)
Gateway Community College Accelerated	(Up to 0% CEP)
Gateway Community College Day	(Up to 50% CEP)
Gateway Community College Evening	(Up to 50% CEP)
Mesa Community College Afternoon	(Up to 100% CEP)
Mesa Community College Morning	(Up to 100% CEP)
Phoenix Community College Day	(Up to 50% CEP)
Paradise Valley Community College Day	(Up to 65% CEP)
Scottsdale Community College Day	(Up to 50% CEP)

Please Note: You may change your choices at any time by emailing: nursing@domail.maricopa.edu

**Allied Health and Nursing Programs
Maricopa County Community College District
Summary of Criminal Background Check Requirements effective September 1, 2011**

Overview of the Requirements

In order for students to be admitted to or maintain enrollment in good standing in Maricopa County Community College District's ("MCCCD") Allied Health and Nursing programs ("Programs") beginning on September 1, 2011, students must provide with their application to a Program all of the following:

- A copy of an Arizona Department of Public Safety Level-One Fingerprint Clearance Card ("Card"). Students are required to pay the cost of applying for the Card. Cards that are NOT Level-One status will not be accepted
- An original version of the "**Criminal Background Check Disclosure Acknowledgement**" form attached to this Summary signed by the student.

At all times during enrollment in a Program, students must obtain and maintain BOTH a valid Level-One Fingerprint Clearance Card and passing disposition on supplemental background check performed by MCCCD authorized vendor. Admission requirements related to background checks are subject to change as mandated by clinical experience partners.

Implementation of the Requirements

1. Students that are denied issuance of a Card may be eligible for a good cause exception through the Arizona Department of Public Safety. It is the student's responsibility to seek that exception directly with the department. Until the student obtains a Card and meets the other requirements for admission, he or she will not be admitted to a Program.
2. Students admitted to a Program whose Card is revoked or suspended must notify the Program Director immediately and the student will be removed from the Program in which they have been admitted or are enrolled. Any refund of funds would be made per MCCCD policy.
3. The **Criminal Background Check Disclosure Acknowledgement** directs students to disclose on the data collection form of the MCCCD authorized background check vendor all of the requested information as well as any information that the background check may discover. Honesty is important as it demonstrates character. Lack of honesty will be the basis for denial of admission or removal from a Program if the information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under that Code. Students have a duty to update the information requested on the [background check vendor] data collection form promptly during enrollment in a Program. The [background check vendor] data collection form may ask for the following information but the form may change from time to time:
 - Legal Name
 - Maiden Name
 - Other names used
 - Social Security Number
 - Date of Birth
 - Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details.
 - Pending criminal charges that have been filed against you including dates and details. Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld.

The authorized MCCCD background check vendor will be asked to pass or fail each student based on the standards of MCCCD's clinical experience partners that have established the most stringent requirements. **The sole recourse of any student who fails the background check and believes that failure may have been in error is with the background check vendor and not MCCCD.**

**ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS
APPLICABLE TO STUDENTS SEEKING ADMISSION TO ALLIED HEALTH OR NURSING
PROGRAMS ON OR AFTER SEPTEMBER 1, 2011**

Maricopa County Community College District

In applying for admission to a Nursing or Allied Health program (“Program”) at the Maricopa County Community College District, you are required to disclose on the Arizona Department of Public Safety (DPS) form all required information and on the MCCCDC authorized background check vendor data collection form any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally, you must disclose anything that is likely to be discovered in the MCCCDC supplemental background check that will be conducted on you.

Please complete the DPS form, the MCCCDC authorized background check vendor form and any clinical agency background check form honestly and completely. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure of whether to disclose it, you must disclose the information, including any arrest or criminal charge. Additionally,

By signing this acknowledgement, you acknowledge the following:

1. I understand that I must submit to and pay any costs required to obtain a Level-One Fingerprint Clearance Card and an MCCCDC supplemental criminal background check.
2. I understand that failure to obtain a Level-One Fingerprint Clearance Card will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
3. I understand that I must submit to and pay any costs required to obtain an MCCCDC supplemental background check.
4. I understand that failure to obtain a “pass” as a result of the MCCCDC supplemental criminal background check will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
5. I understand that, if my Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or my enrollment in a Program, I am responsible to notify the Program Director immediately and that I will be removed from the Program.
6. I understand that a clinical agency may require an additional criminal background check to screen for barrier offenses other than those required by MCCCDC, as well as a drug screening. I understand that I am required to pay for any and all criminal background checks and drug screens required by a clinical agency to which I am assigned.
7. I understand that the both the MCCCDC supplemental or the clinical agency background check may include but are not limited to the following:
 - Nationwide Federal Healthcare Fraud and Abuse Databases
 - Social Security Verification
 - Residency History
 - Arizona Statewide Criminal Records
 - Nationwide Criminal Database
 - Nationwide Sexual Offender Registry
 - Homeland Security Search
8. By virtue of the MCCCDC supplemental background check, I understand that I will be disqualified for admission or continued enrollment in a Program based on my criminal offenses, the inability to verify my Social Security number, or my being listed in an exclusionary database of a Federal Agency. The criminal offenses for disqualification may include but are not limited to any or all of the following:
 - Social Security Search-Social Security number does not belong to applicant
 - Any inclusion on any registered sex offender database
 - Any inclusion on any of the Federal exclusion lists or Homeland Security watch list
 - Any conviction of Felony no matter what the age of the conviction
 - Any warrant any state

- Any misdemeanor conviction for the following-No matter age of crime
 - violent crimes
 - sex crime of any kind including non-consensual sexual crimes and sexual assault
 - murder, attempted murder
 - abduction
 - assault
 - robbery
 - arson
 - extortion
 - burglary
 - pandering
 - any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
 - any abuse or neglect
 - any fraud
 - illegal drugs
 - aggravated DUI
 - Any misdemeanor controlled substance conviction last 7 years
 - Any other misdemeanor convictions within last 3 years
 - Exceptions: Any misdemeanor traffic (DUI is not considered Traffic)
9. I understand that I must disclose on all background check data collection forms (DPS, MCCCCD background check vendor and a clinical agency background check vendor) all required information including any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program. That includes any misdemeanors or felonies in Arizona, any other State, or other jurisdiction. I also understand that I must disclose any other relevant information on the forms. I further understand that non-disclosure of relevant information on the forms that would have resulted in failing the background check will result in denial of admission to or removal from a Program. Finally, I understand that my failure to disclose other types of information of the forms will result in a violation of the Student Code of Conduct and may be subject to sanctions under that Code.
 10. I understand that, if a clinical agency to which I have been assigned does not accept me based on my criminal background check it may result in my inability to complete the Program. I also understand that MCCCCD may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCCD has no obligation to place me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.
 11. I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
 12. I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of my DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during my enrollment in a Program

 Signature

 Date

 Printed Name

 Desired Health Care Program