Fall 2011 Application Packet for

Associate Degree in Nursing (ADN) Program

Or

Practical Nursing Certificate (PN) Program

Due Date: March 1, 2011
Application Packet for
Associate Degree in Nursing (ADN) Program
or
Practical Nursing Certificate (PN) Program

To be submitted by **March 1, 2011** for the **Fall 2011** 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
- [ ] Glens Only
- [ ] Warsaw 1st, Glens 2nd
- [ ] Glens 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 1, 2011. Please include a copy of all transcripts with application.

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

□ Yes □ No

If yes, Date________________________________________

Employment Experience for the most recent 3 employers.
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:

<table>
<thead>
<tr>
<th>Warsaw Campus</th>
<th>Glens Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADN Program</strong></td>
<td><strong>ADN Program</strong></td>
</tr>
<tr>
<td>Sara Headley</td>
<td>Wendy Edson</td>
</tr>
<tr>
<td>Warsaw Campus</td>
<td>Glenns Campus</td>
</tr>
<tr>
<td>Room 152E</td>
<td>Room 133F</td>
</tr>
<tr>
<td><strong>LPN Program</strong></td>
<td><strong>LPN Program</strong></td>
</tr>
<tr>
<td>Karen Taliaferro</td>
<td>Jan Stephens</td>
</tr>
<tr>
<td>Warsaw Campus</td>
<td>Glenns Campus</td>
</tr>
<tr>
<td>Room 152A</td>
<td>Room 133E</td>
</tr>
</tbody>
</table>
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, 2011 whether or not they are accepted into either program.

Late Applications: Applications submitted after the due date of March 1, 2011 will be considered for admission as an alternate, if space permits. No applications will be accepted after May 1, 2011.

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 directly to the Admissions Office if not previously done. (Please obtain a copy and attach it to your application.)
   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. Attach TEAS® scores to the application.
   f) Cumulative GPA of 2.5 or greater.
   g) Completion of pre-requisites for the program. (Consult your advisor or college catalog).

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).
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.

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 provisionally 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.
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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<tr>
<td>Dependability</td>
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What personal traits does the applicant possess that you feel would make the applicant a positive asset to the nursing profession?

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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.  

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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.  

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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: __________________________________________

<table>
<thead>
<tr>
<th>Program Application</th>
<th>ADN</th>
<th>LPN</th>
<th>LPN to ADN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Preference</td>
<td>ADN</td>
<td>LPN</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Campus Preference:</th>
<th>Warsaw Only</th>
<th>Glenns Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warsaw 1st, Glenns 2nd</td>
<td>Glenns 1st, Warsaw 2nd</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Application</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative GPA</td>
<td>☐</td>
</tr>
<tr>
<td>TEAS Scores</td>
<td>☐</td>
</tr>
<tr>
<td>Letter of Recommendations</td>
<td>F ☐ P ☐ P ☐</td>
</tr>
<tr>
<td>High School Transcript or GED</td>
<td>☐</td>
</tr>
<tr>
<td>RCC Transcript</td>
<td>☐</td>
</tr>
<tr>
<td>College Transcript</td>
<td>☐</td>
</tr>
<tr>
<td>Essay</td>
<td>☐</td>
</tr>
<tr>
<td>Pre-Req Courses</td>
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</tr>
</tbody>
</table>

**Special Notes:**