



## AS DEGREE IN NURSING (RN), AND TRANSITION FOR PARAMEDIC APPLICATION INFORMATION CHECKLIST

Limited Access Health Programs: AS-NPT

**SUMMER ADMISSION for the West Campus (odd years only):** January 15 – March 30

**FALL TERM B ADMISSION for the Porter Campus at Wiregrass Ranch:** July 17 – August 14

**CONTACT:** 727 816-3371 or admissions@phsc.edu

### IMPORTANT

<b>APPLYING</b>	Applicants must submit ALL limited access program admission requirements listed below in order to be considered for review. <b>Once an application packet is submitted, it cannot be amended.</b>
<b>INCOMPLETE APPLICATIONS</b>	Students who attempt to submit an incomplete application will not be processed and must reapply to the program and repay the limited access application fee once all requirements have been met.
<b>DEADLINE</b>	Complete applications are due <b>NO LATER THAN 4:00 P.M. BY THE DEADLINE DATE.</b> If the application deadline date falls on a day the College is closed, the application will be accepted no later than 4:00 P.M. on the next business day.
<b>NO RESPONSE/ FAILURE TO ENROLL</b>	Applicants who do not respond to an offer of admission by the date indicated on the acceptance letter or who fail to enroll for the term for which admission is offered must reapply for a future date. <b>All official correspondence will be addressed to your PHSC student email address.</b>

#	INITIAL	LIMITED ACCESS PROGRAM APPLICATION REQUIREMENTS																								
1		PHSC application with a \$25 non-refundable fee for new students or a PHSC Readmission application for returning PHSC students not enrolled for more than 3 consecutive terms.																								
2		AS Degree in Nursing (RN), ADN Transition for Paramedic application.																								
3		Copy of receipt of payment of the \$25 non-refundable limited access application fee payable at college store.																								
4		Clear, enlarged copy of current driver's license indicating a physical mailing address ( <b>PO Box addresses will not be used for residency preference in the selection process</b> ). If a driver's license, or equivalent, does not prove Pasco or Hernando County residency, it will processed as a non-resident (out-of-county) application.																								
5		Copy of current Florida Paramedic license.																								
6		Copy of current TEAS test scores with <b>Proficient or Higher in the ATI Academic Preparedness Category.</b> Applicants may only submit ONE valid set of scores taken within the past two years of the application submission. Scores submitted with the application will be the only ones considered.																								
7		Official high school transcript with graduation date indicating receipt of a standard high school diploma or an official transcript of GED scores indicating receipt of a high school equivalency diploma, if not already submitted. Current high school students that are pending May graduation are allowed to submit an application for August admissions by May 08, 4 p.m. Admission will be contingent upon high school student providing PHSC an official high school transcript by June 15 <sup>th</sup> 4 p.m.																								
8		Official transcripts from <b>each</b> U.S. College and university attended other than PHSC.																								
9		Official scores from external agencies as appropriate for prerequisite courses (i.e. AP, CLEP, IB, etc.).																								
10		Confirmation that any needed course substitutions have been approved by the application deadline date. <b>Transfer Credits:</b> If the course prefix and number of an evaluated transfer course is not equivalent to PHSC's course prefix and number (ex. transfer course does not indicate BSC1085), then you will have to meet with an advisor to complete a course substitution.																								
11		A cumulative grade point average of 2.0 or higher.																								
12		Complete the following prerequisite courses with a combined GPA of 2.5 or higher with at least a grade of "C" or higher: <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">BSC1085</td> <td style="width: 30%;">Human Anatomy &amp; Physiology I</td> <td style="width: 15%;">MCB2010</td> <td style="width: 15%;">Microbiology</td> <td style="width: 15%;">CGS1100</td> <td style="width: 10%;">Microcomputer Applications</td> </tr> <tr> <td>BSC1085L</td> <td>Human Anatomy &amp; Physiology I Lab</td> <td>MCB2010L</td> <td>Microbiology Lab</td> <td></td> <td></td> </tr> <tr> <td>BSC1086</td> <td>Human Anatomy &amp; Physiology II</td> <td>PSY1012</td> <td>Introduction to Psychology</td> <td></td> <td></td> </tr> <tr> <td>BSC1086L</td> <td>Human Anatomy &amp; Physiology II Lab</td> <td>HUN2201</td> <td>Science of Human Nutrition</td> <td></td> <td></td> </tr> </table>	BSC1085	Human Anatomy & Physiology I	MCB2010	Microbiology	CGS1100	Microcomputer Applications	BSC1085L	Human Anatomy & Physiology I Lab	MCB2010L	Microbiology Lab			BSC1086	Human Anatomy & Physiology II	PSY1012	Introduction to Psychology			BSC1086L	Human Anatomy & Physiology II Lab	HUN2201	Science of Human Nutrition		
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### ACKNOWLEDGEMENTS

13	I understand that any previous unsuccessful attempts in nursing courses may result in being denied entry per guidelines outlined in the Nursing Programs Student Handbook.
14	<b>Graduation:</b> If selected, I understand that I must have both an overall GPA of 2.0 and a PHSC program GPA of 2.0 in order to graduate from the selected program.
15	<b>Tobacco Use:</b> I understand that the use of tobacco at all PHSC campuses is prohibited and that I will refrain from all tobacco use.
16	<b>Orientation Requirement:</b> If selected, <b>BLS for Health Care Providers CPR Certification (PHSC Course NCH0050) taken at PHSC or from a PHSC Training Site due at Orientation.</b>

### SELECTION PROCESS

Applicants who meet minimum requirements as of the deadline dates will be ranked based upon TEAS test scores and prerequisite GPA. Residents of Pasco and Hernando Counties will receive preference over out-of-county residents.

### SIGNATURE

I certify that I have read and understand the statements above and that I am submitting all items listed under the Limited Access Program Application Requirements section.

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SIGNATURE

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PRINT

\_\_\_\_\_  
STUDENT ID

\_\_\_\_\_  
DATE