



Dear Applicant,

Congratulations on exploring the nursing career path!

In this packet, you will find the basic information and application requirements to apply for the Associate of Applied Science (AAS) in Nursing degree at Tillamook Bay Community College (TBCC).

TBCC is proud to be accredited by the Northwest Commission on Colleges and Universities. Additionally, TBCC has received approval from the Oregon State Board of Nursing to offer an Associate of Applied Science degree in Nursing. Completion of an approved program is required to be eligible to take the National Council Licensure Examination (NCLEX-RN), which is required to become licensed as a Registered Nurse.

Registration at TBCC is required prior to application to the AAS program. Detailed information is available upon request. For convenience, the application steps checklist and point grid worksheet are included in this packet along with the actual application document.

#### Application Process

- Submit application (Forms 1, 2, 3, & 4) and supporting documentation to:  
[RNApply@mail.tillamookbaycc.edu](mailto:RNApply@mail.tillamookbaycc.edu)
- Email subject line format:  
**LastName FirstName ID Number TBCC RN Fall 2027 Application Packet**
- Save application document and supporting documents with the following naming structure: LastName\_FirstName\_TBCCIDNumber\_RN27.  
For example: **Smith\_John\_88888888\_RN27**

#### **Applications may also be mailed, or delivered in person to:**

Tillamook Bay Community College Attn: Nursing Program  
4301 Third Street  
Tillamook, OR. 97141

Tillamook Bay Community College and the Allied Health Program have specific requirements pertaining to clinical/field experience. The various healthcare organizations providing student training opportunities have requirements as well. An acceptable Criminal History Background Check, negative toxicology report, and current appropriate medical documentation is mandatory prior to participation in clinical/field experiences.

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**NOTE:** Applications are due no later than **5:00pm, May 1<sup>st</sup>, 2026**. Incomplete applications will not be considered.

## Required Coursework

### Required Nursing Program Courses - 72 credits, all credits included in AAS degree requirements.

Year 1	NURS 101	Fundamentals of Nursing Practice
	NURS 101L	Fundamentals of Nursing Practice: Application
	NURS 101D	Pathophysiology
	NURS 102	Introduction to Nursing Care in Non-Acute Settings
	NURS 102C	Introduction to Nursing Care in Non-Acute Settings: Application
	NURS 102D	Pharmacology
	NURS 103	Advanced Nursing Care in Non-Acute Settings
	NURS 103C	Advanced Nursing Care in Non-Acute Settings: Application
	NURS 103D	Special Populations
Year 2	NURS 201	Introduction to Nursing Care in Acute Settings
	NURS 201C	Introduction to Nursing Care in Acute Settings: Application
	NURS 201N	NCLEX-RN Readiness I
	NURS 202	Advanced Nursing Care in Acute Settings
	NURS 202C	Advanced Nursing Care in Acute Settings: Application
	NURS 202N	NCLEX-RN Readiness III
	NURS 203	Professionalism and Interprofessional Teams in Healthcare
	NURS 203C	Clinical Practicum
	NURS 203N	NCLEX-RN Readiness IV

### Required Prerequisite Courses - 49 credits, 20 credits included in AAS degree.

<b>Core Prerequisite Courses</b>	BL 231 *	Human Anatomy and Physiology 1
	BL 232	Human Anatomy and Physiology 2
	BL 233	Human Anatomy and Physiology 3
	BL 234	Microbiology
	NUTR 240 or FN 225	Human Nutrition
	PSY 201 *	Introduction to Psychology
	PSY 215	Human Development
	AH 100	Medical Terminology
	COMM 111 •	Public Speaking College-level
<b>Other Prerequisite Courses</b>	MTH 105 or higher*	Math
	WR 121 *	English Composition I
	WR 122 (or substitute)	English Composition II

\* Credits included in AAS degree requirements

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## First Year - Nursing Program Core Classes

Fall Term 2026	Credits	Winter Term 2027	Credits	Summer Term 2027	Credits
NURS 101 Fundamentals of Nursing Practice	5	NURS 102 Introduction to Nursing Care in Non-Acute Settings	3	NURS103 Advanced Nursing Care in Non-Acute Settings	4
NURS 101L Fundamentals of Nursing Practice: Application	5	NURS 102C Introduction to Nursing Care in Non-Acute Settings: Application	6	NURS 103C Advanced Nursing Care in Non-Acute Settings: Application	6
NURS 101D Pathophysiology	3	NURS 102D Pharmacology	3	NURS 103D Special Populations	2
<b>Total Term Credits: 13</b>		<b>Total Term Credits: 12</b>		<b>Total Term Credits: 12</b>	

## Second Year - Nursing Program Core Classes

Fall Term 2027	Credits	Winter Term 2028	Credits	Spring Term 2028	Credits
NURS 201 Introduction to Nursing Care in Acute Settings	4	NURS 202 Advanced Nursing Care in Acute Settings	4	NURS 203 Professionalism and Interprofessional Teams in Healthcare	2
NURS 201C Introduction to Nursing Care in Acute Settings: Application	6	NURS 202C Advanced Nursing Care in Acute Settings: Application	6	NURS 203C Clinical Practicum	6
NURS 201N NCLEX-RN Readiness II	3	NURS 202N NCLEX Readiness III	3	NURS 203N NCLEX-RN Readiness IV	4
Total Term Credits: 13		Total Term Credits: 13		Total Term Credits: 12	
Total Core Classes Credits: 75					

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## FORM 1: Associate of Applied Science Nursing Program Application

Admission to the program is based on completed prerequisite courses, previous degrees, prior field experience, TEAS testing score, and an in-person interview process. Due to the high volume of applications expected, it is the student's responsibility to ensure that all required documents have been received by the appropriate department prior to the deadline.

Complete application packets are due no later than **May 1<sup>st</sup>, 2026**. The most qualified candidates will be contacted for interviews with Nursing program faculty. The score from this interview will factor into the final candidate score and ultimately acceptance into the RN program. Applicants will be notified if selected for an interview no later than **May 4<sup>th</sup>, 2026** and acceptance letters will be mailed by **May 22<sup>nd</sup>, 2026**.

### Applicant Information

TBCC Student ID Number:	
TBCC Student E-mail:	
Last 4 of SS #	

Last Name			
First Name			
Middle Name			
Cell Phone:		Personal E-mail:	

Current Address	Street:		
	City:	State:	Zip:
Emergency Contact Name:		Phone:	

High School Diploma or GED: ☐ YES ☐ NO

### Post-Secondary Education

Name of College or Training Facility	Date From	Date To	Degree/Certificate

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## FORM 1 (continued) Education Information

### Relevant Work or Life Experience

Employer/Situation	Date From	Date To	Location

### TEAS Testing Information

TEAS testing details will be provided once a completed application has been received. Applicants **should not** complete TEAS testing **until they have been offered an interview**. After receiving an invitation to interview, applicants will have **two weeks** to complete the TEAS test, and it must be completed prior to the interview date. Testing may be completed either at an approved testing center or at home. Applicants are responsible for all associated testing fees. Testing fees are \$120.

### Attestation

I hereby affirm that all information supplied on this form, including all required documentation, is complete and accurate. It is my understanding that failure to list previously attended colleges or universities or the submission of false information and/or academic records is grounds for denial of admission or immediate suspension.

Applicant Signature:

Date:

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## Form 2: Immunizations and Certifications

### Immunizations

Immunizations must be current. Immunizations requiring multiple steps that are not yet complete must have a projected completion date. **Please attach a copy of your immunization record.**

Immunization	Date Completed	Notes
Varicella		
MMR		
Hepatitis B (Series)		
Tdap (<10 years)		
COVID-19 (or declination)		
Influenza (or declination)		

*\*If a declination was signed for COVID-19 or Influenza, please attach to this application with other documentation.*

### Other Certifications or Licensures

Certificate/License	Expiration Date	Number
Certified Nursing Assistant		
Basic Life Support		
Other:		
Other:		
Other:		

*\*BLS Certification must be kept current while in program. Certification must be from the American Heart Association (AHA), which is valid for 2 years. **Please attach of copy of your BLS card if applicable.***

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## FORM 3: NURSING PROGRAM APPLICATION CHECKLIST

**I have completed the following and submitted prior to the application deadline.  
Please read and check each box.**

☐

A. Applied to TBCC at <https://tillamookbaycc.edu/getting-started/apply/> and obtained a student ID number.

☐

B. Submitted the application documents and all supporting documents to [RNApply@mail.tillamookbaycc.edu](mailto:RNApply@mail.tillamookbaycc.edu)

- Application documents
- Supporting documents (unofficial transcripts, DD214 (if applicable), proof of healthcare certification or licensure, etc.)

☐

C. I understand **official transcripts** must be received and evaluated prior to the start of the program.

☐

D. Complete a FAFSA with [Home | Federal Student Aid](#)

### **Conditions of Application: (Read and check each box)**

☐

A. I have read ALL information in the RN Nursing Program Application Information Packet.

☐

B. I have contacted a TBCC Nursing advisor via Zoom, phone, or e-mail ([Nursing@tillamookbaycc.edu](mailto:Nursing@tillamookbaycc.edu)) with any specific questions regarding my registration or application.

☐

C. I understand that my application will not be returned and that it is my responsibility to keep a personal copy.

☐

D. I understand that I am NOT considered an applicant to the program unless all required admission steps are completed, and documentation has been received prior to the application deadline.

☐

E. I understand that I must complete the **Test of Essential Academic Skills** (TEAS) and that I am responsible for costs associated with testing and/or test preparation.

☐

F. I understand that if accepted into the program, **mandatory attendance at the orientation session is required**. Failure to attend this session will result in removal from nursing program. Information about the following requirements will be provided: Fingerprints, immunizations, CPR certification, background check; drug screening, etc.

☐

G. I understand that prerequisites or acceptable substitutes should be completed prior to the start of the program.

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☐

H. I understand that I am permitted to have up to TWO prerequisites not completed before the start of the program.

☐

I. I understand that if accepted into the program or placed on the waitlist a financial aid meeting is **required**, which will be scheduled at a later date.

☐

J. I understand that if accepted into the program a 5-week pre-nursing course must be completed. This course is complementary, but completion is **mandatory** before program start. This course will be offered during the last 5 weeks of the summer term and is not offered at any other time in the school calendar.

☐

K. I understand that if a previous application was submitted for another cohort or if was previously placed on a wait-list does NOT guarantee admission to the program.

☐

L. I understand that this program is eligible for Financial Aid and that Scholarships are also available. Please see the TBCC [Financial Aid Page](#) and the TBCC [Scholarship Page](#) for more information.

☐

M. I understand that I must provide copies of my immunizations with this application, and they must be current. Immunizations that require several steps and are not complete should have an anticipated date of completion.

- Quantiferon Gold or two-step PPD will be required within 30 days of starting clinical rotations, so this is not required prior to program start.

☐

N. I understand that personal liability insurance for student nurses will be required prior to the start of the program: September 21<sup>st</sup>, 2026 The cost for most student insurances is less than \$35/year. *Failure to submit documentation will result in forfeiture of placement in the program.*

I affirm that all application information and documentation submitted by me is accurate and authentic and I understand that errors I may have made on the forms will not be corrected by the Health Professions Department.

Applicant Signature:

Date:





## NURSING APPLICATION WORKSHEET

Prerequisite Core Course	Not Started	In-Progress	Completed	Grade
BI 231 Human Anatomy & Physiology 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BI 232 Human Anatomy & Physiology 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BI 233 Human Anatomy & Physiology 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BI 234 Microbiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NUTR 240 or FN 225 Human Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PSY 201 Introduction to Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PSY 215 Human Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AH 100 Medical Terminology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Education, Military Service, and Residency	
<p><b>Highest Education Attained</b></p> <p><input type="checkbox"/> Associate's degree</p> <p><input type="checkbox"/> Bachelor's Degree</p> <p><input type="checkbox"/> Master's Degree</p> <p><input type="checkbox"/> Doctoral Degree</p> <hr/> <p><b>Veteran Status</b></p> <p>DD214 Honorable Discharge</p> <p><input type="checkbox"/> YES</p> <p><b>Local Residency</b></p> <p>Tillamook County High School graduate or Tillamook County Resident</p> <p><input type="checkbox"/> YES</p>	<p><b>Previous Experience in Field</b></p> <p><input type="checkbox"/> MD, DO, NP, etc.</p> <p><input type="checkbox"/> Licensed Paramedic</p> <p><input type="checkbox"/> Licensed Practical Nurse (LPN)</p> <p><input type="checkbox"/> Emergency Medical Technician (EMT)</p> <p style="padding-left: 20px;"><input type="checkbox"/> EMT Course Taken at TBCC</p> <p><input type="checkbox"/> Certified Nursing Assistant (CNA)</p> <p style="padding-left: 20px;"><input type="checkbox"/> NA Course Taken at TBCC</p> <p><input type="checkbox"/> Medical Assistant (MA)</p> <p style="padding-left: 20px;"><input type="checkbox"/> MA Course Taken at TBCC</p> <p><input type="checkbox"/> Phlebotomy or Surgical Tech</p> <p style="padding-left: 20px;"><input type="checkbox"/> Phlebotomy Course Taken at TBCC</p>

### Admissions Selection Process

Admission decisions are based on a comprehensive, holistic review of multiple factors, including TEAS results, prerequisite completion and academic standing, degrees held, prior experience, and interview performance. Final admission decisions are made at the discretion of the Nursing Program Administration.

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