



1 Academic Drive
Corning, NY 14830-3297
Office – 607-937-1302
Fax – 607-937-1308
1-800-358-7171 x 1323

**Nurse Education Department
A.A.S. Degree in Nursing**

**Advanced Placement Packet for LPNs for Spring 2025
Deadline for packet submission: 7/1/24**

It is possible to receive credit for your LPN experience and begin the RN program at SUNY Corning Community College. Advanced Placement into the Nursing courses is only for the **spring** semester. It is the student's responsibility to complete the course prerequisites and to submit a **complete** Advanced Placement Packet indicating their intent to enter Nursing 1600, Nursing 1650 and Nursing 1675. Class size is limited; therefore, admission to the nursing program is based on meeting all eligibility prerequisites and on a **space available** basis, so you should submit your packet early for spring consideration.

STEPS

- Must apply to SUNY CCC, meet all admission requirements and be accepted to the college. You will be accepted into the Nursing Program as your primary program, **but NOT approved to begin nursing courses** until this packet is completed, submitted and approved. You will also be accepted into a Liberal Arts program as a secondary program. You will receive a letter from the Admission's Office referring to this information and will include further instructions. Please read the information in this letter, as not following through with the instructions could impact your approval to begin nursing courses.
- Complete any CCC Placement Assessment Tests that you are required to take. Please contact the Testing Center at 607-962-9226 to set up a testing appointment.
- Submit high school **and** college transcripts to the Admissions Office.
 - If you have attended other colleges and have received college credits you will need to request an official transcript from each of the colleges attended and have them sent to the Admission's Office.
- Obtain an official copy of your PN transcript to submit with this packet.
- Successful completion of any developmental courses.
- Completion of Chemistry and Biology in high school with 75% or higher **OR** completion of a college course with a minimum of a "C" or better (**There is a 5-year shelf life for high school and college science courses**).
- Place into MATH 1150 Quantitate Reasoning or higher – by Placement Assessment Test
 - **PLEASE NOTE**
 - Any prerequisite and program elective MATH course will require a "C" or higher.
 - Students accepted to the Nursing Program, either upon acceptance to the college or changing programs to nursing, **are** required to take MATH 1150 or higher and receive a "C" or higher to meet the MATH elective for the program.
- Prepare a typed, two page maximum double-spaced, 12 point font essay responding to each of the following questions. Essay will be evaluated on the basis of content, writing ability, clarity of thought and sequence of ideas.
 - Discuss the development of your interest in nursing; how your background and experience played a part in this development.

- Discuss what qualities and attributes do you believe you possess that will enable you to be successful as a student and future nurse.
- Two completed recommendation form from either a current/former professor or employer. **One must be from LPN instructor.**
 - Recommendations from friends, family members, scanned or faxed recommendations are **NOT** acceptable
 - Recommendation must be submitted electronically from the recommender's email to the Nurse Education Department at ccnursing@corning-cc.edu
- A copy of your current LPN license registration showing expiration date with initial issuance within the 5 years prior to admission
- **Evidence of recent** work or clinical experience as an LPN or LPN student. Please complete the attached form and submit with your packet.
- **Complete at least 12 credits** of program requirements, including **BIOL 1210, Principles of A&P I**
- **GPA of 2.75 minimum.**
- **All LPNs must register for and take the ATI TEAS VII**
 - A minimum score of 62 is required
 - The exam is given on main campus
 - Register for the TEAS through atitesting.com. It will give you specific dates for the exam, times, location, and cost.
 - This exam can only be taken twice.
 - Scores are good for two years.
- Must enter Nursing 1600, 1650 and 1675 –**within one year of successful completion of the TEAS Exam.**

AFTER ADMISSION WITH ADVANCED PLACEMENT

- **Once admitted into the program with Advanced Placement, you must register and successfully complete NURS 1550 Seminar for Entry into Nursing 1600 with a grade of 77/C+ or higher. This course is offered in the fall prior to entering NURS 1600 Medical –Surgical Nursing I, Nursing 1650 Behavioral Health Nursing and Nursing 1675 Pharmacology for Nursing.** Failure to successfully complete this course will lead to your inability to begin the nursing program with advanced placement.

Please contact the Nurse Education Department if you have questions or need information on how to meet these prerequisites.

**Nurse Education Department
Corning Community College
132 Denison Parkway East
Corning, NY 14830
Phone – 607-937-1302 OR 1- 800- 358-7171 Ext 1323**



STUDENT INFORMATION for LPN seeking Advanced Placement:

I am an LPN seeking Advanced Placement and plan to enter Nursing 1600, Nursing 1650 and Nursing 1675, Spring 2025

PACKETS ARE TO BE SUBMITTED BY JULY 1st TO NURSE EDUCATION OFFICE, 2ND FLOOR HEALTH EDUCATION CENTER AT 132 DENISON PARKWAY EAST. M-F 8-3 or emailed to cccnursing@corning-cc.edu

Please attach a copy of the following to this information form prior to submitting the packet:

- Unofficial college transcripts**
- Official copy of your PN transcript**
- Current LPN license registration showing expiration date**
- Recent clinical or work experience form**
- Completed Reference Form**
- Essay**

Name:

Last

First

Middle Initial

Mailing address:

House# / Apt# / P.O. Box / Rural route

Street name

City

State

Zip code

Birthdate: _____ CCC CID# C _____ Last 4 of SS# _____

County of Residence: Chemung _____ Schuyler _____ Steuben _____ Other - please identify _____

Previous name(s) under which your academic records are listed? _____

High School Name & Graduation Date / GED Date _____

Previous degrees obtained: _____

HAVE YOU EVER ATTENDED NURSING I AT CCC? _____ If yes, please provide date(s) _____

Phone # Daytime _____ Home Phone: _____

Cell _____ Work Phone _____

Personal e-mail: _____ College e-mail address: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY: _____

Signature of Applicant: _____ Date: _____

Please read, sign, and submit the Essential Functions form included on next page.

**ESSENTIAL FUNCTIONS FOR ADMISSION AND RETENTION
Certification Form**

These standards have been prepared to help applicants for admission to Corning Community College, Nurse Education Program. You are encouraged to ask questions about the program's essential functions for admission and retention to clarify any questions and to determine whether you can meet the requirements with or without reasonable accommodation. Any information and inquires about disabilities are handled in a confidential manner, to the extent possible within the accommodation process, and should be directed to the Office of Student Accessibility Services

INSTRUCTIONS:

Please indicate with a check one of the choices below, sign and date this for. Return this form with your Nurse Eligibility Application.

_____ I certify that I have read and understand the Essential Functions for Admission and Retention to Corning Community College Nurse Education Program and that I meet each of these standards established for this program in which I am applying to.

Signature

Corning Community College ID Number

Printed or Typed Name

Date

_____ I certify that I have read and understand the Essential Functions for Admissions and Retention to Corning Community College Nurse Education Program. I believe that I could meet the Essential Functions with accommodation, and will contact the Office of Student Accessibility Services, to determine whether reasonable accommodations can be made.

Signature

Corning Community College ID Number

Printed or Typed Name

Date

DEPARTMENT OF NURSE EDUCATION

ESSENTIAL FUNCTIONS FOR ADMISSION

1.	Observation The applicant/nursing student must be able to participate actively in all classrooms, clinical, and, simulation laboratory exercises. The applicant/nursing student must be able to assess and comprehend the condition of all patients assigned to him or her. Such observation and information usually requires the functional use of visual, auditory, olfactory and somatic senses.
2.	Communication The applicant/nursing student must be able to communicate effectively and sensitively with patients in order to elicit information, described changes in mood activity and posture, assess non-verbal communications, and be able to effectively and efficiently transmit information to patients, fellow students, faculty, staff and all members of the health care team. Skills include verbal, written, and nonverbal abilities consistent with effective communication.
3.	Sensory/Motor The applicant/nursing student must be able to use the senses of seeing, hearing, touch and smell to make correct judgments regarding patient conditions for the purpose of demonstrating competence to safely engage in nursing practice. The applicant/nursing student must have sufficient motor function to elicit information from the patient and able to execute motor movements reasonably required to provide general care and emergency treatment to patients.
4.	Intellectual-Conceptual, Integrative and Quantitative Abilities The applicant/nursing student must be able to measure, calculate, analyze, synthesize, and evaluate to engage completely in the safe practice of nursing.
5	Behavioral and Social Attributes The applicant/nursing student must have the emotional health to fully use his or her intellectual ability, exercise good judgment, and complete all responsibilities pertaining to the diagnosis and care of the patients. The practice of nursing requires applicant/nursing students to be able to develop mature, sensitive, and effective relationships with patients and colleagues. To provide safe patient care applicants/nursing students must possess characteristics of adaptability, flexibility, and be able to function in the face of uncertainty. The health care environment requires applicant/nursing students be able to tolerate physical and emotional stress and continue to function effectively and efficiently. He/she must have a high level of compassion for others, motivation to serve, integrity and a consciousness of social values. Applicants/nursing students must possess sufficient interpersonal skills to interact positively with people for all levels of society, all ethnic and racial backgrounds and all belief systems.
6.	Free of Chemical Impairment The applicant/nursing student must be free of chemical impairment. This is defined as a person who is under the influence of or is abusing alcohol, over-the-counter medications, illegal drugs, prescribed medications, inhalants, or synthetic designer drugs. Abuse of the substances includes episodic misuse or chronic use that produced psychological symptomology.



**SUNY
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Recent Clinical and/or Work Experience Form

Name _____

Current Employer _____

Address of Employer _____

Number of years employed at the above agency _____

If not currently employed at the above agency, please provide the date when you left employment at the above agency _____

Brief description of your job responsibilities at the above agency –

To the best of my knowledge, the above information is accurate.

Name (print) _____

Signature _____ Date _____

Signature of Employer _____ Date _____



SIGNATURE SECTION

- I understand that it is my responsibility to determine that all my requirements have been met, and if all requirements have not been met and my application is incomplete by the deadline, it will not be reviewed, will be deemed ineligible, and denied.
- I understand that late application packets **will not** be accepted.
- I understand that this application **does not** guarantee admission to the Nurse Education Program.
- I understand that if I am not accepted, I will need to submit a new application packet each application period.
- I agree that all statements made in this application packet are true to the best of my knowledge, and I understand that providing false information will exclude me from acceptance or can be cause for my acceptance to be rescinded for this program.

Print Name: _____ Date: _____

Signature: _____

Please contact the Nurse Education Department if you have questions

**Nurse Education Department
Corning Community College
132 Denison Parkway East
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Phone – 607-937-1302 OR 1- 800- 358-7171 Ext 1323**

All paperwork submitted becomes the property of SUNY Corning Community College and will not be returned.
We encourage you to make copies for your files.



**SUNY
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**ASSOCIATE OF APPLIED SCIENCE NURSING PROGRAM
CONFIDENTIAL RECOMMENDATION FORM**

The applicant is a candidate for admission to the School of Nursing. Please complete this form and return to the applicant in a sealed envelope with your signature across the seal.

Applicant: Please complete the following section

Last Name _____ First _____ Middle _____

Permanent Address _____

City _____ State _____ Zip Code _____

Pursuant to the federal law, a student admitted to Corning Community College, Nurse Education Program is entitled to inspect the recommendation unless the student waives the right. The Nurse Education Department does not require a waiver as a condition for admission, receipt of financial aid or receipt of any other services or benefits.

Waiver

*The Family Education Rights and Privacy Act permits us to request, but not require that a student waive the right to inspect this recommendation. Be advised that the information contained on this form is used to evaluate the student's eligibility for admission to Corning Community College, Nurse Education Program. **Should the students elect to waive the right to access and review this information please sign and date below:***

Signature

Date



**SUNY
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COMMUNITY COLLEGE

Professional Recommendation Form

How long and in what capacity have you known the applicant?

Estimate of applicant's future success in Corning Community College Nurse Education Program:

Excellent _____ Above Average _____ Average _____ May Encounter Difficulty _____ Little Chance of Success _____

Considering the applicant's academic record, abilities, ambition and determination, please summarize your recommendation:

Wholeheartedly _____ Confidently _____ With Reservation _____ Do Not Recommend _____

Please rate the applicant on the following:

	Excellent	Good	Above Average	Average	Below Average	Unable to Evaluate
Responsibility						
Communication Skills						
Critical Thinking						
Organizational Skills						
Integrity						
Interpersonal Skills						
Leadership						
Effort						
Concern for Others						
Respect for Others						
Time Management						

Evaluator Remarks

Please indicate any additional information relevant to the student's application to Corning Community College Nurse Education Program. You may attach a separate sheet. We appreciate your candid evaluation of the applicant. All comments will be confidential and used solely for the purpose of determining eligibility for admission.

Your Name _____ Date _____
 Your Signature _____ Your Job/Position _____
 Your Company/Place of Employment _____
 Telephone Number(s) Daytime _____ Other _____ E-mail _____

This form is for information gathering. The content alone does not determine acceptance to the Nursing Program.



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