

Adult Residential Care Home Operator (ARCH) Program (NURS 12, 13, 14) – Certificate of Competence
ADMISSIONS APPLICATION/CHECKLIST FORM
Fall Semester Application Period: Continuous
Spring Semester Application Period: Continuous

Pick Up and Submit Applications at:
KCC Kekaulike Information & Service Center
'Ilima Building, Room 102
Tel: (808) 734-9555 • Fax (808) 734-9896
E-Mail: kapinfo@hawaii.edu

For More Information, Contact:
KCC Nursing Department
Kōpiko Building, Room 201
Tel: (808) 734-9305 • Fax (808) 734-9147
E-Mail: kapnurs@hawaii.edu

Directions: Please complete each item carefully and submit this Admissions Application/Check List (pages 1-2) and all required documents to the KCC Kekaulike Information and Service Center (KISC) by the application deadline. Additional information on the application and acceptance process is provided on the attached pages 3-7.

APPLICANT INFORMATION Indicate Application Term (and Year): Fall _____ Spring _____ Summer _____

Name: _____ **UH ID# or SS#:** _____
(Last Name, First Name and M.I.)

Mailing Address: _____
(Street Address) (City) (State) (Zip Code)

Phone: Home: _____ Cell: _____ Work: _____

Email Address: _____

List other name(s) used on documents: _____
(Notify the KCC Kekaulike Information & Service Center regarding other names used on college documents.)

Current Home Institution Designation for Continuing Students: If you are currently attending an institution within the University of Hawai'i System, please indicate your current home institution. (*Choose Only One*)

- Kapi'olani CC Hawai'i CC Leeward CC Windward CC UH-West O'ahu
 Honolulu CC Kaua'i CC Maui CC UH-Hilo UH-Mānoa

New Home Institution Designation for All Applicants: (*Choose Only One*)

- I request that my major and home institution be changed to Kapi'olani Community College ONLY if I am accepted to the Adult Residential Care Home Operator program.
 I request that my home institution be changed to Kapi'olani Community College and my major be _____, if I am NOT accepted to the Adult Residential Care Home Operator program. (*All health sciences and nursing programs are selective admissions programs. If a health science or nursing program is listed above, your major will be unclassified.*)

APPLICANT CERTIFICATION: I certify that the answers and responses provided for all of the items on this Admissions Application/Check List (on pages 1 and 2) are true to the best of my knowledge and belief. I understand that providing incorrect or false information will subject me to the requirements and/or discipline measures as provided under the University's Student Conduct Code. I understand that if I am not accepted into the program of application, I must submit a new application and all required documents for any subsequent semester. I also allow KISC to change my major and home institution if I am not accepted into the Adult Residential Care Home Operator program. **I have read and agree to abide by the application policies within pages 3-6.**

Date: _____ **Signature:** _____

For KISC Use Only:

Banner ID#: _____

Student Type: F M T C (Indicate home institution below)

Current Home Institution: HAW HON LEE KAP WIN
 KAU MAU HIL MAN WOA

Residency: Resident Nonresident (Type: _____) Pending

Action: Accepted Denied Redirected to: _____

Date Stamp Here

ADMISSIONS CHECKLIST for Adult Residential Care Home Operator (ARCH) Program

APPLICANT NAME: _____ **UH ID#/SS#:** _____
(Last Name, First Name and M.I.) **DATE:** _____

Date Completed Item

1. _____ **UH System Application Form (UH SAF)** for New or Returning Students.
2. _____ **English (Reading) Requirement:** Complete **one** of the items (A, B, C or D) below.

A) Complete the KCC Placement Test with a COMPASS reading score of 57 or higher.

•Test Date: _____ •Reading Score: _____

OR **B) Completion of ENG 21 or higher** (e.g., ENG 22 or ENG 100)

- Course Title: _____
- Course Completion Date: _____ (e.g., Fall 2006)
- Institution Name (where course completed): _____
- Official (non-UH System) Transcripts sent to KCC on: _____

OR **C) Provide copy of your U.S. High School transcript/diploma.**

OR **D) Provide copy of your General Educational Development (GED) certificate.**

3. _____ **Submit copy of current Nurse Aide Certificate** and indicate below what course was completed and where.

NURS 9 – Long Term Care Nurse Aide Course at Kapi‘olani Community College
Term/Year: _____ Credit Non-Credit

NURS 16 – Nurse Aide Training Course at Kapi‘olani Community College
Term/Year: _____ Credit Non-Credit

Other Equivalent Nurse Aide Course

- Course Title: _____
- Course Completion Date: _____ (e.g., Fall 2006)
- Institution Name (where course completed): _____
- Official (non-UH System) Transcripts sent to KCC on: _____

4. _____ **Nurse Aide Work Experience Requirement:** Complete and submit the attached “Nurse Aide Work Experience Verification” form. (See page 7)

Note: Selection is made on the **FIRST QUALIFIED, FIRST ACCEPTED** basis. Applicants with a cumulative grade point average (GPA) below 2.0 (who are on probation/suspension at Kapi‘olani Community College) will not be considered for selection or admission to the program. Applicants not accepted into the program must reapply and resubmit required information. Residents of the state of Hawai‘i receive selection priority.

EXPLANATION OF ADMISSION CHECKLIST (page 2) – Adult Residential Care Home Operator

Item 1 UH System Application Form (SAF)

If you are new to Kapiolani Community College or are returning after being out a semester, you must complete the UH System Application Form. Indicate your major as: “**ARCH**”

Students withdrawing from college on or after the first day of instruction of the Fall semester may reapply for the program as a continuing student for Spring by indicating on the withdrawal form that they intend to reapply. They may also register for non-nursing courses as a continuing student for Fall. Students who do not indicate their intent to return or who withdraw in the Spring Semester will be required to apply for readmission by submitting the UH SAF to the KCC Kekaulike Information and Service Center by the program application deadline. All students who withdraw from college are subject to the program requirements in effect at the time of re-entry.

Item 2 The English (reading) requirement may be fulfilled via one of the options below.

Option A – Placement Test.

- i. Complete the COMPASS (English) Placement Test at the KCC Placement Test Center in the ‘Iliahi Building, Room 127. Bring a picture I.D.
- ii. Request two (2) copies of your test results. **Submit one copy with your application. Keep the second copy for your records.**
- iii. A **COMPASS Reading Score of 57 or higher** is required for entrance into the ARCH program.
- iv. The placement test is valid for 2 years. If more than one test is taken, the highest score will be used. You may retake the test after 60 days have elapsed after taking the test.
- v. The placement test can be taken at any of the Community Colleges within the University of Hawai‘i System.

Option B – Placement Test Waiver by English Course Completion

- i. If you completed English 21 or higher (i.e., English 22 or 100) with a grade of “C” or higher within the past ten years, you do not need to take the placement test.
- ii. If the course was completed at a campus outside of the University of Hawai‘i (UH) System, you must have official transcripts sent directly to the KCC Kekaulike Information and Service Center (KISC); after which you must submit a Transcript Evaluation Request form to the KISC in order to evaluate the English course you completed. To be considered for transfer, a course description must accompany each course taken outside of the UH system.
- iii. Courses completed outside of the UH System and which were evaluated by UH System schools (other than Kapi‘olani Community College) will also need to be evaluated by the KISC.
- iv. If the course was completed at a campus within the UH System, transcripts do not have to be sent to the KISC. However, you must submit a Transcript Evaluation Request form to the KISC to formally transfer the UH system course to Kapi‘olani Community College.
- v. If there are any questions or concerns about the transferability of the course, it is recommended that you complete the placement test.

Option C – U.S. High School Diploma: Provide a copy of your High School diploma/transcript if you graduate from a high school within the United States.

Option D – General Educational Development (GED) Certificate: Provide a copy of your General Educational Development (GED) certificate.

Item 3 Nurse Aide Certificate: Submit copy of your Nurse Aide Certificate, if you took:

- a. **NURS 9 - Long-Term Care Nurse Aide course** (150-hour) at Kapi‘olani Community College: Indicate on the Admissions Application/Checklist form if you completed this course.
- b. **NURS 16 - Nurse Aide Training course** (240-hour) at Kapi‘olani Community College: Indicate on the Admissions Application/Checklist form if you completed this course.

c. Other Course Equivalent to KCC NURS 16 Course: Have official transcripts sent directly to KCC Kekaulike Information and Service Center; after which you must submit a Transcript Evaluation Request form to the KISC in order to evaluate the nurse aide course that you completed. To be considered for transfer, a course description must accompany each course taken outside of the UH system.

Item 4 Nurse Aide Work Experience Verification: Complete Nurse Aide Experience Verification” form (See attached form on page 7)

a. Applicants should complete this form if they worked a minimum of six (6) months of full-time work as a nurse aide in a hospital, skilled nursing facility (SNF), intermediate care facility (ICF) approved by the Hawai‘i State Department of Health (DOH) as referenced within <http://www.hawaii.gov/health/elder-care/health-assurance/medicare-facilities/index.html>. Nurse Aides providing skilled nursing care in a home health agency approved by the DOH may also apply. Work in a foster care, care home or day care facility **do not meet the requirements**.

b. The Nurse Aide experience must be within the past ten (10) years.

c. Graduates of Kapi‘olani Community College’s NURS 9 course must submit the work experience form.

d. Graduates of Kapi‘olani Community College’s NURS 16 course do not have to submit the work experience form.

EXPLANATION FOR ACCEPTANCE – Adult Residential Care Home Operator Program

A. Minimum Requirements for Acceptance

1. Completion of COMPASS (English) Placement Test with a reading score of 57 or higher; or
2. Completion of English 21 or higher (e.g., ENG 22 or ENG 100); or
3. Possession of a U.S. high school diploma; or
4. General Educational Development (GED) certificate.

B. Acceptance Criteria

1. All applicants who meet the minimum requirement are considered for acceptance on a first qualified basis.
2. Applicants are notified of their application status by mail.

C. Health Requirements: In order to register for classes, you will need to submit the health requirements listed below to the KCC Kekaulike Information and Service Center (KISC).

1. Tuberculosis clearance (card or physician’s report) within the past 12 months.
2. Measles, Mumps, Rubella (MMR) immunizations.

TECHNICAL STANDARDS

In order to familiarize yourself with the physical requirements for students entering a nursing program at Kapi‘olani Community College, please review the “Technical Standards for the Department of Nursing Program” on page 6.

HEALTH CARE STUDENT NOTIFICATION

Health care students are required to complete University-prescribed academic requirements that involve clinical practice in a University-affiliated health care facility with no substitution allowed. Failure of a student to complete the prescribed clinical practice shall be deemed as not satisfying academic program requirements. It is the responsibility of the student to satisfactorily complete affiliated health care facility criminal background checks and drug testing requirements in accordance with procedures and time lines as prescribed by the affiliated health care facility.

ARCH COURSES, TUITION AND BOOKS

ARCH Courses include:

- NURS 012 – Common Diseases, Diets and Medicines (1 credit)
- NURS 013 – Helping Therapies and Behavior Management (1 credit)
- NURS 014 – Regulations, Accounts and Community Resources (1 credit)

Tuition for Fall 2009 and Spring 2010: Approximately \$79 per credit for residents and \$272 per credit for non-residents. A student publication fee and student activity fee will also apply. Tuition and fees are paid at the time of registration.

ARCH Books include:

- NURS 012 – Mosby’s Drug Guide and NURS 12 Module
- NURS 013 – NURS 13 Module
- NURS 014 – NURS 14 Module and Chapter 100.1 (from the Hawai‘i State Department of Health)

ALTERNATE CHOICES AND MULTIPLE APPLICATION POLICIES

The policies below apply to the nursing programs within Kapi‘olani Community College.

1. If you do not qualify or if you are not accepted into your first choice (nursing) program, and if you’ve applied for an alternate choice (nursing program), your application for your alternate choice (nursing program) will be processed accordingly.
2. Acceptance into another nursing program will be on a “first qualified, first accepted basis” (as with the Nurse Aide Program and Adult Residential Care Home Operator Program) or on a “best qualified, first accepted basis” (as with the ADN, LPN-RN Transition and Practical Nursing Program). If you are interested in another nursing program (as an alternate choice), your application to the alternate nursing program will be considered only until after your application for the initial nursing program is denied. Please contact the KISC to obtain the application information for other nursing programs.
3. If you are accepted into a nursing program, you must complete the first nursing program before entering a second nursing program. You will not be able to simultaneously withdraw from the first nursing program to enter a second nursing program.
4. Health Science Programs: For more information, please contact the KCC Health Science Department at 808.734.9270 or visit the KCC website at <http://www.kcc.hawaii.edu/page/programs> (and scroll to “Health Education”).

TECHNICAL STANDARDS

In order to familiarize yourself with the physical requirements for students entering a nursing program at Kapi‘olani Community College, please review the “Technical Standards for the Department of Nursing Program.”

Kapi‘olani Community College Technical Standards for the Department of Nursing Program

Issue	Standard	Examples
hearing	Ability sufficient to monitor and assess health needs.	Converse with patients and health care professionals; auscultation of BP breath, heart and bowel sounds; respond to paging systems, bells, telephones, and equipment sounds.
mobility	Mobility and strength sufficient to support and move patients.	Support and transfer patients, move in and out of treatment areas. Reach equipment or parts of patient's body.
motor skills (fine & gross)	Perform multiple motor tasks simultaneously. Ability to lift, move, position, and transfer patients sufficient to provide safe and effective nursing care.	Maneuver and operate equipment, pushing/pulling/carrying, perform CPR.
tactile	Tactile ability sufficient for physical assessment.	Distinguish hot or cold skin temperature, pulse rate; feel anatomical landmarks. Distinguish textures, degree of firmness, temperature differences.
visual	Ability sufficient for observation and assessment necessary in nursing care. Have peripheral form depth perception and ability to distinguish shades of color	Describe patient's skin color, perform calibrations on syringes, administering medications, thermometers, reading and writing patient's charts/flow sheets/ monitors; interpret reagent tests, color of body fluids, changes in skin color.

**Kapi'olani Community College
Nursing Department
Nurse Aide Work Experience Verification Form**

This Section To Be Completed By Applicant

I, _____, have applied for courses in the Nursing Department at Kapi'olani Community College and need verification of my nurse aide experience. Please assist me with my application to KCC by completing the information below at your earliest possible convenience. I hereby give permission to the agency identified below to release the requested information to Kapi'olani Community College.

Signature: _____ Phone: _____ Date: _____
KCC Program Choice: _____ Semester of Application: _____

This Section To Be Completed By Agency/Employer

Agency _____ Phone _____

Address _____

Supervisor's Name and **Title** (Print) _____

Supervisor's Signature: _____ Date: _____

Employment Dates: **From** (month/year) _____ **To** (month/year) _____

Average Hours Per Week _____ Today's Date: _____

Job duties are in a SNF, ICF, Hospital or Home Health setting: Yes ___ No ___

Duties performed satisfactorily: (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> bed bath, pericare, grooming | <input type="checkbox"/> taking and recording blood pressure |
| <input type="checkbox"/> assisted shower | <input type="checkbox"/> measuring intake and output |
| <input type="checkbox"/> occupied and unoccupied bedmaking | <input type="checkbox"/> care of patient with a foley |
| <input type="checkbox"/> dependent and partially dependent bed to chair transfers | <input type="checkbox"/> range of motion exercise |
| <input type="checkbox"/> feeding the patient | |
| <input type="checkbox"/> taking and recording temperature, pulse and respirations | |

Has basic knowledge of: (Please check all that apply)

- medical asepsis
- maintaining patient safety
- observations to report
- positive patient communication
- reporting patient care and observations
- responsibility for maintaining confidentiality and other basic patient rights

Behaves in a way that is: (Please check all that apply)

- responsible
- respectful of others
- safe

Additional comments: _____

Please mail completed form to: Kapi'olani Community College
Nursing Department Counselor
Kōpiko Building, Room 201
4303 Diamond Head Road
Honolulu, HI 96816