Dear Practical Nursing Applicant,

Thank you for choosing the Tennessee College of Applied Technology Athens Practical Nursing Program to continue your education. We look forward to working with you during the application process. Below is information regarding how to complete your application for the Practical Nursing Program.

How to Apply:

Practical Nursing Program applicants must submit all general admission and program specific requirements for points by the published deadline to be considered. Acceptance is competitive based on a point system. To ensure accuracy, please submit all information at one time.

Admission Requirements: Please upload all needed documents to your application portal.

Practical Nursing Admission Requirements:

1. Complete the **TCAT Athens Application for Enrollment** online – at www.tcatathens.edu and select APPLY NOW.
2. Complete the **Free Application for Federal Student Aid (FAFSA)** online – the website is www.FAFSA.ed.gov and our school code is **005358**.
3. Provide documentation of Hepatitis B series, 2 doses of MMR, updated TDAP vaccine, and varicella immunizations. **Titers are acceptable in lieu of the immunizations. MORE INFORMATION REGARDING IMMUNIZATION REQUIREMENTS ARE ON THE LAST PAGE.**
4. If applicable you must submit your ACT scores: If you are 20 years of age and under and have scored a 19 or higher in the Math portion and a 19 or higher in the Reading portion.
5. Take and pass the **HESI Exam**. (If your ACT is applicable, then you do not need to take the **HESI**). The exam is over Math and Reading Comprehension. Passing scores are 70 in math and 70 in reading. **Contact Debbie Johnson in Student Services at 423-689-1391 to schedule your HESI Exam.**
6. Provide a copy of official, high school **transcript** or equivalent. **IMPORTANT:** If you have foreign transcripts you will need to submit an **English translated version** of your transcript and an **education evaluation.** Both must be obtained through the **National Association of Credential Evaluation Services**. Please visit their website at www.naces.org for more information.
7. **You can check your application status or upload required documents** online at tcatathens.edu – select Practical Nursing – Click Apply Now – Select Application Status. Please review to guarantee student services has received all application requirements.
8. A mandatory meeting will be required for all applicants who meet the admission requirements by the deadline.
    - **Mandatory Meeting Dates:** TBD. ***Each applicant who meets admission criteria will choose which of these two dates they want to attend.**
9. **Applicants are responsible for making certain that all documentation is on file at the TN College of Applied Technology Athens by the published deadline. No faxed documents of any kind will be considered. No documents received after the deadline will be considered.**

Information for Accepted Applicants:

1. All accepted applicants will be required to attend a **MANDATORY** two-week math course from **TBD**. The class will be Monday – Friday from 8:30 am – 12:00 am. This class will be held at TCAT Athens. More information will be given once applicant has been accepted into the Practical Nursing Program.
2. All accepted applicants will be required to attend TCAT Athens Passport Day and TCAT General Orientation. More information will be given once applicant has been accepted into the Practical Nursing Program.
3. All accepted applicants must meet clinical requirements in order to meet TN board of Nursing standards.
    - **Clinical Requirements:**
        1. Background check: more information to come.
        2. Drug screen: more information to come.
        3. Immunization requirements: Required immunizations are due prior to acceptance.
        4. Physical Assessment (Form below) – Do not complete this until after acceptance into the program.

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.
Full Name_____ SS#_____
Address_____

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.

IMPORTANT INFORMATION REGARDING THE MMR IMMUNIZATION REQUIREMENT: The school requires that this record be completed prior to acceptance 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 titers.

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 two vaccinations

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.

MMR (Measles, Mumps, Rubella)
Immunized with MMR times 2 Date: _____ Date: _____

CHICKEN POX (Varicella) – check appropriate box
1. ( ) Had the Chick Pox Date: _____
2. ( ) Immunized with vaccine Date: _____

TETNUS-DIPTHERIA- 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