



Practical Nursing

The Practical Nursing Program is approved by the Tennessee Board of Nursing. Graduates will obtain a diploma in Practical Nursing and may then be eligible to take the National Council Licensing Exam for Practical Nursing (NCLEX-PN) used to obtain nursing licensure in Tennessee. Practical Nursing is entry level nursing. Graduates are prepared with the background and skills to give knowledgeable, basic nursing care to patients with varying degrees of physical needs. Licensed Practical Nurses (LPNs) work under the supervision of registered nurses and doctors. Positions are available in hospitals, long term care facilities, physician's offices, home health agencies, and in industry. The program is one year in length and classes begin each January, May, and September. The program requires a full-time commitment, Monday through Friday. Students attend class for the first three months from 8:00 a.m. - 2:30 p.m. consisting of lecture style classes and laboratory instruction. Students will begin clinical experience in the fourth month of the program. Clinical hours and days are determined by the clinical facility and will vary. Every effort will be made to give students adequate notice of their clinical schedule. A criminal background check is required. Clinical facilities require this background check and may determine that a student is ineligible to attend clinical at their facility. Practical Nursing students are accepted based on a points system. The 50 students who accumulate and provide documentation for the most number of points will be selected every trimester. A breakdown of the points system is located on the last page of this brochure. Simply passing the Compass test does not guarantee entry into the program. If you are accepted into the program you will be required to submit a negative ten panel drug screen. Proof of CPR BLS for providers certification in Adult, Infant, and Child CPR/AED/Choking is required with application. Online CPR certification is not acceptable unless the certification included a face-to-face instructor verification certificate. Failure to submit this by the deadline will forfeit your entry into the PN program.

Program/Location	Length	Days	Time
Day Program/ Knoxville Campus	12 Months	Monday-Friday	8:00 am—2:30 pm

Curriculum/Courses

LPN 0001	Worker Characteristic	LPN 3010	Clinical III
LPN 1010	Basic Nursing	LPN 3020	Adv Prof Vocational Relations
LPN 1020	Fundamentals	LPN 3030	Pediatric Nursing
LPN 1030	Administer of Meds & Basic IV	LPN 3040	Pharmacology II
LPN 1040	A&P	LPN 3050	Medical & Surgical Nursing II
LPN 1050	Clinical I		
LPN 0002	Worker Characteristic		
LPN 2010	Pharmacology I		
LPN 2020	Mental Health		
LPN 2030	Medical & Surgical Nursing I		
LPN 2040	Maternity Health		
LPN 2050	Clinical II		
LPN 0003	Worker Characteristic		

Completion Award

Required Hours

Practical Nursing	Diploma	1296
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Typical Job Opportunities

Long-term Care Facilities
Home Health Care
Health Clinics
Hospitals

Licensure Exam Pass Rate 2016 = 92%

How to Apply to the Practical Nursing Program At TCAT Knoxville

Packet must be complete and include each of the below items to be submitted.

1. Complete the **Free Application For Federal Student Aid (FAFSA)** online – the website is www.fafsa.ed.gov and our school code is 004025. Bring in documentation such as confirmation email showing your FAFSA has been submitted
2. Complete **TCAT Knoxville Application for Enrollment** (Form is attached)
3. **Declaration of Citizenship:** Provide the completed and notarized Declaration of Citizenship form as required by the Tennessee Department of Health. This form must be the original, notarized document.
(Form is attached)
4. Take and pass the **HESI Exam**. Exam is over Math, Reading Comprehension and Critical Thinking the cost is \$40.00.
5. Provide an official sealed copy of one of the following **Transcripts:** High School Equivalency (HSE) diploma transcript with scores or your high school transcript verifying your regular High School Diploma (a special education diploma will not qualify.)
IMPORTANT: *If you have foreign transcripts you will need to provide an English translated version of your transcript and have your education evaluated through the National Association of Credential Evaluation Services. Please visit their website at www.naces.org for more information.*
6. Provide current CPR card certification from American Heart Association **BLS for Providers CPR** which covers basic life support in infant, child, adult, choking and AED.
7. Documentation for **Points System**. (Point System Information Attached)

Note: If you have ever been convicted of a felony or any misdemeanor, or forfeited bond, you may not be able to test to become a licensed Practical Nurse in the State of Tennessee.
PLEASE SEE A COUNSELOR for more information.

Application Deadlines

Trimester:	Spring 2018	Summer 2018	Fall 2018
Deadline:	10/26/2017	3/08/2018	7/19/2018



Practical Nursing

Tuition, Book, Tool, and Supply List

1st Trimester				
Tuition		Cost	Total	
Tuition*		\$1,169.00		
Technology Access Fee*		\$ 67.00		
Student Activity Fee*		\$ 10.00		
Practical Nursing Course Fee		\$ 100.00		
Liability Insurance		\$ 15.00		
ATI (Is not a tuition cost but it is paid on first day of class with those fees)		\$ 173.00		
SwiftRiver Online Learning Access Fee (is not a tuition cost but it is paid on first day of class with those fees)		\$ 150.00		
TOTAL				\$1,684.00

Book	ISBN	Cost	Required	
TCAT 2017 Freshman Bundle Update includes the below items	97803233590921	\$ 558.00		
FUNDMTL CONCEPTS & SKILLS FOR NSG 5th edition	9780323396219	\$ 90.00	x	
Intro to Clinical Pharmacology 8th edition	9780323187657	\$ 77.00	x	
Medical-Surgical Nursing 3rd edition	9780323243780	\$ 99.00	x	
Mosby Drug Gde for Nsg Students 2018 update, 12th edition	9780323447904	\$ 44.00	x	
SimChart (6 Mth Acc Code)	9781455711703	\$ 81.00	x	
Simulations Learning System - LPN/LVN (UG&AC)	9781455700110	\$ 107.00	x	
Success in Practice/Vocation Nsg 8	9780323356312	\$ 57.00	x	
William Basic Nutrit/Diet Therpy 15th edition	9780323377317	\$ 79.00	x	
Understanding Anatomy & Physiology with workbook	9780803644113	\$ 87.00	x	
Intro to Clinical Pharmacology (SG)	9780323189002	\$ 37.00	x	
TOTAL				\$558.00

Supplies	Needed By	Cost	Required	
3 Royal Blue Scrub Pants	First day of class	\$ 100.00	x	
3 White Scrub Tops	First day of class	\$ 100.00	x	
Lab coat white	optional	\$ 45.00		
White Athletic Shoes (no canvas)	First day of class	\$ 50.00	x	
Physical, Hepatitis B Vaccine, Annual TB	First day of class	\$ 350.00	x	
Criminal Background Check	First day of class	\$ 25.00	x	
10 Panel Drug Screen	First day of class	\$ 31.00	x	
Stethoscope and Blood Pressure Cuff	First day of class	\$ 57.00	x	
Watch with Second Hand	First day of class	\$ 30.00	x	
Headphones/Earbuds	First day of class	\$ 10.00	x	
USB Flash Drive 2 GB	First day of class	\$ 12.00	x	
Colored Pencils	First day of class	\$ 5.00	x	
TOTAL				\$815.00

2nd Trimester

Tuition	Cost		
Tuition*	\$1,169.00		
Technology Access Fee*	\$ 67.00		
Student Activity Fee*	\$ 10.00		
Practical Nursing Course Fee	\$ 100.00		
ATI (Is not a tuition cost but it is paid on first day of class with those fees)	\$ 143.00		
TOTAL			\$1,489.00

3rd Trimester

Tuition	Cost		
Tuition*	\$1,169.00		
Technology Access Fee*	\$ 67.00		
Student Activity Fee*	\$ 10.00		
Practical Nursing Course Fee	\$ 100.00		
ATI (Is not a tuition cost but it is paid on first day of class with those fees)	\$ 143.00		
TOTAL			\$1,489.00

Supplies	Needed By	Cost	Required
USB Flash Drive 2 GB		\$ 12.00	x
2 Hunter Green Scrub Pants		\$ 40.00	x
TOTAL			\$52.00

Book	ISBN	Cost	Required
Intro to Maternity & Pediatric Nursing, 7th edition	9781455770151	\$ 90.00	x
Psychiatric-Mental Health Nursing, 6th edition	9781451187892	\$ 82.00	x
TOTAL			\$172.00

Miscellaneous Costs	Cost	Required
State Board of Nursing Exam	\$ 200.00	x
Tennessee Board of Nursing Licensing Fee	\$ 100.00	x
Criminal Background Check	\$ 48.00	x
Picture for State Board	\$ 25.00	x
Graduation Supplies	\$ 40.00	x
TOTAL		\$ 413.00

TOTAL PROGRAM COST **\$6,672.00**

PRACTICAL NURSING POINTS SYSTEM FOR PROGRAM ENTRY

Application Deadlines

Trimester:	Spring 2018	Summer 2018	Fall 2018
Deadline:	10/26/2017	3/08/2018	7/19/2018

Point System Breakdown

YOU MUST SUBMIT THIS DOCUMENTATION PRIOR TO THE DEADLINE TO BE AWARDED POINTS.

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- HESI scores – Higher scores earn more points than lower scores. More information is coming soon!**
- Current CNA (Certified Nursing Assistant) or other Allied Health Professional certification. You can receive a maximum of 10 points.**
- Health care work experience within the past 5 years. You can receive a maximum of 10 points.**
 Work in the health care field that involved performing clinical skills in a clinical setting and direct patient care.
 A typed letter on company letterhead from your employer is required.
******Caring for family members and volunteer work will not qualify.******
- Attending a free Practical Nursing Information Session. You can earn a maximum of 5 points.**

	Spring 2018	Summer 2018	Fall 2018
Information Session Dates TIME: 10:00 AM No registration is needed to attend this free session	September 14, 2017	January 25, 2018	May 17, 2018
	September 28, 2017	February 1, 2018	May 24, 2018
	October 12, 2017	February 15, 2018	June 7, 2018
	October 19, 2017	March 1, 2018	June 21, 2018

5. Coursework within the past 5 years. An official, sealed transcript and/or certificate of completion is required. All coursework must have a grade and appropriate hours to obtain points.

(You can receive a maximum of 10 points for each of the following example classes you passed with a C or higher):

Course	Length (Clock Hours)	Credit Hours
Certified Nursing Assistant	120	
EKG	49	
Medical Terminology w/Anatomy & Physiology	40	
Dosage Calculations for Nurses (Offered online www.tnecampus.org)	36	
Phlebotomy	49	
Dementia Care (Offered online www.tnecampus.org)	40	3
Anatomy & Physiology	80	3
Nutrition		3
Math		3
Medical Terminology		3
Microbiology/Biology and/or Chemistry		3
Nursing course and/or clinical		3
Psychology		3
Pharmacology		3

(You can receive a maximum of 5 points for each of the following example classes you passed with a C or higher):

Health Occupations/Health Sciences Education in high school	
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POINTS CRITERIA IS SUBJECT TO CHANGE FROM TRIMESTER TO TRIMESTER

*** Points are re-evaluated each trimester ***

Applicants are responsible to make certain that all transcripts, certifications, diplomas and work letters are on file at the school by the published deadline. To ensure accuracy, please submit all information at one time. No faxed or photocopies of any kind will be considered. No documents received after the deadline will be considered.



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

**DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE**

Pursuant to T.C.A. § 4-58-101 et seq, the Eligibility Verification for Entitlements Act (also known as the "SAVE Act") requires the Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that *every adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) _____ Healthcare Profession (Please Print)	_____ . License number if applicable
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Please Print Legibly

1. Name: _____
Last First Middle Maiden
2. Mailing Address: _____
3. Phone Number: Home: (____) _____ - _____ Office: (____) _____ - _____ Fax: (____) _____ - _____
4. I am a United States Citizen: ___ Yes ___ No
5. I am a foreign national not physically present in the United States ___ Yes ___ No. If you answered yes to this question, please sign this form in the presence of a notary and return it with your application. No further documentation is required.
6. Applicants Claiming United States Citizenship **MUST** provide one of the following:
 - a) Tennessee Driver's License, or photo ID issued by the Tennessee Department of Safety.
 - b) A valid driver license or ID issued by another state, provided its issuance requirements meet Tennessee Department of Safety criteria.
 - c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not qualify.
 - d) A federally issued birth certificate.
 - e) A valid, unexpired U.S. passport.
 - f) A report of birth abroad of a U.S. citizen.
 - g) A certificate of citizenship.
 - h) A certificate of naturalization.
 - i) A U.S. citizen ID card.
 - j) Any successor document to #'s e-i above.
 - k) An SSN that is verifiable with the Social Security Administration in accordance with federal law.
7. If you checked "No" in question 4, please indicate from the list below which category applies to you: (circle one)
 - a) Permanent Resident
 - b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 et seq.).

- c) Asylees who meet the qualifications set out in 8 U.S.C. 1158.
- d) Refugees who meet the qualifications set out in 8 U.S.C. 1157.
- e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980.
- g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card or "Green Card")
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Machine Readable Immigrant Visa (with Temporary I-551 language)
- Temporary I-551 stamp (on passport or I-94)
- I-94 (Arrival/Departure record)
- Unexpired foreign passport
- WT/WB Admission Stamp in unexpired foreign passport
- I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status-- "student visa")
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

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ALL APPLICANTS MUST SIGN AND HAVE NOTARIZED

I affirm under the penalty of perjury that the above is true and correct.

Signed this _____ day of _____, 20_____.

Signature

Sworn to before me this _____ day of _____, 20_____.

AFFIX SEAL HERE

NOTARY PUBLIC

My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status, state governmental entities and local health departments must also file a criminal complaint with the Office of the Attorney General and/ or the United State Attorney.



TENNESSEE COLLEGES OF APPLIED TECHNOLOGY

ENROLLMENT APPLICATION

Applicants must complete every item on this form, sign and date and return it to the College.

Personal Information	<p>Full Legal Name</p> <p>_____ Last First Middle</p> <p>Address _____ City _____</p> <p>County _____ State _____ Zip _____ Email Address _____ - - / / Gender: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Social Security _____ Date of Birth _____ Age _____</p> <p>Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single Preferred Phone Number: _____</p> <p>Race: Do you consider yourself to be Hispanic/Latino/Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Select one or more of the following racial categories to best describe you:</p> <p><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American</p> <p>Citizenship status: <input type="checkbox"/> US Citizen or US National <input type="checkbox"/> US Dual Citizen <input type="checkbox"/> US Permanent Resident or Refugee <input type="checkbox"/> Other</p> <p>US Forces Status: <input type="checkbox"/> Currently Serving <input type="checkbox"/> Previously Serving <input type="checkbox"/> Current Dependent <input type="checkbox"/> N/A</p> <p>ALL MALES 18 OR OLDER MUST be registered with Selective Service. Have you registered for Selective Service? <input type="checkbox"/> Not required to registered <input type="checkbox"/> Registered <input type="checkbox"/> Required to register, but not registered</p>	
	Prior Education/ Training	<p>Education (insert highest level of education completed): _____</p> <p>Name of last high school attended: _____</p> <p>High school graduation date (mm/yyyy): _____ GED Diploma Date _____</p> <p><i>Are you seeking credit for prior education, training or work experience?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	Program	<p>Please review the campuses website and provide the program name choice for career training (Example: Administration Office Technology)</p> <p>_____</p> <p>When will you be available to enroll in class? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer</p> <p>Do you plan to apply for financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Signature of Applicant: _____ Date of Application: _____

The Tennessee Colleges of Applied Technology (TCATs) do not discriminate on the basis of race, color, religion, creed, ethnic or national origin, sex, sexual orientation, gender identity/expression, disability, age, status as a covered veteran, genetic information and any other category protected by federal or state civil rights law with respect to all employment, programs and activities sponsored by the TCATs.



OFFICE USE ONLY

ADMISSIONS REQUIREMENTS

FAFSA I will not be filing financial aid. I will be paying for my education. Students Initials: _____

SPECIAL ADMISSIONS REQUIREMENTS

Cosmetology:

Photo Proof of Age Copy of SS Card RT/LT Handed Manicuring Only
 Educational Transcripts

Dental Assisting, Medical Assisting, and Surgical Technology

HESI scores: Math 70 and Reading 70 | Compass scores: Math 30 and Reading 70

HESI | ACT | Compass Scores: ____ Math ____ Reading ____ (Date: _____)
 CPR Documentation (BLS for Healthcare Providers)
 Educational Transcripts Immunizations

Medical Office Information Technology

Educational Transcripts

Practical Nursing:

HESI required scores: Math 70 and Reading 70 | Compass scores: Math 50 and Reading 80

Notarized Declaration of Citizenship Copy of ID Used to Declare Citizenship
 CPR Documentation (BLS for Healthcare Providers)
 Educational Transcripts Immunizations
 HESI | ACT | Compass Scores: ____ Math ____ Reading ____ (Date: _____)

Truck Driving:

MVR DOT Physical Valid Driver's License
 U.S. Citizenship / Residency

Staff Signature: _____

Date: _____