



March 27, 2024

Dear Prospective Practical Nursing student:

Thank you for choosing Tennessee College of Applied Technology Pulaski for your educational goals. We are excited to have you begin in the Practical Nursing program!

You will need to complete a Tennessee College of Applied Technology application online at www.tcatpulaski.edu/apply/now as soon as possible. Please see the instructions on the last page. If you do not have access to internet, you can apply at TCAT in Pulaski.

Enclosed in the packet, you will find a list of deadlines and important dates. Please read carefully and follow all directions.

Deadlines needed by June 17, 2024:

- ACT or HESI score
- Signed Release of Information (ferpa form) (inside the packet)
- Driver license (copy)
- Medical Insurance (copy)
- 3 References* (inside packet)
- Proof of healthcare experience**
- Current transcript/High School diploma or GED. (Upon graduation, you will be required to provide a copy of your high school diploma/HiSet/GED or final transcript).
- College transcripts
- Proof of military service

There is a *Release of Information* form in your packet. Please sign and date. This form will need to be returned by Monday, June 17, 2024.

There are 3 blank reference forms that need to be completed and returned Tuesday, June 17, 2024. Please ask those providing your reference to put in a sealed envelope. These references can be provided by an employer, teacher, professional, etc... immediate family members and friends are not acceptable references.

Proof of any healthcare experience should be returned in your packet as well as proof of any Health Science classes taken in high school. This can be accomplished by a letter from the HOSA teacher, your transcript, or HOSA membership card. It is strongly encouraged that all individuals entering the PN program obtain some healthcare experience prior to enrollment.

Mandatory Information Session: Tuesday, July 9, 2024.

For those that have submitted passing HESI scores or acceptable ACT scores, you are required to attend the MANDATORY INFORMATION SESSION ON July 9, 2024 @ 9:00 am. The meeting will last until approximately 12:00 noon. CHILDREN are not allowed at this meeting.

Practical Nursing students are accepted based on a points system. Simply passing the HESI does not guarantee entry into the program. Acceptance into the Practical Nursing program is not automatic, even though an applicant may be academically qualified. Class size is limited by clinical sites and classroom space as well as faculty availability. Applicants will be notified by letter of acceptance contingent upon a clear criminal background check and a negative drug screen. We provide the instructions for these two items. The class hours are 8:00 a.m. until 2:30 p.m. Monday through Friday. Proof of CPR certification can be turned in at any time. CPR must be American Heart Association Basic Life Support for the Healthcare provider. If you do not have CPR certification, a class will be offered at a later date.

If you have any questions or would like to discuss the program further, feel free to call or visit our campus at any time.

Sincerely,

Amy Key RN, BSN

Amy Key RN, BSN

Director of Nursing and Allied Health

ak/enclosures

P.O. Box 614 – 1233 East College Street – Pulaski, TN 38478 – p (931) 424-4014 – f (931) 424-4017 www.tcatpulaski.edu



Dear Prospective TCAT-Pulaski Student:

To apply online:

- 1. Go to our website www.tcatpulaski.edu/apply/now
- 2. This will then take you to the Admission Login page. Click on First Time User Account Creation.
- 3. You will Create a Login ID, Create a Pin and Verify Pin. (Please save this information because you will need it later.)
- 4. You will then Login and it will take you to Select an Application Type.
- 5. Use the drop-down box and choose (A1) New College Applicant or (A2) Returning TCAT Applicant and hit Continue. (Note: If you select (A2) Returning TCAT Applicant, then you will have to fill out the entire Prior College Section).
- 6. It will direct you to Apply for Admissions where you will select your Admission Term "Fall 2024". Enter your name and click Fill out Application.
- 7. *You will have an Application Checklist (blue icons). Please make sure you complete all fields.
- 8. Once you have successfully completed all icons they will each have a red check mark. Click Application is Complete and you must agree to the terms.
- 9. If you do not have access to the internet, you can apply in person at TCAT-Pulaski.

*Please note: You will need to enter your phone information without dashes or hyphens and leave the extension box blank.

If you have any questions, please call Codie Brown (931)424-2428.

TCAT Pulaski Admissions

HOW TO APPLY FOR FINANCIAL AID

You must complete and submit the 2024-2025 FAFSA to apply for federal student aid and for state and institutional aid. The SCHOOL CODE for the Tennessee College of Applied Technology-Pulaski is 009464.

There are 3 ways to apply for financial aid. You will need to have your 2022 tax returns and W2's available in order to apply for any financial aid.

Option #1-Go to fafsa.gov and apply online

Option #2-go to https://studentaid.gov/sites/default/files/2022-23-fafsa.pdf to print a PDF version of the FAFSA

Option #3-Call 1-800-4-FED-AID (1-800-433-3243) and request a paper application by mail

If you choose to apply using *Option 1* listed above, you will need to create an FSA ID.

Please see attachment for further instructions on creating an FSA ID.

Select the option to "Fill out your FAFSA", and then select the "appropriate year FAFSA". At this point your will proceed and begin completing the FAFSA by answering each question that is asked. Do not leave any questions blank when completing the online FAFSA. If you fail to answer all the required questions, you will not be allowed to move on to the next screen. Once you have completed the entire application you will be asked to sign electronically. Be sure to submit the application completely, and do not close the web page until you receive a submission confirmation and get a confirmation number. If you do not get a confirmation number, then your application was not submitted correctly and will not be processed and sent to the school.

If you choose to apply using *Option 2 or 3* listed above, you will need to simply complete and sign the paper FAFSA form and mail it to the address listed on the FAFSA application, which is Federal Student Aid Programs, PO Box 7650, London, KY 40742-7650.

If you complete the FAFSA online, please allow 7-10 days for processing. Allow 3-4 weeks for the paper applications to be processed. You may contact the school after allowing the appropriate processing time for your FAFSA to inquire about eligibility.

FSA ID STEP-BY-STEP GUIDE

Your FSA ID gives you access to Federal Student Aid's online system and serves as your legal signature. Both student & parent(s) should each create an FSA ID username and password to electronically sign the FAFSA. Only create an FSA ID using your own personal information and for your own exclusive use. You'll use your FSA ID every year you are in college to complete the FAFSA and review your federal student aid. The 2024-2025 FAFSA is scheduled to open in December 2023.

To create an FSA ID, go to studentaid.gov then follow the steps below.

STEP 1: First Name, Last Name, Date of Birth, Social Security Number

STEP 2: Create Username and Enter Email & Password

Tip: use a non-school related email address that students will have access to after graduation.

STEP 3: Mailing Address & Mobile Phone Number

STEP 4: Choose Communication & Language Preference

STEP 5: Select & Answer Four Challenge Questions

See challenge question box below

STEP 6: Review Information

STEP 7: Verify Email & Mobile Number

To avoid the FSA ID site timing out account creation, preselect and answer challenge questions from list below. You will need four challenge questions and answers when you create your FSA ID.
What was the name of your elementary school?
What city were you born in?
What was the name of your first pet?
What was your high school's mascot?
What color was your first car?
What is the name of the street where you grew up?
What is your father's middle name?
What was the name of your first teacher?



MY FSA ID INFORMATION

Now that you have all your information prepared, use the fill-in-the-blank sections below to remember what you need to create your FSA ID.

STUDENT FSA ID	
Username:	
Password:	
Email:	
Challenge Answer 1:	
Challenge Answer 2:	
Challenge Answer 3:	
Challenge Answer 4:	
Backup Code:	
PARENT 1 FSA ID	
Username:	
Password:	
Email:	
Challenge Answer 1:	
Challenge Answer 2:	
Challenge Answer 3:	
Challenge Answer 4:	
Backup Code:	
PARENT 2 FSA ID*	
Username:	
Password:	
Email:	
Challenge Answer 1:	
Challenge Answer 2:	
Challenge Answer 3:	

*Only create Parent 2 FSA ID if married and filed 2022 taxes separately.

Married filing jointly requires only Parent 1 FSA ID.

Challenge Answer 4:

Backup Code:

1233 East College Street, Pulaski, TN 38478 931-424-4014 www.tcatpulaski.edu

Career Training

Administrative Office Technology Advanced Manufacturing Education **Building Construction Technology CNC** Machining Technology Computer Operating Systems and Network Technology Criminal Justice: Correctional Officer **Electrical and Plumbing Construction Technology** Heating, Ventilation, Air Conditioning and Refrigeration **Industrial Electricity** Industrial Maintenance **Technology** Patient Care Technology/ **Medical Assisting** Pharmacy Technology Practical Nursing Residential/Commercial Wiring & Plumbing Welding Technology

Training Locations

Main Campus (Pulaski, TN)
Lawrence County Instructional
Service Center
Lawrenceburg Instructional
Service Center
North Lawrence Instructional
Service Center
South Lawrence Instructional
Service Center

PRACTICAL NURSING

The mission of the Practical Nursing Program is to prepare students through classroom and clinical training to be productive members of the healthcare team. A high school diploma or HiSet/GED is required. Applicants should have good mental and physical health, high morals, ethical standards, and an interest and aptitude for the occupation of nursing. The length of the course is approximately 12 months. Completion of the program results in a Practical Nursing Diploma. Applicants of this program should be aware that a mandatory criminal background and drug screening will be required. All applicants must take and pass the HESI exam with the minimum requirement to be considered for acceptance into the Practical Nursing Program. Applications for this program are taken at different times during the year. Please contact the school for the next enrollment dates.

Employment Opportunities:

- Hospitals
- Doctor's Offices
- Nursing Homes
- Urgent Care Facilities
- Industry Schools

Program Director: Amy Key

Program Instructor:

Erin Miles/erin.miles@tcatpulaski.edu 931-424-2435 Tobie Adair/tobie.adair@tcatpulaski.edu 931-424-2961

ENROLLMENT INFORMATION

Classes Offered:	Full-Time: Monday - Friday 8 to 2:30
Program Length:	1,296 Hours (3 trimesters)
Program Location:	Pulaski Main Campus 1233 East College St., Pulaski, TN 38478
Program Cost including Tuition, Fees and Books/Supplies:	\$1,436 per trimester x 3 trimesters = 4,308 \$2,691 Books/Supplies; Total Cost \$6,999.00 *These costs are subject to change
Financial Aid:	Available to those who qualify

For more information about our graduation rates, the median debt of students who completed the program, and other important information, please visit our website www.tcatpulaski.edu

Tennessee College of Applied Technology-Pulaski does not discriminate on the basis of race, color, religion, creed, ethnic or national origin, sex, disability, age status as a protected veteran or any other class protected by Federal or State laws and regulations and by Tennessee Board of Regents policies with respect to employment, programs, and activities. The following person has been designated to handle inquiries regarding nondiscrimination policies: Christa Williams; christa.williams@tcatpulaski.edu; 931-424-2404; P.O. Box 614; Pulaski, TN 38478.

Practical Nursing Course Outline

First Trimester	
Worker Characteristics	6 Hours
Basic Nursing (Prof Vocational Relations Nutrition Geriatrics)	90 Hours
Fundamentals	124 Hours
Administration of Medications and Basic IV Therapy	80 Hours
A&P	96 Hours
Clinical I	36 Hours
Nurse Aid Certificate (324 Hours)	
Second Trimester	
Worker Characteristics	6 Hours
Pharmacology I	51 Hours
Mental Health	60 Hours
Medical & Surgical Nursing I	75 Hours
Maternity Health	60 Hours
Clinical II	180 Hours
Third Trimester	
Worker Characteristics	6 Hours
Clinical III	225 Hours
Advanced Professional Vocational Relations	24 Hours
Pediatric Nursing	60 Hours
Pharmacology II	42 Hours
Medical and Surgical Nursing II	75 Hours
Practical Nursing Diploma	1296 Hours

Admission Requirements:

- Applicants must be 18 years of age
- * ACT (current high school graduates) or entrance exam score
- Complete a TCAT-P application
- * Provide a regular high school diploma or HiSet/GED transcript
- Provide proof of 2 MMR and 2 Varicella immunizations/titers

T.B. Skin Test

Hepatitis B Immunizations

Flu Vaccination

Tetanus

- Proof of Medical Insurance
- Proof of Driver's License

Students are subject to drug screening, criminal background check, and possibly other vaccinations based upon clinical affiliation agreements.

Tennessee College of Applied Technology Pulaski

PN Class 2024-2025

- Deadline Monday, June 17, 2024 TCAT Application Due
- Deadline Monday, June 17, 2024 ACT Scores or HESI Exam Scores
- Deadline Monday, June 17, 2024:
 - **O TCAT Online Application**
 - ACT or HESI Score
 - Signed Release of Information
 - Copy of High School Diploma/HiSET/GED or Transcript
 - Copy of Medical Insurance
 - Copy of Valid Driver License
 - 3 Letters of Recommendation
 - Proof of Healthcare Experience(s)
 - Proof of Military Experience
 - **O Proof of Post-Secondary Training or Degree**

Mandatory Information Session @ TCAT Pulaski Tuesday, July 9, 2024;
9:00-12:00; all required documentation is absolutely due by this date.
Acceptance contingent upon background check and drug screen results.
If accepted, deadline of August 12, 2024 for Criminal Background Check and Drug Screen. May take 2 weeks.
If accepted, deadline of August 12, 2024 for Physical Exam including vaccinations and titers.
Tentative Class start date: Tuesday, September 3, 2024.

^{*}Students are selected using a point system. A copy of this is provided to you for your review. It is imperative that all items required be submitted by due dates. Do not procrastinate!

Hesi exam schedule 2024

Date	Time	Time
January 8, 2024	9:30 AM	6:00 PM
January 22, 2024	9:30 AM	6:00 PM
January 29, 2024	9:30 AM	6:00 PM
February 5, 2024	9:30 AM	6:00 PM
February 12, 2024	9:30 AM	6:00 PM
February 26, 2024	9:30 AM	6:00 PM
March 11, 2024	9:30 AM	6:00 PM
March 18, 2024	9:30 AM	6:00 PM
April 1, 2024	9:30 AM	6:00 PM
April 8, 2024	9:30 AM	6:00 PM
April 15, 2024	9:30 AM	6:00 PM
April 22, 2024	9:30 AM	6:00 PM
May 6, 2024	9:30 AM	6:00 PM
May 13, 2024	9:30 AM	6:00 PM
May 20, 2024	9:30 AM	6:00 PM
June 3, 2024	9:30 AM	6:00 PM
June 10, 2024	9:30 AM	6:00 PM
June 17, 2024	9:30 AM	6:00 PM

Date	Time	Time
July 8, 2024	9:30 AM	6:00 PM
July 15, 2024	9:30 AM	6:00 PM
July 22, 2024	9:30 AM	6:00 PM
August 19, 2024	9:30 AM	6:00 PM
August 26, 2024	9:30 AM	6:00 PM
September 9, 2024	9:30 AM	6:00 PM
September 16, 2024	9:30 AM	6:00 PM
October 14, 2024	9:30 AM	6:00 PM
October 21, 2024	9:30 AM	6:00 PM
November 4, 2024	9:30 AM	6:00 PM
November 11, 2024	9:30 AM	6:00 PM
December 9, 2024	9:30 AM	6:00 PM
December 16, 2024	9:30 AM	6:00 PM

CONTACT INFORMATION

Below are some of the contacts that you may need while exploring and preparing for your education at Tennessee College of Applied Technology-Pulaski. Feel free to call, make an appointment or drop by and speak to those that may be able to assist you.

Melissa Banks, Administrative Support	424-4014
Codie Brown, Admissions	424-2428
Carrie Gilbert, Financial Aid & VA School Certifying Official	424-2406
Amy Key, Director of Nursing and Allied Health	424-2437
Erin Miles, September Practical Nursing Instructor	424-2435
Katrina Fulford, Bookstore (Hesi)	424-2402
Christa Williams, Vice President Student Services	424-2404
Emmy Williams, Recruiter/Dual Enrollment	424-2400

SOUTH CENTRAL REGIONAL PRACTICAL NURSING Score Breakdown

ACT Passing Score	HESI Passing Score
For recent HS graduates only (<1year)	70 in Reading and 70 in Math
19 in Reading and 19 in Math	
NOT COMPOSITE SCORE	
ACT Total Points:	HESI Total Points
38-40 = 10 Points	140-151 = 10 Points
41-44 = 17 Points	152-163 = 17 Points
45-48 = 25 Points	164-175 = 25 Points
49-52 = 32 Points	176-187 = 32 points
52 up = 40 Points	188-200 = 40 Points

High School Transcript/HS Diploma or GED (turned in by required date)
Provided by required date = 5 Points
Not Provided by Required Date = 0 Points

Healthcare Experience	
HOSA = 5 Points	
1-12 months experience = 10 Points	
>12 months experience = 15 Points	

References Using TCAT Reference Forms
Points to be awarded if references turned in by required date. Immediate family and friends not accepted.
Please use previous employer, instructor, career professional, etc
0 References = 0 Points
1 Reference = 5 Points
2 References = 10 Points
3 References = 15 Points

Post- Secondary Training

Any Tennessee College of Applied Technology, Community College or University hours/credits toward a NONMEDICAL degree or diploma = 5 Points

Any Tennessee College of Applied Technology, Community College or University hours/credits toward a MEDICAL related degree or diploma, including CNA and Phlebotomy from Tennessee College of Applied Technology = 7 Points

Previous Tennessee College of Applied Technology diploma (1296 hours) in Medical Assisting/Patient Care Technology or Pharmacy Technician = 10 Points

An Associate, Bachelor or higher degree in any area = 15 Points

*Must verify by documentation such as a transcript of courses from institution.

Military Service = 5 Points

Practical Nursing Class 2024-2025

I,, do he	reby give permission to release inform	mation to
(Please Print Legibly Full Name)		
Tennessee College of Applied Technolog Practical Nursing Advisory Committee, is not limited to:		_
Criminal Background Check		
9 Panel Drug Screen		
Physical Exam and Immunization	ns	
Proof of Medical Insurance		
Proof of Citizenship		
This information can and will be used program and attend clinical rotations at date.		
Please Print Name	 Please Sign Name	 Date



1233 East College Street • PO Box 614 • Pulaski, TN 38478 Phone:(931) 424-4014 • Fax:(931) 424-4017

REFERENCE LETTER

TO WHOM IT MAY CONCERN:

I, the undersigned, request that the information requested on the Reference form be released to the Tennessee College of Applied Technology @ Pulaski's Practical Nursing program. I understand, and agree, that this information will be treated as confidential by the instructors, and will not be available to anyone other than authorized personnel employed by this school or appointed to serve on the Selection Committee.

confidential by the instructors, and will not be available to anyone other than						
authorized personnel employ	ed by this school	or appoin	ted to serve	on the S	Selection	
Committee.						
APPLICANT'S SIGNATUR	E :					
	First	Middle	or Maiden		Last	
Ι,	, have ap	plied for en	trance into th	e Practica	l Nursing	
Program conducted by the Tennes					RETURN	
THIS COMPLETED AND SIGNE	D FORM TO THE A	APPLICAN'	T, not TCAT F	PULASKI		
EMPLOYMENT OR PROFESSIO						
Employer or Business Name						
Employer Address						
Primary Duties						
Period of Employment: From		to				
Did applicant need more than norn						
Attendance during employment: a		excessiv	re	none_		
Reason for leaving?						
Would you rehire?						
Please rate with regard to the follo	wing:					
	Excellent	Good	Average	Fair	Poor	
Attitude						
Quality of Work						
Ability to follow Directions						
Acceptance of Supervision						
Initiative						
Ability to work with others						
Attendance						
Character/Honesty						
Additional						
Remarks:						
NAME: (Please print)		Date:				
TITLE:		Signatu	re:			



1233 East College Street • PO Box 614 • Pulaski, TN 38478 Phone:(931) 424-4014 • Fax:(931) 424-4017

REFERENCE LETTER

TO WHOM IT MAY CONCERN:

I, the undersigned, request that the information requested on the Reference form be released to the Tennessee College of Applied Technology @ Pulaski's Practical Nursing program. I understand, and agree, that this information will be treated as confidential by the instructors, and will not be available to anyone other than authorized personnel employed by this school or appointed to serve on the Selection Committee.

confidential by the instructors, and will not be available to anyone other than						
authorized personnel employ	ed by this school	or appoin	ted to serve	on the S	Selection	
Committee.						
APPLICANT'S SIGNATUR	E :					
	First	Middle	or Maiden		Last	
Ι,	, have ap	plied for en	trance into th	e Practica	l Nursing	
Program conducted by the Tennes					RETURN	
THIS COMPLETED AND SIGNE	D FORM TO THE A	APPLICAN'	T, not TCAT F	PULASKI		
EMPLOYMENT OR PROFESSIO						
Employer or Business Name						
Employer Address						
Primary Duties						
Period of Employment: From		to				
Did applicant need more than norn						
Attendance during employment: a		excessiv	re	none_		
Reason for leaving?						
Would you rehire?						
Please rate with regard to the follo	wing:					
	Excellent	Good	Average	Fair	Poor	
Attitude						
Quality of Work						
Ability to follow Directions						
Acceptance of Supervision						
Initiative						
Ability to work with others						
Attendance						
Character/Honesty						
Additional						
Remarks:						
NAME: (Please print)		Date:				
TITLE:		Signatu	re:			



1233 East College Street • PO Box 614 • Pulaski, TN 38478 Phone:(931) 424-4014 • Fax:(931) 424-4017

REFERENCE LETTER

TO WHOM IT MAY CONCERN:

I, the undersigned, request that the information requested on the Reference form be released to the Tennessee College of Applied Technology @ Pulaski's Practical Nursing program. I understand, and agree, that this information will be treated as confidential by the instructors, and will not be available to anyone other than authorized personnel employed by this school or appointed to serve on the Selection Committee.

confidential by the instructors, and will not be available to anyone other than						
authorized personnel employ	ed by this school	or appoin	ted to serve	on the S	Selection	
Committee.						
APPLICANT'S SIGNATUR	E :					
	First	Middle	or Maiden		Last	
Ι,	, have ap	plied for en	trance into th	e Practica	l Nursing	
Program conducted by the Tennes					RETURN	
THIS COMPLETED AND SIGNE	D FORM TO THE A	APPLICAN'	T, not TCAT F	PULASKI		
EMPLOYMENT OR PROFESSIO						
Employer or Business Name						
Employer Address						
Primary Duties						
Period of Employment: From		to				
Did applicant need more than norn						
Attendance during employment: a		excessiv	re	none_		
Reason for leaving?						
Would you rehire?						
Please rate with regard to the follo	wing:					
	Excellent	Good	Average	Fair	Poor	
Attitude						
Quality of Work						
Ability to follow Directions						
Acceptance of Supervision						
Initiative						
Ability to work with others						
Attendance						
Character/Honesty						
Additional						
Remarks:						
NAME: (Please print)		Date:				
TITLE:		Signatu	re:			