

1100 Liberty Street | Knoxville, TN 37919 T: 865-546-5567 | F: 865-971-4474 www.tcatknoxville.edu

Practical Nursing

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY

KNOXVILLE

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. Simply passing the HESI 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 | Da | ays | Time | |
|-------------------------------------|-------------------------------|---------------------------|-------------------|---------------------|----------------|-----------------------|
| | Day Program/ Knoxville Campus | 12 Months | Monda | y-Friday | 8:00 am—2 | :30 pm |
| | Curriculum/Courses | | | e ll 1 1 1 1 | | |
| LPN 0001 | | | 3010 | Clinical III | | |
| LPN 1010 | Basic Nursing | LPN | 1 3020 | Adv Prof ۱ | ocational Rel/ | ations |
| LPN 1020 | Fundamentals | LPN | 1 3030 | Pediatric I | Nursing | |
| LPN 1030 | Administer of Meds & Basic IV | LPN | I 3040 | Pharmaco | logy II | |
| LPN 1040 | A&P | LPN | I 3050 | Medical & | Surgical Nurs | sing II |
| LPN 1050 | Clinical I | | | | | |
| LPN 0002 | Worker Characteristic | | Com | | word | Required Hours |
| LPN 2010 | Pharmacology I | | Completion Award | | | Required flours |
| LPN 2020 | Mental Health | Prac | Practical Nursing | | Diploma | 1296 |
| LPN 2030 | Medical & Surgical Nursing I | | | | | |
| LPN 2040 | Maternity Health | Typical Job Opportunities | | | | |
| LPN 2050 | Clinical II | Long-term Care Facilities | | | | |
| LPN 0003 | Worker Characteristic | | , ne Health | | | |
| | | Hea | th Clinics | | | |
| Licensure Exam Pass Rate 2017 = 98% | | Hos | oitals | | | |

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.

- Complete the Free Application For Federal Student Aid (FAFSA) online the website is <u>www.fafsa.ed.gov</u> and our school code is 004025. <u>Bring in documentation</u> such as confirmation email showing your FAFSA has been submitted
- 2. Complete TCAT Knoxville Application for Enrollment online at <u>https://apply.tbr.edu/?tcat=knoxville</u>
- 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. and a copy of the document used from the form's list must be included. (Form is attached)
- 4. Take and pass the **HESI Exam**. Exam is over Math and Reading Comprehension the cost is \$34.00. Passing scores are 50 in math and reading score of 70.

ACT EXEMPTION – If you are under the age of 21 and have scored a 19 or above on BOTH the Reading and Math sections of the ACT (Not the composite score) you do not have to take the HESI. You must bring in your test results with a photo ID. A score of 19 or above in both sections is required.

5. Provide an <u>official sealed copy</u> 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 <u>www.naces.org</u> 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

For the most current pricing available please reference the bookstore at http://www.pstccbooks.com/ (Please Select Division Campus and TCATK term to see books available.)

| 1st Trimester | | | | | |
|---|------------------------|-----|----------|----------|-----------|
| uition | | | Cost | | Total |
| Tuition* | | \$2 | L,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 wit | th those fees) | \$ | 196.00 | | |
| SwiftRiver Online Learning Access Fee (is not a tuition cost b | ut it is paid on first | Ś | 150.00 | | |
| day of class with those fees) | | Ļ | 130.00 | | |
| TOTAL | | | | | \$1,707.0 |
| look | ISBN | | Cost | Required | |
| CAT 2018 Freshman Bundle Update includes the below ite | 9780323601696 | \$ | 624.00 | | |
| 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 editio | 9780323447904 | \$ | 44.00 | x | |
| SimChart (6 Mth Acc Code) | 9781455710850 | \$ | 81.00 | x | |
| Simulations Learning System - LPN/LVN (UG&AC) | 9781455700110 | \$ | 107.00 | x | |
| Success in Practic/Vocation Nsg 8 | 9780323356312 | \$ | 57.00 | x | |
| William Basic Nutrit/Diet Therpy 15th edition | 9780323377317 | \$ | 83.00 | x | |
| Understanding Anatomy & Physiology with workbook Ed 2r | 9780803644113 | \$ | 87.00 | x | |
| Intro to Clinical Pharmacology (SG) | 9780323189002 | \$ | 39.00 | х | |
| TOTAL | | | | | \$624.0 |
| | | | | | |
| upplies | 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 | х | |
| 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 | | | | | \$815.0 |

| 2nd Trimester | | | | | | |
|---|------------------|----------------------------------|--|-----------------------------------|----|---------|
| uition | | | Cast | | | |
| Tuition* | | ć. | Cost | | | |
| | | | ,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 w | with those fees) | Ş | 166.00 | | | |
| TOTAL | | | | | \$ | 1,512.0 |
| 3rd Trimester | | | | | | |
| uition | | | 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 w | with those fees) | \$ | 166.00 | | | |
| TOTAL | | | | | \$ | 51,512. |
| upplies | Needed By | | Cost | Required | · | , |
| USB Flash Drive 2 GB | | \$ | 12.00 | х | | |
| 2 Hunter Green Scrub Pants | | \$ | 40.00 | x | | |
| TOTAL | | | | | | \$52. |
| ook | ISBN | | Cost | Required | | |
| | 9781455770151 | ć | 90.00 | х | | |
| Intro to Maternity & Pediatric Nursing, 7th editon | 5701455770151 | Ş | | | | |
| Intro to Maternity & Pediatric Nursing, 7th editon Psychiatric-Mental Health Nursing, 7th edition | 9781496357038 | \$ \$ | 75.00 | x | | |
| | | | 75.00 | х | | \$165. |
| Psychiatric-Mental Health Nursing, 7th edition | | | 75.00 Cost | x Required | | \$165. |
| Psychiatric-Mental Health Nursing, 7th edition TOTAL | | \$ | | | | \$165. |
| Psychiatric-Mental Health Nursing, 7th edition TOTAL liscelleanous Costs | | \$ \$ \$ | Cost | Required | | \$165. |
| Psychiatric-Mental Health Nursing, 7th edition TOTAL liscelleanous Costs State Board of Nursing Exam | | \$ \$ \$ | Cost 200.00 | Required x | | \$165. |
| Psychiatric-Mental Health Nursing, 7th edition TOTAL liscelleanous Costs State Board of Nursing Exam Tennessee Board of Nursing Licensing Fee | | \$ \$ \$ | Cost 200.00 100.00 | Required x x | | \$165. |
| Psychiatric-Mental Health Nursing, 7th edition TOTAL iscelleanous Costs State Board of Nursing Exam Tennessee Board of Nursing Licensing Fee Criminal Background Check | | \$ \$ \$ \$ | Cost 200.00 100.00 48.00 | Required x x x | | \$165. |
| Psychiatric-Mental Health Nursing, 7th edition TOTAL liscelleanous Costs State Board of Nursing Exam Tennessee Board of Nursing Licensing Fee Criminal Background Check Picture for State Board | | \$ \$ \$ \$ \$ \$ | Cost 200.00 100.00 48.00 25.00 | Required x x x x x | \$ | \$165. |

PRACTICAL NURSING POINTS SYSTEM FOR PROGRAM ENTRY

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

HESI exam – students must meet the required pass scores to submit HESI results for admissions.
 Points for the exam will be awarded by adding the Math and Reading scores together.

| Passing Score for HESI Math | 50 |
|--------------------------------|----|
| Passing Score for HESI Reading | 70 |

ACT EXEMPTION – If you are under the age of 21 and have scored a 19 or above on BOTH the Reading and Math sections of the ACT (not the composite score) you do not have to take the HESI. You must bring in your test results with a photo ID. A score of 19 or above in both sections is required.

For applicants falling under the ACT exemption, points will be awarded according to the values listed for ACT test score values on the "National Distributions of Cumulative Percent for ACT Test Scores" (NDCPATS). The Math equivalent score + Reading equivalent score are added together for points.

| ACT | Math | Reading |
|-------|-------------|-------------|
| Score | equivalent | equivalent |
| | point score | point score |
| 19 | 51 | 42 |
| 20 | 55 | 48 |
| 21 | 59 | 54 |
| 22 | 63 | 60 |
| 23 | 68 | 66 |
| 24 | 74 | 71 |
| 25 | 78 | 74 |
| 26 | 83 | 77 |
| 27 | 88 | 80 |
| 28 | 91 | 83 |
| 29 | 93 | 86 |
| 30 | 95 | 88 |
| 31 | 96 | 91 |
| 32 | 97 | 94 |
| 33 | 98 | 96 |
| 34 | 99 | 98 |
| 35 | 99 | 99 |
| 36 | 100 | 100 |

- 2. Copy of current (unexpired) Tennessee CNA (Certified Nursing Aide) certification. You can receive a maximum of 10 points.
- **3.** By attending a **Practical Nursing information session** at TCAT Knoxville within the last 12 months. You can receive a maximum of 5 points.

| Information Session Dates | | | | | | |
|------------------------------|-------------------|---------------|--------------------|--|--|--|
| Information Session Dates | January 25, 2018 | May 17, 2018 | September 13, 2018 | | | |
| TIME: 10:00 AM | February 1, 2018 | May 24, 2018 | September 27, 2018 | | | |
| No registration is needed to | February 15, 2018 | June 7, 2018 | October 11, 2018 | | | |
| attend this free session | March 1, 2018 | June 21, 2018 | October 18, 2018 | | | |

4. Coursework within the past 3 years. An official transcript is required.

| Course | Length (Clock Hours) | Points Awarded |
|---|-------------------------|-------------------|
| Diploma - Medical Assisting program completed at TCAT - Knoxville | 1296 | 10 Points |
| Medical Terminology w/Anatomy and Physiology taken at TCAT - Knoxville | 40 | 10 Points |

POINTS CRITERIA IS SUBJECT TO CHANGE FROM TRIMESTER TO TRIMESTER

* Points are re-evaluated each trimester *

Applicants are responsible to make certain that all documentation is on file at the Tennessee College of Applied Technology Knoxville 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 <u>adult</u>* 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

| | Please Print Legibly |
|----|---|
| 1. | ame: Last First Middle Maiden |
| 2. | Tailing Address: |
| 3. | hone Number: Home: () Office: () Fax: () |
| 4. | am a United States Citizen:YesNo |
| 5. | am a foreign national not physically present in the United StatesYesNo. If you answered es to this question, please sign this form in the presence of a notary and return it with your application. In further documentation is required. |
| 6. | A valid driver license or ID issued by another state, provide one of the following: A valid driver license or ID issued by another state, provided its issuance requirements meet Tennessee Department of Safety criteria. 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. A federally issued birth certificate. A valid, unexpired U.S. passport. A certificate of clitzenship. A certificate of clitzenship. A certificate of naturalization. A U.S. citizen ID card. An SSN that is verifiable with the Social Security Administration in accordance with federal law. |
| 7. | f you checked "No" in question 4, please indicate from the list below which category applies to you: (circle one) |
| | Permanent Resident 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 <i>et seq.</i>). |

| 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. | |
| 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 o | |
| 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 o because of being uprooted by catastrophic national calamity. | ŕ |
| h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined | t |
| 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. | |
| | ء |
| Applicants claiming qualified alien status (question 7 above), please submit two of the following forms or "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 listen 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) | |
| 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) | |
| ******* | |
| 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 thisday of, 20, | |
| AFFIX SEAL HERE | |
| NOTARY PUBLIC | l |
| My Commission Expires: | 1 |
| | |

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.