TENNESSEE
COLLEGE OF APPLIED TECH
PULASKI

May 2027
Practical Nursing Day Program

Dear Prospective Practical Nursing Student,

Thank you for choosing **Tennessee College of Applied Technology Pulaski** to pursue your educational and career goals. We are thrilled that you are considering us as your pathway to becoming a nurse and look forward to supporting you on this exciting journey!

To start this journey, enclosed is a list of deadlines and requirements. Please read carefully and follow all directions.

Application Process

A completed TCAT Pulaski application must be submitted as soon as possible. You can find it online at https://engage.tbr.edu/apply . If you do not have internet access, please call Codie Brown at 931-424-2428 to schedule a time to come in to complete an application.

Required Documents – Due by January 21, 2027

☐ **Copy of Driver's License**
☐ **High School Diploma/Transcript or GED with graduation date**
☐ **Proof of Selective Service** *(if male, ages 18-26)*

Mandatory Information Session – January 27, 2027

You are **required** to attend a mandatory information session:

🗓️ **Tuesday – January 27, 2027**
⏰ **9:00 AM – 11:00AM**
🚫 **Children are NOT allowed at this meeting.**

Documents to Submit at the Information Session:

These items must be submitted in hard copy format on the day of the information session only. Early or late submissions will not be accepted.

☐ **ACT or HESI Scores** *(more information on placement test below)*
☐ **Signed Release of Information** *(included in this packet)*
☐ **Copy of Medical Insurance Card**
☐ **Three (3) Reference Letters** *(included in this packet, references must be from an employer, teacher, or professional—family members and friends are NOT accepted.)*
☐ **Proof of Healthcare Experience** *(if applicable)*
☐ **College Transcripts** *(if applicable)*
☐ **Proof of Military Service** *(if applicable)*

Placement Test Requirements

To be eligible for admission, you must meet one of the following testing requirements:

✅ **ACT Scores** – A minimum score of **19 in Reading** AND **19 in Math** (*Composite scores are not accepted. Only students who graduated high school within the last year may use ACT scores*).

✅ **HESI Exam** – A minimum score of **70 in Reading** AND **70 in Math**. *(Schedule can be found at www.tcatpulaski.edu/programs/practical-nursing)*

To schedule the **HESI exam** and pay the testing fee, please call Katrina at 931-424-2412. Payment must be made in advance via cash, check, or credit card to reserve your spot. **Failure to attend your scheduled test date will result in forfeiting the fee, and you will be required to reschedule and repay.**

Acceptance of the Practical Nursing Program

Acceptance into the Practical Nursing program is based on a **points system**, with a breakdown included in this packet. While passing the HESI exam and submitting all required documents are necessary steps, final selection is competitive. Admission is limited based on clinical site availability, classroom space, and faculty capacity.

Acceptance letters will be mailed out after the Information Session date and once the points for each applicant have been tallied. However, please note that final acceptance will still be contingent upon:

- ✔ A **clear criminal background check**
- ✔ A **negative drug screen** (*Instructions for both will be provided upon acceptance.*)

Important Note: Admissions will not process your application until you have been officially accepted into the nursing program and have confirmed your spot after receiving an acceptance letter. This means that your application status will not change online until these steps are completed.

Additional Program Details

🕗 **Class Hours:** Monday – Friday, **8:00 AM – 2:30 PM**

💙 **CPR Certification:** Proof of **American Heart Association Basic Life Support for Healthcare Providers** is required. If you do not have certification, a class will be offered later.

If you have any questions or would like to discuss the program further, please feel free to call or visit our campus at any time. We look forward to helping you achieve your nursing career goals!

Best regards,
Codie Brown
Admissions
Tennessee College of Applied Technology Pulaski

Sign of Release for Practical Nursing Class

2027-2028

I, _____, hereby give permission to release information to

(Please Print Legibly Full Name)

Tennessee College of Applied Technology-Pulaski, all clinical affiliates, and the South Central Regional Practical Nursing program as well as their advisory committee, related to all admission documents. This includes but is not limited to:

Criminal Background Check

9 Panel Drug Screen

Physical Exam and Immunizations

Proof of Medical Insurance

Proof of Citizenship

This information can and will be used as a requirement of eligibility to enter the Practical Nursing program and attend clinical rotations at contracted agencies.

Please Print Name: _____

Please Sign Name: _____

Date: _____

HOW TO APPLY FOR FINANCIAL AID

You must complete and submit the 2027-2028 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 2025 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/2025-26-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.

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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 2025-2026 FAFSA is scheduled to open in December 2024.

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

CHALLENGE QUESTIONS

To avoid the FSA ID site timing out account creation, preselect and answer challenge questions from the 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?_____

TN FAFSA FRENZY

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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: _____

Challenge Answer 4: _____

Backup Code: _____

**Only create Parent 2 FSA ID if married and filed 2023 taxes separately. Married filing jointly requires only Parent 1 FSA ID.*

IF YOU NEED HELP WITH YOUR FSA ID, PLEASE CALL 1.800.433.3243

South Central Regional Practical Nursing Score Breakdown

Placement Exam

ACT Passing Score

For recent HS graduates only (<1year)

19 in Reading and 19 in Math (NOT COMPOSITE SCORE)

ACT Total Points:
38-40 = 10 Points
41-44 = 17 Points
45-48 = 25 Points
49-52 = 32 Points
52 up = 40 Points

HESI Passing Score

70 in Reading and 70 in Math

HESI Total Points:
140-151 = 10 Points
152-163 = 17 Points
164-175 = 25 Points
176-187 = 32 Points
188-200 = 40 Points

High School Transcript/HS Diploma or GED

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

0 references = 0 Points

1 reference = 5 Points

2 references = 10 Points

3 references = 15 Points

Information Session

Attened = 10 Points

Did not Attend = 0 Points

Post-Secondary Training – Transcripts must be provided for any of the following

Any Tennessee College of Applied Technology, Community College or University hours/credit towards a non-medical degree or diploma = 5 Points

Any Tennessee College of Applied Technology, Community College or University hours/credit towards a medical degree or diploma = 7 Points

If you have a diploma in Patient Care Technology/Medical Assisting or Pharmacy Technology from TCAT = 10 Points

If you have an Associate, Bachelors, or Higher degree in any area = 15 Points

Military Service

If you have served in the Military = 5 Points

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.

APPLICANT'S SIGNATURE: _____
First Middle or Maiden Last

I, _____, have applied for the entrance into the Practical Nursing Program conducted by the Tennessee College of Applied Technology in Pulaski.
PLEASE RETURN THIS COMPLETED AND SIGNED FORM TO THE APPLICANT, *not TCAT PULASKI*

EMPLOYMENT OR PROFESSIONAL REFERENCE
Employer or Business Name_____
Employer Address_____
Position Held_____
Primary Duties _____
Period of Employment: From _____**to**_____
Did applicant need more than normal supervision?_____
Attendance during employment: average_____ **excessive**_____ **none**_____
Reason for leaving?_____
Would you rehire?_____

Please rate with regard to the following:

	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:_____ **Signature:**_____

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EMPLOYMENT OR PROFESSIONAL REFERENCE
Employer or Business Name_____
Employer Address_____
Position Held_____
Primary Duties _____
Period of Employment: From _____**to**_____
Did applicant need more than normal supervision?_____
Attendance during employment: average_____ **excessive**_____ **none**_____
Reason for leaving?_____
Would you rehire?_____

Please rate with regard to the following:

	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:_____ **Signature:**_____

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Employer or Business Name_____
Employer Address_____
Position Held_____
Primary Duties _____
Period of Employment: From _____**to**_____
Did applicant need more than normal supervision?_____
Attendance during employment: average_____ **excessive**_____ **none**_____
Reason for leaving?_____
Would you rehire?_____

Please rate with regard to the following:

	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:_____ **Signature:**_____