January 2018

Dear Applicant,

Thank you for your interest in Great Basin College’s Associate of Applied Science Degree in Nursing Program. Starting in Fall 2015, GBC extended the ADN Program to the Winnemucca and Pahrump sites for a limited number of students. It is extremely important, therefore, to indicate your top three location preferences on the first page of the application form.

All application material must be submitted (in-person or by mail) to Great Basin College, AAS Nursing Program, 1500 College Parkway, Elko, NV 89801. The deadline for receipt of all application material for Fall 2018 admission consideration is Friday, April 6, 2018 at 5:00 p.m. Minimum points for the application has been changed to 35.

Please take the time to carefully review the application packet and note that you are responsible for making certain that your application is complete. You will not be notified if items are missing from your application file. Be sure to indicate your Program Location Preference(s) on page 1 of the application. If no preference is indicated, your application will be considered incomplete. If you select two or more locations, you will be considered for your #1 location first. If your application is not selected for that location, you will be considered for your #2 location with other applicants. Again, if your application is not selected for that location, you will be considered for your #3 location. Applicants for each location will be selected by total points as outlined in the Admission Selection Criteria.

You can call the Health Science and Human Services Department at 775-753-2301 to ask if your application material has been received. Only official, sealed copies of non-GBC transcripts are accepted (i.e., no faxed transcripts will be considered). NOTE: If the GBC Admission and Records personnel have already reviewed your transcripts and completed the degree audit report for AAS-Nursing, you do not need to have another official transcript sent to the Admission and Records office for review unless Spring 2018 grades have not been included. Applications are not kept from year to year. If you are reapplying, you must resubmit all forms.

You will be notified during the week of April 16, 2018 whether or not your application is complete. Because admission is based upon both academic and admission test performance, you are strongly encouraged to prepare for the TEAS® by ordering the Study Manual for the Test of Essential Academic Skills (TEAS®), through the GBC Bookstore or ATI (http://www.atitesting.com/solutions/prenursingschool/teas.aspx). The ISBN for this study manual is 978-1565335752. ATI also offers practice tests for an additional charge.

Should you be accepted to the Program, you must also attend a mandatory nursing program new student orientation from 9:00 a.m. - noon on Wednesday, June 27th. This orientation will be held via IAV from Elko to Winnemucca and Pahrump.

If you have any questions, please contact the Nursing Department at 753-2301.

Sincerely,

Amber Donnelli, PhD, RN, CNE
Nursing Program Director
APPLICATION PACKET CONTENTS:

1. Application Form
2. Nevada State Board of Nursing Information on Criminal Convictions for People Interested in a Nursing Career in Nevada
3. Nevada State Board of Nursing Eligibility Screening Questions
4. Functional Abilities and Technical Standards
5. TEAS® Entrance Exam Information
6. Admission/Selection Criteria Information

A COMPLETED APPLICATION MUST INCLUDE:

1. Completed and Signed Application Form
   ** Be sure you have indicated your Location Preference(s).
2. Copy of Certified Nursing Assistant Certificate of Completion or License
3. Official Transcripts (if non-GBC coursework and not previously articulated)
4. Completed and Signed Nevada State Board of Nursing
   a. Screening Questions
5. Completed and Signed Functional Abilities and Technical Standards
6. Last TEAS® Entrance Exam Score
7. Documentation as a Veteran of the Armed Forces, if applicable

ALL APPLICATION DOCUMENTS MUST BE RECEIVED BY GREAT BASIN COLLEGE NO LATER THAN 5:00 p.m. April 6, 2018, FOR CONSIDERATION.

SEND APPLICATION AND DOCUMENTS TO:

Great Basin College
Attn: AAS-Nursing Program
1500 College Parkway
Elko, NV 89801
GREAT BASIN COLLEGE
ASSOCIATE OF APPLIED SCIENCE DEGREE IN NURSING
FALL 2018
ACADEMIC AND TRANSCRIPT INFORMATION

ACADEMIC INFORMATION

Successful completion of the following prerequisite requirements for the AAS-NURSING Program:

- BIOL 223 – Human Anatomy and Physiology I*
- BIOL 224 – Human Anatomy and Physiology II*
- BIOL 251 – Microbiology*
- INT 100 – GBC Orientation
- PSY 101 – General Psychology
- MATH 120 – Fundamentals of College Mathematics or MATH 126 – Precalculus I**
- Certified Nursing Assistant Course Documentation (Note: you must have completed a CNA course within the last five (5) years.)

Completion of the following general education courses is not required to apply to the AAS-Nursing Program. It is strongly encouraged, however, that you complete as many of these courses as possible prior to the end of the Spring 2018 semester.

- ENG 101 – Composition I
- ENG 102 – Composition II
- Fine Arts or Humanities Elective
- PSC 101 – Introduction to American Politics

A minimum grade of “C” (not C-) or better is required for each course.

TRANSCRIPT INFORMATION

An official copy of non-GBC, college transcript(s) needs to be provided as part of your application package.

You should allow a minimum of four to six weeks for non-GBC documents to arrive by mail. This timeframe allows for both the receipt and/or review of your transcripts by Admissions and Records personnel. NOTE: If the GBC Admission and Records personnel have already reviewed your transcripts and completed the degree audit report for AAS-Nursing, you do not need to have another official transcript sent to the Admission and Records office for review unless Spring 2018 grades have not been included.

PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR ENSURING THAT NON-GBC OFFICIAL TRANSCRIPTS FOR SPRING 2018 SEMESTER ARE SUBMITTED TO THE GBC REGISTRAR.

*Beginning Fall 2019, GBC HSCI will not recognize completed Anatomy or Physiology courses older than five years and repeated no more than three times.

**Beginning Fall 2019, MATH 126 will be required for the AAS-Nursing Program.
GREAT BASIN COLLEGE
ASSOCIATE OF APPLIED SCIENCE
DEGREE IN NURSING

FALL 2018
APPLICATION for ADMISSION

Date ______________________ Telephone ______________________

Email ____________________________

Print name in full _______________________________________________________________________

Last    First   Middle           (Maiden)

Mailing Address ________________________________________________________________________

P.O. Box     City  State    Zip

U.S. Citizen:        Yes _______ No _______

Veteran of the Armed Forces:   Yes _______ No _______
(If Yes, please include a copy of your DD 214)

Educational Experience:

A. List last high school attended:

<table>
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<tr>
<th>Name of School</th>
<th>City &amp; State</th>
<th>Date of Entrance</th>
<th>Date of Leaving</th>
<th>Diploma Received</th>
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B. List college(s) attended, including GBC. Official transcripts from each non-GBC college must be sent to GBC Admission & Records.

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<tr>
<th>Name of College</th>
<th>City &amp; State</th>
<th>Date of Entrance</th>
<th>Date of Leaving</th>
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Other names (former or maiden) on transcripts ________________________________________________

Program Location Preference:
(Elko, Winnemucca, or Pahrump)

#1 Location Choice: __________

#2 Location Choice: __________

#3 Location Choice: __________
C. Previous nursing education. If applicable, provide the following information:

Name of school _________________________________ City & State _____________________

Date of entrance _______ Date of leaving _________ Did you complete the program_______
If no, reason for not completing ____________________________________________________

Include a photocopy of your Certified Nursing Assistant License or Certificate of Completion or your Practical Nurse license.

Applicant Statement:

I will commit myself to the prescribed hours, the course of study and the policies of Great Basin College and the Associate of Applied Science Degree in Nursing Program.

I understand and acknowledge that the Health Science and Human Services Department Admission and Progression Committee may at any time request information from the Administrative Officer of Great Basin College to determine whether I have ever violated NSHE (Nevada System of Higher Education) Code. I also understand that the Committee may deny admission to the Nursing Program to any candidate who, in the judgment of the committee, does not meet the professional and/or ethical standards of the Nursing Program.

I do hereby certify that the statements in this application are true and complete to the best of my knowledge. I understand that omitting or falsifying information will result in disqualification of my application.

______________________________________  _______________________________
Signature           Date

Nondiscrimination for Disability

Great Basin College is committed to providing equal educational opportunities to qualified students with disabilities in accordance with state and federal laws and regulations, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student must furnish current verification of disability. The Disability Services Office, located in Leonard Student Life Center, will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids, and services. For more information or further assistance, please call 775.753.2271.
Information on Criminal Convictions for People Interested in a Nursing Career in Nevada

Your criminal conviction may prevent you from receiving a Nevada nursing license or nursing assistant certificate.

Even if you receive a nursing license or nursing assistant certificate, you may not be allowed to work in several types of health care settings.

The Nevada State Board of Nursing requires all applicants for nursing licenses and nursing assistant certificates to answer five screening questions (attached). These questions address criminal convictions, discipline in another state, chemical dependency, and medical and mental health conditions. In addition, all applicants must submit their fingerprints for an FBI and State of Nevada criminal background check.

Question #2 reads: Have you ever had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you? If the answer is YES, you must attach to this application the following:

a. A letter of explanation including the date of offense, circumstances leading to the arrest, actual conviction, sentence, additional convictions and current status of sentence;
b. Copies of court documents identifying actual conviction and sentence and current status of sentence (i.e. all fines paid in full, etc.). If no documents are available, a letter from the court stating such;
c. FBI and State of Nevada fingerprint reports;
d. A letter from Parole/Probation Officer regarding completion of sentence, if applicable; and

e. A letter of reference from your current/last employer.

Important points to remember if you've ever been convicted of a crime

• Even if you have been told a conviction has been expunged, sealed, dismissed, dropped, closed, etc., it may still show up on your fingerprint report.

• You could have been convicted even if you didn't spend any time in jail.
  • Criminal convictions include misdemeanors and felonies.

• If you answered "NO" to Question #2 and the Board finds you have a conviction, your application will be denied as a fraudulent application.

• If you answered "YES" to Question #2 and do not attach the required documents, your application will not be considered by the Board until you provide the documents.

If you answered "YES" to Question #2 and attach the required documents, the Board may accept or deny your application based on evidence of rehabilitation and the potential/actual risk to the public. The Board considers each application individually, using the guidelines below.
A. Board staff may clear your application and may grant you a license or certificate, if
• you have a minor event, minor traffic-related matters, minor criminal citations, and/or juvenile offenses that
  occurred with seven years before application; or
• you have three minor events that occurred between seven and ten years before application; or
• you have multiple minor events that occurred more than ten years before application.

"Minor event" is defined as any conviction that is not a felony or one of the eight convictions listed below.

B. Board staff will bring your application before the Board for acceptance or denial if you have more than one
criminal conviction within the last seven years or if you have a felony. You will receive written notice regarding
the date the Board will consider your application. You may appear before the Board to present information on
your rehabilitation and reasons you believe the Board should accept your application. At that time, the Board may deny
your application, which is reported as a disciplinary action, or the Board may accept your application, granting you a
license or certificate, possibly with restrictions.

C. Board staff will deny your application if you have any of the convictions listed below.
   1. Murder, voluntary manslaughter or mayhem;
   2. Assault with intent to kill or to commit sexual assault or mayhem;
   3. Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other
      sexually related crime that is punished as a felony;
   4. Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that
      is punished as a misdemeanor, within the immediately preceding 7 years;
   5. A crime involving domestic violence that is punished as a felony;
   6. A crime involving domestic violence that is punished as a misdemeanor, within the immediately
      preceding 7 years;
   7. Abuse or neglect of a child or contributory delinquency;
   8. A violation of any federal or state law regulating the possession, distribution or use of any controlled
      substance or any dangerous drug as defined in chapter 454 of NRS, within the immediately preceding 7
      years;
   9. Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without
      limitation, a violation of any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other
      jurisdiction that prohibits the same or similar conduct;
   10. A violation of any provision of law relating to the State Plan for Medicaid or a law of any other
      jurisdiction that prohibits the same or similar conduct, within the immediately preceding 7 years;
   11. A violation of any provision of NRS 422.450 to 422.590, inclusive;
   12. A criminal offense under the laws governing Medicaid or Medicare, within the immediately
      preceding 7 years;
   13. Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or
       misappropriation of property, within the immediately preceding 7 years;
   14. Any other felony involving the use or threatened use of force or violence against the victim or the use of a
       firearm or other deadly weapon; or
   15. An attempt or conspiracy to commit any of the offenses listed in this paragraph, within the
       immediately preceding 7 years;

After receiving written notice that Board staff has denied your application, you can appeal the denial by sending a
certified letter to the Board requesting a review by the Board. This must be done within 30 days after the denial
notice is mailed to you. If the Board upholds the staff denial, it will be reported as a disciplinary action. If the Board
overturns the staff denial, you will receive a license or certificate, possibly with restrictions, after you have met all
other licensure/certification requirements.

For questions on the Nevada State Board of Nursing’s laws, regulations and policies regarding applicants with criminal
convictions, please call toll free 1-888-590-6726.

If you have one of the criminal convictions listed above (1-15) and the Nevada State Board of Nursing grants you
a license or certificate, the Nevada State Health Division will not allow you to work in any capacity in a facility for
intermediate care, facility for skilled nursing, home health care, or a residential facility for groups.

For questions about the type of health care facilities in which you may work, please call the Nevada State Division of
Health, Bureau of Health Care Quality and Compliance, in Carson City at 775-687-4475 and in Las Vegas at 702-486-
6515.

01/23/12
If accepted and towards the completion of the program, you will need to answer questions related to your personal life prior to taking the nursing licensing examination (i.e., the NCLEX-RN). As a precursor to that, please answer the following questions. **Attach additional details and documentation for all “YES” responses. “Yes” responses could affect licensure.**

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<td>Yes</td>
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| 1. | Has your license in Nevada or any other state ever been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited or placed on probation; or is any investigation, complaint or action pending? If the answer is Yes, you must submit:  
   a. A letter of explanation of the action, what state, and the circumstances leading to the action;  
   b. Copies of documents from the board taking the action identifying the allegations, action taken and current action status (documentation of completion of requirements of any order); and  
   c. A letter of recommendation from current/last employer. |
| Yes | No |   |   |   |   |   |
| 2. | Have you ever had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you? If the answer is Yes, for each conviction you must submit:  
   a. A detailed letter or explanation including the circumstances leading to your conviction, date convicted, actual conviction (i.e. DUI, theft, etc.), what your sentence was, and if and when you completed it;  
   b. Copies of court documents, including the actual conviction, sentence, and current status of sentence (i.e. all fines paid in full, completion letter from Parole/Probation Officer, etc.) or a letter/form from the court indicating no records are available; and  
   c. A letter of reference from your current/last employer. |
| Yes | No |   |   |   |   |   |
| 3. | Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing? If the answer is Yes, you must attach to this application:  
   a. A letter of explanation that addresses the impairment or limitations of practice;  
   b. A letter of reference from your current/last employer;  
   c. A copy of your last employment evaluation; and  
   d. If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations. |
| Yes | No |   |   |   |   |   |
| 4. | Are you currently in recovery for chemical dependency, chemical abuse or addiction? If the answer is Yes, you must submit:  
   a. A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, and current recovery activities;  
   b. Documentation from knowledgeable individual(s) documenting your length of sobriety; and  
   c. Documentation of inpatient or outpatient chemical dependency treatment. |
| Yes | No |   |   |   |   |   |
| 5. | Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing? If the answer is Yes, you must submit:  
   a. A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of nursing safely; and  
   b. Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out nursing duties reliably and with good judgment. |

________________________________________________________________________  
Applicant Signature                      Date  

Application Page 3  

A.D.N. Application 2018
The practice of Nursing requires the following functional abilities with or without reasonable accommodations:

1. **Visual acuity** must be adequate to assess patients and their environments, as well as to implement the nursing care plans that are developed from such assessments. Examples of relevant activities (nonexclusive):
   - Detect changes in skin color or condition
   - Collect data from recording equipment and measurement devices used in patient care
   - Detect a fire in a patient area and initiate emergency action
   - Draw up the correct quantity of medication into a syringe

2. **Hearing ability** must be of sufficient acuity to assess patients and their environments and to implement the nursing care plans that are developed from such assessments. Examples of relevant activities (nonexclusive):
   - Detect sounds related to bodily functions using a stethoscope
   - Detect audible signals generated by mechanical systems that monitor bodily functions
   - Communicate clearly in telephone conversations
   - Communicate effectively with patients and with other members of the healthcare team

3. **Olfactory ability** must be adequate to assess patient and to implement the nursing care plans that are developed from such assessments. Examples of relevant activities (nonexclusive):
   - Detect foul odors of bodily fluids or spoiled foods
   - Detect smoke from burning materials
   - Detect ketones on a client's breath

4. **Tactile ability** must be sufficient to assess patient and to implement the nursing care plans that are developed from such assessments. Examples of relevant activities (nonexclusive):
   - Detect changes in skin temperatures
   - Detect unsafe temperature levels in heat-producing devices used in patient care
   - Detect anatomical abnormalities, such as subcutaneous crepitus, edema, or infiltrated intravenous fluid
   - Perform techniques such as the insertion of urinary catheters

5. **Strength and mobility** must be sufficient to perform patient care activities and emergency procedures. Examples of relevant activities (nonexclusive):
   - Safely transfer patients in and out of bed and assist them with ambulation using appropriate assistive devices
   - Safely control the fall of a patient, by slowly lowering the patient
   - Turn and position patients as needed to prevent complications due to bed rest
   - Hang intravenous bags at the appropriate level
   - Accurately read the volumes in body fluid collection devices hung below bed level
   - Perform cardiopulmonary resuscitation

6. **Fine motor skills** must be sufficient to perform psychomotor skills integral to patient care. Examples of relevant activities (nonexclusive):
   - Safely dispose of needles in sharps containers
   - Accurately place and maintain position of stethoscope for detecting sounds of bodily functions
   - Manipulate small equipment and containers, such as syringes, vials, ampoules, and medication packages, to administer medications

7. **Physical endurance** sufficient to complete assigned periods of clinical practice and to function effectively under stress in acute health care situations.
8. Ability to speak, comprehend, read, and write English at a level that meets the need for accurate, clear and effective communication.

9. Emotional stability to function effectively under stress, to work as a part of a team and to respond appropriately to supervision; to adapt to changing situations, to respond appropriately to patients and families under stress, and to follow through on assigned patient care responsibilities.

10. Cognitive ability to collect, analyze, and integrate information and knowledge to make clinical judgments and management decisions that promote positive patient outcomes.

11. Other abilities sufficient to demonstrate competencies such as the ability to arrive to a clinic on a timely basis; to meet the demands for timely performance of duties; to meet the organizational requirements to perform these duties in a professional and competent manner.

If you require any accommodations for the above functional abilities, please explain below:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

I am able to perform the above listed functional abilities without accommodations or with accommodations as noted.

______________________________________    ___________________________
Applicant Signature                Date
The Test of Essential Academic Skills (TEAS®) measures basic essential skills in the academic content area domains of reading, mathematics, science and English and language usage. The test is intended for use primarily with adult nursing program applicant populations. The objectives assessed on TEAS® are those which nurse educators deemed most appropriate and relevant to measure entry level academic readiness of nursing program applicants.

For exam and registration information visit:
www.atitesting.com/Solutions/PreNursingSchool/TEAS.aspx

Please note that registration closes 48 hours prior to the testing date. Therefore, register early!

Admission/Entrance Exam Instructions:

1. Go to www.atitesting.com and create a user account. When you submit your application, you will get a user ID and password. Please keep these as they are needed to access the test. The cost of the test is $95.00.

2. Register for TEAS®, choose your testing State and City (Nevada/Elko, Winnemucca, or Pahrump). You will be presented with a list of dates and times. Click on the “Learn More” button and make sure that you understand the instructions. Please note by clicking the “Register” button you agree to test on the selected date. You should also understand that you are responsible for repaying and rescheduling for a new test in the event that you are unable to attend your schedule date.

3. You may take the test two times, however, there must be at least 40 days in between testing dates. Scores will be accepted for the last test only. If you have taken the TEAS® test at another location, it is your responsibility to submit a request to ATI to have a TEAS® transcript sent to GBC.

4. To be considered for admission to the GBC nursing program, a minimum composite score of 58.7% (420) on the TEAS® entrance exam is required. The TEAS® entrance exam will include 170 multiple choice questions measuring basic essential skills in English, Math, Reading and Science. You will be allowed 209 minutes for the test.

5. Please arrive at least 15 minutes early to the testing site and present a valid photo ID and ATI user name. Students may use the pop-up calculator that is available on the testing page. However, use of personal calculators and any other personal electronics is prohibited during the exam.

Testing will be conducted on the following dates, seating is limited:

<table>
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<tr>
<th>Date</th>
<th>Time</th>
<th>Register By</th>
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<tbody>
<tr>
<td>Tuesday, January 9, 2018</td>
<td>8:00 a.m. – 12:00 p.m.</td>
<td>January 8!</td>
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<tr>
<td>Thursday, March 1, 2018</td>
<td>4:00 p.m. – 8:00 p.m.</td>
<td>February 28!</td>
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Eligible students will be numerically ranked according to total points received using the selection criteria below. Total points will be determined after Spring 2018 grades have been posted at GBC. Please note that the applicant is responsible for ensuring that official grades for Spring 2018 semester for non-GBC coursework are submitted to the GBC Registrar. Admission will be offered to the applicants with the highest points based on program capacity. Meeting minimum application criteria does not guarantee admission to the program. In the event that applicants have an equal number of points, a tie breaker will be decided based on completion of one or more of the following courses, in the order listed:

a. CHEM 100  
b. STAT 152 (Statistics)  
c. INT 339 or INT 349

| Prerequisite courses | 4 points for A or B  
|---------------------|-----------------------  
| (BIOL 223, 224, 251, MATH 120/ MATH 126, PSY 101) | 2 points for C  
| points | for each course.  
| Points | From 10 to 20  

| General Education Required Courses | 2 points for A or B  
|-----------------------------------|-----------------------  
| (ENG 101, 102, PSC 101, Fine Arts or Humanities) | 1 point for C  
| points | for each course completed.  
| Points | From 0 to 8  

| Veteran of Armed Forces | Yes | No  
|------------------------|-----|-----  
| Points | 1 | 0  

| Residency | GBC Service Area | Other Nevada Area | Non-Nevada Area  
|-----------|------------------|-------------------|-----------------  
| Points | 3 | 1 | 0  

| TEAS® Score | Individual Adjusted Score percentage will be converted to a Scaled Score.  
|-------------|-----------------------  
| Points | 2% of the Scaled Score = Entrance Exam Points  
| From 8.4 to 12.0  

**Maximum Possible Points = 44**  
**Minimum Points Required for Consideration = 35.0**

*To qualify as a student from the GBC Service Area, a student must have completed 12 credits from GBC or attended GBC for at least two semesters.*

**Note:** the highest grade achieved for courses taken more than once will be used.