

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 of Healthcare provider 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

Typical Job Opportunities

Long-term Care Facilities
Home Health Care
Health Clinics
Hospitals

Diploma & Required Clock Hours

Practical Nursing—1,296

Total Placement Rate 2015= 90%
Licensure Exam Pass Rate 2015= 97%

Course Outline 1st Trimester

Vocational Relations I
Anatomy and Physiology
Principles and Skills
Medical Surgical I
Nutrition
Medical Surgical Clinical

Course Outline 2nd Trimester

Medical Surgical II
Pharmacology
Drug Administration
Medical Surgical Clinical

Course Outline 3rd Trimester

Mental Health
Obstetrics
Pediatrics
Geriatrics
Emergency Procedures
Vocational Relations II
Mental Health Clinical
Obstetrics Clinical
Pediatrics Clinical
Leadership Clinical
Interview & Job Skills

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. **Immunization Record** (Form is attached)
3. Complete **TCAT Knoxville Application for Enrollment** (Form is attached)
4. **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)
5. Take and pass the **COMPASS Exam** (these scores are good for two years). Exam is over Pre-Algebra & Reading and cost is \$15.00 for both sections or \$8 for one section. If a retest is needed there must be 30 days in between test. (Schedule is attached)
6. 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.*
7. Provide current CPR card certification from American Heart Association **BLS for Healthcare Providers CPR** which covers basic life support in infant, child, adult, choking and AED.
8. 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 2017	Summer 2017	Fall 2017
Deadline:	10/27/2016	3/02/2017	7/13/2017



Practical Nursing

Tuition, Book, Tool, and Supply List

1st Trimester				
Tuition		Cost	Total	
Tuition*		\$1,139.00		
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)		\$ 149.00		
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				\$1,630.00

Book	ISBN	Cost	Required	
Human Body in Health & Disease (SG)	9780323101257	\$ 37.00	x	
TCAT LPN Freshman Bundle (includes all items below)	9780323492256	\$ 597.00		
<i>SimChart (included in bundle)</i>	9781455710850		x	
<i>Simulation Learning System for LPN/LVN (User guide & Access Code) (included in bundle)</i>	9781455700110		x	
<i>Success in Practical/Vocational Nursing, 7th (included in bundle)</i>	9781455703357		x	
<i>Williams Basic Nutrition & Diet Therapy, 14th (included in bundle)</i>	9780323083478		x	
<i>Human Body in Health & Disease (included in bundle)</i>	9780323101240		x	
<i>Mosby's Drug Guide for Nursing Students, 12th edition (included in bundle)</i>	9780323448079		x	
<i>Fundamental Concepts & Skills for Nursing, 4th edition (included in bundle)</i>	9781437727463		x	
<i>Adaptive Quizzing for Medical-Surgical Nursing (access card) (included in bundle)</i>	9780323310987		x	
<i>Medical-Surgical Nursing, 3rd edition (included in bundle)</i>	9780323243780		x	
<i>Medical-Surgical Nursing (Adaptive Quiz Access Card) (included in bundle)</i>	9780323429030		x	
<i>Intro to Clinical Pharmacology (SG) (included in bundle)</i>	9780323189002		x	
<i>Introduction to Clinical Pharmacology (included in bundle)</i>	9780323187657		x	
TOTAL				\$634.00

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	
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	\$ 48.00	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 Pensils	First day of class	\$ 5.00	x	
TOTAL				\$762.00

All Costs are Estimated and Subject to Change Without Notice Revised: 8/3/2016

*Denotes costs that can be covered by TN Promise and TN Reconnect

2nd Trimester				
Tuition		Cost		
Tuition*		\$1,139.00		
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)		\$ 119.00		
TOTAL				\$1,435.00
3rd Trimester				
Tuition		Cost		
Tuition*		\$1,139.00		
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)		\$ 119.00		
TOTAL				\$1,435.00
Book		ISBN	Cost	Required
Intro to Maternity & Pediatric Nursing, 7th editon		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				\$6,481.00

PRACTICAL NURSING POINTS SYSTEM FOR PROGRAM ENTRY

Application Deadlines

Trimester:	Spring 2017	Summer 2017	Fall 2017
Deadline:	10/27/2016	3/02/2017	7/13/2017

Point System Breakdown

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

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

- 1. COMPASS scores. Higher scores earn more than lower scores. You can receive a maximum of 20 points.**

Math Score	Point Value
50 - 74 %	5
75 - 100%	10

Reading Score	Point Value
80 - 89%	5
90 - 100%	10

- 2. Current CNA (Certified Nursing Assistant) or other Allied Health Professional certification. You can receive a maximum of 10 points.**

- 3. 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.******

- 4. Attending a free Practical Nursing Information Session. You can earn a maximum of 5 points.**

	Spring 2017	Summer 2017	Fall 2017
Information Session Dates	September 15, 2016	January 26, 2017	May 18, 2017
TIME: 10:00 AM	September 29, 2016	February 2, 2017	June 1, 2017
No registration is needed to attend this free session	October 6, 2016	February 16, 2017	June 15, 2017
	October 20, 2016	March 2, 2017	July 6, 2017

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 TN eCampus)	36	
Phlebotomy	49	
Dementia Care (Offered online TN eCampus)	40	
Nutrition		3
Anatomy & Physiology		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.



TENNESSEE COLLEGE OF APPLIED TECHNOLOGY

KNOXVILLE

COMPASS® EXAM 2016



COMPASS® is a comprehensive, computer-adaptive testing program that quickly and accurately assesses students' skill levels in reading and mathematics. Because it is adaptive, the length of the test will vary based upon the individual's knowledge. Please allow up to four hours to take the test. You will receive your scores immediately upon completion of the test. Compass results are good for two years from test date.

WHO IS REQUIRED TO TEST - If you are applying for any of our Allied Health Programs you will need to take the COMPASS® exam. If you have attended college before, even if you possess a degree you will still be required to take and pass the exam for entry into these programs.

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

REQUIRED SCORES

Program	Math (Pre-Algebra)	Reading
Dental Assisting Medical Assistant Surgical Technology	30	70
Practical Nursing	50	80

RETESTING - If you need to retest there must be 30 days in between testing.

EXAM DAY INFORMATION

- COMPASS® is \$15.00 for whole exam and \$8.00 to retest one section
- Testers be here at least 15 minutes prior to the testing time to register
- No preregistration, it is first come first serve the day of the exam
- A current, valid driver's license or government issued photo ID is required to test
- Calculators will be provided for use during the test (please do not bring calculator)
- No cell phones, food, or drinks are allowed in the testing area
- Please do not wear scented perfumes, colognes, or body spray/lotion to the exam

STUDY RESOURCES

- <http://www.act.org/compass/sample/> where you may download PDF versions of additional sample questions for ACT COMPASS® placement measures.
- <http://www.mycompasstest.com/> free study guide contains lessons and practice questions that will help you succeed on the Pre-Algebra portions of the COMPASS® Math Test.
- Additional resources: <https://quizlet.com/>, <http://www.math.com/>, and <https://www.khanacademy.org/>

June 14, 2016

9:00 am | 2:00 pm | 5:00 pm

July 19, 2016

9:00 am | 2:00 pm | 5:00 pm

August 16, 2016

9:00 am | 2:00 pm | 5:00 pm

September 9, 2016

9:00 am - CANCELLED

September 16, 2016

9:00 am

September 20, 2016

9:00 am | 2:00 pm | 5:00 pm

September 30, 2016

9:00 am

October 4, 2016

9:00 am | 2:00 pm

October 21, 2016

9:00 am

October 25, 2016

9:00 am | 2:00 pm | 5:00 pm

November 4, 2016

9:00 am

November 11, 2016

9:00 am

November 18, 2016

9:00 am

November 22, 2016

9:00 am | 2:00 pm | 5:00 pm



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

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

The "SAVE Act" requires 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

Declaration of Citizenship must be completed and page 2 notarized by a notary and the required documentation attached.

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** submit **one** of the following to the Board:
 - a) A valid Tennessee Driver's License, or photo ID issued by Department of Safety. (Front Only)
 - b) A valid driver license or ID issued by another state provided its issuance requirements meet 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 count.
 - 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 a-i above.
 - k) SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.

Please submit a copy of one of the above not the original document.

7. If you checked "No" in question 4 please indicate from the list below which category applies to you:
(you must circle one)

- a) Permanent Residents
- 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):

The Tennessee Board of Nursing does not have a contract with the SAVE Program therefore you must submit two of the following forms of "documentation of identity and immigration status."

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)

AFFIDAVIT

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

Applicant Signature

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

AFFIX SEAL HERE

NOTARY PUBLIC SIGNATURE

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, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.

TCAT - Knoxville Certification of Immunization Measles, Mumps, and Rubella (MMR)

Student's name: _____ Program of Enrollment: _____

PART I (TO BE COMPLETED BY STUDENT)

Proof of MMR immunization is not required for the following reason:

- ☐ I graduated from a Tennessee public or private high school in 1999 or after. (transcript attached)
- ☐ I attended a Tennessee public or private high school in 2001 or after. (transcript attached)
- ☐ I was born prior to January 1, 1957. (copy of photo ID or birth certificate attached)
- ☐ I am active duty or former military personnel. (copy of DD214 or active military ID attached)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART II (TO BE COMPLETED BY STUDENT)

Proof of MMR immunization is not required for the following reason:

- ☐ I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART III—MMR (TO BE COMPLETED BY PHYSICIAN)

Please circle the number that applies to this patient:

1. Patient has received two doses of measles vaccination since the age of 12 months:

Month/year _____ Month/year _____

2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)

3. Patient had disease, as confirmed by medical record:

Month/year _____

4. Patient is immune to disease, as confirmed by laboratory.

Comment _____

ATTEST

(Must be signed by an M.D. or D.O.)

Name of physician (Please print) _____

Office telephone _____

Physician's signature _____ Date _____

Student's signature _____ Date _____

TCAT - Knoxville Certification of Immunization

Varicella (Chicken Pox)

Student's name: _____ Program of Enrollment: _____

PART I (TO BE COMPLETED BY STUDENT)

Proof of varicella (chicken pox) immunization is not required for the following reason:

- ☐ I attended a Tennessee public high school between 1999 and May 2016. **(Must provide proof of second varicella vaccine dose from your physician office.)** (transcript attached)
- ☐ I was born prior to January 1, 1980. (copy of photo ID or birth certificate attached)
- ☐ I am active duty or former military personnel. (copy of DD214 attached)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART II (TO BE COMPLETED BY STUDENT)

Proof of varicella (chicken pox) immunization is not required for the following reason:

- ☐ I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART III—VARICELLA (TO BE COMPLETED BY PHYSICIAN)

Please circle the number that applies to this patient:

1. Patient has received two doses of varicella (chicken pox) vaccination since the age of 12 months:
Month/year _____ Month/year _____
2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)

3. Patient had disease, as confirmed by medical record:
Month/year _____
4. Patient is immune to disease, as confirmed by laboratory.
Comment _____

ATTEST

(Must be signed by an M.D. or D.O.)

Name of physician (Please print) _____

Office telephone _____

Physician's signature _____ Date _____

Student's signature _____ Date _____



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

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.



Application for Enrollment

The information is for Office use only:

ADMISSIONS REQUIREMENTS

- ☐ FAFSA ☐ I will not be filing financial aid. I will be paying for my education. Students Initials: _____
- ☐ Immunizations ☐ Education Transcripts

SPECIAL ADMISSIONS REQUIREMENTS

Cosmetology:

- ☐ Photo ☐ Proof of Age ☐ Copy of SS Card ☐ RT/LT Handed ☐ Manicuring Only

Dental Assisting, Medical Assisting, and Surgical Technology

Compass required scores: Math 30 and Reading 70

- ☐ COMPASS or ACT – Scores: _____ Math _____ Reading (Date: _____)
- ☐ CPR Documentation (BLS for Healthcare Providers)

Practical Nursing:

Compass required scores: Math 50 and Reading 80

- ☐ Notarized Declaration of Citizenship ☐ Copy of ID Used to Declare Citizenship
- ☐ CPR Documentation (BLS for Healthcare Providers)
- ☐ COMPASS or ACT – Scores: _____ Math _____ Reading (Date: _____)

Truck Driving:

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

Staff Signature: _____

Date: _____