

Apply for Practical Nursing Program

Tennessee College of Applied Technology

Application Process for Practical Nursing Program

Before you apply, you need to know this:

You must pass the HESI entrance exam before you may apply.

Deliver your completed application packet to the Student Services Department at TCAT-Harriman as soon as possible.

Applicants must be capable of passing a physical examination by a licensed physician or other approved health care professional. Physical (blue form) and immunization (green) forms will be available on the website or you can get them from Student Services, these are **NOT** to be returned to Student Services, these are to go to the Nursing Department.

Applicants must be able to pass a drug screen and national background check. Applicants will be notified by the school when these must be conducted.

Applicants must be able to pass a CPR for Healthcare Providers class and obtain a certification card.

Applicants must be able to provide an immunization record.

The current cost for the program is approximately \$6,000. This amount includes trimester maintenance fees, technology access and activity fees, books, testing fees, materials, supplies and uniforms.

Start Now—don't wait.

Included in packet are:

Practical Nursing Application Process

Practical Nursing Instructions

Confidentiality Statement

Practical Nursing Application

Proof of Immunization

TCAT-Harriman is an AA/EEO employer and does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. TCAT-Harriman is a TBR/EEO/AA/ADA Institution.



TENNESSEE COLLEGE OF APPLIED TECHNOLOGY

HARRIMAN

1745 Harriman Highway
Harriman, TN 37748
865-882-6703

PN Application Process

Immediately Register and pay for the HESI Entrance Exam The cost is \$40.00

Immediately Apply for Financial Aid

Submit a **COMPLETED** Application Packet as soon as possible, **after** passing the HESI
Keep name, address, and phone number current so that we may contact you.

Packet includes: application form, confidentiality statement, high school or GED transcript (no diplomas), three letters of recommendation, and proof of MMR & chickenpox. **Keep a copy of everything that you submit.** Plus one business sized (4 x 9.5), self-addressed, stamped envelope.

All forms are available at www.tcatharriman.edu and can be downloaded.

HESI Entrance Test: You should know how to add, subtract, multiply and divide fractions, decimals, percentages and understand ratio & proportions and measurements (basic geometry formulas) used in word problems. Passing scores are 70 in Math and 70 in Reading. The \$40.00 fee is non-refundable. Official ACT scores are accepted in lieu of the Compass if the student is 20 years of age or under, and the scores must be 19 in both Math and Reading. A 19 composite score is not acceptable.

Financial Aid: Apply now at www.fafsa.ed.gov. The school code is **013894**. If you need assistance, you may make an appointment with Student Services, (865) 882-6703. **Be sure to use the IRS Data Retrieval tool when applying!**

When accepted into the PN program the student will register for a background check.

Once enrolled, the student must pass a random drug screening that will be conducted on campus.

Tennessee College of Applied Technology
 Instructions For
 Practical Nursing Program

Step	Directions for Completing the Application Process:
1	Assemble these Forms and Required Supporting Documents in the following order: A) Application Form B) Confidentiality Statement Form C) High School Transcript or GED (no diplomas will be accepted) D) Three Character Reference Letters on company letterhead OR w/title under name on plain E) Other Transcripts (college, technology centers, etc.) F) MMR and Chickenpox (Varicella) G) Copy of HESI exam or ACT if you're 21 or under and scored 19 or above on Math & Reading
2	Bring a business sized, self-addressed, stamped envelope with you. Do not staple this to the application; it must be separate. (4 x 9 ½)

Before You Apply, You Need to Know This:

You must first pass the entrance test. Exam must be pre-paid.

Deliver your completed application packet to the TCAT-Harriman's Student Services Office as soon as possible.

Applicants must be capable of passing a physical examination by a licensed physician or other approved health care professional.

Applicants must be able to pass a drug screen and a national background check. Applicants will be notified by the school when these must be conducted.

The cost for the Practical Nursing Program will be approximately \$6,000, but is subject to change. This amount includes trimester maintenance fees, technology access fees, books, testing fees, materials, supplies, and uniforms.

Start Now—Don't Wait:

Financial aid is available to those who qualify. To determine if you qualify for financial aid, you must file a Free Application for Federal Student Aid (FAFSA). When the Dept. of Education's evaluation is finalized, you and the Center will be notified about your financial aid status.

To complete the FAFSA application online, go to www.fafsa.ed.gov. The school code for TCAT-Harriman is 013894. If you are unable to complete the FAFSA online, you may schedule a thirty-minute appointment to receive help with filing. Tennessee College of Applied Technology at Harriman does not participate in any student loan program.

Complete the Application Packet you picked up at the School, or go online to the website: www.TCATHarriman.edu to print out all required forms.

You must request transcripts from each educational institution you have attended, and they must be sent to you. After all transcripts are received, **remove them from their envelopes for processing.**

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Tennessee College of Applied Technology at Harriman

1745 Harriman Highway ~ Harriman, Tennessee 37748

(865) 882-6703 or (800) 599-9426

Tennessee College of Applied Technology at Harriman provides an equal opportunity for all persons without regard to their race, sex, color, religion, age, national origin, or handicap in all matters of admission, educational programs, employment, and student activities.

****Please Print Legibly****

PERSONAL DATA			
Last Name	First Name	MI	Maiden/other names if applicable
Social Security Number :		Male <input type="checkbox"/>	Female <input type="checkbox"/>
		Date of Birth <u> </u> / <u> </u> / <u> </u> <small>mo / day / yr</small>	
Street Address:		E-Mail Address:	
City:	State:	Zip Code:	County:
Home Phone ()		Work Phone ()	
Cell Phone ()		Emergency Phone: ()	

Hispanic/Latino/Spanish Origin? (Circle one) Yes or No

Race (select one)	Citizenship	Distance from home to TCAT
White	U.S. Citizen	(miles one way)
Black/African American	Foreign Citizen with Temporary U.S. Residency	
Asian	Foreign Citizen with Permanent U.S. Residency	
American Indian	Country of Origin: _____	Selective Services Registration Have Registered= Yes Have Not Registered= No
Alaska Native	Alien Registration Number: _____	
Native Hawaiian/Pacific Islander	Legal Resident Date: _____	

EDUCATION

Name of High School last attended	Date Received High School Diploma or GED
	Month Year

Highest level of Education Completed	
Below 8 th Grade	High School Diploma
Eighth Grade	GED
Ninth Grade	Other Post Secondary Training
Tenth Grade	College Graduate
Eleventh Grade	Still attending High School

Have you ever attended TCAT before?	
No	Yes If yes, year last attended: _____

List all schools attended <u>after</u> High School (Vocational/Technical Schools, Colleges, Universities, etc.)		
Name & Location of School	Dates attended	Hours/Degree earned

****Please complete both sides of application****

Application for the Practical Nursing Program

PROGRAM INFORMATION

Persons desiring to enroll in a Tennessee College of Applied Technology must declare an occupational objective. Please read the statement below and indicate your agreement to the objective by initialing the box to the left.

My goal is to earn a diploma in the Practical Nursing program, to pass State licensure, and to obtain gainful employment in the practical nursing field.

Practical Nursing is available only in Full Time Status

Are you currently incarcerated? _____

Will you be applying for any type of financial aid/assistance? Yes No

I understand that withholding information requested on the application or giving false information may make me ineligible for admission to, or continuation in, Tennessee College of Applied Technology at Harriman. With this in mind, I certify the above information to be correct and complete.

Applicant's signature _____ **Date** _____

In Accordance with the Privacy Act of 1974, applicants for admission and enrolled students are advised that the requested disclosure of their Social Security numbers to the Office of Student Services is voluntary. Students who do not provide the Technology Center with their Social Security numbers will be assigned a special nine-digit number. This number or the Social Security number will be used (a) to identify such student records as applications for admission, registration and course enrollment documents, grade reports, transcript requests, and permanent academic records and (b) to determine eligibility, certify school attendance, and report student status. Students are notified, however, that only the Social Security number may be used as an identifier for grants and other financial aid programs according to federal regulations. The student's Social Security number will not be disclosed to individuals or agencies outside the Tennessee Technology Center at Harriman except in accordance with the institutional policy on student records.



Proof of MMR Immunization

Effective January 4, 2010 all full-time students enrolling at the Tennessee College of Applied Technology at Harriman for the first time (excluding online students) must provide documentation of proper immunization for measles, mumps and rubella (MMR). Check below for the statement that describes your method for meeting this requirement - or your exemption from the requirement.

- I am providing documentation that I was born prior to January 1, 1957.
- I am providing a signed written statement, affirmed under penalty of perjury, that my religious tenets and practices prohibit my receipt of any type of vaccination. (Note: A parent or guardian must sign the statement if you are under the age of 18 years. The statement need not be issued by a member of the clergy or notarized.)
- I am providing written documentation from a physician certifying that I am allergic to the MMR vaccine.
- I am providing written documentation from a physician attesting that I have had a diagnosed case of all three diseases covered by the MMR vaccine (i.e., measles, mumps, and rubella).
- I graduated from a public or private high school in Tennessee in May 1999 or at any point in time thereafter. I am providing an official transcript.
- I am providing documentation that I attended a public or private school in Tennessee for grades kindergarten through 12 for any period of time on or after July 1, 2001.
- I am providing **proof** that I graduated from a public or private Tennessee high school between May 1979 and December 1998. I am not required to provide proof of immunization with the first dose of the MMR vaccination. However, students who graduated from a public or private Tennessee high school between May 1979 and December 1998 are required to provide proof of receipt of the **second dose** of the MMR vaccination during the first trimester of enrollment.
- I am classified as active duty military personnel and I am providing proof of my active duty status.
- I am providing documentation that I was previously enrolled as a full-time student at a TBR college or university for at least one full semester after August 1, 2007.
- I am providing documentation from a licensed health care provider that I have been properly immunized for MMR. **This requires documentation for both doses.**

Print Student Name

Signature

Social Security/Date

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SEE OTHER SIDE

Effective July 1, 2011 any new full-time student must present proof of two (2) doses of the varicella vaccine (chickenpox), laboratory evidence of immunity, or a history of varicella disease from a health practitioner.

Varicella (chickenpox) immunity:

Proof of immunity to varicella (chickenpox) is required by meeting one of the following 4 criteria:

- I am providing documentation that I was born before January 1, 1980 or
- History of chickenpox illness diagnosed by a healthcare provider or verified by a physician, advanced practice nurse or physician assistant to whom the illness is described. This can be a note signed and dated by a health care provider. The health care provider need not be the provider who originally treated the disease, *or*
- Documentation of 2 doses of varicella vaccine given at least 28 days apart, excluding doses given earlier than 4 days before the first birthday, *or*
- Documentation of blood test (serology) showing immunity to varicella.

Students graduating from a Tennessee high school between 1999 and May 2016 can be presumed to have had one dose of varicella vaccine. Students graduating from a Tennessee high school after May 2016 can be presumed to have had two doses.

Options for student access to the vaccine:

Vaccination services are offered by health care providers and some health centers. Students should be aware of ways to reduce the out of pocket costs to meet requirements:

- **Health Insurance.** Students with health insurance should check with their healthcare provider or insurer.
- **Vaccines for Children Program.** Each person **younger than age 19** who has TennCare (Medicaid), *or* is uninsured, *or* is an American Indian or Alaskan Native, *or* whose insurance does not cover immunizations is entitled to federally funded vaccines through the federal VFC Program at any health department or participating medical clinic. **Eligibility for this program ends on the 19th birthday.**
- **Local Health Departments:**
 - Any student younger than 19 can receive the needed vaccines at local health departments at no cost for the vaccine. An administration fee may be charged.
 - Students aged 19 or older who have no proof of MMR (measles, mumps, rubella) vaccination may request the vaccine at a local health department. An administration fee may be charged.
 - New students aged 19 or older ***without insurance coverage*** for vaccines, who need the varicella vaccine may request the vaccine at local health departments. An administration fee may be charged.
 - Blood tests to check for evidence of immunity are ***not*** available through health departments.

Location of immunization records: Adults can have difficulty locating childhood immunization records. They should check with family members who may have copies of childhood records. They should try to contact the original immunization provider: if a local health department, contact them directly; if a private medical office, contact that office. Schools may have copies of immunization certificates in student files. Children born after the mid-1990s may have records entered in a state-managed immunization registry; such registries now exist in many states, but are unlikely to contain information on adults.

Valid exemptions to requirements:

Students enrolled part-time or only in on-line courses are excluded.

Medical: Physician or health department provides written documentation that vaccination is contraindicated because of excess risk of harm.

Religious: Requires a signed statement by the student that vaccination conflicts with his or her religious tenets or practices.



TENNESSEE COLLEGE OF APPLIED TECHNOLOGY

HARRIMAN

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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, hospital 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.

Student's Signature

Date

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