General Information

Pacific Union College is:

- A Christian liberal arts college
- A fully accredited four-year college
- Ranked among the top ten western regional liberal arts colleges in *U.S. News and World Report*
- A 200-acre campus that overlooks the beautiful Napa Valley

Pacific Union College has been educating nursing students since 1958 when it first established the Associate of Science Degree in Nursing (ASN). The AS Nursing degree program is approved by the California Board of Registered Nursing (BRN) and accredited by the Accreditation Commission for Education in Nursing, INC. (ACEN)\(^1\)

AS Nursing Degree Program

*Curriculum:* A description of the AS Nursing degree program, degree requirements, and curriculum is available at: [www.puc.edu/academics/degrees-programs](http://www.puc.edu/academics/degrees-programs) - select document NHSC-07 for admission requirements and pre-nursing focus for entry into the AS Nursing degree program. Select document NHSC-08 for an overview of both the AS and RN to BSN degree requirements, along with A-06, which lists ASN and RN to BSN general education requirements. Nursing faculty advisors assist students as needed in developing an academic plan.

PUC’s AS degree program is one of many two-year associate nursing degree programs in California that graduate more than two-thirds of the nursing students eligible to take the RN licensure examination.

Once started, the AS degree program can be completed in six (6) academic quarters. During the final three quarters of the nursing program, students travel to clinical sites an average of two times each week, leaving less time to take additional on-campus courses. Therefore, all cognate and general education courses must be completed before starting the second year nursing classes.

*LVN and Advanced Placement Admission:* Students seeking advanced placement admission as transfer students or LVNs seeking to complete requirements for the AS degree in nursing are considered for advanced placement admission on a space-available basis. Please refer to the PUC General Catalog for nursing admission requirements. PUC also offers an LVN to RN program at select locations. The LVN to RN program follows a non-traditional schedule designed to meet the needs of the individual who must work while pursuing an education. A separate application packet is available for the LVN to RN program. Contact the Nursing & Health Sciences Department or go to [www.puc.edu/nursing-health-sciences/rn-education](http://www.puc.edu/nursing-health-sciences/rn-education) for more information.

*Several starting dates per year:* The ASN degree program admits students three quarters out of the academic year: Fall, Winter, and Spring.

Continuing Your Education: Online RN to BSN Program

The RN to BSN Program at Pacific Union College allows students to seamlessly complete their BSN in a two-step process by first completing AS degree requirements and then continuing on to complete the remaining requirements for the BSN. An RN license is required for students to complete some BSN courses. The program follows a non-traditional schedule designed to meet the needs of the individual who must work while pursuing an education. Classes are developed on adult learning principles and designed for interactive learning experiences. Full-time and part-time options are available. Contact the Nursing & Health Sciences Department or go to [www.puc.edu/nursing-health-sciences](http://www.puc.edu/nursing-health-sciences) for more information.

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\(^1\) ACEN, 3343 Peachtree Rd. NE, Suite 850, Atlanta GA 30326; (404) 975-5000. [www.acenursing.org](http://www.acenursing.org)
Application Deadlines
For the AS Nursing degree program, applications are considered after the submission deadline for each enrollment date and are considered on a space available basis thereafter.

- For fall quarter admission, applications are due April 15.
- For winter quarter admission, applications are due September 15.
- For spring quarter admission, applications are due January 15.

Eligibility Requirements
Admission is competitive and candidates are evaluated based on the following criteria:

___A. Completion of prerequisite courses with a grade of C or better in each course
1. Basic Algebra II (MATH 096)
2. Introductory Chemistry (CHEM 101) or Intro to Physics (PHYS 105)
3. College English I (ENGL 101)
4. Human Anatomy (BIOL 101) or Human Physiology (BIOL 102)
5. Intro to Nursing (NURS 110)

___B. College GPA calculated on prerequisite, cognate, and GE courses required for the AS degree. The minimum GPA for nursing admission is 3.0; preference is given to applicants who have earned a nursing GPA above 3.3 and completed at least 12 units of nursing-required courses at PUC.
1. Each course must be passed with a C or better.
2. Any grade below C in a course required for nursing hurts your chances of admission, even if you have successfully repeated that course.

___C. ATI TEAS (Test of Essential Academic Skills) total score at or above Proficient Level (min. 60.0%); preference given to students with scores at the Advanced or Exemplary level.

The ATI TEAS is a standardized nursing school entrance test. It evaluates knowledge of or aptitude in math, reading comprehension, English language usage, and science.

Applicants are allowed to take the test a maximum of three times, with a minimum of 60 days between tests (two retakes are allowed). Contact the Nursing Admissions Coordinator at nursing@puc.edu to reserve a space for a test date. All applicants must create an ATI account prior to taking the ATI TEAS. Create an account at www.atitesting.com by clicking on Create New Account and following the screen prompts. Prepare for the ATI TEAS by obtaining the ATI TEAS Study Manual from ATI at www.atitesting.com or by calling 800-667-7531.

Application steps to be completed by application deadline

___A. Apply to the Department of Nursing & Health Sciences (see application form on pages 5 and 6 of this packet). The application form, application fee, and personal essay are to be submitted simultaneously to the department.

___B. Submit two professional recommendations. Recommendation Form available at www.puc.edu/nursing-health-sciences/rn-education and on pages 7-10 of this packet.

___C. Submit all high school and/or college transcripts to PUC Admissions. The Records Office reviews transcripts to determine appropriate credit. (See Transcript Analysis section to follow).

Admissions Process
Admission is competitive and based on a review of your GPA and ATI TEAS scores, as well as the quality of your written essay, the recommendations submitted on your behalf, and the number of cognate and GE courses successfully completed. If you meet the eligibility requirements but are not admitted for the quarter under consideration, you may request in writing (email) that your application remain active for consideration for a later quarter. Please note, however, applications are archived after being considered for three quarters.

Notification of admissions decisions will be in writing from the Nursing & Health Sciences Department.
Health Clearance steps to be completed after Acceptance Notification

The following items are required of all AS Degree Nursing Students in order to obtain clinical clearance.

1. **Health Clearance**: (See – *Health Clearance Requirements for Nursing Students*) Submit documentation to CastleBranch.

2. **HealthStream Educational Modules**: Purchase and complete the required HealthStream modules prior to the start of the first clinical course and annually thereafter. Submit transcripts to CastleBranch. (See – *HealthStream*)

3. **CPR for Healthcare Professionals**: Current card showing completion of an American Heart Association *Basic Life Support Provider (BLS)* Class. Submit documentation to CastleBranch.

4. **Background Check and Drug Screen**: A clear background check and clear drug screen are required of all students entering the program. Screenings are completed through CastleBranch. (See – *CastleBranch*)

**Criminal Background Check and Drug Screen**

All students are required to undergo a criminal background check and drug screen prior to participating in required clinical experiences. Both the criminal background check and the drug screen must be completed satisfactorily as determined by the Department of Nursing & Health Sciences prior to beginning any clinical experience. Students are responsible for all costs associated with criminal background check and drug screen. Students must further agree that all results are available to the program and the clinical sites associated with the program. Should a clinical agency refuse to place a student based on the outcome of either the background check or the drug screen, the Program has no responsibility for arranging alternate clinical placements.

**Criminal Background Check**: Students must clear a criminal background check before finalizing admission to the nursing program. Failure to undergo the background check will result in dismissal from the program. If the background check indicates criminal behavior the student may be dismissed from the program. Students may appeal the decision and will have the opportunity to present information to dispute the background check. Determination by the Department that a student has passed the criminal background check does not guarantee that every clinical facility will accept this assessment and allow the student to participate in clinical experiences. A student who has a gap in continuous enrollment in the program may be required to undergo another criminal background check prior to readmission into the program.

**Drug Screen**: Students must clear a urine drug test before finalizing admission to the nursing program. Failure to undergo the drug test will result in dismissal from the program. If the student fails the test, the student will not be admitted to the program. Students have the right to contest the results of a test and to request that the sample be retested at a second location (provided that the request is made and the second drug test is completed within seven [7] days after the results of the failed test).

**Readmission**: Should the Department obtain evidence of criminal behavior and/or drug use after a student has been cleared for admission into the program, the student may be dismissed from the program. Readmission into the program may be considered in the sole discretion of the Department if a subsequent background check shows a clear record, or the student follows a treatment plan developed in collaboration with Health Services and the Counseling Center and clears subsequent random urine drug test.

**Transcript Analysis**

The graduation analyst evaluates transcripts to determine appropriate credit for courses already completed.

Pacific Union College is on the quarter system with three quarters during the academic year. Two semester units of credit are equivalent to three quarter units. For questions regarding transfer credit or graduation requirements, contact the graduation analyst in the Records Office: 800-862-7080, opt 2, or 707-965-6678.

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2 Further information about obtaining the required background check and urine screen is provided upon admission to the designated program.
Financial Information

How can I meet the cost of the nursing program?

- Financial aid options
  - FAFSA - Free Application for Federal Student Aid
    - Apply online at [http://www.fafsa.ed.gov](http://www.fafsa.ed.gov)
  - Grants/Loans - based on completed FAFSA
    - Cal Grant
    - Pell Grant
    - Federal Stafford Loan
- Other loan programs - non PUC
  - No FAFSA required
  - Alternative Loans (credit based)

What happens to my PUC financial package if I fail or withdraw from a class?

- Stay in close communication with your financial advisor throughout the program.
- Any failures (less than passing grade) in courses are not covered by loans.
- A minimum grade of C is required for all AS degree program coursework.

Program Pass Rates

To obtain information on the RN licensure pass rate for graduates of the program, go to:
[http://www.rn.ca.gov/schools/passrates.shtml](http://www.rn.ca.gov/schools/passrates.shtml)

The Department of Nursing & Health Sciences reserves the right to add, amend or cancel any of its programs, policies and procedures, in whole or in part, at such time as it may choose and for any reason.

Every effort has been made to insure the accuracy of the information in our publications. Applicants should be advised, however, that such information is subject to change without notice, and that they should consult with the Nursing Admissions Coordinator and/or their Academic Advisor for current information. Information in this document does not constitute a contract between the Department of Nursing & Health Sciences and a student or an applicant for admission.
PUC Department of Nursing & Health Sciences  
Associate of Science Degree in Nursing Program  
APPLICATION FORM - Part A  

Anticipated Enrollment Date:  
☐ Fall  ☐ Winter  ☐ Spring  Year________
Applying for advanced placement?  
☐ Yes  ☐ No
Current PUC Student?  
☐ Yes  ☐ No

PLEASE TYPE OR PRINT ALL INFORMATION  

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Home/Permanent Mailing Address  
Street  
City, State, ZIP  

Telephone (including Area Code)  
☐ Residence  ☐ Mobile  
Telephone (including Area Code)  
☐ Residence  ☐ Mobile  

Email Address  
PUC Email Address -required  

Military Status:  
☐ Active Duty  ☐ Active Reserves  ☐ GI Bill/Rehab  ☐ Spouse/Dependent  ☐ Civilian

Health Care Work Experience (check all that apply and attach photocopy of license or certificate)  
☐ Certified Nurse Assistant  ☐ Emergency Medical Technician  ☐ Surgical/Psychiatric Technician  ☐ Respiratory Therapist  ☐ Medical Assistant

Ethnic and Race Group (used for statistical purposes only) Please mark at least one in each group  

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Educational Background  

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Signature of Applicant  
Date  


PUC Department of Nursing & Health Sciences
Associate of Science Degree in Nursing Program
APPLICATION FORM - Part B

PLEASE TYPE OR PRINT ALL INFORMATION

Name_____________________
PUC Student ID#_____________________

The following items must be submitted simultaneously to the department by the application deadline:

__ $50 Application Fee (cash, check, money order)
__ Personal Essay - Prepare a typed, one-page essay in which you respond to each of the following three questions. Essays will be evaluated on the basis of content, writing ability, clarity of thought, and sequence of ideas.
1. Please provide a paragraph explaining why you would like to be a nurse.
2. Describe in one paragraph a time during your college journey when you failed at something and how you responded.
3. Identify a situation in which you had to act truthfully or ethically for yourself or for another person.

   Faxedi forms are NOT acceptable.

Two professional recommendations must be submitted by the application deadline to the department by the individual recommending you: Recommendations from family members and those presented directly to the department by applicants are NOT acceptable.

Health Clearance steps to be completed after Acceptance Notification

I understand that I must meet all Health Clearance and Clinical Clearance requirements in order to attend nursing clinical labs including:

1. Health Clearance: see Health Clearance Requirements for all Nursing Students; note that most facilities in CA require full COVID-19 vaccination for nursing students.
2. CPR certification: a card issued by the American Heart Association (http://www.americanheart.org/) verifying completion of an AHA Basic Life Support Provider (BLS) course.
3. HealthStream Educational Modules: Purchase and complete the required HealthStream modules prior to the start of the first clinical course and annually thereafter.
4. Background Check and Drug Screen: A clear background check and clear drug screen are required of all students entering the program.

Check college courses completed (Check ONLY those for which you received a grade of C or higher)

__ Intro to Nursing ___ Human Anatomy ___ Human Physiology ___ General Microbiology
__ General Psychology ___ Introductory Chemistry ___ College English ___ Comm. & Public Speaking
__ Human Development ___ Intro to Physics ___ Basic Algebra II ___ Nutrition
__ Sociology/Cultural Diversity

HealthStream Educational Modules: Purchase and complete the required HealthStream modules prior to the start of the first clinical course and annually thereafter.

Have you ever been convicted of a felony? NO_____ YES_____ If YES please explain below:

____________________________________________________________________________________

Note: The law provides for denial of Registered Nurse licensure for crimes or acts which are substantially related to nursing qualifications, functions or duties (California Administrative Code, Section 1444). The California Board of Registered Nursing may deny licensure on the basis of conviction of these types of crimes. The Board considers most convictions involving sex crimes, drug crimes and crimes of violence to be substantially related to nursing practice, but other acts or crimes may also be considered in this category. The Board does take into account rehabilitation of individuals, as well as other factors. Questions related to denial of licensure can be directed to the California Board of Registered Nursing at (916) 322-3350.

Signature of Applicant __________________________ Date ______________
Recommendation Form

Select Program:  
☐ RN (ASN)  ☐ LVN/MT to RN (ASN)

Applicant’s Name (Please Type or Print) ____________________________  
Today’s Date ____________________________

APPLICANT: Please ask a professional individual such as a teacher, physician, pastor, nurse, residence hall dean, or work supervisor who knows your capabilities to complete this reference form. Recommendations must be returned to the Department of Nursing & Health Sciences by the individual recommending you. **Recommendations from family members and those presented directly to the Department by applicants are NOT acceptable.**

I understand that this form will be used in the admissions process for the PUC Nursing Program only. Federal legislation (Family Rights and Privacy Act of 1974 and its amendments) allows individuals the option of having either a confidential file or a file open to their (the applicant’s) inspection.

☐ I waive my right to review a copy of this recommendation form at any time in the future.  
☐ I do NOT waive my right to review a copy of this recommendation form at any time in the future.

Applicant’s Signature ___________________________________________

RECOMMENDER: Your frank, prompt appraisal will assist the Nursing Admissions Committee in evaluating the applicant’s qualifications. Please return this signed form directly to the Nursing Admissions Coordinator via email (nursing@puc.edu) or US Mail to:

Pacific Union College  
Department of Nursing & Health Sciences  
Nursing Admissions Coordinator  
One Angwin Ave  
Angwin, CA 94508

1. In what capacity and for how long have you known the applicant?

2. Please describe any personality, physical, or emotional characteristics that you feel may be important to the applicant’s success in the Nursing Program.
3. Please rate the applicant as follows:

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<th>Above Average</th>
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4. Comments:

5. □ Highly Recommend
   □ Recommend
   □ Recommend With Reservations
   □ Not Recommended

Recommender’s Printed Name  ________________________________

Recommender’s Position/Title ________________________________

Company/Organization Name ________________________________

Address ________________________________

Telephone ________________________________

Recommender’s Signature ________________________________
Recommendation Form

Select Program:  
☐ RN (ASN)  
☐ LVN/MT to RN (ASN)

Applicant’s Name (Please Type or Print) _____________________________  
Today’s Date _____________________________

APPLICANT: Please ask a professional individual such as a teacher, physician, pastor, nurse, residence hall dean, or work supervisor who knows your capabilities to complete this reference form. Recommendations must be returned to the Department of Nursing & Health Sciences by the individual recommending you. **Recommendations from family members and those presented directly to the Department by applicants are NOT acceptable.**

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4. Comments:

5.  □ Highly Recommend
    □ Recommend
    □ Recommend With Reservations
    □ Not Recommended

Recommender's Printed Name ____________________________

Recommender's Position/Title ____________________________

Company/Organization Name ____________________________

Address


Telephone

Recommender's Signature ____________________________