Chabot College Nursing Program Associate in Science Degree – Criteria Worksheet
Effective Incoming Fall 2027 Application Student Name: _____W#:_____

Criterion Worksheet – Sign and submit this page with your application packet.

Section	Description	Max Points	Student Total	
Section 1	**Academic Degrees**	**5**		*Program Items* ✓ *Students will then be RANKED by Criterion Score*, if all required documentation including transcripts has been received.* ✓ *Failure to submit required forms will disqualify the candidate.* ✓ *Top 1/3 of these applicants will be entered into a random lottery.* ✓ *Total of 40 students are selected one time each year in May for the next fall enrollment* ✓ *If not selected, students must reapply each year. We do not maintain a waitlist of students.* ***Criterion Score may be modified each year to meet the student and program standards.***
Section 2	**Health Care Experience**	**15**		
Section 3A	**Sciences Courses**	**20**		
Section 3A	**Repeated Sciences**	**-1 or -3**		
Section 3B	**Fixed Courses**	**12**		
Section 3C	**Statistics**	**2**		
Section 3D	**Medical Terminology**	**2**		
Section 3E	**Nurse 10**	**2**		
Section 4	**Life Experience**	**15**		
Section 5	**Military**	**5**		**TEAS Results Information enter below.**
Section 6	**Second Language**	**2**		ATI TEAS Test Date:
Section 7	**ATI TEAS**	**20**		ATI TEAS Total Score:
	Total Points Earned	**100**		Please submit an unofficial ATI Transcript. It will list all attempts in all version of the test. We accept the first passing attempt on the ATI TEAS.

Please enter points earned, sign and submit this page and required, supporting documentation as needed with your application packet.

PRINT Student Name	
Student Signature	

Pages 2 through 4: Breakdown of Criterion Worksheet sections listed above. Page 5: ADN Documentation for section 4 and Language Proficiency. Page 6: Certification of Language Proficiency.

Chabot College Nursing Program ADN Criteria Worksheet - Effective Fall 2027 Application

SCORE	CRITERIA	POINT DISTRIBUTION	REQUIRED SUPPORTING DOCUMENTATION
1. Previous academic degrees or diplomas (Maximum Points = 5)			
	1A. **AA/AS Degree** or Higher	**5**	Official transcript from regionally accredited U.S. colleges or universities with degree posted.
OR	1B. **Foreign Degree** equivalent to BS/BA degree	**1**	All transcripts from outside the United States must be evaluated course by course analysis by a foreign evaluation service. See counselor for listing.
2. Relevant health care experience, license or Allied Health Certificate, volunteer held by a student (Maximum Points = 15)			
	2A. **Licensed or Certified Health Care Worker (Direct patient care/Clinical)** (i.e. LVN, Paramedic, Psychiatric Technician, Radiologic Technician or Surgical Technician) *Work* experience is required in direct patient care > 200 hours within the last 18 months.* **Work must be documented paid hours, not volunteer hours.*	**15** *Check box for current license or certificate* ☐LVN ☐Psych Tech ☐Paramedic ☐Radiologic Tech ☐Licensed Surgical Tech ☐CNA ☐MA ☐EMT ☐Dental ☐Phlebotomist ☐Other _____	☐**Licensed healthcare worker:** Attach a copy of your current picture ID *California* License, date of issue, and date of expiration. **OR** ☐**Certified healthcare worker,** attach a copy of your current *California or National* certificate including your certificate number, date of issue, and date of expiration. **AND** ☐**Work:** Attach a letter from current/former employer verifying employment in a position under your current license or certificate. *The letter must be on organization **letterhead** with an original signature and must include applicant's name, start date and end date (if applicable), employee status (full-time/part-time), number of hours worked per week (or total hours from/to date), job title, department, if applicable, and last paystub.*
	2B. **Work experience in Health Care/Medical setting (Non-clinical/Non-Direct patient care)** Work* experience is required in non-direct patient care > 200 hours within the last 18 months. *Work must be documented paid hours, not volunteer hours.	**8** *Check box for current/recent position held* ☐ Scheduler/Billing ☐ Unit secretary ☐ Medical records ☐Other _____	☐**Work:** Attach Attach a letter from current/former employer verifying employment in a position in health care/medical setting. The letter must be on organization letterhead with an original signature and must include applicant's name, start date and end date (if applicable), employee status (full-time/part-time), number of hours worked per week (or total hours from/to date), job title, department, if applicable, and last paystub.
OR	2C. **Volunteer Hours in any healthcare or medical setting** *>100 hours within the last 2 years; must be documented volunteer hours*	**5**	☐**Volunteer:** Attach a letter from current/former organization verifying volunteer hours in a healthcare or medical setting; *The letter must be on organization **letterhead** with an original signature and must include applicant's name, start date and end date (if applicable), number of hours per week (or total hours from/to date), department, if applicable, and description*

Chabot College Nursing Program ADN Criteria Worksheet - Effective Fall 2027 Application

				of duties.
3. Grade point average in relevant course work (3A = 20 point Max + 3B = 16 points Max + 3C 2 points Max = Maximum Points = 38)				
	3A. **Minimum 2.5 GPA in Science** Prerequisites: Anatomy, Physiology, and Microbiology. 7 year Recency Requirement Fall 2027 AFTER 08/01/2020 Only one "C" grade is allowed. Students who have withdrawn or repeated any science prerequisite will have a one-time deduction of: -1 points for one withdrawal or non-passing grade -3 points for more than one withdrawal or non-passing grade.	**GPA =** **4.00** **3.50- 3.99** **3.00 – 3.49** **2.50 – 2.99** **2.49 Ineligible**	 20 15 10 5	Official transcripts (in original sealed/unopened envelope) for ***all*** lower and upper division courses completed at **any and all** regionally accredited U.S. institutions, regardless of applicability to nursing requirements will be required. Transcripts will not be required for courses completed at CHABOT or LAS POSITAS COLLEGES. Courses completed at other regionally accredited United States colleges or universities must be equivalent to Chabot College courses. See a counselor for guidance or www.assist.org **If you wish to include your coursework at a foreign institution for this application, the transcripts must be evaluated by a foreign evaluation service and submitted with your application.**

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SCORE	CRITERIA	POINT DISTRIBUTION		REQUIRED SUPPORTING DOCUMENTATION
	Section 3 continued Only one "C" grade allowed. Students who have withdrawn or repeated any science prerequisite will have a one-time deduction of: 1 points for one withdrawal or non-passing grade 3 points for more than one withdrawal or non-passing grade.	☐One Withdrawal OR Repeat C-/D/F ☐More than one Withdrawal or Repeat C-/D/F	**-1** **-3**	All prerequisite courses must be completed with a grade of "C" or better and the final grade must be posted on the transcript. If course is repeated for recency for any science course in which a grade of "C" or better was earned, the EARLIEST course grade will be utilized. In the sciences, only one "C" grade is allowed. Failure to submit transcripts with all grades posted will result in disqualification from the application process.
	3B. **FIXED Courses** (area 3B) English 1A, _____ Sociology 1, _____ Psychology 1, and _____ Communications 1 or 10 _____ *(C-ID Equivalent courses will be accepted.)*	**Overall GPA** **3.00 – 4.00** **2.49 – 3.00** **2.00 - 2.49** **GPA_____**	 **12** **10** **6**	Fixed Courses are courses required for an AS degree in nursing and are also required by the Board of Registered Nursing. Fall 2024 students will be required to complete these courses in addition to the science prerequisites listed in 3A.
	3C. **Statistics** (Chabot Math 43 or PSY 5)	**C or Better**	**2**	This will ease transition to a BSN program after graduation. Course must meet CSUEB transfer standards.
	3D. **Medical Terminology**	**C or Better**	**2**	This will ease comprehension of medical terminology used in nursing. Does not have to be taken at Chabot but highly encouraged
	3E. **Nurse 10** (Chabot; "How to be Successful in a Nursing Program")	**Pass Grade required**	**2**	This will ease transition to the nursing program at Chabot. **Only offered at Chabot College**
4. Life experiences or special circumstances of a student (Select up to 3 life experiences or special circumstances. Maximum Points = 15 Points)				
	4A. **Disabilities** *(Same meaning used in Section 2626 of the Unemployment Insurance Code)*	**5**		**Documented** disability from college Learning Disability Program or Disability Support Programs & Services. Search for Unemployment Insurance Code Section 2626. Webpage: **http://www.edd.ca.gov/unemployment**
	4B**. Low family income** *(Eligibility for, or receipt of, financial aid under a program that may include, but not limited to, a fee waiver from the Board of Governors, the Cal Grant Program, the federal Pell Grant program or CalWORKs)*	**5**		**Documented** Proof of eligibility or proof of receipt of financial aid (e.g. BOG fee waiver, Cal Grant, Pell Grant or other federal grant, CalWORKs).
	4C. **First generation to attend college**	**5**		Complete the **ADN Admission Supporting Documentation Form** explaining situation or circumstances.

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	4D. **Need to work** *(Need to work means student is working at least part-time while completing academic work that is a prerequisite for the Nursing Program)* Continued on next page	**5**	**Documented** Paycheck stub during period of time enrolled in prerequisite courses or letter from employer **(must be on organization letterhead)** verifying employment was at least part-time while completing prerequisite courses. *Students may work during the program but are strongly encouraged not to work or reduce their hours.*

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SCORE	CRITERIA	POINT DISTRIBUTION		REQUIRED SUPPORTING DOCUMENTATION
	4E. **Disadvantaged social or educational environment**	**5**		**Documented** participation or eligibility for Extended Opportunity Programs & Services (EOPS), PUENTE, ASPIRE, EXCEL, or UMOJA.
	4F. **Difficult personal and family situation/circumstances**	**5**		Complete **ADN Admission Supporting Documentation Form** explaining situation or circumstances.
	4G. **Refugee status**	**5**		**Documentation** or letter from United States Citizens and Immigration Service (USCIS).
5. Military Service (Maximum Points = 5 Points)				
	Veteran Status	**5**		**Documented** Copy of Defense Department Form DD214. Honorable Discharge required.
6. Proficiency or advanced level coursework in language(s) other than English (Maximum Points = 2 Points)				
	Proficiency (reading/writing/speaking) in a language other than English	**2**		Official transcript from a U.S. regionally accredited college or university verifying four (4) semesters of foreign language – OR – Verification of proficiency – Complete the **ADN Admission Supporting Documentation Form.**
7. Approved diagnostic Assessment Tool (Maximum points = 20)				
	1. Test of Essential Academic Skills ATI TEAS® offered through Assessment Technologies Institute (ATI). 2. Only the first passing score will be counted towards ranking. 3. If student scores below 62% on their first attempt, remediation is required before retaking the test. The student does not meet the nursing program requirements for the Fall program and must reapply.	**TEAS Score** **90.0 – 100** **80.0 – 89.9** **70.0 – 79.9** **62.0 – 69.9** **Below 62.0 Not Eligible**	**Pts.** **20** **15** **10** **5** **0**	Submit **unofficial ATI Test Results, page 1 only OR if multiple tests taken submit your ATI Transcript** with your application. If selected, an official copy of the ATI TEAS results will be requested in your acceptance letter.* ***We only accept the latest TEAS 7 version***.

Chabot College – Nursing Program
ADN Admission Supporting Documentation Form for Section 4 and/or 6

Student Name: _____ **Student ID #** _____
Last, First Name

Section 4 Maximum Points earned = 15 points (For sections 4A, 4B, 4D, 4G, 4E Documentation is required)

Attention Please PRINT

Criteria 4C. First generation to attend college. Please briefly explain your situation or circumstances:

Criteria 4F: Difficult personal and family situation/circumstances. Please briefly explain your situation/circumstances:

Section 6 Maximum Points earned = 2 points

Criteria 6: Verification of proficiency in a foreign language outside of college coursework. Please PRINT!

I verify that I am proficient in _____
Language (s)

at a level that allows common everyday communication.

I am proficient in (check all that apply) ☐ **SPEAKING** ☐ **READING** ☐ **WRITING**

Please explain your level of proficiency and how you acquired this language. (50 words or less)

Student's Acknowledgement

I certify that all information I have provided is complete and accurate to the best of my knowledge. I understand that falsification of any information will result in my disqualification from candidacy or if selected, dismissal from the program.

✕ _____ _____
Student Signature Please use **Blue INK** for signature Date

Chabot College – Nursing Program
ADN Admission Supporting Documentation Form for Section 4 and/or 6

Chabot College – Nursing Program
ADN Admission Supporting Documentation Form for Section 4 and/or 6

CERTIFICATION OF LANGUAGE PROFICIENCY
(Optional Form) To be submitted with the Nursing Application

Instructions to the Student:
This form is OPTIONAL and is not required to be considered for admission to the Nursing degree program.
The form is required if you are including for points.

Part I: Enter your name below and follow the directions.
Part II: Ask a member of your community (not your close family) to complete this section**.** PLEASE PRINT**.**

Part I: STUDENT INFORMATION

Student Name: _____ Student ID #: **W**

STUDENT CERTIFICATION OF PROFICIENCY
LANGUAGE: _____

English is ☐1st Language or ☐2nd Language

Part II: THE PERSON COMPLETING THIS LANGUAGE PROFICIENCY CERTIFICATION

A) Person must be fluent in the identified foreign language and
B) Person must also have known the student and observed his/her language skills in the past year.

Please complete the following:

Name: _____ **Phone:** _____
Title: _____ **Organization:** _____
Address: _____
City: _____ **ST/Zip:** _____

1: How long have you known the student and in what capacity? _____

2: How often have you observed the student conversing/translating in this language?

☐Daily ☐2 days/week ☐1 day/week Other: _____

For each of the following statements, please rate the student on a scale from 1 (low) to 5 (high):
1 = inadequate second language proficiency for professional communication
3 = able to translate in a medical emergency
5 = highly competent in speaking and writing proficiency

3:	Student's proficiency in **speaking** this language is:	☐1	☐2	☐3	☐4	☐5
4:	Student's proficiency in **writing** this language is:	☐1	☐2	☐3	☐4	☐5
5	Student's proficiency in **reading** this language is:	☐1	☐2	☐3	☐4	☐5

X _____ _____
Signature (Section II) Date

Chabot College – Nursing Program
ADN Admission Supporting Documentation Form for Section 4 and/or 6