

**PLEASE READ AND FOLLOW ALL DIRECTIONS**

**PRACTICAL NURSING APPLICATION**

**FILL OUT YOUR COMPLETED ONLINE APPLICATION BEFORE:**

The application link can be found on our website at [www.tcatathens.edu](http://www.tcatathens.edu) under future student and then the Admissions. If you have questions or need assistance, please contact the Student Services office at **423-744-2814** or via email at [debbie.johnson@tcatathens.edu](mailto:debbie.johnson@tcatathens.edu)

<b>Year of Class</b>	<b>Application Deadline</b>
September 2024	May 31, 2024

**IMPORTANT!!!!!!**

YOU **MUST PASS** THE HESI TEST BEFORE YOU CAN BE CONSIDERED FOR THE PRACTICAL NURSING PROGRAM.

We recommend that you schedule the HESI Test before above application deadline, please check with Student Services (423-744-2814) about upcoming test dates.

**Follow these steps exactly:**

Step	Directions
1.	<p><b>Complete online application</b> The application link can be found on our website at <a href="http://www.tcatathens.edu">www.tcatathens.edu</a> under future student and then the Admissions. If you have questions or need assistance, please contact the Student Services office at <b>423-744-2814</b> or via email at <a href="mailto:debbie.johnson@tcatathens.edu">debbie.johnson@tcatathens.edu</a></p>
2.	<p><b>Additional items needed after application is filed online. You can bring the following in to TCAT Athens or email at <a href="mailto:debbie.johnson@tcatathens.edu">debbie.johnson@tcatathens.edu</a></b></p> <ul style="list-style-type: none"><li><b>A. Confidentiality statement</b></li><li><b>B. High school transcript or GED scores (no diplomas will be accepted).</b></li><li><b>C. ACT SCORES IF APPLICABLE: If you are 20 years of age and under, and have scored 19 in the Math and Reading parts of the ACT (must be 19 in each area, not composite). Only ACT scores from official high schools, colleges, universities, or ACT transcripts will be accepted.</b></li><li><b>D. You must schedule your HESI Test and the PASSING SCORES ARE AS FOLLOWS: <u>Reading 70, Math 70</u> both parts must be passed. Please check with Student Services for a schedule of when the HESI test will be given. The test cost is <u>\$50 CASH OR CREDIT CARD ONLY</u>. More information about testing is on page 3 of the directions.</b></li><li><b>E. Copies of all other transcripts (colleges, other TCATs, etc.) If you attended TCAT @ Athens we will look your transcript up later. Do <u>not</u> have transcripts mailed to us; make sure all schools mail your transcripts to you.</b></li><li><b>F. Physical and Immunization Record must be turned in by July 31, 2023 (If you are accepted into the class)</b></li><li><b>G. Attach 2 self-addressed stamped envelopes to your application.</b></li></ul>

3.	<p><b><u>IMPORTANT INFORMATION REGARDING REQUIRED TESTING:</u></b></p> <p>If you are 20 years of age and under, and you provide ACT scores of 19 in both parts, Math and Reading (A 19 composite score is not acceptable), with your application you will not be required to take the HEST test.</p> <p>You <b>MUST</b> take your HESI test here at TCAT the cost of the test is <b><u>\$50 CASH OR CREDIT CARD</u></b>. Please check with Student Services for a schedule of when the test will be offered.</p> <p>You may purchase a study guide online at <a href="http://www.mo-media.com">www.mo-media.com</a> <b>YOU ONLY NEED TO PASS THE READING AND MATH PORTIONS OF THE TEST.</b> You may find free sample questions at these websites: <a href="http://www.hesia2practicetest.com">http://www.hesia2practicetest.com</a> <a href="http://www.mometrix.com/academy/hesi-a2-test.com">www.mometrix.com/academy/hesi-a2-test.com</a> <a href="http://www.testprepreview.com/hesia2">www.testprepreview.com/hesia2</a></p>
4.	<p><b><u>IMPORTANT DATES TO REMEMBER</u></b></p> <p>A <b>MANDATORY</b> meeting will be scheduled for all applicants who (1) meet the admission requirements by the deadline, and (2) have passed the HESI test or met the ACT requirements. This meeting will be scheduled during June of the year applicable. A <b>TWO</b> week math course for those accepted will be scheduled in the month of July or August of the year applicable. A required orientation will be held in August of the year applicable. There will be no reschedule. Planned vacations <b>WILL NOT</b> be excused. <b>Classes officially begin in September.</b></p>
5.	<p>Applicants must be capable of passing a physical examination done by a licensed physician or other health professional. If accepted into the program, you will have to provide proof of additional immunizations.</p>

6.	Applicants identified for enrollment will be notified by mail. <b>No INFORMATION WILL BE GIVEN OVER THE TELEPHONE.</b>
7.	Financial aid programs are available to students who qualify for assistance. The financial aid application is available at <a href="http://www.fafsa.gov">www.fafsa.gov</a> The FAFSA needs to be filed. <b>The Tennessee College of Applied Technology DOES NOT participate in ANY student loan program.</b> The financial aid application process should begin immediately.
8.	The total cost for this class, including trimester maintenance fees, technology fee, books, supplies, and uniforms will be \$9000. (This is an estimated cost).
9.	<p><b>BACKGROUND CHECKS:</b> If you are accepted into the Practical Nursing Program, you are not required to have a background check done before enrolling into the program. However, you will be required to have a background check done as a clinical requirement. The clinical sites will be responsible; the background checks will not be done through the school. You may be required to do several. You will be required to pay for this. <b>THIS COST WILL NOT BE COVERED BY FINANCIAL AID. IF YOU HAVE BEEN CONVICTED OF A CRIME,</b> please be aware that even if you are accepted into the Practical Nursing program, if you are not allowed to take the clinical portion you will not be able to complete the program.</p> <p><b>DRUG SCREENING:</b> Drug screening will not be done by the school. This will be handled by the clinical sites, and you may be required to have several. You will be required to pay for this. <b>FINANCIAL AID WILL NOT COVER THIS COST.</b> If you have a positive drug screen, and you do not have a valid prescription for the drug in question, you will not be allowed to complete your clinical portion of the training.</p> <p><b>PLEASE DO NOT HAVE A BACKGROUND CHECK OR DRUG SCREENING DONE AT THIS TIME.</b></p>

## CONFIDENTIALITY STATEMENT

**As a Practical Nursing student, I understand that while working in a clinical facility, I am not to discuss information regarding any clinical practice nor patients while being with anyone in public or with other departments in the facility. I understand that this is a breach of confidentiality and may result in legal ramifications. I further understand that any question or explanation I may have regarding a patient, pharmacy policy, or procedure shall be directed to my instructor for follow-up.**

I agree to regard patient information as being confidential, and I understand that a breach in this agreement will result in disciplinary action toward me.

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Student's Signature

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Date

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Print Name

# PRACTICAL NURSING

## PHYSICAL EXAMINATION

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY-ATHENS

PO BOX 848, ATHENS, TN 37371-0848

This report must be completed by a physician or healthcare provider. If you are accepted you must turn in the forms by JULY 31, 2024.

Full Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip Code

DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_ P \_\_\_\_\_

Vision without glasses

Vision with glasses

R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

Condition of Mouth including teeth, oropharynx:

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

Ears: R \_\_\_\_\_ L \_\_\_\_\_ Nose \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_

Skeletal System \_\_\_\_\_

Nervous System \_\_\_\_\_

Abdomen (pain, scars, masses) \_\_\_\_\_

Skin \_\_\_\_\_

Urinalysis \_\_\_\_\_ Hgb/Crit \_\_\_\_\_

TB Skin test: Date \_\_\_\_\_ Results \_\_\_\_\_

Remarks/Recommendations \_\_\_\_\_  
\_\_\_\_\_

Is this individual mentally and physically suited for entrance into the nursing program? \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_ MD.

# TENNESSEE COLLEGE OF APPLIED TECHNOLOGY-ATHENS IMMUNIZATION RECORD

Name \_\_\_\_\_

This report must be completed by a physician or healthcare provider. If you are accepted you must turn in the forms by JULY 31, 2024.

**IMPORTANT: You must make copies of immunization records to bring with this form.**

**IMPORTANT INFORMATION REGARDING THE MMR IMMUNIZATION REQUIREMENT:** The school requires that this record be completed prior to enrollment and reflect 2 MMR (measles, mumps, and rubella) vaccinations. If you have no record of immunizations, or if you have not had immunizations, you may provide proof of one vaccination that you obtain before July 31 and provide proof of the second dose of the MMR vaccination during the first trimester of enrollment, before you begin your clinical training. You will not be allowed to begin your second trimester training unless this is completed.

If you were born prior to 1957, you need to provide a copy of your birth certificate AND documentation that you have had 2 MMR vaccinations before July 31.

**IMPORTANT INFORMATION REGARDING VARICELLA (CHICKENPOX):**

The school requires that either: 1) A healthcare provider report below that you are immune because you have had chickenpox in the past; or 2) You may provide proof of one vaccination that you obtain before July 31, and provide proof of the second dose during the first trimester of enrollment, before you begin your clinical training. You will not be allowed to begin your second trimester of training unless this is completed.

**IMPORTANT INFORMATION REGARDING HEPATITIS B**

**ALL THREE DOSES OF THE HEPATITIS B VACCINE MUST BE COMPLETED BY THE END OF THE FIRST TRIMESTER. You will not be allowed to begin your second trimester of training unless this is completed.**

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**MMR (Measles, Mumps, Rubella)**

Immunized with MMR times 2    Date: \_\_\_\_\_    Date: \_\_\_\_\_

Please attach immunization records or documentation as required above.

**CHICKEN POX (Varicella) – check appropriate box**

1. ( ) Had the Chick Pox            Date: \_\_\_\_\_

2. ( ) Immunized with vaccine    Date: \_\_\_\_\_

**TETNUS-DIPHTHERIA- check appropriate box**

1. ( ) Primary series completed            Date: \_\_\_\_\_

2. ( ) Booster vaccination                Date: \_\_\_\_\_

**HEPATITIS B – check appropriate box**

1. ( ) Series of three immunizations completed.

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

Date: \_\_\_\_\_    Signed \_\_\_\_\_ MD.