



**Department of Nursing**  
**2088 North Beale Road**  
**Bldg. 2100, Room 2105**  
**Marysville CA 95901**  
**(530) 741-6784**  
<http://nursing.yccd.edu>

## **Associate Degree Nursing**

### **PROGRAM APPLICATION AND ADMISSION INFORMATION**

Yuba College offers a full-time Associate Degree in Nursing (ADN) program designed to prepare students to take the National Council of Nursing Licensing Examination (NCLEX), leading to licensure as a registered nurse.

Program applications may be downloaded at any time, but will only be accepted during the open submission timeframes listed on the Department of Nursing web site. This application packet contains detailed information on the admission process. Applicants are expected to read, understand, and comply with all application requirements in order to be considered for admission.

It is highly recommended students meet with a Yuba College or Woodland Community College Counselor prior to submitting an application. It is required that all official transcripts from schools outside of the Yuba Community College District be received several weeks prior to the application deadline in order to allow time for the college's official evaluation of transfer credits. Official TEAS scores should also be electronically sent from ATI to the Department of Nursing office well in advance of the application deadline to ensure receipt. Students taking the TEAS exam at Yuba College should list the date the exam was taken, including test score and a attach copy of TEAS result. The Nursing office will print the exam scores for those taking the exam at Yuba College 8 months prior to submit unofficial test transcript Application. If any item is found to be missing or incomplete following the final application deadline, the program application will be rejected without notification. All qualifying applicants for the ADN program will be contacted regarding the status of their application. Notifications will occur at the appropriate time, and individual status or updates by phone will not be provided.

### **APPLICATION PROCESS**

1. All nursing applicants must first apply to Yuba College via [CCCApply](#). Upon completion, each applicant will establish a Yuba College student ID and a @go email address. The student ID is a required field on your ADN application (must include initial, e.g. M0313081). **Department of Nursing correspondence regarding your application and/or admission status will be sent to this email address ONLY.** It is strongly advised that you check this email account consistently, or have it forwarded to a personal email account which you regularly access.

2. Applicants to the Yuba College ADN program are only eligible to apply if the following prerequisite coursework (or equivalents) are completed prior to application submission. See candidate selection process. A list of pre-approved course equivalents for [Pharmacology](#) and [Pathophysiology](#) are also available on the Yuba College Nursing web site or meet with your counselor for equivalents.

a. Core sciences (minimum 2.50 cumulative GPA required):

- I. Biology 4, Human Anatomy
- II. Biology 5, Human Physiology
- III. Biology 6, Introductory Microbiology

English requirement (minimum 2.50 GPA required):

- I. English 1A, College Composition and Reading (or equivalent)

Pharmacology and Pathophysiology (minimum 2.50 cumulative GPA required):

- I. Nursing 26, Pharmacology
- II. Nursing 36, Pathophysiology: Understanding Disease

b. Additional prerequisite courses:

- I. Math 52, Intermediate Algebra (or higher)
- II. Chemistry 2A or 2B, Introductory Chemistry

3. The Yuba College Nursing program is very time intensive. In order for students to have the best chance at success, and to avoid progression issues throughout the program, it is strongly recommended that the following courses are also completed prior to program entry:

- a. FCS 10 or HLTH 10, Principles of Nutrition (prerequisite for 2<sup>nd</sup> semester)
- b. Psych 1A, General Psychology (prerequisite for 3<sup>rd</sup> semester)
- c. Sociology 1, 2, 5, or Anthropology 2
- d. Speech 1 or 6
- e. Humanities elective

4. If you attended a college outside of the Yuba Community College District (Yuba or Woodland Colleges), please have an official transcript sent directly to the Yuba College – Transcript Office, ADN Applicant, 2088 North Beale Road, Marysville, CA 95901, for evaluation of transfer credit. For faster processing, please add ATTN: Anita Mann (for last names A-L) or Susan Jow (for last names M-Z).

- a. Official transcripts must be issued by the educational institution in a sealed envelope. If the seal has been broken prior to Yuba College receiving it, the transcript will not be accepted or evaluated by the Transcript Office.
- b. Delivery and evaluation of transcripts can take several weeks. If a transcript has not been received and evaluated by the application filing deadline, the application will be considered incomplete and could result in the application being disqualified.

5. Have your official TEAS results sent **electronically** from ATI to the Yuba College Department of Nursing. If you have taken and passed the TEAS exam more than once, please send the report with the highest “Adjusted Individual Total Score”. Those that took the TEAS at Yuba need only to document the date of the highest exam score, and the Nursing office will print score if taken within the previous 8 months prior to application period. Otherwise will need to send electronically.
6. The Yuba College Nursing Merit-Based Admission Score Reporting Tool is NOT required to be attached to your application. For the screening process, review the detailed criterion descriptions available online in the [Yuba College Nursing ADN Program Multi-Criteria Screening Process](#) document. A minimum score of 42 is required to be eligible for application to the program. Applications with scores below 42 will be reviewed. Those students that do not meet the cut score may make an appointment to meet with counseling.
7. Completed ADN Program Applications must be received by 1PM, on the final filing date listed on the Yuba College Nursing Web-Site at nursing.yccd.edu, **NO EXCEPTIONS**. All items listed on the application must be addressed. If a question is not applicable to you, please answer N/A. If a field is left blank, the application will be considered incomplete and could result in the application being disqualified.
8. It is the applicants’ responsibility to ensure the ADN application is in the Nursing Program office by the deadline. No postmarks will be accepted. The address is Yuba College, Department of Nursing 2088 N. Beale Rd. Bldg. 2100, Room 2105, Marysville, CA 95901.
  - a. All application materials must be received or hand-delivered by specified time on the nursing web site <http://nursing.yccd.edu> on the final application filing date in the nursing program office. A new open application submission timeframe will be posted on the Yuba College Nursing web site with each application cycle.
9. Read and sign the Department of Nursing Admission Policy Acknowledgement form.
10. ADN Applicants are now required to obtain positive titers with lab reports for the following: HEP B, Varicella and Measles, Mumps, and Rubella (MMR). Verification of titers will be Mandatory upon selection into program. Applicants will forfeit their seat if not provided. See your health care provider, now to insure you meet this requirement.

## **CANDIDATE SELECTION PROCESS**

1. Complete and qualifying applications will be thoroughly evaluated and assigned a score using the [Yuba College Nursing ADN Program Multi-Criteria Screening Process](#) . It is the applicant’s responsibility that all Transcripts be updated and submitted in time to the Admissions and Records Department to meet all application final filing periods.
  - a. Applicants who submit an incomplete application will be disqualified from the review process, and will be notified regarding the outcome after the review process is complete.
2. Applicants will then be ranked according to their Merit-Based Admission Score. Should more than one applicant receive the same score, the ranking order will be determined by the time/date stamp recorded on the application.

3. The top 30 applicants (+ 10 alternates/semester) will be selected to enroll in the ADN program. (Fall or Spring semester).
  - a. Anticipated timelines for application evaluation, candidate selection, and final notification are posted on the Yuba College Nursing web site with each application cycle.
  - b. Only those applicants selected to enroll in the upcoming academic semester will be notified regarding the outcome of their application. All official Yuba College Nursing correspondence will be sent via your [@go Yuba College student email](#) account.
  - c. Applicants who were not selected will be notified and invited to reapply during the next application cycle.
4. Admission deferrals are not accepted. If a selected candidate is unable or unwilling to commit to an enrollment in the Yuba College Nursing ADN program, he/she will be removed from the admission process and additional candidates may be selected as replacements from the existing pool of ranked applicants.

### CANDIDATE PRE-ADMISSION REQUIREMENTS

Selected candidates must comply with the following pre-admission requirements:

1. Orientation – All candidates are required to attend a **mandatory** program orientation prior to enrollment. If a candidate is unable to attend, he/she will forfeit their application for the upcoming academic semester.
  - a. Candidates will be notified of the date and time for the program orientation via their @go Yuba College student email account. Orientations are typically scheduled 2-3 months prior to the semester of enrollment.
2. Health Clearance – All candidates are required to comply with the specific [Health Screening Requirements](#) listed on the Yuba College Nursing web site. If these requirements are not met by the assigned deadline, candidates will not be allowed to continue with the admission process.
3. Background Check and Drug Screening – All candidates are required to comply with the specific [Criminal Background and Drug Screening](#) requirements listed on the Yuba College Nursing web site. If these requirements are not met by the assigned deadline, or a candidate is subsequently found to be not cleared for clinical placement, he/she will not be allowed to continue with the admission process and their offer of conditional admission will be withdrawn.
  - a. Criminal background checks and drug screenings are required by district-affiliated agencies in Yuba City, Marysville, Woodland, Sacramento, or in surrounding areas where students will be placed for clinical experiences.
    - i. The Department of Nursing will provide each candidate with a drug screen code.
    - ii. Candidates will have 72 hours from the time they are given the log in code to complete the collection process.
    - iii. Candidates who do not log in, or fail to submit to the required drug screening by the deadline, will not be allowed to continue with the admission process.
    - iv. A candidate with a “positive” result on his/her drug screen will have his/her offer of conditional admission withdrawn. Candidates with a “dilute” result on their drug screen will be required to repeat the screen at their own expense. A second “dilute” result will be documented as a “positive”, and the candidate’s offer of conditional admission will also be withdrawn.

- b. All decisions regarding background checks and drug screenings are determined by the individual clinical agencies in accordance with their rules and/or regulations.
- c. Any criminal alert on a candidate's background check report may disqualify them from entering the ADN program.
- d. Nursing candidates are solely responsible for all costs associated with obtaining a background check and drug screen through the District's authorized vendor: **Corporate Screening Services, Inc.**, 16530 Commerce Court, Cleveland, OH 44130, Phone: (800) 229-8606, Fax: (440) 243-4204. The following searches and screenings will be conducted by the vendor:
  - i. Criminal History Record Search
  - ii. Social Security Number Trace (residential history, year/state SSN issued)
  - iii. DHHS/OIG/GSA-Medicare/Medicaid Excluded List
  - iv. National Sex Offender Data Base Search
  - v. 10-Panel Urine Drug & Alcohol Screen

## **CONTACT INFORMATION**

If you have questions about the ADN program or application process, please refer to the [Department of Nursing](#) web site. However, if you would like to discuss your academic progress, program pre-requisites, or specific degree requirements, please contact the Counseling Department and make an appointment.



**Associate Degree Nursing  
APPLICATION CHECKLIST**

While it is the applicant's responsibility to ensure all program requirements are met prior to submitting an application to the Yuba College Department of Nursing, this checklist has been designed to aid you with the submission process.

To guarantee your application is complete, please check off all applicable items and submit this form with your ADN application. Incomplete applications will be disqualified from admission consideration.

- Submit your Yuba College Application
- Activate your [@go student email](#) account
- Complete the Associate Degree Nursing Program Application
- Sign the Department of Nursing Admission Policy Acknowledgement form
- Veteran Status -If applicable, attach DD214 copy or Active Military ID Card
- Send official transcripts for schools other than Woodland or Yuba College to:  
Yuba College - Transcripts Office, 2088 North Beale Road, Marysville, CA  
95901
- Attach Unofficial copy of TEAS.
- Have ATI electronically send your official TEAS scores to the Yuba College Department of Nursing if taken somewhere other than Yuba College or if older than 8 months from application date.

ATI TEAS test taken at Yuba College please provide date and your highest

score SCORE: \_\_\_\_\_ DATE: \_\_\_\_\_

Number of times taken \_\_\_\_\_.

- Complete the [ADN Program Application Supporting Documentation Form](#) (if applicable)
- I understand if selected for the program, I am required to obtain positive titers with lab reports for the following: HEP B, Varicella and Measles, Mumps, Rubella (MMR). Verification of titers will be Mandatory upon selection into program. Applicants will forfeit their seat if not provided. See your health care provider, now to insure you meet this requirement. \_\_\_\_\_Initials.

Please do not attach a letter of recommendation, a resume, CPR certification, etc. to your application. Only the specific items requested here will be used.



Date Received: \_\_\_\_\_  
OFFICE USE ONLY

Associate Degree Nursing  
PROGRAM APPLICATION

Please return this application and all required materials to:  
**Yuba College – Department of Nursing**  
2088 North Beale Road, Marysville, CA 95901  
  
All non-district official transcripts should be mailed to:  
**Yuba College – Transcripts Office**  
2088 North Beale Road, Marysville, CA 95901

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Previous names used: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (County) (State) (Zip Code)

SS#: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Yuba College Student ID: \_\_\_\_\_ College E-mail: \_\_\_\_\_

The following information is for reporting to the Program’s governing agencies (optional):  
Gender :  Male  Female Language spoken in home: \_\_\_\_\_  
Ethnicity :  Black/African American  American Indian  Asian-Pacific Filipino  
 Asian- Pacific  White/Caucasian  Hispanic/Latino  Two or more races  
Other: \_\_\_\_\_

Pre-admission Exam Completed:  TEAS

Highest TEAS Score: \_\_\_\_\_ Date of score: \_\_\_\_\_

Yuba College will print TEAS up to 8 months prior to application.

Veteran Status -If applicable, attach  DD214 copy or  Active Military ID Card

Academic Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Academic Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Name of previous colleges attended: \_\_\_\_\_

Please indicated when and where each required prerequisites course was completed:

<b>PREREQUISITES</b>	<b>SCHOOL NAME</b>	<b>COURSE NAME</b>	<b>COMPLETION DATE</b>
Biology 4 (Human Anatomy)			
Biology 5 (Human Physiology)			
Biology 6 (Microbiology)			
Chemistry 2A or 2B (Intro. Chem.)			
English 1A (or equivalent)			
Math 52 (Intermediate Alg. or higher)			
Nursing 26 (pharmacology)			
Nursing 36 (Pathophysiology)			

I certify that the statements I have made on this application are true and complete. I understand that any misrepresentation or omission of data may result in permanent program ineligibility or dismissal from the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Student ID#: \_\_\_\_\_



Date Received: \_\_\_\_\_

OFFICE USE ONLY

**DEPARTMENT OF NURSING**  
**ADMISSION POLICY ACKNOWLEDGEMENT**

This contract must be signed and submitted as part of the application process.

- I understand that all official correspondence regarding my ADN application will only be sent to my @go Yuba College student email account. I will only be contacted if I have been selected as a candidate for admission to the program, and am aware that if I fail to respond to any correspondence, I will forfeit my ability to continue with the admission process.
- I understand that it is my responsibility to keep the Department of Nursing informed of any changes to my name, address, or phone number.
- I am aware that the findings of the drug screen and criminal background check may impact my eligibility for clinical placement in the ADN program.
- I understand that if I am offered conditional admission but am unable or unwilling to commit to an enrollment in the Yuba College Nursing ADN program, or if I fail to attend the mandatory orientation, complete the required physical examination or necessary immunizations, or do not receive background check or drug screen clearance, my offer will be rescinded and I will be removed from the admission process.
- My signature below authorizes the release of my background information to all affiliated agencies necessary for placement in required clinical course rotations. Without my signature and authorization, no information will be released to these agencies and I will not be permitted to enroll in the ADN program.
- I understand that nursing courses may be taught at the Marysville campus. Further, as an ADN student, I am aware that I will be required to commute during the program and have carefully considered the human and financial costs of traveling. I understand that the district will not provide me with transportation to these clinical sites.
- I am aware that all ADN policies and procedures are available on the Department of Nursing web site. It is my responsibility to check this site at least monthly to ensure that I am aware of any changes and the implications this may have on my admission to, progression in, or completion of the ADN program.
- I understand that it is my responsibility to meet with a Yuba College counselor to ensure all of my degree requirements have been met. I am aware that FCS 10/HLTH 10 (Principles of Nutrition) and PSYCH 1A (General Psychology) are required elements to progress through the ADN program. If I have not completed these courses by the semester required, I will be ineligible to progress in all nursing courses. Additionally, I understand that I will not be allowed to graduate until all general education degree requirements are met.
- I am aware that Yuba College Nursing has a single course repeat policy for the ADN program, and that I will only be allowed to fail or withdraw from one course throughout the duration of my studies as an ADN student. If I should withdraw from or fail another nursing course, I will be permanently suspended from the program.
- I understand that my application to the Yuba College ADN program will be nullified if my academic record reflects any documented instances of cheating on a standardized test.
- I understand if selected for the program, I am required to obtain positive titers with lab reports for the following: HEP B, Varicella and Measles, Mumps, Rubella (MMR). Verification of titers will be Mandatory upon selection into program. Applicants will forfeit their seat if not provided. See your health care provider, now to insure you meet this requirement. \_\_\_\_\_Initials.

I acknowledge that I have read and understand the above information and have been given a copy of this admission policy acknowledgement form.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

**Yuba College Nursing  
ADN Program Application  
Supporting Documentation Form**

**\*\*This page is required to be submitted with the application to document qualifying points\*\***

**Please Print**

Applicant Name: \_\_\_\_\_ Student I.D. #: \_\_\_\_\_

**Criterion 3 – Relevant Work Experience;** Please provide a brief explanation of your situation and/or circumstances (See Multi-criteria tool for documentation details): **OR,**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Criterion 3 – Life Experiences; Difficult Personal/Family Situation; OR Underrepresented Group** Please provide a brief explanation of your situation and/or circumstances (See Multi-criteria tool for documentation details):

\_\_\_\_\_  
\_\_\_\_\_  Male  
\_\_\_\_\_  African American  
\_\_\_\_\_  Hispanic/Latino  
\_\_\_\_\_  Native American  
\_\_\_\_\_  Pacific Islander  
\_\_\_\_\_  Southeast Asian

**Criterion 5 – Verification of Proficiency in a High-Frequency Language other than English**

This portion of the form must be completed by someone who can verify your proficiency. The person must be fluent in the identified foreign language, have observed your language skills over the last year, and **not** be a family member or friend.

I verify that \_\_\_\_\_ is able to **speak, read, and write** in \_\_\_\_\_ (language).

Contact Information:

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant Acknowledgement**

I acknowledge, by my signature below, that the information on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_