

Applications will be accepted from March 1 through April 15 for fall semester admission.

Please note: April 15th is the application deadline; however, if all openings are not filled, applications will continue to be accepted beyond the deadline until the program is closed.

Attaching documents:

Please use the *Attachments* button below this form to attach the following documents:

- Documentation of good standing on the [Illinois Health Care Worker Registry](https://hcwrpub.dph.illinois.gov/Search.aspx). (<https://hcwrpub.dph.illinois.gov/Search.aspx>) Select your name from the results to see more information. To "print"/save the screen, use the menu on your web browser and choose print. Then select "save as PDF" to save the file.
- TEAS score report (page 1 only) - Include ONLY page one of your Individual Performance Profile. [How do I get my TEAS score?](https://help.atitesting.com/how-do-i-get-my-ati-teas-score) (<https://help.atitesting.com/how-do-i-get-my-ati-teas-score>)
- MCC unofficial transcript, if you have taken a course at MCC (download your transcript [here](https://selfservice.mchenry.edu/Student/Student/Transcripts) (<https://selfservice.mchenry.edu/Student/Student/Transcripts>))

Choose One:

- Associate Degree in Nursing (RN) Program
- LPN to RN Bridge Program

First Name

Middle name

Last Name

Birth Date

Student ID

Preferred Phone:

Area Code

Phone Number

Alternate Phone:

Area Code

Phone Number

Email Address:

Street Address

Street Address 2

City

State

Postal Code

Country

Have you been previously enrolled in a nursing (RN) program at McHenry County College or any other college/university?

Yes No

If yes, please indicate the name of the institution and year(s) attended:

Reason for non-progression:

Have you sent official college transcript(s) from other college/universities attended for evaluation by MCC?

Yes No

If so, enter the approximate date of the submission.

mm/dd/yyyy

Academic Prerequisite Requirements:

If courses are in progress, please indicate that below. If courses are planned for the following semester(s), please indicate the anticipated semester and year of completion.

	College/University	Year Completed	Semester Completed	Grade Earned
BIO 255 Microbiology	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BIO 263 Human Anatomy & Physiology I (5 Year Limit)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BIO 264 Human Anatomy & Physiology II (5 Year Limit)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ENG 151 Composition I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HCE 110 Medication Math (1 Year Limit)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HCE 111 Evidence Based Practice	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HFE 250 Nutrition for Wellness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PSY 151 Intro to Psychology	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PSY 250 Human Development Over the Life Span	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SPE 151 Intro to Speech	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If applicable, medication math proficiency date exam taken & passed:

mm/dd/yyyy

Math Requirement (choose one):

Math Grade Earned:

- Placed into MAT 161 on math placement exam (mark n/a for grade and college).
- Completed MAT 099 (enter grade and college). College or University
- Completed MAT 020 and MAT 120 (enter grade and college).
- Completed a college algebra course (enter grade and college).

Year Completed Semester Completed

Certified Nurse Assistant Requirement:

By submitting this application, the student understands:

- Acceptance into the program is not guaranteed; clinical dates and times are not guaranteed.
- If a student is not accepted, the student must reapply for the following year
- Communication regarding the nursing program will be done through your MCC-issued @students.mchenry.edu email address only.
- It is the student's responsibility to submit all required documents:
 - Send official college transcripts with transfer credit from all colleges attended to MCC's admissions office at admissions@mchenry.edu. Request an evaluation for transfer credit by emailing evaluation@mchenry.edu.
 - MCC Unofficial Transcript, if you have taken courses at MCC (Attach to application)
 - Proof of Illinois Healthcare Worker Registry qualification (Attach to application)
 - TEAS test results (Attach to application)
 - LPN to RN Bridge Program applicants, include valid Illinois practical nurse license (Attach to application).
- If accepted, the student must attend the mandatory nursing program orientation which is **the 3rd Thursday in June at 1 pm**
- If accepted, the student is required to submit proof of the following prior to the first day of class:
 - McHenry County College Nursing Program Physical Form
 - Immunization record including, influenza and COVID vaccination
 - 2-step TB test, blood test, or if positive a chest x-ray
 - American Heart Association Healthcare Provider BLS certification
 - Personal health insurance
 - Drug screen
 - Background check

Details about documentation submission, drug screening, background check, and CPR certification classes will be provided at the mandatory nursing orientation
- The student will be required to meet the General Functional Abilities requirements (see below)

View, print or save this document: [General Functional Abilities \(https://drive.google.com/file/d/1fUla3pnqK-A6D5BFbXXcQ21dqFdL0AZ/view\)](https://drive.google.com/file/d/1fUla3pnqK-A6D5BFbXXcQ21dqFdL0AZ/view)

From: Yocum, C. (1996). Validation study: Functional abilities essential for nursing practice. National Council of State Boards of Nursing, Inc.

By clicking "I Accept," you are indicating that you have read and understand the above and agree to meet the General Functional Abilities requirements.

I Accept

Please remember to upload required documents.



SAMPLE