

# Associate Degree Nursing (ADN) Program Transfer Instructions

Richland Community College | One College Park | Decatur, Illinois 62521



Thank you for your interest in transferring to Richland Community College ADN Program. This document describes process and policies the ADN Program adheres to in admitting prospective transfer students. Please read the entire document before completing the required forms.

## Richland Community College ADN Program Policy on Prospective Transfer Students

ADN prospective transfer students are defined as students who have successfully completed with a “C” or better nursing core coursework at another institution and are seeking transfer admission into the program. Transfer students must complete a minimum of two semesters of core nursing courses at Richland Community College.

Equivalent credit for previous nursing coursework is not automatically granted. Students may be asked to complete competency testing and/or successfully pass the corresponding standardized exam in order to obtain equivalent credit for the transfer coursework. An offer of admission is only granted if the required scores are met and if space in the course/semester is available. The prospective transfer student is responsible for test fees. Fees vary by test.

All required forms, transcripts, and supportive documentation must be received by September 1st to be considered for spring admission.

To be considered for transfer admission, please complete the following steps.

### STEP ONE: Enrollment Services

- Complete the General Admissions Process
  - ◊ Visit the Student Success Center in N117 or [www.richland.edu](http://www.richland.edu) (choose Apply Now) to complete an Admission Information Form
  - ◊ Request and submit High School, GED, and other college transcripts to the Office of Student Records
- Meet with a coach in the Student Success Center to review the myRichland Pre-Advisement Plan to determine if all program prerequisites are met.

### STEP TWO: Health Professions Web Site at <http://www.richland.edu/programs/nurs>

ADN prospective transfer students must meet the minimum admission criteria of the generic students, including being listed as a Certified Nurse’s Aide (CNA) on the Illinois Department of Public Health’s Health Care Worker Registry.

### STEP THREE: Application Forms

- Complete the attached ADN Program Application for Transfer
- Complete the top portion of the Evaluation of Nursing Education form and provide to your Nursing Program personal providing evaluation
- All required forms, transcripts, and supportive documentation must be received by September 1st

### STEP FOUR: Review

- All completed transfer applications are due by September 1st for review and consideration
- The Nursing Program Director or designee will contact regarding any additional information or testing that may be needed

# Ethical Standard Requirements

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## Background Checks

Richland Community College's clinical sites require students to submit to a background check prior to entering their institutions. Students enrolled in the LPN Bridge Program, as active Licensed Practical Nurses with no disciplinary action cited by the State, will not be required to submit to another background check.

As active CNAs, students enrolled in the Associate Degree Nursing Program have completed the background check requirement. However if the background check listed on the Health Care Worker Registry is not a FEE APP background check, the student may be asked to submit a letter of employment verifying their CNA is active. If a student requires a waiver, the state-approved waiver must be documented on the Health Care Worker Registry.

Please note: the background check requirements for the Health Care Worker Registry differ from those of the Illinois Board of Nursing. In the final semester of the ADN Program, students who are not current Licensed Practical Nurses must submit to an FBI fingerprint-based background check in order to apply for Registered Professional Nurse licensure.

Therefore, students with a past criminal history (including those with an IDPH waiver) or who have changed in status while in program, should verify they meet the licensure requirements before pursuing the ADN degree.

## Professional Integrity in Program

Conduct standards for nursing are higher than those of the ordinary student or citizen because of the inherent responsibilities assumed by the nursing role and the trust the public places on the nursing profession to do no harm. Therefore, honesty is considered essential for the practice of nursing and Richland Community College nursing students will be held to the higher standard. For example, a student who cheats, plagiarizes, intentionally misleads, engages in unethical, immoral or illegal behavior, or furnishes false or misleading information to the college or on a client record or assignment, is subject to disciplinary action up to and including failure of a class or suspension/expulsion from the program/college.

Cheating is defined as using informational notes or copying from another person in the completion of papers, projects, examinations, and assignments. If the student is using past test questions and answers for study materials that have not been cleared by the instructor, the student is cheating.

Students entering nursing are expected to follow the nursing code of ethics. Failure to do so may lead to dismissal from the program. Students are accountable for their own actions. Students are to inform the instructors of any unethical or illegal behavior, as well as any clinical error or accident. Students are encouraged to be conscientious and exercise responsibility in their work. The student should consult the instructor when difficulties are encountered with the course work and/or attendance.

# Associate Degree Nursing Program Application for Transfer

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Name \_\_\_\_\_  
Last First MI Maiden (if applicable)

Home Address \_\_\_\_\_  
Street City State/Zip

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

RCC Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Is your certification as a CNA active?  Yes  No

Previous Nursing Program(s) (please attach another sheet, if needed)

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
City State Phone Number Attended From To

Type of Program:  ADN  BSN

Courses Requested for Transfer Credit:

- NURS 112 Medical-Surgical Nursing I Concepts Basic to Nursing Practice
- NURS 152 Psychiatric Mental Health Nursing
- NURS 154 Pharmacological Principles for Nursing Practice
- NURS 155 Medical-Surgical Nursing II Care of the Chronically Ill Client

Have you ever been suspended, dismissed, or expelled from an educational program that you have attended?

Yes  No

By placing my signature below, I declare I have read and understand the ADN Program Ethical Standard Requirements. I also declare that I have presented an accurate assessment of my eligibility for admission to Richland Community College ADN Program. Should I provide misleading or inaccurate information regarding my eligibility, I will not be extended admission, have my offer of admission rescinded, or be dismissed from the program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# Evaluation of Nursing Education

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Applicant's Printed Name \_\_\_\_\_

**Student, please read & sign:** Under the Federal Law entitled the Family Educational Rights and Privacy Act (FERPA), students have the right to inspect their records. We believe that evaluations written in confidence more accurately assess a student's performance and attributes, but will consider all submitted. Please carefully read both statements below and sign your name after the first statement if you agree to not review this form or after the second if you wish to inspect it.

I waive my right to review the content of this form. \_\_\_\_\_

Applicant's signature

Date

I do NOT waive my right to review the content of this form. \_\_\_\_\_

Applicant's signature

Date

**Person Providing Evaluation:** The person listed above is applying for transfer admission to the Richland Community College Associate Degree Nursing (ADN) Program and requests your evaluation of the items below. The information you provide will be used by Richland Community College Nursing Program Director to address any academic or clinical weaknesses. The evaluation will not be shared with faculty members or used to determine admission.

Please complete and return this form by \_\_\_\_\_. A delay in returning the form could result in the person's transfer application not being considered. Directions for return are on the next page.

Student's Date of Attendance \_\_\_\_\_

Attended From

To

Reason for student's withdrawal/dismissal (Please check all that apply):

<input type="checkbox"/>	Student's choice
<input type="checkbox"/>	General Education/Cumulative GPA
<input type="checkbox"/>	Nursing Program GPA
<input type="checkbox"/>	HIPAA Violation
<input type="checkbox"/>	Nursing Program Code of Conduct Violation
<input type="checkbox"/>	Clinical Performance
<input type="checkbox"/>	Other

Please provide explanation of the withdrawal/dismissal.

Would you readmit this student to your program  Yes  No? If your response is no, please explain.

Person completing recommendation:

Name & Title \_\_\_\_\_

College/University \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Email \_\_\_\_\_

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

**Please do NOT return to applicant. Mail or fax to:**

**Tony Crystal  
Assistant to the Dean, Health Professions  
Richland Community College  
One College Park  
Decatur, IL 62521  
Fax Number: 217.875.7220**

**Any questions regarding this form can be directed to:**

**Tony Crystal  
[acrystal@richland.edu](mailto:acrystal@richland.edu)  
217.875.7211 ext 6753**