

## **EXPLANATION OF MULTI-CRITERIA REQUIREMENTS**

**PROSPECTIVE STUDENTS MUST CALCULATE THEIR OWN MULTI CRITERIA SCORE. SEE BELOW. DO NOT CALL THE SCHOOL OF NURSING FOR YOUR SCORE.**

### **CRITERIA 1: SCIENCE REQUIREMENTS**

#### **MAXIMUM POINTS SCIENCE GPA = 45**

SCI GPA	POINTS
4.0	45
3.5-3.99	40
3.0 - 3.49	30
2.5 - 2.99	25

GPA in Anatomy, Physiology, and Microbiology

Below 2.5 = not eligible for admission

< 2.5 WITH COMPLETED REMEDIATION 5 POINTS

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### **CRITERIA 2: TEAS EXAM:**

#### **MAXIMUM POINTS = 30**

Total maximum points earned come from the sum of the points awarded for the student's TEAS composite score, English score, Reading score, Math score and Science score.

For those students required to take ATI TEAS the cut composite score is 62%.

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**CRITERIA 3: CNA REQUIREMENT and/or ADVANCED DEGREES, DIPLOMAS OR RELEVANT CERTIFICATES:**

**MAXIMUM POINTS = 10** Applicant will be give the highest points for one category only. Points will not be combined.

<b>Academic Degree, Diploma or Certificate</b>	<b>Points</b>
<b>BA/BS</b>	<b>10</b>
<b>AA/AS, LVN, Psych Tech, Radiology Tech,</b>	<b>8</b>
<b>Paramedic CNA or equivalent</b>	<b>2</b>

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**CRITERIA 4: REPEATS:**

Students must not have more than one withdrawal, D or F in science courses (anatomy, physiology and microbiology). If the student has more than one W, D or F in a science course, he/she must see a nursing counselor to develop a remediation plan.

**MAXIMUM POINTS = 5**

<b>Number of Repeats in Science Courses</b>	<b>Points</b>
No Repeats	5
1 repeat	0
2 repeats	-5 (minus 5)
3 repeats	-7.5 (minus 7.5)
4 or more repeats	-10 (minus 10)

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**CRITERIA 5: PROFICIENCY IN ANOTHER LANGUAGE**

**MAXIMUM POINTS = 1**

Students who have a proficiency in another language or advanced level coursework in languages other than English may earn additional points. Credit for high-frequency languages as identified by the Chancellor's Office but not limited to: American Sign Language, Arabic, Farsi, Chinese (including various dialects), Russian, Spanish, Tagalog, Southeast Asia, Languages of Indian subcontinent.

The student must submit an official transcript from a U.S. regionally accredited college or university verifying two (2) semesters of foreign language - OR - Complete the Verification of Proficiency in a Foreign Language \*\*See SAMPLE Form at the end\*\*

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**CRITERIA 6: WORK OR VOLUNTEER EXPERIENCE IN HEALTHCARE – Submit documentation. Nursing faculty will determine points.**

**MAXIMUM POINTS = 7**

Work or Volunteer Experience in Healthcare	Documentation Required	Points
<p><b>A.</b> Student has completed more than 200 hours working in healthcare with direct ACUTE PATIENT CARE (hospital) within the previous three (3) years.</p>	<p><b>A.</b> <b>Work:</b> Letter from current/former employer verifying employment. The letter must be on organization letterhead with an original signature and include the applicant's name (must match name on application), start date and end date (if applicable), employment status (full-time /part time) , number of hours worked per week (or total hours worked from start to end date), job title, department if applicable, and examples of duties including patient interaction,</p>	<p>7</p>
<p><b>B.</b> Student has completed more than 200 hours working in SUB ACUTE CARE (Skilled Nursing Facility) within previous three (3) years.</p>	<p><b>B.</b> <b>Work:</b> Letter from current/former employer verifying employment. The letter must be on organization letterhead with an original signature and include the applicant's name (must match name on application), start date and end date (if applicable), employment status (full-time /part time) , number of hours worked per week (or total hours worked from start to end date), job title, department if applicable, and examples of duties including patient interaction.</p>	<p>5</p>
<p><b>C.</b> Student has completed working 200 hours as (Home Health Aide/LVN in Hospice Care, or Home Care, surgicenter or Urgent Care as an Aide/LVN, Medical Technician/LVN in</p>	<p><b>C. required.</b> <b>Work:</b> Letter from current/former employer verifying employment. The letter must be on organization letterhead with an original signature and include the applicant's name (must match on application), start date and end date (if applicable), employment status (full-time/part-time), number of hours worked per week (or total hours worked from start to end date, job title, department if applicable, and examples of duties including patient interactions.</p>	<p>3</p>
<p>a Medical Clinic or Doctor's Office) within previous three (3) years</p>		
<p><b>D.</b> Student who has completed more than 200 hours volunteering in healthcare within previous three (3) years.</p>	<p><b>D</b> <b>Volunteer:</b> Letter from current/former organization verifying volunteer service. The letter must be on organization letterhead with an original signature and include the applicant's name (must match name on application), start date and end date (if applicable), total number of hours volunteered, and examples of duties including pt. interaction.</p>	<p>2</p>

**CRITERIA 7: LIFE EXPERIENCES OR SPECIAL CIRCUMSTANCES**

**MAXIMUM POINTS = 2**

**Documentation will only be required for one that may apply. Applicant may have one or more in this category but maximum points awarded is "2."** Experiences or special circumstances may include but are not limited to:

Experience or Special Circumstance	Documentation Required
<ul style="list-style-type: none"> <li>Disabilities (as defined in Section 2626 of the Unemployment Insurance Code)</li> </ul>	<ul style="list-style-type: none"> <li>Documented disability from college Learning Disability Program or disability support Programs &amp; Services as described in Title V</li> </ul>
<ul style="list-style-type: none"> <li>Low family income</li> <li>Disadvantaged social or educational environment</li> </ul>	<ul style="list-style-type: none"> <li><b><u>Proof of Eligibility or receipt of financial aid</u></b> under a program that may include, but is not limited to, a fee waiver from the Board of Governors, the Cal Grant Program, the federal Pell Grant program or Cal WORKS</li> <li>Paycheck stub during period of time enrolled in prerequisite courses or letter from employer (must be on organization letterhead) <b><u>verifying employment was at least part-time while completing prerequisite courses</u></b></li> <li><b><u>Participation or eligibility</u></b> for Extended Opportunity Programs &amp; Services (EOPS)</li> </ul>
<ul style="list-style-type: none"> <li>First generation to attend college</li> </ul>	<ul style="list-style-type: none"> <li>Statement on form below - <b><i>Difficult personal and family situation/ circumstances</i></b> **See SAMPLE Form at the end**</li> </ul>
<ul style="list-style-type: none"> <li>Need to work</li> </ul>	<ul style="list-style-type: none"> <li><b><u>Proof of Eligibility or receipt of financial aid</u></b> under a program that may include, but is not limited to, a fee waiver from the Board of Governors, the Cal Grant Program, the federal Pell Grant program or Cal WORKS</li> <li>Paycheck stub during period of time enrolled in prerequisite courses or letter from employer (must be on organization letterhead) <b><u>verifying employment was at least part-time while completing prerequisite courses</u></b></li> <li><b><u>Participation or eligibility for Extended</u></b> Opportunity Programs &amp; Services (EOPS)</li> </ul>
<ul style="list-style-type: none"> <li>Refugee status</li> </ul>	<ul style="list-style-type: none"> <li>Documentation or letter from USCIS</li> </ul>
<ul style="list-style-type: none"> <li>Veteran</li> </ul>	<ul style="list-style-type: none"> <li>Form DD 214</li> <li>Certificate of Honorable Release or Discharge from Active Duty</li> </ul>
<ul style="list-style-type: none"> <li>Other</li> </ul>	<ul style="list-style-type: none"> <li>Statement on form below - <b><i>Difficult personal and /or family situation/ circumstances</i></b> **See SAMPLE Form at the end**</li> </ul>

Refer to the Nursing Application for detailed information on Multi-Criteria requirements

**Ventura Community College  
Multi-criteria Screening Supporting Documentation Form**

**STUDENT MUST COMPLETE THIS PART OF THE APPLICATION**

If you are randomly selected for an audit to provide proof of information submitted, you will be notified by mail or phone at a later date. Retain all documentation so that you can submit upon request.

Applicant's Name: \_\_\_\_\_ Student ID# 900- \_\_\_\_\_  
Last Name First Name

**Attention – Please Print!**

<b>Criteria 5: Verification of proficiency in a foreign language. Please Print!</b>	
Please have a community member who has had adequate interaction with you and who can verify that you are proficient in a foreign language (individual may not be a relative).	
I verify that _____ is able to speak, read and write in _____ at a level that allows common everyday communication. <small style="margin-left: 100px;">(Language)</small>	
Please explain your relationship with the applicant <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
<b>Contact information for individual verifying language proficiency</b>	
Name: _____	Phone: _____
Address: _____	Email: _____
City, State, Zip: _____	
Signature (please do NOT use black ink) _____	Date _____

<b>Criteria 7: Difficult personal and family situation/circumstances. Please briefly explain your situation/circumstances:</b>

Applicant's Acknowledgement

I acknowledge, by my signature below, that the information on this form is true and correct.
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Print Applicant's Name \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_