

**North Central State College**  
**Application for Health Programs**  
**Due by First Thursday in February 2025 for Priority Consideration**

**Program of Choice: Choose One Only**

- Practical Nursing (Choose One):**     **Evening Summer**     **Daytime Fall**
- Physical Therapist Assistant**
- Radiological Sciences**
- Registered Nursing**
- Respiratory Care**

This health program application for admission to Summer/Fall Semester, 2025, will only be accepted if all program requirements have been met.

NCSC ID: \_\_\_\_\_ Name: \_\_\_\_\_

NC State Email: \_\_\_\_\_@mail.ncstatecollege.edu Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please initial below, mark N/A for areas not applicable:**

\_\_\_\_\_ I have completed an online application to NCSC (on the homepage, under the Visit/Apply tab). Current CCP students must have completed a general application to the college and students who have not been enrolled for greater than a year must reactivate their application.

\_\_\_\_\_ I have submitted high school and/or all college transcripts maintaining a minimum 2.5 grade point average (GPA) for Registered Nursing, Physical Therapist Assistant, Radiological Sciences, and Respiratory Care; 2.3 GPA for Practical Nursing.

\_\_\_\_\_ I have met with an Advisor. (All new students must have completed an initial advising appointment and have been determined to be college ready. If you have not done so, please contact Admissions at 419-755-4761 to make an appointment).

\_\_\_\_\_ I have completed high school chemistry with a C- or better or college chemistry (CHEM 1010) with a C- or better.

\_\_\_\_\_ I have attended the information session for my Health Science Program of choice within the past year, prior to submitting this application. **(Must Be Completed Prior to Doing Observations, if applicable)**

\_\_\_\_\_ For Registered Nursing and Practical Nursing, I have completed the ATI TEAS with the minimal score required. (RN: 65% composite, PN: 63% composite).

\_\_\_\_\_ I understand that a drug screening will be required once selected into the program, and a positive drug screen at that time, or while in the program, may result in removal from the program and/or refusal to sit for national licensure exam.

\_\_\_\_\_ I understand that a Criminal Records Background check will be required once selected into the program. I understand if I have plead guilty to, been convicted of, or have had judicial finding of guilt for a felony and/or misdemeanor requiring court appearance, this may result in removal from the program and/or refusal of State Licensure Board to sit for national licensure exam.

- \_\_\_\_\_ I have completed the minimal number of observation hours required.  
(Physical Therapist Assistant, Radiology and Respiratory students only)
- \_\_\_\_\_ I have submitted the signed Observation Hours Student Summary Form (attached) from the facilities that I have observed. (Physical Therapist Assistant, Radiology and Respiratory students only)
- \_\_\_\_\_ I have submitted the signed Recommendation of Prospective Student Form (attached) for each Observation completed. (Physical Therapist Assistant, Radiology and Respiratory students only)
- \_\_\_\_\_ If applicable, I have submitted the Health Care Experience Form.
- \_\_\_\_\_ If applicable, please provide copy of certification of completion if you are a graduate of a Health Technology program at a Career Technical Center.
- \_\_\_\_\_ I am currently certified in CPR (Healthcare Provider) or will be **by July 17, 2025**. CPR certification must be obtained from either the Red Cross or the American Heart Association. BLS/CPR for Healthcare is Red Cross's course and American Heart Association's course is Basic Life Support (BLS).
- \_\_\_\_\_ I understand that a health physical examination must be completed along with verification of required vaccinations once selected into the program of choice by **July 17, 2025**.
- \_\_\_\_\_ I am 18 years of age or older or will be 18 years of age prior to the initiation of program clinical coursework.
- \_\_\_\_\_ I am aware of all the criteria necessary to be selected and have submitted all required forms.
- \_\_\_\_\_ I am aware that if I have falsified any information in this application packet, I may be removed from consideration for the program for which I have applied or moved to the bottom of the application list and will be required to attend a counseling session with the Program Director before reconsideration for admission.

Submit Application and other Forms (if applicable) to the Health Sciences office (**preferred method**) or email (PDF format):

Amy Burns, Senior Administrative Assistant  
 North Central State College  
 Health Sciences Division, Rm 201  
 2441 Kenwood Circle  
 Mansfield, Ohio 44906  
[aburns@ncstatecollege.edu](mailto:aburns@ncstatecollege.edu)

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

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**OFFICE USE ONLY**

- \_\_\_\_\_ High School Transcript  Final  Partial (grad date) \_\_\_\_\_  GED \_\_\_\_\_
- \_\_\_\_\_ College Ready per Multiple Measures, ACCUPLACER, or ACT or Developmental Courses.
- \_\_\_\_\_ High School Chemistry with C- or better or College Chemistry (CHEM 1010) with C- or better
- \_\_\_\_\_ Information Session Date: \_\_\_\_\_
- \_\_\_\_\_ ATI TEAS meets score for program of choice: Date: \_\_\_\_\_ Comp: \_\_\_\_\_

	Reading	Writing	Math
Class and Grade			

## Essential Functions and Technical Standards

An applicant for NC State's health programs must have the abilities and skills necessary for their program of choice. These skills and abilities include observation, communication and motor ability. Technological compensation can be made for some disabilities in certain areas, but an applicant should be able to perform in a reasonably independent manner. Please read the following instructions carefully.

1. Listed below are statements about your technical abilities as an applicant for your program of choice at North Central State College.
2. Read each statement carefully. Place a check mark by the statement if it describes a technical skill you can perform. DO NOT change the statement in any way.
3. The statements are designed to evaluate your abilities to succeed in your chosen field. Be certain you can successfully perform the indicated activity before checking the statement.

Statements of technical ability.

- \_\_\_\_ 1. I am able to understand written, printed, and oral instructions and information.
- \_\_\_\_ 2. I am able to communicate in understandable speech.
- If English is **not** your primary language, place a check (X) here:
- (If English is not your primary language, you may be required to complete the Test of Spoken English and attain a minimum score of 50 before being accepted into the program. If you checked the box above, the Program Director will contact you.)
- \_\_\_\_ 3. I am able to observe physical and mental reaction in other individuals, such as changes in skin color, changes in mood, skin rashes, swelling, etc.
- \_\_\_\_ 4. I am able to lift a thirty-pound object and walk a distance of 25 feet with it.
- \_\_\_\_ 5. I am able to keep my balance while helping a person move from one place to another, assisting others to lift a person from one place to another, and pushing a wheelchair or cart.
- \_\_\_\_ 6. I have sufficient strength, orientation, and mobility so that I can walk with a person who may be leaning on me for support, or who may be on crutches. (This includes up and down stairs, in and out of doorways, and in elevators.)
- \_\_\_\_ 7. I have sufficient use of my hands and arms so that I can fully extend my arms over my head.
- \_\_\_\_ 8. I have sufficient strength, balance and use of my back to move individuals from one position to another, or from one location to another.
- \_\_\_\_ 9. I am able to ask questions of others and understanding their answers.
- \_\_\_\_ 10. I have sufficient control and mobility of my hands and arms to be able to thread a needle.
- \_\_\_\_ 11. I can tolerate unpleasant odors, sights, and sounds.
- \_\_\_\_ 12. I am able to think clearly in a stressful situation.
- \_\_\_\_ 13. I am able to react calmly in a stressful situation.
- \_\_\_\_ 14. I am able to introduce myself to a stranger.
- \_\_\_\_ 15. I am able to conform to standards and regulations.
- \_\_\_\_ 16. I can complete tasks within a specified time limit.
- \_\_\_\_ 17. I know my right hand from my left hand.
- \_\_\_\_ 18. I can work with individuals of other ethnic origin, cultural background and gender identity.
- \_\_\_\_ 19. I can work with individuals of all age groups.
- \_\_\_\_ 20. I can write or print.
- \_\_\_\_ 21. I can physically perform up to a twelve-hour clinical laboratory experience.

I have read each statement carefully and have answered truthfully.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## How Students Are Selected into Programs – All Items Due by First Thursday in February for Priority Consideration

Only students who complete all items in the application will be considered for their program of choice. Selection is based on a point system and are awarded as follows.

- Grade Point Average times ten (GPA x 10 = \_\_\_\_\_)

High school or North Central State College accumulative grade point average (GPA). North Central State College grade point average can be used only if at least 12 credit hours of course work has been completed. Other college transcripts will be used when necessary by the program director if less than 12 hrs. credit has been completed at North Central State College.

The North Central State College Selection Committee reserves the right to refuse consideration of any transcripts more than seven (7) years old. This includes both college and high school transcripts.

- Courses Completed (12 points maximum)  
Specific courses completed in college with a grade of C+ or above including: BIOL 1730, BIOL 2751, BIOL 2752, HLTH 1150, BIOL 1101, BIOL 1550, STAT 1010, PHYS 1010, or CHEM 1030 (points applied based on grade received; A=3, B=2, C+=1 for a max of 12 points). Only listed courses required in the major being applied for will be considered.

Courses completed in high school with a grade of C+ or above: Biology II, Anatomy & Physiology, Physics, and Calculus (3 points each for a max of 12 points)

- ATI TEAS Score (10 points maximum for RN only)

Composite Score of 65 – 70 = 2 points

Composite Score of 71 – 75 = 4 points

Composite Score of 76 – 80 = 6 points

Composite Score of 81 – 85 = 8 points

Composite Score 86 up = 10 points

The ATI TEAS Test is required for admission into the Practical Nursing and Registered Nursing Programs. A minimal score of 65% composite is required for RN and a minimal score of 63% composite is required for PN. Students who wish to prepare for this examination may borrow a copy of the TEAS Study Manual from the Bromfield Library or work with a tutor in the Tutoring Center in Fallerius, room 119, free of charge. Students can purchase their own copy of the TEAS Study Manual at the Campus Bookstore. Online Practice Assessments are also available for purchase by visiting ATI Testing. For further information on resources, including how to register for the TEAS test through NCSC, please visit: <https://ncstatecollege.edu/student-services/ati-teas-entrance-test/>

- Knowledge of Health Field (40 points maximum) **MUST ATTEND PROGRAM INFORMATION SESSION BEFORE GOING TO OBSERVATION.**

Complete one or more of the following requirements. A maximum of 40 points will be awarded for any combination of experience included below.

- Minimum of 6 months' full-time work experience, (30+ hours) within the last 2 years, having direct patient care in an accredited health facility. (20 points maximum) **(Use Health Care Employment Experience Form to Verify)**

- Minimum of 40 hours/month for not less than 12 months, within the last 2 years, having direct patient care in an accredited health facility. (15 points maximum) **(Use Health Care Employment Experience Form to Verify)**

- Minimum of 6 months full-time work experience, (30+ hours) within the last 2 years, in a non-patient care experience in a health care facility. (10 points maximum) **(Use Health Care Employment Experience Form to Verify)**

- Minimum of 40 hours per month for not less than 12 months within last 2 years, in a non-patient care experience in a health care facility. (5 points maximum) **(Use Health Care Employment Experience Form to Verify)**

- If applicable, Health Care Employment Experience Form must be turned in with application.

- Student applicants in Physical Therapist Assistant are required to have a minimum of 30 observation hours, 15 inpatient and 15 out-patient, with a PT or PTA (minimum of 15 hours in each setting with no more than 2 different facilities). It is acceptable to complete both observations at one facility if it is large enough where you can observe in a different setting. **Radiological Science** requires 20 hours, 16 of which must be completed between 8:00 AM and Noon on a weekday, at two different facilities. **Respiratory Care** a minimum of 16 hours in treatment and diagnostics. (20 points)

**Observation with a relative is not accepted or on a unit at a facility where you are currently employed.**

The observation experience must be under the supervision of a health professional from your program of choice. A list of acceptable agencies will be suggested at Program Information Sessions. Please contact a health care agency's department by phone prior to your visit to make an appointment to discuss this matter. Students may be required to sign a HIPAA Release.

- Recommendation of Prospective Student Form (15 points maximum). **A separate form is required for each recommendation.**
- Graduate of Health Technology program at Career Technical Center (5 points maximum)  
Provide copy of certification of completion within two years.
- Repeat Submission Point (5 points maximum) all programs

Persons completing an application for health programs to the same program for two consecutive years are eligible for points.

Submit Application and Forms (if applicable) to the Health Sciences office (**preferred method**) or email (PDF format):

Amy Burns, Senior Administrative Assistant  
North Central State College  
Health Sciences Division  
2441 Kenwood Circle  
Mansfield, Ohio 44906  
[aburns@ncstatecollege.edu](mailto:aburns@ncstatecollege.edu)

**Submission of the health sciences application does not guarantee acceptance into your program.**

Applicants are then considered based on total points achieved. Those students with the highest total points are accepted into their program of choice. In the event of a tie, as a result of the process, the date of the student's application for health programs will be used.

All application materials must be submitted by the first Thursday in February **to be given priority consideration** for the upcoming class. This includes completion of courses for points, work experience/observation verification, and evaluation of high school and college transcripts for transfer credit. Transcripts from another college must be submitted by the third Thursday in December, as they can take up to 30 days to be evaluated before transfer credit is awarded. The Program Director reserves the right to decline review of any transcripts older than 7 years.

Students accepted into their program of choice will receive an official acceptance letter from the Program Director in March. **Student must respond, accepting or declining the appointment.** Those students not accepted into their program of choice will need to re-apply to be considered for the next year's class.

**What abilities/skills should an applicant to a Health Sciences program be expected to demonstrate?**

Success as a Health Sciences student depends on many variables. Among them is academic ability and certain technical abilities or skills. Most Health Sciences positions include using observation skills, verbal and written communication skills and motor abilities. An applicant must possess the emotional health required for full utilization of his/her intellectual abilities. Applicants must be able to tolerate physically taxing workloads and to function effectively under stress.

The above is not intended to discriminate against persons who have a handicap that limits their ability to perform these tasks in an adequate manner. This policy protects and insures the safety of both the applicant and his/her clients.

## What else should I know about a Health Sciences Program?

### Academic Year

A new class will start each fall semester going for five straight semesters including summer. **The PN program is two semesters in length and has cohorts that begin in the summer and fall.** Lectures and labs are given at the College and at local facilities. Clinical experiences begin within the first semester or third semester of the program. These experiences are scheduled in various facilities throughout Ohio. Students are responsible for transportation to and from clinical experiences.

### Progression Through the Program

Health Sciences students are required to follow their specific program curriculum sequence provided on the curriculum worksheet to enhance learning by building a foundation of education to advance learning levels. Students may take non-technical coursework (general education and applied general education courses) prior to being accepted into the Health Sciences program technical sequence. If for any reason the student is unable to maintain the Health Sciences program curriculum sequence, dismissal from the program may be necessary.

### Academic Standards

Health Sciences program candidates selected into Registered Nursing, Physical Therapist Assistant, Radiological Sciences and Respiratory Care programs must have a 2.5 GPA; and Practical Nursing a 2.3 GPA before entering the program in the first semester. Students must maintain a 2.0 grade point average to remain in the program. Health Sciences students must receive a minimum course grade of 77% or higher, or quarter equivalents, in all Health Sciences Program Curriculum Worksheet courses in order to meet prerequisite and graduation requirements.

### Physical Examination

Students accepted into a Health Sciences program will receive information regarding physical examination requirements from their respective Program Director. The physical is due **by July 17, 2025** (with the exception of the PTA program). Changes in physical status, including pregnancy or post-surgical procedure after completion of the admission physical, may require physicians release to continue in clinical courses.

### Cardiopulmonary Resuscitation Certification (CPR)

Certification in Basic Life Support (CPR) for Health Care Professionals and Basic First Aid is required on the date that your physical is due and must be maintained throughout involvement within all Health Sciences programs. Acceptable Proof of CPR: American Heart Association & Basic Life Support Cardiopulmonary Resuscitation for the Health Care Acceptable Equivalent: American Red Cross, BLS for Healthcare providers.

### Liability Insurance

Each Program student must carry liability insurance. This insurance is purchased through the College (lab fees) prior to clinical, practicum, or clinical experience.

### Criminal Records Policy

All students are required to undergo an Ohio Bureau of Criminal Identification and Investigation (BCI&I) and a Federal Bureau of Investigation (FBI) criminal records check prior to fieldwork experiences. Finger printing for the criminal records check will be arranged by the College. The results of the records check will be given to the student to be retained in the student's portfolio. Note that a felony conviction may affect a graduate's ability to complete clinical rotation and/or sit for national or state certification or licensure examination.

### Drug and Alcohol Protocol

Students are required to undergo a drug screening prior to participation in clinical experiences.

### Tuition Cost

Tuition fees are determined based on the number of credit hours you take each semester. Twelve credit hours and above are considered a full-time student load. Most Health Sciences programs are 65 semester credit hours in five semesters. Students who do not qualify as Ohio residents will pay additional fees (available in the Admissions Office.) Current credit hour costs can be found at: <https://ncstatecollege.edu/admissions-and-aid/financial-aid/>. The tuition fees are subject to approval by The Board of Trustees of North Central State College. These fees are reviewed annually and are subject to change. All students are assessed a fee for each course contact hour that exceeds the credit hours for which they have registered. Health Sciences programs contain lab fees and contact hour fees above the cost of tuition.

**Student Health Services**

There are no health services available on campus at this time. All health-related issues will require either private or emergency transport to the local health facility of choice.

**Health Insurance Requirement**

Health Sciences programs do not require that students maintain a health insurance policy but it is highly recommended that students obtain minimal health coverage to cover catastrophic incidents. At times during clinical education the clinical site will require health insurance as a requirement for students. In such cases the student may obtain health insurance or may have to be placed at another clinical site. Student health insurance information is available from the College Admissions Office. Students will be responsible for any expenses incurred for health-related emergency care in off-campus educational experiences.

**Accreditation**

North Central State College is accredited through the Higher Learning Commission of North Central Association of Colleges and Schools. The college was last accredited in 2019. Most Health Sciences programs are accredited by their appropriate state or national accrediting agency. Please go to the college website under programs and there will be information on the accrediting agency for your program.

**Clinical Experience Requirement**

The student must be at least 18 years of age prior to the initiation of program clinical coursework and prior to providing signatures on any legal document associated with clinical experiences, including observation hours.

**Advising Questions/Concerns:****Health Sciences Division**

Brandon Stover, Academic Liaison

Email – [bstover@ncstatecollege.edu](mailto:bstover@ncstatecollege.edu)

Phone – 419-755-5635

Julie Ihrig, Academic Liaison

Email – [jihrig@ncstatecollege.edu](mailto:jihrig@ncstatecollege.edu)

Phone – 419-755-4854

Revised: September 2024

Admission to Health Programs Final

This procedure is reviewed on an annual basis and may be revised for the next academic year.

Health Care Employment Experience

(All programs, if applicable)

Student Name: \_\_\_\_\_ NCSC ID#: \_\_\_\_\_

The student is to complete the top portion of this page. The supervising professional at the student's place of employment is to add their signature and any comments after the student has completed their portion of this form.

Name of Agency: \_\_\_\_\_

Agency telephone number & extension: \_\_\_\_\_

Type of Setting: (Please check the one that applies the most.)

- Developmental       Mental Health       School System       Hospital In Patient  
 Geriatrics       Physical Disability       Private Practice       Other \_\_\_\_\_  
 Home Health       Community       Hospital Out Patient

Work Experience:

Facility Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Description of job duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prospective student, please do not write below this line.

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Human Resources: Please complete and sign this Verification of Health Care Employment Experience form and have the prospective student submit. Thank you.

Name: (please print) \_\_\_\_\_

Professional Title: (please print) \_\_\_\_\_

Department: (please print) \_\_\_\_\_

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

Contact Information: \_\_\_\_\_

**NORTH CENTRAL STATE COLLEGE**

**Professional Observation  
(Physical Therapist Assistant, Radiology, Respiratory Only)**

**Student Name:** \_\_\_\_\_ **NCSC ID#:** \_\_\_\_\_

The student is to complete the top portion of this page prior to leaving the observation site. The supervising professional is to add their signature and any comments after the student has completed their portion of this form.

Name of Agency: \_\_\_\_\_

Agency telephone number & extension: \_\_\_\_\_

Type of Setting: (Please check the one that applies the most.)

- Developmental     Mental Health     School System     Hospital In Patient  
 Geriatrics     Physical Disability     Private Practice     Other \_\_\_\_\_  
 Home Health     Community     Hospital Out Patient

Applicants must observe the required number of hours and locations based on the Knowledge of Health Field listing on Page 4 of the Application for Health Programs packet.

Date:	Start Time:	End Time:	Ages Seen:	Exams Observed/Primary Diagnosis:

**Total Observation Hours in Facility** \_\_\_\_\_

Prospective student, please do not write below this line.

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Supervisor: Please complete and sign this Verification of Professional Observation form and have the prospective student submit. Thank you.

Supervisor Name: (please print) \_\_\_\_\_

Professional Title: (please print) \_\_\_\_\_

Department: (please print) \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Contact Information: \_\_\_\_\_

**NORTH CENTRAL STATE COLLEGE**  
**Recommendation of Prospective Student Form**  
**(Physical Therapist Assistant, Radiology, Respiratory Only)**

Student Name: \_\_\_\_\_ NCSC ID# \_\_\_\_\_

*As the student, I am aware that any dishonesty may affect my eligibility for acceptance into a Health Program.*

Under the Family Educational Rights and Privacy Act of 1974, you have the right to review letters of recommendation after you apply to a program, unless you waive your right to access them. Waiving your right lets recommenders know you will never see the recommendation and may lead to a more candid and truthful recommendation.

**I DO** \_\_\_\_ **I DO NOT** \_\_\_\_ waive the right to inspect and review this completed recommendation.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This section is to be completed by the supervising health professional in student's area of concentration.**

The purpose of this form is to assess the potential of the prospective health student after they have completed observation hours in your professional setting. With that, please rate the student on each of the following five characteristics and know that we appreciate your honest and candid opinion. Please consider them as a future co-worker while assessing and circling one rating for each of the following five characteristics. Subsequently, please check your overall recommendation for each of the characteristics below:

Characteristic	Poor (1 point)	Fair (2 points)	Good (3 points)
<b>Professional appearance</b>	<input type="checkbox"/> Disheveled, too casual, too revealing, inappropriate aroma	<input type="checkbox"/> Clothing item(s) inappropriate, aroma corrected with advisement	<input type="checkbox"/> Complies with dress code, neutral aroma / personal cleanliness
<b>Attitude towards patients</b>	<input type="checkbox"/> Discourteous, careless, or disrespectful	<input type="checkbox"/> Indifferent or overly talkative	<input type="checkbox"/> Pleasant/appropriate
<b>Attitude towards staff</b>	<input type="checkbox"/> Impolite or sullen	<input type="checkbox"/> Indifferent or overly friendly	<input type="checkbox"/> Cooperative and respectful
<b>Communication skills</b>	<input type="checkbox"/> Poor listener, no attempts to ask questions or talks about self only	<input type="checkbox"/> Unclear questions, random attempts	<input type="checkbox"/> Thoughtful questions that are on topic
<b>Interest in Professional Area</b>	<input type="checkbox"/> Disinterested in patient care	<input type="checkbox"/> Occasional interest in patient care.	<input type="checkbox"/> Seeks out learning in appropriate ways

**Comments regarding your overall recommendation of the applicant as a future colleague:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor Name: (please print) \_\_\_\_\_

Professional Title: (please print) \_\_\_\_\_

Department: (please print) \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Contact Information: \_\_\_\_\_

**Please return this form directly via mail or fax to:**

Amy Burns, Sr. Administrative Assistant | North Central State College

2441 Kenwood Circle | Mansfield, OH 44906

Fax: (419) 755-5630