

NURSING PROGRAM APPLICATION 2017-2018

(Version 18.1)

This application is required for the Alpena Community College Nursing Program. You may submit your application once your prerequisite courses have been completed or while enrolled in your last semester of prerequisite courses. The open application period is February 1 – April 10 and September 1 – November 10.

Complete **all** sections of the application before submission.

Section I: To Be Completed By Student

Demographic information on this application must match the information on record in the Registrar's Office at Alpena Community College

Applying for: PN ADN Current PN student applying for ADN

Name _____
Last Name First Middle Former (If Applicable)

Address _____
Number/Street Apt. City State Zip

Cell Phone (_____) _____ Home Phone (_____) _____

Email _____ Date of Birth _____

ACC Student ID # _____ Social Security Number _____

Colleges/Universities Attended

College/University Name	City	State	Dates Attended	Degree Conferred*
1.				
2.				
3.				

*Official transcripts(s), a copy of your degree, or a Letter of Completion from colleges and universities other than ACC MUST be provided when applying to support degree earned.

ALPENA
COMMUNITY COLLEGE

665 Johnson Street
Alpena, MI 49707-1495



ACEN | 3343 Peachtree Road NE | Suite 850 | Atlanta, GA 30326 | 404.975.5000

Have you ever been a student in another nursing program? Yes No

A. If yes, if you did not complete your studies, please explain. _____

B. May we contact the dean/ director of this program? Yes No

Have you had any healthcare work experience within the last five years? Yes** No

** If yes (and applicable), documentation MUST be provided from a supervisor on agency letterhead indicating your job description, length of service, and hours per week worked for any healthcare work completed. Documentation must accompany your application.

Section II: Criminal Background Check

Obtain a criminal background check from the Michigan State Police (ICHAT). Print and submit results. Directions are attached.

Section III: Central Registry Clearance

Obtain Central Registry Clearance from the State of Michigan Department of Human Services by completing the attached form and submitting the form to your local DHS agency. The DHS agency will mail results directly to the nursing secretary.

Section IV: Admission Exam (PN Applicants Only)

For PN applicants only: complete the ATI TEAS admissions exam. Submit results.

Section V: Application To Be Signed By Student

Applications will be reviewed one week following the end of each semester. All applicants can expect to receive notice from the Nursing Department two weeks following the end of each semester applied. Notification can be sent via US mail or email. Please note which method of delivery you prefer:

US Mail Email Preferred address for delivery: _____

X _____

Applicant Signature

Date Applied

It is the policy of Alpena Community College that it does not discriminate on the basis of race, color, religion, national origin, gender, sex, age or disability. The College practices and policies also comply with the Michigan Persons with Disabilities Civil Rights Act (PDCRA) and the Michigan Elliott-Larson Civil Rights Act (ELCRA) which prohibits discrimination in hiring based on age, height, weight and marital status and familial status in addition to race, color, religion, sex (which includes pregnancy) and national origin.

RETURN TO: Nursing Program Secretary
Alpena Community College
665 Johnson Street
Alpena, MI 49707

P: 989-358-7217
F: 989-358-7559
E: bregel@alpenacc.edu

For Office Use Only:

DATE RECEIVED:

TEAS iCHAT Central Registry Check Healthcare Work Experience License Degree



ICHAT - The Michigan State Police Internet Criminal History Access Tool

A fee of \$10 is charged for each search.

ICHAT accepts MasterCard, Visa, and Discover cards.

Step 1. Access the following website: <https://apps.michigan.gov/ichat/home>.

Step 2. If this is your first time using the Internet Criminal History Access Tool (ICHAT), please select "**Register**"; otherwise select "**Login**" and proceed with Step 3.

If you choose "**Register**" please complete the required fields and "**Save**". An activation link will be sent to your email. Retrieve this email and activate your account.

Step 3. Once you have logged into your account choose the Background Search tab and complete the required fields. Choose "**Submit**".

Step 4. The background search is performed and "**Your Order**" box appears on the screen. Choose checkout to pay for the results, retrieve the results and **print** the results. Results will NOT be mailed to you.

CENTRAL REGISTRY CLEARANCE REQUEST
Michigan Department of Human Services

INSTRUCTIONS:

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of **your local county DHS, access www.michigan.gov/dhs -> Inside DHS.**
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

COPY PHOTO ID HERE AND RETAIN A COPY
FOR YOUR RECORDS

OR ATTACH A CLEAR COPY OF YOUR ID
ON A SEPARATE PAGE

SECTION 1
INFORMATION ON PERSON BEING CLEARED

Name First, Middle, Last	AKA (Also Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
Address	Phone Number	Date Of Birth	

SECTION 2
REQUESTOR INFORMATION

Please Check Appropriate Box

<input type="checkbox"/> Child Welfare Agency	<input type="checkbox"/> Employer
<input type="checkbox"/> Individual <input type="checkbox"/> I would like to pick up my results in _____ county	<input type="checkbox"/> Volunteer Agency
<input type="checkbox"/> Law-Enforcement/Dept of Corrections	<input type="checkbox"/> Out-of-State Adoption and Foster Home Screening
<input type="checkbox"/> Prosecuting Attorney/Court (please provide docket number if available) _____ MI	<input checked="" type="checkbox"/> Other <u>Alpena Community College Nursing Program</u>

Name of Employer/Volunteer Agency/Individual Alpena Community College Nursing Program		Name of CPS/Law-Enforcement or Court	
Name Attn: Lisa Brege		Title Secretary	
Address 665 Johnson Street		City Alpena	State MI
Phone 989-358-7217	Fax 989-358-7755	E-mail bregel@alpenacc.edu	Zip Code 49707
Date			

Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.