

## Chabot College Nursing Program Associate in Arts Degree – Criteria Worksheet

Effective Incoming Fall 2021 Application Student Name: \_\_\_\_\_ W#: \_\_\_\_\_

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

Section	Description	Max Points	Student Total	Program Items
Section 1	Academic Degrees	5		<i>Program Items</i> ✓ 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	6		
Section 3A	Sciences Courses	40		
Section 3A	Repeated Sciences	-2 or -5		
Section 3B	Fixed Courses	7		
Section 3C	Statistics	3		
Section 4	Life Experience	2		
Section 5	Military	5		
Section 6	Second Language	2		
Section 7	ATI TEAS	30		
	<b>Total Points Earned</b>	<b>100</b>		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.**

<b>PRINT Student Name</b>	
<i>Student Signature</i>	

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 2021 Application

SCORE	CRITERIA	POINT DISTRIBUTION		REQUIRED SUPPORTING DOCUMENTATION
<b>1. Previous academic degrees or diplomas (Maximum Points = 5)</b>				
	1A. <b>AA/AS Degree</b> or Higher	<b>5</b>		Official transcript from regionally accredited U.S. colleges or universities with degree posted.
<b>OR</b>	1B. <b>Foreign Degree</b> equivalent to BS/BA degree	<b>1</b>		All transcripts from outside the United States must be evaluated course by course analysis by a foreign evaluation service. See counselor for listing.
<b>2. Relevant health care license or certificate held by a student (Maximum Points = 6)</b>				
	<b>2A. License Health Care Worker</b> (i.e. LVN, Paramedic, Psychiatric Technician, Radiologic Technician or Surgical Technician) <i>Work* experience is required in direct patient care &gt; 500 hours within the last 18 months.</i> <i>*Work must be documented paid hours, not volunteer hours.</i>	<b>6</b>	<u>Check box for current license</u> <input type="checkbox"/> LVN <input type="checkbox"/> Psych Tech <input type="checkbox"/> Paramedic <input type="checkbox"/> Radiologic Tech <input type="checkbox"/> Licensed Surgical Tech	<input type="checkbox"/> <b>Licensed healthcare worker:</b> Attach a copy of your current picture ID <i>California</i> License, date of issue, and date of expiration. <b>AND</b> <input type="checkbox"/> <b>Work:</b> Attach a letter from current/former employer verifying employment in a position under your current license. <i>The letter must be on organization letterhead with an original signature and must include student'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.</i>
<b>OR</b>	<b>2B. Certificated Health Care Worker</b> (i.e. Allied Health Certificate) <i>Work* experience is required in direct patient care &gt;500 hours within the last 18 months.</i>	<b>3</b>	<input type="checkbox"/> CNA <input type="checkbox"/> MA <input type="checkbox"/> EMT <input type="checkbox"/> Other _____	<input type="checkbox"/> <b>Certificated healthcare worker,</b> attach a copy of your current <i>California or National</i> certificate including your certificate number, date of issue, and date of expiration. <b>AND</b> <input type="checkbox"/> <b>Work:</b> Attach a letter from current/former employee verifying employment in a position under your current certificate. <i>See 2A above for letter definition.</i> Refer to <a href="http://www.caahep.org/Content.aspx?ID=19">http://www.caahep.org/Content.aspx?ID=19</a> for comprehensive Allied Health jobs titles
<b>3. Grade point average in relevant course work (3A = 40 point Max + 3B = 7 points Max + 3C 3 points Max = Maximum Points = 50)</b>				
	<b>3A. Minimum 2.5 GPA in Science</b> Prerequisites: Anatomy, Physiology, and Microbiology. <b>7 year Recency Requirement</b> <b>Fall 2021 AFTER 08/01/2014</b> Only one "C" grade is allowed. Students who have withdrawn or repeated any science prerequisite will have a one-time deduction of: -2 points for one withdrawal or non-passing grade -5 points for more than one withdrawal or non-passing grade.	<b>GPA =</b>		Official transcripts (in original sealed/unopened envelope) for <b>all</b> lower and upper division courses completed at <b>any and all</b> 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 <a href="http://www.assist.org">www.assist.org</a>  <b>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.</b>
		<b>4.00</b>	40	
		<b>3.50- 3.99</b>	35	
		<b>3.00 – 3.49</b>	25	
		<b>2.50 – 2.99</b>	10	
		<b>2.49 Ineligible</b>		



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SCORE	CRITERIA	POINT DISTRIBUTION	REQUIRED SUPPORTING DOCUMENTATION
OR	4E. <b>Disadvantaged social or educational environment</b>	<b>2</b>	Participation or eligibility for Extended Opportunity Programs & Services (EOPS), PUENTE, ASPIRE, EXCEL, or DARAJA.
OR	4F. <b>Difficult personal and family situation/circumstances</b>	<b>2</b>	Complete <b>ADN Admission Supporting Documentation Form</b> explaining situation or circumstances.
OR	4G. <b>Refugee status</b>	<b>2</b>	Documentation or letter from United States Citizens and Immigration Service (USCIS).
<b>5. Military Service (Maximum Points = 5 Points)</b>			
	Veteran Status	<b>5</b>	Copy of Defense Department Form DD214. Honorable Discharge required.
<b>6. Proficiency or advanced level coursework in language(s) other than English (Maximum Points = 2 Points)</b>			
	Proficiency (reading/writing/speaking) in a language other than English	<b>2</b>	Official transcript from a U.S. regionally accredited college or university verifying four (4) semesters of foreign language – OR – Verification of proficiency – Complete the <b>ADN Admission Supporting Documentation Form</b> .
<b>7. Approved diagnostic Assessment Tool (Maximum points = 30)</b>			
	1. Test of Essential Academic Skills ATI TEAS® offered through Assessment Technologies Institute (ATI).	<b>TEAS Score</b> <b>90.0 – 100</b>	Submit <b>unofficial ATI Test Results, page 1 only OR if multiple tests taken submit your ATI Transcript</b> with your application. If selected, an official copy of the ATI TEAS results will be requested in your acceptance letter.* <b>We do not accept the TEAS V version.</b> <i>If you did not pass on your first attempt and completed remediation, please provide verification of the requested remediation and completion documentation.</i>
	2. Only the first passing score will be counted towards ranking.	<b>80.0 – 89.9</b>	
	3. If student scores <u>below 62%</u> 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.	<b>70.0 – 79.9</b>	
		<b>62.0 – 69.9</b>	
		<b>Below 62.0</b> <b>Not Eligible</b>	
		<b>Pts.</b>	
		<b>30</b>	
		<b>25</b>	
		<b>20</b>	
		<b>10</b>	
		<b>0</b>	

**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 = 2 points**

**Attention Please PRINT**

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


**OR Criteria 4E: 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**

**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.

**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.

<b>Part I:</b>	<b>STUDENT INFORMATION</b>
Student Name: _____	Student ID #: <b>W</b>
<b>STUDENT CERTIFICATION OF PROFICIENCY LANGUAGE:</b>	
_____	
English is <input type="checkbox"/> 1 <sup>st</sup> Language or <input type="checkbox"/> 2 <sup>nd</sup> Language	

<b>Part II: THE PERSON COMPLETING THIS LANGUAGE PROFICIENCY CERTIFICATION</b>	
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:	
<b>Name:</b> _____	<b>Phone:</b> _____
<b>Title:</b> _____	<b>Organization:</b> _____
<b>Address:</b> _____	
<b>City:</b> _____	<b>ST/Zip:</b> _____
<b>1:</b> How long have you known the student and in what capacity?	_____
_____	
<b>2:</b> How often have you observed the student conversing/translating in this language?	
<input type="checkbox"/> Daily	<input type="checkbox"/> 2 days/week
<input type="checkbox"/> 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	
<b>3:</b> Student's proficiency in <b>speaking</b> this language is:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>4:</b> Student's proficiency in <b>writing</b> this language is:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>5:</b> Student's proficiency in <b>reading</b> this language is:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>X</b>	
_____ Signature (Section II)	_____ Date