



1 Academic Drive
Corning, NY 14830-3297
Office – 607-937-1302
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Nurse Education Department A.A.S. Degree in Nursing

Advanced Placement Packet for LPNs for Spring 2026 Deadline for packet submission: 7/15/2025

It is possible to receive credit for your LPN experience and begin the RN program at SUNY Corning Community College. Advanced Placement into the Nursing courses is only for LPNs who have acquired their license and are actively working in the role of a LPN. Admission is only in the spring semester. It is the student's responsibility to complete the course prerequisites and to submit a **complete** LPN-RN Advanced Placement Packet indicating their intent to enter Nursing 1600, Nursing 1650 and Nursing 1675. Class size is limited; therefore, admission to the nursing program is based on meeting all eligibility prerequisites and on a space available basis, so you should submit your packet early for spring consideration.

STEPS

- Must apply to SUNY CCC, meet all admission requirements and be accepted to the college. You will be accepted into the Nursing Program as your primary program, **but NOT approved to begin nursing courses** until this packet is completed, submitted and approved. You will also be accepted into a Liberal Arts program as a secondary program. You will receive a letter from the Admissions Office referring to this information and will include further instructions. Please read the information below, as not following through with the instructions could impact your approval to begin nursing courses.
- Complete any CCC Placement Assessment Tests that you are required to take. Please contact the Testing Center at 607-962-9226 to set up a testing appointment.
- Submit high school **and** college transcripts to the Admissions Office.
 - If you have attended other colleges and have received college credits you will need to request an official transcript from each of the colleges attended and have them sent to the Admission's Office.
- Obtain an official copy of your unencumbered PN transcript to submit with this packet.
- Graduated from an accredited LPN program.
- Successful completion of any developmental courses.
- Completion of Chemistry and Biology in high school with 75% or higher **OR** completion of a college course with a minimum of a "C" or better (**There is a 5-year shelf life for high school and college Biology courses**).
- Place into MATH 1150 Quantitative Reasoning or higher – by Placement Assessment Test
 - **PLEASE NOTE**
 - Any prerequisite and program elective MATH course will require a "C" or higher.
 - Students accepted to the Nursing Program, either upon acceptance to the college or changing programs to nursing, are required to take MATH 1150 or higher and receive a "C" or higher to meet the MATH elective for the program.
- Prepare a typed, two-page maximum double-spaced, 12-point font essay responding to each of the following questions. Essays will be evaluated on the basis of content, writing ability, clarity of thought and sequence of ideas.
 - Discuss the development of your interest in nursing; how your background and experience played a part in this development.

- Discuss what qualities and attributes do you believe you possess that will enable you to be successful as a student and future nurse.
- One completed recommendation form from either a current/former professor or employer
 - Recommendations from family members, scanned or faxed recommendations are **NOT** acceptable
 - Recommendation must be submitted electronically from the recommender's email to the Nurse Education Department at ccnursing@corning-cc.edu
- A copy of your current LPN license registration showing expiration date
- **Evidence of recent** work or clinical experience as an LPN or LPN student. Please complete the attached form and submit with your packet.
- **Complete at least 12 credits** of program requirements, including BIOL 1210, Principles of A&P I
- **GPA of 2.75 minimum.**
- **All LPNs must register for and take the ATI TEAS VII**
 - A minimum score of 62 is required
 - The exam is given on main campus
 - Register for the TEAS through atitesting.com. It will give you specific dates for the exam, times, location, and cost.
 - This exam can only be taken twice.
 - Scores are good for two years.
- Must enter Nursing 1600, 1650 and 1675 –**within one year of successful completion of the TEAS Exam.**

AFTER ADMISSION WITH ADVANCED PLACEMENT

- **Once admitted into the program with Advanced Placement, you must register and successfully complete** NURS 1550 Seminar for Entry into Nursing 1600 with a grade of 77/C+ or higher. **This course is offered in the fall prior to entering** NURS 1600 Medical –Surgical Nursing I, Nursing 1650 Behavioral Health Nursing and Nursing 1675 Pharmacology for Nursing. Failure to successfully complete this course will lead to your inability to begin the nursing program with advanced placement.

Please contact the Nurse Education Department if you have questions or need information on how to meet these prerequisites.

**Nurse Education Department
 Corning Community College
 132 Denison Parkway East
 Corning, NY 14830
 Phone – 607-937-1302 OR 1- 800- 358-7171 Ext 1323**



STUDENT INFORMATION for LPN seeking Advanced Placement:

I am an LPN seeking Advanced Placement and plan to enter Nursing 1600, Nursing 1650 and Nursing 1675, Spring 2026

PACKETS ARE TO BE SUBMITTED BY JULY 15th TO NURSE EDUCATION OFFICE, 2ND FLOOR HEALTH EDUCATION CENTER AT 132 DENISON PARKWAY EAST. M-F 8-3 or emailed to cccnursing@corning-cc.edu

Please attach a copy of the following to this information form prior to submitting the packet:

- € **Unofficial college transcripts**
- € **Official copy of your PN transcript**
- € **Current LPN license registration showing expiration date**
- € **Completed Recent clinical or work experience form**
- € **Completed Reference Form**
- € **Unofficial copy of TEAS VII**
- € **Essay**

Name:

Last	First	Middle Initial
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Mailing address:

House# / Apt# / P.O. Box / Rural route	Street name
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City	State	Zip code
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Birthdate: _____ CCC CID# C _____ Last 4 of SS# _____

County of Residence: Chemung _____ Schuyler _____ Steuben _____ Other - please identify _____

Previous name(s) under which your academic records are listed? _____

High School Name & Graduation Date / GED Date _____

Previous degrees obtained: _____

HAVE YOU EVER ATTENDED NURSING I AT CCC? _____ If yes, please provide date(s) _____

Phone # Daytime _____ Home Phone: _____

Cell _____ Work Phone _____

Personal email: _____ College email address: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY: _____

Signature of Applicant: _____ Date: _____

Please read, sign, and submit the Essential Functions form included on the next page.

**TECHNICAL STANDARDS FOR ADMISSION AND RETENTION
Certification Form**

These standards have been prepared to help applicants for admission to Corning Community College, Nurse Education Program. You are encouraged to ask questions about the program's technical standards for admission and retention to clarify any questions and to determine whether you can meet the requirements with or without reasonable accommodation. Any information and inquires about disabilities are handled in a confidential manner, to the extent possible within the accommodation process, and should be directed to the Office of Student Accessibility Services

INSTRUCTIONS:

Please indicate with a check one of the choices below, sign and date this for. Return this form with your Nurse Eligibility Application.

_____ I certify that I have read and understand the Technical Standards for Admission and Retention to Corning Community College Nurse Education Program and that I meet each of these standards established for this program in which I am applying to.

Signature

Corning Community College ID Number

Printed or Typed Name

Date

_____ I certify that I have read and understand the Technical Standards for Admissions and Retention to Corning Community College Nurse Education Program. I believe that I could meet the Technical Standards with accommodation, and will contact the Office of Student Accessibility Services, to determine whether reasonable accommodations can be made.

Signature

Corning Community College ID Number

Printed or Typed Name

Date

DEPARTMENT OF NURSE EDUCATION

TECHNICAL STANDARDS FOR ADMISSION

SECTION I: ESSENTIAL FUNCTIONS

Candidates for the nursing program must possess abilities necessary for learning skills related to the provision of nursing care. Candidates must be able to perform, with or without accommodation, certain *essential functions* in the areas of communication, observation, motor skills, conceptual and analytical reasoning, and social skills.

The following is a representative list of these *essential functions*, with or without accommodation, expected of students at the time of enrollment in the nursing program:

Communication

Communicate effectively in order to give, receive, and record information accurately and efficiently from people and other data sources while maintaining confidentiality.

Observation

Make accurate determinations of color, temperature, movement, odor, texture, rhythm, density, size, position, and sound. Be able to detect, respond, and react to indications of the needs of others.

Motor Skills

Possess sufficient fine and gross motor skills to position and move people safely, use appropriate infection control techniques, use medical equipment, provide for the safety of self and others, and implement emergency procedures.

Conceptual and Analytical Reasoning

Demonstrate the ability to gather, classify, interpret, calculate, measure, and analyze information, exercise good judgment, utilize critical thinking, and carry out appropriate actions in relation to the data received.

Social Skills

Perform effectively under stress, display flexibility and adaptability, demonstrate compassion, develop effective caring relationships with others, and work collaboratively with others.

SECTION II: NURSING SKILLS

After enrollment, students in the nursing program will use the *essential functions* (described in Section I) in learning specific nursing skills throughout the program, such as (but not limited to), bed baths, making beds, oral care, urinary catheterization, dressing changes, CPR, administration of medications by oral, injected, topical, intravenous, and suppository routes, performing active and passive client exercises including assisting clients with ambulation, delivering oxygen therapy, measuring vital signs, and performing head-to-toe and focused assessments of clients. Your ability to be successful in the nursing program will be dependent on, among other things, your ability to learn these nursing skills, either with or without accommodation.

If you are unsure about either your ability to perform the essential functions (listed in Section I), or your ability to learn the nursing skills (listed in Section II), or if you have questions about accommodations, please direct those questions to the Director of the Nursing Program and/or the Coordinator for Accessibility Services.



**SUNY
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COMMUNITY COLLEGE

Recent Clinical and/or Work Experience Form

Name _____

Current Employer _____

Address of Employer _____

Number of years employed at the above agency _____

If not currently employed at the above agency, please provide the date when you left employment at the above agency _____

Brief description of your job responsibilities at the above agency –

To the best of my knowledge, the above information is accurate.

Name (print) _____

Signature _____ Date _____

Signature of Employer _____ Date _____



SIGNATURE SECTION

- I understand that it is my responsibility to determine that all my requirements have been met, and if all requirements have not been met and my application is incomplete by the deadline, it will not be reviewed, will be deemed ineligible, and denied.
- I understand that late application packets **will not** be accepted.
- I understand that this application **does not** guarantee admission to the Nurse Education Program.
- I understand that if I am not accepted, I will need to submit a new application packet each application period.
- I agree that all statements made in this application packet are true to the best of my knowledge, and I understand that providing false information will exclude me from acceptance or can be cause for my acceptance to be rescinded for this program.

Print Name: _____ Date: _____

Signature: _____

Please contact the Nurse Education Department if you have questions

**Nurse Education Department
Corning Community College
132 Denison Parkway East
Corning, NY 14830
Phone – 607-937-1302 OR 1- 800- 358-7171 Ext 1323**

All paperwork submitted becomes the property of SUNY Corning Community College and will not be returned.
We encourage you to make copies for your files.



**ASSOCIATE OF APPLIED SCIENCE NURSING PROGRAM
CONFIDENTIAL RECOMMENDATION FORM**

The applicant is a candidate for admission to the School of Nursing. Please complete this form and return to the applicant in a sealed envelope with your signature across the seal.

Applicant: Please complete the following section

Last Name _____ First _____ Middle _____

Permanent Address _____

City _____ State _____ Zip Code _____

Pursuant to the federal law, a student admitted to Corning Community College, Nurse Education Program is entitled to inspect the recommendation unless the student waives the right. The Nurse Education Department does not require a waiver as a condition for admission, receipt of financial aid or receipt of any other services or benefits.

Waiver

*The Family Education Rights and Privacy Act permits us to request, but not require that a student waive the right to inspect this recommendation. Be advised that the information contained on this form is used to evaluate the student's eligibility for admission to Corning Community College, Nurse Education Program. **Should the students elect to waive the right to access and review this information please sign and date below:***

Signature

Date



**SUNY
CORNING**
COMMUNITY COLLEGE

Professional Recommendation Form

How long and in what capacity have you known the applicant?

Estimate of applicant's future success in Corning Community College Nurse Education Program:

Excellent _____ Above Average _____ Average _____ May Encounter Difficulty _____ Little Chance of Success _____

Considering the applicant's academic record, abilities, ambition and determination, please summarize your recommendation:

Wholeheartedly _____ Confidently _____ With Reservation _____ Do Not Recommend _____

Please rate the applicant on the following:

	Excellent	Good	Above Average	Average	Below Average	Unable to Evaluate
Responsibility						
Communication Skills						
Critical Thinking						
Organizational Skills						
Integrity						
Interpersonal Skills						
Leadership						
Effort						
Concern for Others						
Respect for Others						
Time Management						

Evaluator Remarks

Please indicate any additional information relevant to the student's application to Corning Community College Nurse Education Program. You may attach a separate sheet. We appreciate your candid evaluation of the applicant. All comments will be confidential and used solely for the purpose of determining eligibility for admission.

Your Name _____ Date _____
 Your Signature _____ Your Job/Position _____
 Your Company/Place of Employment _____
 Telephone Number(s) Daytime _____ Other _____ Email _____

This form is for information gathering. The content alone does not determine acceptance to the Nursing Program.

