



Fall 2012 Application Packet for

Associate Degree in Nursing (ADN) Program

Or

Practical Nursing Certificate (PN) Program

Due Date: March 2, 2012



Application Packet for Associate Degree in Nursing (ADN) Program or Practical Nursing Certificate (PN) Program

To be submitted by March 2, 2012 for the Fall 2012 programs

Check the appropriate box(es) to indicate to which program(s) you are applying for: (Check all that apply)

- ADN
LPN
LPN to ADN (you must already be an LPN)

If you are applying to both ADN and LPN which is your 1st choice:

- ADN
LPN

If you are not accepted into the ADN program, do you want to be considered for the LPN Program?

- Yes
No

All 3 programs are taught on both campuses. Check your preference:

- Warsaw Only
Glenns Only
Warsaw 1st, Glenns 2nd
Glenns 1st, Warsaw 2nd

Please Print

Name: Last First Middle

RCC Student ID#:

Physical Address:

City State Zip

Mailing Address:

City State Zip

RCC Email: County of Residence

Telephone: () Alternate #: ()

Alternate #: ()

All Applicants: Please indicate with a check mark if you have any of the following:

Currently in High School -- Graduating year _____ Name of School _____

High School Graduate --Year of Graduation: _____ Name of School _____

GED Date of Completion: _____

LPN Date of License _____

CNA Currently Practicing Yes No Last Date of Practice _____

EMT Currently Practicing Yes No Last Date of Practice _____

CPR Currently Practicing Yes No Last Date of Practice _____

Cardiac Technician Currently Practicing Yes No Last Date of Practice _____

Medical Assistant Currently Practicing Yes No Last Date of Practice _____

Do you have an Associate's Degree? Yes No

Major: _____

Date of Completion: _____

Name of Institution: _____

Do you have a Bachelor's Degree? Yes No

Major: _____

Date of Completion: _____

Name of Institution: _____

Have you previously enrolled in any Nursing Fundamentals Course for ADN or LPN?

Yes No

If so where? _____

Do you anticipate transferring credit(s) to RCC to be applied to program requirements?

Yes No

If yes, list all College and Universities of transfer credits:

**All transcripts need to be received by March 2, 2012. Please include a copy of all transcripts with application.
Note: RCC transcripts do NOT need to be included.**

Have you ever applied for admission to an RCC Nursing Program in the past?

Yes No

If yes, Date _____

Employment Experience for the most recent 3 employers.

Dates of Employment	Name of Employer	Position	Brief Description of Duties
Form: To:			
From: To:			
From: To:			

If any information provided on this application is determined to be false, the applicant will not be considered for admission to the nursing program. If information is determined to be false after being accepted into the nursing program, the applicant will forfeit his/her place in the program.

I affirm that the above information is true and correct.

Signature: _____ Date: _____

Complete this Application for Admission to the Nursing Program and submit it to:

Warsaw Campus

ADN Program

Carrie Lewis

Warsaw Campus

LPN Program

Karen Taliaferro

Warsaw Campus

Glenns Campus

ADN Program

Wendy Edson

Glenns Campus

LPN Program

Jan Stephens

Glenns Campus

*Applications should be placed in a sealed envelope and can be dropped off at either campus receptionists' office for placement into the appropriate faculty members' mailbox.

Steps in the Application Process

Acceptance into the Nursing program is selective due to the limited number of clinical placements available. The following steps MUST be completed in order for the applicant to be considered for admission to the program. Submission of an application does not guarantee acceptance into the nursing program. Applicants who are not selected for the fall term for which they initially apply must reapply if they wish to be considered for a subsequent year. Applications are reviewed and each applicant will receive written notification by May 15, 2012 whether or not they are accepted into either program.

Late Applications: Applications submitted after the due date of March 2, 2012 will be considered for admission as an alternate, if space permits. No applications will be accepted after May 1, 2012.

1) Admission to the College

- a) New RCC students or students that have been separated from the college at least three years must complete a separate RCC application for admission to the College before applying to the Nursing Program. Applications may be obtained online at the RCC website: www.rappahannock.edu or from the admissions office at the college. Please be sure to indicate ADN (Associate Degree in Nursing (RN)) or PN (Practical Nursing) as your program of interest so that you will receive current information about the appropriate nursing program.
- b) Continuing students do not need to complete another application to the college. However, those students need to update their academic records with a Change of Curriculum form to change the curriculum to ADN or PN, which can be done at the Counseling Office.
- c) Financial Aid: Applicants needing financial aid should complete a FAFSA form and return it to the financial aid office as soon as possible.

2) Required Application Packet for Admission to the ADN or PN Program

Listed below are the requirements for the application packet which need to be completed and submitted to your advisor by the application deadline date. (Complete A through E and hand in to your advisor). Turn in everything together, in one packet, to your advisor.

- a) Complete application form (attached).
- b) Complete a short essay of no more than 2 pages double-spaced reflecting your reasons on selecting nursing as your career goal, including your background and goals.
- c) Submit an official copy of both high school and college transcripts with application. (RCC Transcripts do not need to be included).
- d) Submit three letters of recommendation (1 from faculty, 2 from employer or other unrelated professional). Recommendation forms (included in application packet) must be submitted in a sealed envelope along with your application.
- e) All students must successfully complete the Test of Essential Academic Skills (TEAS[®]) pre-entrance exam. (See attached testing information). The only exception is a student who has already received a Bachelor's Degree. Candidates who have two unsuccessful attempts must receive remediation in areas of weakness before attempting the test again. Pre-entrance exam scores cannot be greater than three years old (no older than March 1, 2009). **Attach TEAS[®] scores to the application.**
- f) Cumulative GPA of 2.5 or greater.

3) Requirements for Enrollment into the Nursing Program

- a) Minimum cumulative GPA of 2.5 or greater upon entrance into first semester nursing program.
- b) Attendance at the orientation program prior to Fall enrollment.
- c) Health Record Requirement: completion of physical and dental examinations, including immunizations, is required prior to enrollment in the first clinical nursing course. Applicants must be free of any physical or psychological condition which might adversely affect their performance as nurses. (Form provided in acceptance packet and explanation in RCC ADN and PN Handbooks).
- d) Current CPR Certification (American Heart Association, "BLS for the Healthcare Provider") is required of all students. (Information provided in acceptance packet). The cost of certification is the responsibility of the student.

- e) Clinical uniforms, clinical equipment, supplies and name tags are the responsibility of the student and must be purchased prior to enrollment through the college designated supplier.
- f) Background Check: A criminal background check is required of each student two months prior to enrollment. (Information provided in acceptance packet). The cost of the background check is the responsibility of the student.
- g) Urine Drug Screen: A urine drug screen is required of each student two months prior to enrollment. (Information will be provided in acceptance packet). The cost of the urine drug screen is the responsibility of the student.
- h) Legal Restrictions: The Virginia Board of Nursing has the authority to deny licensure to any applicant who has violated any of the provisions of 54.1-3007 of the Code of Virginia. Any student entering the nursing program who has committed any illegal offenses other than minor traffic violations should discuss these matters with the nursing program director for clarification prior to admission.
- i) **Completion of pre-requisites for the program. (Consult your advisor or college catalog).**

The College does not assume responsibility for accidents/incidents which occur in the clinical setting; nor does it provide any student health services. The student assumes all responsibility for accidents/incidents requiring medical attention.

Accreditation

Rappahannock Community College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award the associate degree. The associate of applied science degree in nursing (ADN program) is approved by the Virginia State Board of Nursing. The certificate program in Practical Nursing (LPN program) is approved by the Virginia State Board of Nursing.

TEAS[®] V Testing Information

Test of Essential Academic Skills

As part of your application packet you must complete the TEAS[®] V test. This is a test to measure basic essential skills in the academic content area domains of reading, mathematics, science, and English and language usage. These entry level skills are deemed important for nursing program applicants by a panel of nursing program curriculum experts.

The TEAS[®] is a 170-item, four-option, multiple-choice assessment. A study guide is available from the company which provides the test to help in preparing for the exam. Visit their website at: www.atitesting.com for more information.

In order to take the test you will need to create an ATI account. To do this, go to the ATI website at: www.atitesting.com and click on Create New Account and follow the screen prompts. After you have registered on the site, your personal ID will be displayed under Account Information. At this screen, print out your ID and keep it for use for identification. Your ID number will not change and you only need to register once.

Once you have created a new account you may make an appointment at the Testing Center at either the Warsaw or the Glenns campus to take the test. Before taking the test you will be prompted to enter a credit or debit card number to pay for the test. The cost of the test is \$25.

This nursing entrance test should be taken in the academic year in which application is made to the ADN or PN nursing program before the application due date. No scores older than March 1, 2009 will be accepted. You may take the TEAS Version 5 exam twice in the same academic year. No scores after March 2, 2012 will be accepted as part of the RCC Nursing Application.

To: **Rappahannock Community College**
Nursing Program(s)
c/o Jan Stephens (PN) and/or Wendy Edson (ADN)
12745 College Drive
Glenns, VA 23149
Fax: (804) 758-3852

Re: _____
(applicant)

Professional Reference

I have known the applicant for _____ as _____ .
(length of time) (In what capacity)

Please check the appropriate adjective to rate the applicant for each of the following categories.

	Excellent	Good	Fair	Poor
Dependability	_____	_____	_____	_____
Honesty	_____	_____	_____	_____
Decision making ability	_____	_____	_____	_____
Ability to function independently	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Empathy/caring	_____	_____	_____	_____
Appearance/hygiene	_____	_____	_____	_____

What personal traits does the applicant possess that you feel would make the applicant a positive asset to the nursing profession?

Signature: _____ Date: _____

Company Name: _____

To: **Rappahannock Community College**
Nursing Program(s)
c/o Jan Stephens (PN) and/or Wendy Edson (ADN)
12745 College Drive
Glenns, VA 23149
Fax: (804) 758-3852

Re: _____
(applicant)

Professional Reference

I have known the applicant for _____ as _____ .
(length of time) (In what capacity)

Please check the appropriate adjective to rate the applicant for each of the following categories.

	Excellent	Good	Fair	Poor
Dependability	_____	_____	_____	_____
Honesty	_____	_____	_____	_____
Decision making ability	_____	_____	_____	_____
Ability to function independently	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Empathy/caring	_____	_____	_____	_____
Appearance/hygiene	_____	_____	_____	_____

What personal traits does the applicant possess that you feel would make the applicant a positive asset to the nursing profession?

Signature: _____ Date: _____

Company Name: _____

To: **Rappahannock Community College**
Nursing Program(s)
c/o Jan Stephens (PN) and/or Wendy Edson (ADN)
12745 College Drive
Glenns, VA 23149
Fax: (804) 758-3852

Re: _____
(applicant)

Faculty Reference

I have known the applicant for _____ as _____ .
(length of time) (In what capacity)

Please check the appropriate adjective to rate the applicant for each of the following categories.

	Excellent	Good	Fair	Poor
Dependability	_____	_____	_____	_____
Honesty	_____	_____	_____	_____
Decision making ability	_____	_____	_____	_____
Ability to function independently	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Empathy/caring	_____	_____	_____	_____
Appearance/hygiene	_____	_____	_____	_____

What personal traits does the applicant possess that you feel would make the applicant a positive asset to the nursing profession?

Signature: _____ Date: _____

Company Name: _____

Submit your completed packet with this checklist as a cover sheet and items in the order indicated

Nursing Application Checklist

Applicant Name: _____

Program Application ADN LPN LPN to ADN

Program Preference ADN LPN

Campus Preference: Warsaw Only Glenns Only
 Warsaw 1st, Glenns 2nd Glenns 1st, Warsaw 2nd

Application

Cumulative GPA

TEAS Scores

Letter of Recommendations F P P

High School Transcript or GED

RCC Transcript

College Transcript

Essay

Pre-Req Courses MTH BIO ENG CHM ITE

Special Notes: