



TENNESSEE COLLEGE OF APPLIED TECHNOLOGY

DICKSON
& CLARKSVILLE CAMPUS

Thank you for your interest in the practical nursing program. Due to the COVID-19 situation, we are unable to hold the information sessions for the September class on our campus. Instead, all the necessary information to apply is included in this packet. Please let me know if you have any questions.

In September, a nursing class will begin at our Dickson, Clarksville and Franklin campus locations. The class is one year in length. The program will conclude in August 2022. Classroom hours are Monday through Friday from 8 a.m. until 2:30 p.m. When clinical rotations begin, hours will vary based on the assigned clinical facility. At completion of the program, graduates are eligible to apply for licensure as an LPN.

To Apply

To apply for the nursing program, applicants must complete the following:

1. **Complete the attached nursing application.** The application must be signed and submitted no later than *May 21, 2021*.
2. **Submit an official high school/GED/HiSet transcript with immunization records included.** To be official, the transcript must be sent **directly** to TCAT from your high school or testing site. The transcript must be received no later than *June 30, 2021*. If your high school is unable to provide proof of MMR and Varicella vaccinations, you must provide these by the June 30 deadline.
3. **Submit three completed reference forms on the forms provided.** The reference forms may be completed by anyone other than a relative. They must be returned no later than *June 30, 2021*.

The address to send the nursing application, transcript, and reference forms is:

TCAT Dickson
Attn: Stephanie Murphy
740 Highway 46
Dickson, TN 37055

4. **Take the HESI Admission Assessment test** (more information below).

HESI Tests

The HESI Admission Assessment is the test that is required for admission to the nursing program. The math and reading sections of the test are the only sections given. Study guides and practice tests are available at various online bookstores. Applicants must score at least a 70 on the reading and math sections of the test to be considered for admission to the nursing class.

The HESI exam will be given in June on the Dickson and Clarksville campus locations. **You will be contacted via email in late May with a time/date for the test.** Please be sure to check your email for the necessary information. The cost of the test is \$40 and will be paid on the date that you take the exam.



Acceptance

Acceptance letters will be mailed in July. The class is accepted based on the scores on the entrance test. A completed application is required for admission to the program. For those who are accepted, an orientation will be held in early August, with classes beginning on September 1, 2021. Information regarding a background screen, drug screen, CPR certification and required immunizations will be sent with the acceptance letters. These items will be necessary to participate in clinical rotations.

Financial Aid

Information regarding financial aid is available on our website at www.tcatdickson.edu. The first step to apply for both federal and state grants is to complete the Free Application for Federal Student Aid (FAFSA). You will need to complete the 2021/2022 application that is available at www.fafsa.ed.gov. The school code for TCAT Dickson is 013955.

Previous Applicants

If you have previously submitted an application, **it is necessary that you submit an updated application form**. Transcripts are kept on file for two years. If you have previously sent your transcript, please let me know that when you return your application so previous documents may be placed with your new application.

HESI scores are considered valid for two years. If you have taken the HESI test at the TCAT Dickson/Clarksville previously, please provide that information when you submit the application. If you took the test at another school, you would need to have that school submit your HESI scores directly to TCAT Dickson no later than *June 30, 2021*.

Questions?

Questions regarding the nursing program or the application process can be directed to Stephanie Murphy at stephanie.murphy@tcatdickson.edu or by phone at 615-441-6220. Further information can be found on the school website at <https://www.tcatdickson.edu/programs/practical-nursing>.

Thank you for your interest in the nursing program. I wish you all the best as you begin your career in health care.

**Tennessee College of Applied Technology – Dickson
Practical Nursing Program
Application Form**

PLEASE PRINT IN YOUR OWN HANDWRITING:

NAME: _____
 Last First Middle Maiden

OTHER NAMES: _____
Please list ALL names used in the past to help us identify your documentation.

ADDRESS: _____
 Street Name and Number City State Zip

PHONE: _____
 Home Work

EMAIL: _____

EDUCATION:

High School _____ Graduation Date _____

or
GED Completed: Date _____

Colleges/Vocational Schools Attended:

Name _____

Address _____

Other Courses or Schools Attended _____

EMPLOYMENT:

List below present and all past employment, beginning with your most recent place of employment.

	<u>EMPLOYER NAME</u>	<u>TYPE OF WORK</u>	<u>DATES</u>	<u>REASON FOR LEAVING</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____

Have you ever been discharged from a job? _____ If yes, please explain: _____

Please rank your preferred campus locations from 1 (first choice) to 3 (last choice).

_____ Dickson location

_____ Clarksville location

_____ Franklin location

Have you ever applied to the LPN program at TCAT Dickson before? YES NO

Have you ever been enrolled at TCAT Dickson before? _____ If yes, provide program and dates:

Have you ever taken the HESI Admission Assessment exam? _____ If yes, approximate date and location that test was given _____

If you are accepted into the Practical Nursing course, do you plan to work as a Practical Nurse upon completion of the program? _____

Have you ever been convicted of anything other than a minor traffic violation? _____
If yes, please explain: _____

After hearing a description of typical work of the LPN, do you feel that you will be able to perform all of these tasks, with or without an accommodation? _____
If no, please provide an explanation: _____

Briefly state your career objectives: _____

I understand that giving false information or withholding information requested in this application may make me ineligible for admission to or continuation in the Practical Nursing program at Tennessee Technology Center at Dickson. With this in mind, I certify that all the statements on this application are correct and complete.

Signature of Applicant

Date

Tennessee College of Applied Technology - Dickson complies with non-discrimination laws: Title VI, Title IX, Section 504 & the ADA. Preference for admission is given to students who are residents of the State of Tennessee.



Reference Form for Health Care Programs

Applicant Section (to be completed by the applicant)

Applicant Name: _____ **Date:** _____

I am applying for entrance in a health occupation program. I request that the information provided on this reference form be released to the TCAT - Dickson. I understand and agree that this information will be treated as confidential by faculty and staff of the school, and that information contained on this form will not be available to anyone other than authorized personnel of this school or individuals appointed to serve on the Program Advisory Committee.

Applicant's Signature _____

Reference Section (to be completed by the reference)

Name of reference: _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please rate the applicant in the following areas:

	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>
Leadership				
Judgment				
Dependability				
Cooperation				
Scholarship				
Confidence				
Initiative				
Work habits				
Trustworthiness				
Ability to succeed in health care field				

Additional comments: _____

Signature: _____

Organization (if work related): _____

Address: _____

Phone: _____



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	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>
Leadership				
Judgment				
Dependability				
Cooperation				
Scholarship				
Confidence				
Initiative				
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Trustworthiness				
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Ability to succeed in health care field				

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