

Lake Washington Institute of Technology

AAS Registered Nursing Application

WINTER – SPRING – FALL 2012

INTRODUCTION

Admission criteria for the AAS–RN Program reflects an approach that includes the student’s academic record (e.g. test scores & pre-requisite course grades), work history and personal characteristics.

Students are admitted quarterly to the RN program. After the 3rd quarter of the RN program, the nursing student can elect to take the final LPN quarter offered at LWIT if eligible. The student may be able to continue in the RN program or return at a later date on a space available basis.

The Nursing Program at Lake Washington Institute of Technology has admission requirements beyond those necessary for general admission to the college. Please follow all directions in this application carefully. Failure to comply with the process described within may result in disqualification from the admissions pool for this program.

SUCCESS

Our faculty believes that success in the Nursing Program requires a commitment of time and energy to your studies. To help with this requirement, the College offers a staff of caring, professional student development advisers. These advisers can assist with early intervention, crisis intervention, and general educational planning. To contact the Student Development office email advising@lwtc.edu or call (425) 739-8300.

ACCREDITATION

Lake Washington Institute of Technology is accredited by the Northwest Association of Schools and Colleges and is authorized by the Higher Education Coordinating Board of the State of Washington to provide this program. Also, the RN program is approved by the Washington State Nursing Commission.

CONTACT INFORMATION FOR QUESTIONS

Advising office: (425) 739-8100 Ext.300

www.lwtc.edu/advising/nursing
advising@lwtc.edu

Assessment/Testing: (425) 739-8115

www.lwtc.edu/assessment
assessmentstaff@lwtc.edu

Financial Aid: (425) 739-8106

www.lwtc.edu/financialaid
financialaid@lwtc.edu

Nursing website:

www.lwtc.edu/nursing

Enrollment Services: (425) 739-8104

admissions@lwtc.edu

Mail or deliver complete application to:

Nursing Admissions
Lake Washington Institute of Technology
11605 132nd Avenue NE
Kirkland, WA 98034 USA
Fax: (425) 739-8110
Email: admissions@lwtc.edu

If mailed, (must be postmarked on or before deadline).

To request disability accommodations in the application process, contact Disability Support Services: (425) 739-8300. Fax: (425) 739-8275
dss@lwtc.edu

APPLICATION INFORMATION

Generally, applicants to the Nursing Program must meet the following criteria:

- Be eligible for admission to Lake Washington Institute of Technology.
- Recognize that participation in the Nursing Program involves hospital practice and requires appropriate medical and background clearances. Applicants must meet all legal requirements and/or standards of institutions or agencies where clinical experiences will occur. This includes a criminal and personal background check.
- Completion of all required prerequisite courses.
- Have all foreign transcripts translated and evaluated by an approved agency. Contact Enrollment Services for more information.
- Satisfy the minimum grade point average stated in this packet. The minimum passing grade for any course is 2.0. Once academic preparation is determined, grade point averages are re-calculated for each candidate.
- Have official TEAS (Test of Essential Academic Skills) scores sent electronically to Enrollment Services: One retest per 365 days is allowed after 30 days have elapsed from the initial testing date. Please Note: **TEAS Reading Score must be a minimum of 69% to be eligible to apply.**
- Submit a completed Nursing Application Packet to LWIT Enrollment Services.

IMPORTANT DATES

	Winter 2012	Spring 2012	Fall 2012
<u>Application deadline</u> All prerequisites must be completed.	October 10, 2011	January 20, 2012	April 9, 2012
<u>Selection Results</u> Emails to applicants informing them whether or not they have been admitted.	November 7, 2011	February 10, 2012	May 7, 2012

These dates are tentative and may change. Please contact the admissions office with questions: (425) 739-8104 or admissions@lwtc.edu

NURSING INFORMATION SESSIONS

These helpful sessions present an overview of LWIT's RN program and explain the admission process. Sessions last from one hour and include time for questions. No RSVP is needed & attendance at one is **highly recommended** for all nursing applicants. An online option is available on the advising website www.lwtc.edu/advising/nursing. For a list of upcoming in person sessions please contact: **Student Development Services** West Building, W207 (425) 739-8300 or advising@lwtc.edu or view dates on the website, www.lwtc.edu/advising/nursing

PROGRAM ADMISSION REQUIREMENTS

Note: Admission procedures and requirements are subject to change

Prerequisite Requirements:

Applicants must complete the following to be considered for the RN program:

1. All pre-requisites must be completed prior to application deadline.
2. **Minimum cumulative GPA 3.0** or higher in prerequisite coursework. The minimum passing grade for any course is 2.0.
3. TEAS (Test of Essential Academic Skills) Version 5 results. Please Note: **TEAS Reading Score must be a minimum of 69% to be eligible to apply.**
4. Two Recommendation forms, at least one being a faculty reference.
5. Completion of CHEM&121 with a 2.0 or higher
6. Successful completion of an NAC Program with a valid Washington State license or International/Military equivalent (NAC license will be verified through the Washington State Department of Health).
7. Submit the completed application packet in a single envelope by the deadline.

Prerequisite Requirements:

ENGL& 101	English Composition I	5
MATH& 146	Statistics	5
BIOL& 241	Anatomy & Physiology I	6
BIOL& 242	Anatomy & Physiology II	6
PSYC& 200	Lifespan Psychology	5

27 Credits

Co-Requisite Requirements:

(May be completed while in the program)

NUTR& 101	Nutrition	5
BIOL& 260	Microbiology	5
CMST& 210, 220, or 230	Oral Communication	5

15 Credits

Program Requirements:

Core Courses	46
AAS-RN Specific	31

77 Credits

Total Program Credits:

119 Credits

RE-APPLICANTS

If the applicant is denied to the program and would like the application to be carried over to the next quarter, the student needs to (1) contact Enrollment Services in writing with this request. Re-applicants must (2) submit pages 7-10 of the application and are responsible for (3) submitting any new supporting documents (if any) they want the committee to consider. Items #2 and #3 are to be submitted on or before the deadline in one large envelope. These items will be combined with their current file to make up a complete application.

TEAS V. 5 Information

TEAS testing is offered by appointment. Please visit the assessment center website www.lwtc.edu/assessment to schedule your appointment.

Tests taken at LWIT will automatically be submitted electronically to the admissions committee. If you take the test elsewhere you will need to select LWIT to receive an official copy of your *TEAS: Individual Performance Profile*.

NOTE: Please make sure that the TEAS test you are taking is TEAS v.5. Other versions of the test will not be accepted. **TEAS Reading Score must be a minimum of 69% to be eligible to apply.**

Notes:

- All science courses must have been completed within the last 7 years (Anatomy and Physiology, Nutrition, Chemistry, and Microbiology). Limit may be waived on credentials by nursing director.
- All official transcripts submitted will be evaluated for course equivalencies.
- Completion of NAC training is NOT sufficient; you must submit a copy of a valid Washington State NAC license

SELECTION CRITERIA

Prerequisite courses and admission requirements not mentioned in calculation below are still **required** for your application to be considered complete. Please contact the advising office at 425-739-8300 or advising@lwtc.edu if you have questions or concerns.

40 pts GPA

Only grades from the five prerequisite courses (ENGL&101, MATH&146, PSYC&200, BIOL&241, and BIOL&242) will be considered. Multiply your average GPA from these five classes by 10 for your total number of points.

Intro to Chemistry, (LWIT course CHEM&121) must be completed with the minimum grade point of 2.0 but it will not be considered in your point calculation.

40 pts TEAS-(TEAS Reading Score must be a minimum of 69% to be eligible to apply)

Multiply your TEAS Adjusted Individual Total Score by 0.40 for your total number of points.

10 pts Work Experience

- 4 points for volunteer or paid healthcare experience 50 hours or more
- 6 points paid healthcare experience 100 hours or more
- 8 points for paid healthcare experience 250 hours or more in the following fields: EMT, PTA, OTA, MA, Hospital Surgical Technician, Cardiac Technician, Respiratory Technician
- 10 points for paid healthcare experience 250 hours or more in the following fields: licensed *CNA, paramedic, physician in other country

*Some hospitals call this PCT

10 pts Prior Education from a regionally accredited institution (degree must be listed on an official college transcript)

- 4 points for certificate of completion (less than 45 credits) in health related field
 - 6 points for certificate of proficiency (more than 45 credits) in health related field
 - 8 points Associate's Degree
 - 10 points Bachelor's Degree or above
-

100 total points possible overall

The 24 students with the highest points will be offered admission to the Registered Nursing Program. Completion of Co-Requisite courses may be used to determine final admission in the result of a tie. There is not a waiting list for this program.

Non-discrimination Policy:

Lake Washington Institute of Technology reaffirms its policy of equal opportunity in education regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a veteran in accordance with College policy and applicable federal and state statutes and regulations.

Use of the Social Security Number (SSN):

To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Life Time tax credit, to administer state/federal financial aid, to verify enrollment, degree and academic transcript records, and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050S-1(e) (4) for more information). Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.

Background Check and Immunization Tracking Services

Each successful RN applicant is required to complete a background check and verification of required immunizations through **www.certifiedbackground.com**. Fees for this online service are approximately \$80. If a criminal background check for a particular student shows a "less than satisfactory" rating, clinical facilities will deny access to that student. While entrance to the RN program will not be denied because of such a rating, without access to the clinical facilities, such a student will not be able to complete the RN program and will be so advised. Throughout the program, RN students are asked to complete and sign a form which asks for confirmation of the student's present and past criminal history.

In order to be in compliance with area hospitals and medical facilities and in accordance to the Center for Disease Control guidelines, all admitted students must have the following immunizations

- Influenza Vaccine (annual)
- Tetanus/Diphtheria/Pertussis- required one time prior to admission
- Measles/Mumps/Rubella (MMR): If no proof can do immune titer
- Hepatitis B (series of 3 immunizations or positive Hepatitis B titer)
- Chicken Pox (Varicella) positive chicken pox titer or vaccine(s)
- Current TB screening this includes the initial two step (information can be found on www.nationaltbcenter.edu; **It is an annual requirement for clinical placement to have routine PPD testing.**

A current CPR Health Care Provider level card is also required. The CPR card, TB screening, and influenza vaccines must be kept current.

Instructions for obtaining this information will be sent along with orientation and registration information for admitted students.

Signature:

In signing these forms, you certify that to the best of your knowledge the statements made in this application are complete and true. You acknowledge that failure to disclose and submit official transcripts from all schools, colleges, or universities attended and failure to disclose and submit complete and accurate information may result in the denial of admission or subsequent dismissal from Lake Washington Institute of Technology. You understand that your application is incomplete without your signature.

THIS PAGE INTENTIONALLY LEFT BLANK FOR DOUBLE-SIDED PRINTING

LWIT Student ID #:



**APPLICATION FOR ADMISSION – REGISTERED NURSING
LAKE WASHINGTON INSTITUTE OF TECHNOLOGY
11605 132ND AVENUE NE**

KIRKLAND, WASHINGTON 98034-8506
 WEBSITE: WWW.LWTC.EDU EMAIL: ADMISSIONS@LWTC.EDU PHONE: 425.739.8104 FAX: 425.739.8110

Shaded areas for office use only.

SECTION 1 - PERSONAL INFORMATION

Last Name		First Name		Middle Initial	
Address, including apartment number			City	State	Zip Code
Day Phone	Ext.	Evening Phone	Ext.		
Date of Birth (mm/dd/yyyy)			Gender (<i>providing this information is voluntary</i>) <input type="checkbox"/> Male <input type="checkbox"/> Female		
E-mail Address			Previous Names 1. _____ 2. _____		
Social Security Number *	<i>*To comply with federal law, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Lifetime tax credit, to administer state/federal financial aid, to verify enrollment, degree and academic transcript records, and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulations 1.6050S-1(e)(4) for more information). Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.</i>				
Student Identification Number	Note: The college you apply to will assign your Student Identification Number (SID). This number is required for administrative purposes to uniquely identify your educational records.				

SECTION 2 – COLLEGE & COURSE OF STUDY

Has either of your parents earned a bachelor's (4-year) degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please check here <input type="checkbox"/> if you have been in Washington State foster care for at least one year since your 16 th birthday.		
Which quarter do you plan to start? <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Which year do you plan to start? _____	What is your preferred time of class attendance? <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Both	YRQ-PLAN START
What is your intended major or program of study?	Do you plan to transfer to a four-year college? <input type="checkbox"/> Yes <input type="checkbox"/> No		STU-PRG APPLY

SECTION 3 - TESTING INFORMATION

Have you taken the GED test? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date earned. Month and year: _____
Where did you earn your GED? School or organization name: _____	
Which of the following pre-college tests have you taken? <input type="checkbox"/> ASSET/COMPASS <input type="checkbox"/> Accuplacer <input type="checkbox"/> SLEP <input type="checkbox"/> SAT <input type="checkbox"/> ACT	Other tests taken? _____
In what year did you take your last pre-college test? _____	

SECTION 4 - ACADEMIC HISTORY

Name of last high school attended	Code	City and State	Years attended (YY) From: _____ To: _____	Did you graduate? <input type="checkbox"/> Yes, Year _____ <input type="checkbox"/> No, Highest Grade Level _____
Last college, vocational, or technical school attended	Code	City and State	Years attended (YY) From: _____ To: _____	Did you graduate? <input type="checkbox"/> Yes, Year _____ <input type="checkbox"/> No
Other college, vocational, or technical school attended	Code	City and State	Years attended (YY) From: _____ To: _____	Did you graduate? <input type="checkbox"/> Yes, Year _____ <input type="checkbox"/> No
Other college, vocational, or technical school attended	Code	City and State	Years attended (YY) From: _____ To: _____	Did you graduate? <input type="checkbox"/> Yes, Year _____ <input type="checkbox"/> No

List any additional colleges and vocational/technical schools on a separate sheet of paper and attach.

RESIDENCY CODE	FEE PAY STATUS	ADMISSION NUMBER	DATE REC'D	DATE ENTERED	ENTERED BY
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SECTION 5 - RESIDENCY INFORMATION

Please read the following notice before responding to the questions in this section:

Effective July 1, 2003, Washington State law changed the definition of "resident student." The law makes certain students, who are not permanent residents or citizens of the United States, eligible for resident student status - and eligible to pay resident tuition rates - when they attend public colleges and universities in this state. *The law does not make these students eligible to receive need-based state or federal financial aid.* To qualify for resident status, students must complete an affidavit/declaration/certification if they are not permanent residents or citizens of the United States but have met **one** of the following conditions:

- **Condition One:** (a) Resided in Washington State for three years immediately prior to receiving a high school diploma, and (b) Completed the full senior year at a Washington high school, and (c) Continuously resided in the state since earning the high school diploma.
- **Condition Two:** (a) Completed the equivalent of a high school diploma, and (b) Resided in Washington State for the three years immediately before receiving the equivalent of the diploma, and (c) Continuously resided in the State since earning the equivalent of a high school diploma.

NOTE: If you meet one of the above conditions and would like to pay resident tuition rates, contact the college(s) you are applying to and request the Residency Affidavit form.

Residency Questions for Tuition Purposes:

1. Have you been a legal resident* of Washington and lived continuously in the State of Washington for the past 12 months? Yes No
**A student cannot qualify as a legal resident of Washington for tuition calculation purposes if s/he possesses a valid out-of-state driver's license, vehicle registration, or other documents that give evidence of being a legal resident in another state.*
 If no, how long have you lived continuously in the state of Washington? _____ Months.
- 2a. Were you claimed for federal income tax purposes by your mother, father, or legal guardian in the current calendar year? Yes No
 2b. In the past calendar year? Yes No
 If YES to either 2a or 2b, has your parent or legal guardian lived continuously in the Washington State for the past 12 months? Yes No
3. Will a public or private non-federal agency/institution outside the state of Washington provide you with financial assistance to attend college? (answer yes only if your eligibility for this assistance is based on being a resident of that state) Yes No
4. Are you active duty military stationed in Washington or a member of the Washington National Guard? Yes No
 Are you the spouse or dependent of either (a) an active duty military person stationed in Washington, or (b) a member of the Washington National Guard? Yes No

SUBMIT SUPPORTING DOCUMENTATION WITH THIS APPLICATION.

SECTION 6 - RACE AND CITIZENSHIP INFORMATION

<p>3. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not a U.S. citizen, what is your country of citizenship? _____</p> <p>If not a U.S. citizen, what is your visa status? *</p> <p><input type="checkbox"/> International student (with F or M visa)</p> <p><input type="checkbox"/> Visitor</p> <p><input type="checkbox"/> Temporary resident. Alien Number: _____</p> <p><input type="checkbox"/> Immigrant/Permanent Resident. Alien Number: _____</p> <p><input type="checkbox"/> Refugee/Parolee or Conditional Entrant. Alien Number: _____</p> <p><input type="checkbox"/> Other – Explain: _____</p> <p>*SUBMIT A COPY OF YOUR IMMIGRATION DOCUMENTATION WITH THIS APPLICATION.</p>	<p>1. Which race do you consider yourself to be? Please mark one or more boxes to indicate what race you consider yourself to be: (providing this information is voluntary)</p> <p><input type="checkbox"/> African American (872)</p> <p><input type="checkbox"/> Alaska Native (015)</p> <p><input type="checkbox"/> American Indian (597)</p> <p><input type="checkbox"/> Chinese (605)</p> <p><input type="checkbox"/> Filipino (608)</p> <p><input type="checkbox"/> Japanese (611)</p> <p><input type="checkbox"/> Korean (612)</p> <p><input type="checkbox"/> Native Hawaiian (653)</p> <p><input type="checkbox"/> Vietnamese (619)</p> <p><input type="checkbox"/> White (800)</p> <p><input type="checkbox"/> Other Asian (621)</p> <p><input type="checkbox"/> Other Pacific Islander (681)</p> <p><input type="checkbox"/> Other Race (specify) _____</p>	<p>2. Are you of Spanish/Hispanic/Latino ethnicity? (providing this information is voluntary)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano (722)</p> <p><input type="checkbox"/> Yes, Puerto Rican (727)</p> <p><input type="checkbox"/> Yes, Cuban (709)</p> <p><input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Please specify) _____</p>
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Veterans and/or their dependents may qualify for educational benefits. Please check here if you would like additional information.

Applicant's Certification: I certify that all statements on this form are true to the best of my knowledge.

Signature: _____ Today's Date: _____

Lake Washington Institute of Technology does not discriminate on the basis of race, color, creed, religion, national origin, sex, sexual orientation, age, gender, marital status, disability, or status as a disabled or Vietnam era veteran. Response or non-response to any of the questions listed as voluntary in this application will not affect your consideration for admission.

AAS-Registered Nursing Program - GPA Table Unofficial Applicant Scoring

Please complete the following information concerning the required Nursing prerequisite courses for Lake Washington Institute of Technology.

- All prerequisites must be completed by the application deadline.
- Anatomy and Physiology, Chemistry, Nutrition and Microbiology must have been completed within the last 7 years.
- Cumulative GPA must be 3.0 or higher.

To find the grade points for each letter grade, please use the following conversions:

A= 4.0 points B+=3.3 points B-=2.7 points C=2.0 points
A-=3.7 points B=3.0 points C+=2.3 points

If your transcripts use numerical grades like 4.0, 3.8, etc., use those numbers for grades. If your transcripts use semester credit grading, multiply the semester credits by "1.5" to convert to quarter credits.

To calculate Pre-Requisite GPA: Multiply the class credits by the grade to get your grade points. Do this for each class. **Do not include extra courses.** After you have entered the grade points for each course, add them together to get the "total grade points." Divide this by the total credits. This is your estimated Pre-Requisite GPA.

College Name	LWIT Course Number/Title	Other College Number/Title	Term/Year	Credits	Grade	Grade Pts
	BIOL& 241 - Anatomy & Physiology I					
	BIOL& 242 - Anatomy & Physiology II					
	ENGL& 101 - Written Expression					
	Math& 146 - Statistics					
	PSYC& 200 - Lifespan Psychology					
Total Credits:					Total Grade Points:	

School Name	Intro to Chemistry, (LWIT course CHEM& 121)	Other School Number/Title	Term/Year	Credits	Grade

Pre-Requisite GPA	GPA Points
Total Grade Points _____ ÷ Total Credits _____ = _____	Pre-Requisite GPA _____ x10= _____
TEAS Points	
TEAS Adjusted Individual Total Score _____ x 0.40 = TEAS Points _____	
Total*	
GPA Points _____ + Work Experience _____ + Prior Education _____ + TEAS Points _____ = _____	

*Unofficial standing prior to final scoring. Your official score will be calculated and verified by the Admissions Committee.

ADMISSION CHECKLIST

Please use this checklist to ensure that you have all the admission and prerequisite requirements for the Nursing program. When you have completed all of the requirements, **please submit everything together in a single large envelope to the Admissions office**, INCLUDING official transcripts in sealed envelopes from every college attended that pertain to courses required for application. Official copies of transcripts are required for completed coursework and to award points for prior education. Enclose official transcripts in your application packet and check with recommenders to see if they submitted recommendations. **Please include this checklist in your admissions packet.**

Program Requirements:

- "Application for Admission-Registered Nursing" (use as cover sheet for this application packet)
- You have a LWIT student ID # and have written it on your "Application for Admission-Registered Nursing"
- TEAS (Test of Essential Academic Skills) results. Tests taken at LWIT will automatically be submitted electronically to the admissions committee. If you take the test elsewhere you will select LWIT to receive an official copy of your *TEAS: Individual Performance Profile*. Please Note: **TEAS Reading Score must be a minimum of 69% to be eligible to apply.**
- Photocopy of valid Washington State Nursing Assistant Certified (NAC) License (NAC license will be verified through the Washington State Department of Health)
- Official** transcripts from every college attended that pertain to courses required for this application (include agency assessed/translations if from foreign institution)and/or pertain to prior education. You do not need to submit a copy of your LWIT transcript. Please list included transcripts below:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

It is not possible for the admissions office to notify applicants of missing materials or respond to applicant inquiries as to the status of their application.

- Two Professional Recommendation Forms. One reference must be from a college or university faculty/instructor. The second reference can be from an employer, co-worker, instructor, advisor or counselor. Have your references send the completed form directly to you in a sealed envelope. Include both sealed, completed reference forms with your Nursing Program Application packet.
- Intro to Chemistry, (CHEM&121 at LWIT) with minimum GPA of 2.0
- Biology& 241 – Anatomy and Physiology I
- Biology& 242 – Anatomy and Physiology II
- English& 101 - Written Expression
- Math& 146 – Statistics
- Psychology& 200 – Lifespan Psychology
- Biology& 260 – Microbiology (*Not required for admission, but is a graduation requirement*)
- Communication& 210, 220 or 230 (*Not required for admission, but is a graduation requirement*)
- Nutrition& 101 – Nutrition (*Not required for admission, but is a graduation requirement*)
- I am a re-applicant to the RN Program:**

The last time I applied was in what year? _____

In what quarter did you last apply? _____

Re-applicants: Supplying this information helps us locate your file

I verify that all requirements indicated above have been completed and are included in my admissions packet. I HAVE KEPT A COPY OF THIS ENTIRE ADMISSIONS PACKET FOR MY RECORDS.

Signature _____ Date _____

LAKE WASHINGTON INSTITUTE OF TECHNOLOGY
NURSING PROGRAMS RECOMMENDATION FORM
PAGE 1

To Applicant:

Do not submit letters of recommendation (this form is required). Complete section A and then give this form to the person completing your recommendation, along with a stamped envelope addressed to you. When you receive your completed, sealed recommendation forms, leave them in the signed envelope and include with your Nursing Program application packet.

A. APPLICANT INFORMATION (this section is to be completed by the applicant. Please print.)

Last Name	First Name	Middle Initial	Today's Date
Previous Last Name(s)		Birth date (Month/Day/Year)	
Name of Recommender		Recommender's Telephone Number	
Address of Recommender (Street)		(City)	(State and ZIP Code)
In what capacity have you known the Recommender? <input type="checkbox"/> Instructor <input type="checkbox"/> Supervisor <input type="checkbox"/> Employer <input type="checkbox"/> Academic Advisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Other (specify):			

According to the Family and Educational Rights and Privacy Act of 1974, as amended, students are guaranteed access to educational records concerning them, unless that right is waived. Your signature below is optional: however, you (applicant) should check with recommender to ensure that he/she is willing to submit this form without the guarantee of confidentiality.

I hereby waive any and all rights to inspect and review this recommendation, and I give my permission for this reference to remain confidential between Lake Washington Institute of Technology and the recommender.

Signature of Applicant

Date

To the Recommender:

The applicant is seeking admission to the Nursing Program at Lake Washington Institute of Technology. To help us assess the applicant's ability to successfully complete this program, we would appreciate your candid opinion regarding the qualities listed on the front and back of this form. Please return this form in the envelope provided to you by the applicant.

Thank you,
 Nursing Program Evaluation Committee

B. ACADEMIC HISTORY (The following sections are to be completed by the Recommender.)

Recommender: Please respond to this academic history section only if you have knowledge of the applicant's academic history.)

Does the applicant's academic history indicate probable success in the LWIT Nursing Program? Yes No
 If not, please explain.

C. GENERAL COMMENTS

RECOMMENDATION FORM -PAGE 2

D. RECOMMENDER INFORMATION

How long have you known the applicant?							
Indicate your evaluation of applicant by checking the appropriate rating.	Exceptional	Superior	Above average	Average	Below average	Fair	Unable to evaluate
Initiative							
Responsibility							
Leadership							
Interpersonal skills							
Integrity							
Ability to analyze problems							
Written communication							
Oral communication							
Adaptability							
Risk-taking							
Creativity							
Clinical competence (if known)							
Commitment to ethnic and cultural diversity							
Ability to handle conflict							
Ability to handle stress							
Ability to work with others as a team							
Judgment and common sense							
Acceptance of feedback							
Ability to see the "Big Picture"							
Perseverance							
Self confidence							
Self direction							
Reliability							
Ability to build a sense of community							

E. RECOMMENDATION

<input type="checkbox"/> I strongly recommend the applicant for admission without reservation	<input type="checkbox"/> I recommend the applicant for admission
<input type="checkbox"/> I recommend the applicant with some reservation	<input type="checkbox"/> I do not recommend the applicant for admission

F. SIGNATURE

Signature of Recommender		Today's Date	
Printed Name of Recommender		Recommender's Telephone Number	
Title		Name of Organization	
Address(Street)		(City)	(State and ZIP Code)

LAKE WASHINGTON INSTITUTE OF TECHNOLOGY
NURSING PROGRAMS RECOMMENDATION FORM
PAGE 1

To Applicant:

Do not submit letters of recommendation (this form is required). Complete section A and then give this form to the person completing your recommendation, along with a stamped envelope addressed to you. When you receive your completed, sealed recommendation forms, leave them in the signed envelope and include with your Nursing Program application packet.

A. APPLICANT INFORMATION (this section is to be completed by the applicant. Please print.)

Last Name	First Name	Middle Initial	Today's Date
Previous Last Name(s)		Birth date (Month/Day/Year)	
Name of Recommender		Recommender's Telephone Number	
Address of Recommender (Street)		(City)	(State and ZIP Code)
In what capacity have you known the Recommender? <input type="checkbox"/> Instructor <input type="checkbox"/> Supervisor <input type="checkbox"/> Employer <input type="checkbox"/> Academic Advisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Other (specify):			

According to the Family and Educational Rights and Privacy Act of 1974, as amended, students are guaranteed access to educational records concerning them, unless that right is waived. Your signature below is optional: however, you (applicant) should check with recommender to ensure that he/she is willing to submit this form without the guarantee of confidentiality.

I hereby waive any and all rights to inspect and review this recommendation, and I give my permission for this reference to remain confidential between Lake Washington Institute of Technology and the recommender.

Signature of Applicant

Date

To the Recommender:

The applicant is seeking admission to the Nursing Program at Lake Washington Institute of Technology. To help us assess the applicant's ability to successfully complete this program, we would appreciate your candid opinion regarding the qualities listed on the front and back of this form. Please return this form in the envelope provided to you by the applicant.

Thank you,
 Nursing Program Evaluation Committee

B. ACADEMIC HISTORY (The following sections are to be completed by the Recommender.)

Recommender: Please respond to this academic section only if you have knowledge of the applicant's academic history.)

Does the applicant's academic history indicate probable success in the LWIT Nursing Program? Yes No
 If not, please explain.

C. GENERAL COMMENTS

RECOMMENDATION FORM -PAGE 2

D. RECOMMENDER INFORMATION

How long have you known the applicant?							
Indicate your evaluation of applicant by checking the appropriate rating.	Exceptional	Superior	Above average	Average	Below average	Fair	Unable to evaluate
Initiative							
Responsibility							
Leadership							
Interpersonal skills							
Integrity							
Ability to analyze problems							
Written communication							
Oral communication							
Adaptability							
Risk-taking							
Creativity							
Clinical competence (if known)							
Commitment to ethnic and cultural diversity							
Ability to handle conflict							
Ability to handle stress							
Ability to work with others as a team							
Judgment and common sense							
Acceptance of feedback							
Ability to see the "Big Picture"							
Perseverance							
Self confidence							
Self direction							
Reliability							
Ability to build a sense of community							

E. RECOMMENDATION

<input type="checkbox"/> I strongly recommend the applicant for admission without reservation	<input type="checkbox"/> I recommend the applicant for admission
<input type="checkbox"/> I recommend the applicant with some reservation	<input type="checkbox"/> I do not recommend the applicant for admission

F. SIGNATURE

Signature of Recommender		Today's Date	
Printed Name of Recommender		Recommender's Telephone Number	
Title		Name of Organization	
Address(Street)		(City)	(State and ZIP Code)



Volunteer/Paid Work Experience log for RN Application

Employee/Volunteer: _____

Start date: _____

Position: _____

End date: _____

Total hours worked: _____
(Please do not enter hours per week.)

Specific duties:

Employer: _____

Address: _____

Employer's signature

Phone #: _____

Required for verification

Date