



COASTAL ALABAMA

COMMUNITY COLLEGE

**NURSING PROGRAM
TRANSFER APPLICATION**

032421

Dear Potential Transfer Student,

Thank you for your interest in Coastal Alabama Community College's Nursing Program. The forms and checklist to request a transfer are enclosed. The completed packet must be received in the nursing department no later than 3 weeks before the end of the semester prior to transfer. A team will review your transfer packet for consideration only after a complete packet is received. Incomplete packets will not be reviewed. Transfer requests are accepted based on review of packet information, space availability, and testing requirements.

Place the checklist on top and send your completed packet to the appropriate campus as listed below:

Bay Minette/Fairhope Campuses
Nursing Department
1900 Hwy 31 South
Bay Minette, AL 36507
251 580-4890

Atmore/Brewton Campus
Nursing Department
220 Alco Drive
Brewton, AL 36427
251 809-1600

Monroeville/Thomasville
Nursing Department
2800 Alabama Avenue
Monroeville, AL 36460
251 575-8285

Please feel free to contact any of the above listed nursing departments for questions or assistance.

Sincerely,



Jean D. Graham, DNP, ANP, CNOR
Dean of Nursing and Allied Health

COASTAL ALABAMA COMMUNITY COLLEGE
NURSING PROGRAM
TRANSFER CHECKLIST

Applicant Name _____ Date _____

Students requesting a transfer must be accepted as a student at Coastal Alabama Community College and official transcripts from all previous colleges attended must have been received by the Coastal Alabama Community College registrar's office prior to submitting a nursing application. Please confirm that the following items are included in the packet for submission:

- ___ 1. Nursing transfer application with unofficial transcripts from previous nursing program attached.
- ___ 2. Copy of syllabi for all nursing courses taken outside the two-year college statewide system **including** outline of specific content covered in each course
- ___ 3. Letter from your previous nursing program Dean/Director of Nursing indicating that you remain in good standing and are eligible to continue in the program.
- ___ 4. Copy of ACT score results. An ACT composite score of 18 or higher (writing component not required), national or residual, is required for the Associate Degree Nursing program and the Mobility Nursing program. ***No minimum ACT score is required for the Practical Nursing program. The applicant's ACT results must be attached to this application.** There is no expiration date on ACT for this nursing program application. **ONLY** the following are accepted for ACT score:
 - Official high school transcript documenting ACT score.
 - Screenshot of ACT score from OneACCS account. Go to "Student Profile" then "Prior Education and Testing" (student's full name must be included in screenshot).
 - Official ACT Residual score from Coastal Alabama or other Alabama Community College in our system.
 - Official ACT score from ACT.org (**NOT** a screenshot from the ACT website).

*Alternatively, applicants requesting transfer to the PN program may submit Test of Essential Academic Skills (TEAS) test results through spring semester 2022. TEAS test results must be attached to the application. TEAS test results OR ACT test results are required for a complete PN application even though no minimum score is required.

- ___ 5. Completed, current Immunization Form (Form included)
- ___ 6. Completed and current History & Physical Form (Form included)
- ___ 7. Copy of current BLS Healthcare Provider CPR certification

Students who are accepted for transfer into the Coastal Alabama Community College nursing program will be required to demonstrate the following competencies as appropriate to the course(s):

- a. Pass a comprehensive written exam at 75% within two attempts
- b. Demonstrate acceptable skills proficiency for the following within two attempts:
 - Head to toe assessment
 - Medication administration by all legal routes for nurses
 - Vital signs check and interpretation
 - IV therapy (IV start, IV administration of a medication, identification of complications)
 - Sterile procedure (dressing change, tracheostomy suction, and/or urinary catheterization)

**COASTAL ALABAMA COMMUNITY COLLEGE
NURSING TRANSFER APPLICATION**

Application Deadline: Transfer applications must be received before the last three weeks of the semester prior to the requested transfer semester.

I. PERSONAL DATA

Date: _____

Last Name: _____ First: _____ MI: ___ Maiden: _____

Student Number (A Number): _____

Mailing Address: _____ APT# _____

City: _____ State: ___ Zip Code: _____ Telephone: (____) _____

Home e-mail address: _____ College e-mail address: _____

Emergency Contact: _____ Telephone: (____) _____

II. EDUCATION

List all colleges attended including current college. (Add separate page as necessary)

Name of College (DO NOT ABBREVIATE)	Year(s) attended	Degree (if completed)

A letter from the program Dean/Director of the nursing program from which you wish to transfer must be sent to the Bay Minette Nursing Department: nursing@coastalalabama.edu. The letter must document that you have not been dismissed for disciplinary or unsafe practice and are eligible to continue in the program.

A COPY OF YOUR ACT RESULTS (TEAS test results are acceptable for PN program applicants for the Fall 2021 and Spring 2022 semesters). **MUST BE ATTACHED TO THIS APPLICATION. (There is no date limitation).**

Your name, as listed when tested: _____

I understand that completion of this application is a component of the student profile and does not in itself grant transfer to the nursing program. I certify that the information given in this application is true and correct. I understand that providing false information may be deemed sufficient reason to dismiss the student and/or to refuse transfer. All application materials become the property of Coastal Alabama Community College. It is the sole responsibility of the applicant to ensure that the nursing department has received all of the requested documentation.

All information must be submitted by the appropriate deadline or the application will be considered incomplete. It is recommended that applicants check with the Admissions Office, at (251) 580-2111, to confirm ACTIVE STATUS and confirm ALL TRANSCRIPTS are on file and up to date.

Applicant's Signature

Date

Submit this transfer application to the appropriate campus

Bay Minette/Fairhope Campuses: Coastal Alabama Community College
Nursing Department
1900 Hwy 31 South
Bay Minette, AL 36507
251 580-2293

Atmore/Brewton Campuses: Coastal Alabama Community College
Nursing Department
220 Alco Drive
Brewton, AL 36427
251 809-1600

Monroeville/Thomasville Campuses: Coastal Alabama Community College
Nursing Department
2800 Alabama Avenue
Monroeville, AL 36560
251 575-8285



COASTAL ALABAMA
COMMUNITY COLLEGE

Verification of Immunization Records:

(May be transferred from childhood records by health care personnel)

Student Name _____ Last 4 Digits SS # _____ DOB _____

MMR vaccine #1: date _____

MMR vaccine #2: date _____

Or date of titer: _____ Results _____

Varicella vaccine #1: date _____

Varicella vaccine #2: date _____

Or date of titer: _____ Results _____

Hepatitis B vaccine #1: date _____

Hepatitis B vaccine #2: date _____

Hepatitis B vaccine #3: date _____

Titer date: _____ Results _____

Tdap vaccine: date _____

(Must update if received more than 10 years ago)

TB blood test: T spot _____ or Quantiferon Gold _____

date _____ results _____

Or Chest X-ray: date _____ results _____

(Must be repeated if greater than 5 years old)

Flu vaccine: date _____

(Required between the months of September – April)

Printed name of practitioner (MD, NP, or PA)

Signature of practitioner

Date

COASTAL ALABAMA COMMUNITY COLLEGE
STUDENT HEALTH EXAMINATION FORM

NOTE: The use of "white-out" or other correction fluid is not acceptable on this form.

Name _____ Last 4 digits SS # _____ DOB _____ Sex _____

Physical Examination (Comment on each abnormal checked)

Skin	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	_____
Head, Face, Neck	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	_____
Nose & Sinuses	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	_____
Mouth & Throat	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	_____
Lungs & Chest	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	_____
Heart	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	_____
Vascular System	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	_____
Endocrine System	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	_____
Spine	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	_____
Neurologic	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	_____
Vision	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	_____

Can see fine print with or without glasses or contacts Yes No

Hearing Normal Abnormal _____

Can hear soft sounds with or without hearing aid Yes No

Temp _____ BP _____ Pulse _____ Resp _____

Are there any emotional issues that may affect ability to progress in nursing program or participate in clinical activities? _____

List any conditions that require regular treatment or an alteration in manner of living _____

Is this person under a physician's care for any condition? Yes No If yes, explain _____

Allergies: _____

Medications: _____

Physician Signature _____ Date _____

Physician Name _____

Alabama Community College System
Coastal Alabama Nursing Program

ESSENTIAL ELIGIBILITY CRITERIA

The Essential Eligibility Criteria delineated below are necessary for nursing program admission, progression and graduation and for the provision of safe and effective nursing care. The Essential Eligibility Criteria include but are not limited to the ability to:

SENSORY AND PERCEPTION

Visual

- Observe and discern subtle changes in physical conditions and the environment
- Visualize different color spectrums and color changes
- Read fine print in varying levels of light
- Read for prolonged periods of time
- Read cursive writing
- Read at varying distances
- Read data/information displayed on monitors/equipment

Auditory

- Interpret monitoring devices
- Distinguish muffled sounds heard through a stethoscope
- Hear and discriminate high and low frequency sounds produced by the body and the environment
- Effectively hear to communicate with others

Tactile

- Discern tremors, vibrations, pulses, textures, temperature, shapes, size, location, and other physical characteristics

Olfactory

- Detect body odors and odors in the environment

COMMUNICATION/INTERPERSONAL RELATIONSHIPS

- Verbally and in writing, engage in a two-way communication and interact effectively with others from a variety of social, emotional, cultural and intellectual backgrounds
- Work effectively in groups
- Work effectively independently
- Discern and interpret nonverbal communication
- Express one's ideas and feelings clearly
- Communicate with others accurately in a timely manner
- Obtain communications from a computer

COGNITIVE/CRITICAL THINKING

- Effectively read, write, and comprehend the English language
- Consistently and dependably engage in the process of critical thinking in order to formulate and implement safe and ethical nursing decisions in a variety of health care settings
- Demonstrate satisfactory performance on written examinations, including mathematical computations without a calculator
- Satisfactorily achieve the program objectives

MOTOR FUNCTION

- Handle small delicate equipment/objects without extraneous movement, contamination or destruction
- Move, position, turn, transfer, assist with lifting, or lift and carry clients without injury to clients, self, or others
- Maintain balance from any position
- Stand on both legs
- Coordinate hand/eye movements

- Push/pull heavy objects without injury to client, self, or others
- Stand, bend, walk and/or sit for 6-12 hours in a clinical setting, performing physical activities requiring energy without jeopardizing the safety of the client, self, or others
- Walk without a cane, walker, or crutches
- Function with hands free for nursing care and transporting items
- Transport self and client without the use of electrical devices
- Flex, abduct, and rotate all joints freely
- Respond rapidly to emergency situations
- Maneuver in small areas
- Perform daily care functions for the client
- Coordinate fine and gross motor hand movements to provide safe effective nursing care
- Calibrate/use equipment
- Execute movement required to provide nursing care in all health care settings
- Perform CPR and physical assessment
- Operate a computer

PROFESSIONAL BEHAVIOR

- Convey caring, respect, sensitivity, tact, compassion, empathy, tolerance, and a healthy attitude toward others
- Demonstrate a mentally health attitude that is age appropriate in relationship to the client
- Handle multiple tasks concurrently
- Perform safe, effective nursing care for clients in a caring context
- Understand and follow the policies and procedures of the college and clinical agencies
- Understand the consequences of violating the student code of conduct
- Understand that posing a direct threat to others is unacceptable and subjects one to discipline
- Meet qualifications for licensure by examination as stipulated by the Alabama Board of Nursing
- Not to pose a threat to self or others
- Function effectively in situations of uncertainty and stress inherent in providing nursing care
- Adapt to changing environments and situations
- Remain free of chemical dependency
- Report promptly to clinicals and remain for 6-12 hours on the clinical unit
- Provide nursing care in an appropriate time frame
- Accepts responsibility, accountability, and ownership of one’s actions
- Seek supervision/consultation in a timely manner
- Examine and modify one’s own behavior when it interferes with nursing care or learning

Student _____ (name of student) is able to perform all the Essential Eligibility Criteria listed on these two pages, such as reading fine print, lifting 25-50 lbs, pulling and pushing 50-100 lbs, walking or standing for 12 hours at a time, bending freely, hearing soft sounds, and performing fine motor skills. YES _____ NO _____
 (If no, use an additional sheet to explain).

Physician Signature _____ Date _____

Print Physician Name _____