Dear Prospective Practical Nursing student:

Thank you for choosing the Tennessee College of Applied Technology in Pulaski, Tennessee for your educational goals. We are excited about having you as a student and becoming a future nurse.

Enclosed, you will find a list of deadlines and important dates. Please read carefully and follow all directions. You will find a blank Tennessee College of Applied Technology APPLICATION in this packet that is to be completed and returned by May 1, 2017 or as soon as possible.

To be eligible for admission, you must either have an acceptable ACT score of 19 in Reading and a 19 in Math or a passing score for our entrance exam. The ACT cannot be a composite score. To schedule the entrance exam please call 424-4014 as soon as possible. You will need to pre-pay with cash, check or credit card. If you fail to show on your scheduled date, you will forfeit your fee and must reschedule and resubmit the fee. Passing scores are required by May 1, 2017.

For those that have passing scores or an acceptable ACT you are required to attend the INFORMATION SESSION on Wednesday May 24, 2017 at 9:00 a.m. The meeting will last until approximately 12:00 noon. We ask that you do not bring children to this meeting.

There is a RELEASE of INFORMATION in your packet. Please sign and date. This form will need to be returned on the date of the Information Session.

Please photocopy your DRIVER’s LICENSE as proof of citizenship and your MEDICAL INSURANCE CARD for future clinical rotations. These should also be returned on May 24 at the Mandatory Information Session.

There are 3 blank REFERENCE FORMS that need to be completed and returned. 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 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.

To summarize, the items to be returned to us are:

- ACT or ENTRANCE EXAM SCORE
- Signed Release of Information
- Driver’s License (copy)
• Medical Insurance (copy)
• 3 References
• Proof of Healthcare Experience
• Current Transcript/High School Diploma/GED

Acceptance into the Practical Nursing program is not automatic, even though the 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. for the day classes and 3:00 p.m. until 9:00 p.m. Monday through Thursday for the Evening class.

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

Sincerely,

Vicki Barnette, RN, BSN
Regional PN Director

Vb/enclosures
Tennessee College of Applied Technology Pulaski

Fall PN Class

2017-2018

☐ Deadline Monday May 1, 2017 TCAT Application Due

☐ Deadline Monday May 1, 2017 ACT Scores or Entrance Exam Scores

☐ Information Session @ TCAT Wednesday May 24, 2017 9:00-12:00
  ○ Release of Information Signed
  ○ Copy of High School Diploma/GED or Transcript
  ○ Copy of Medical Insurance
  ○ Copy of Valid Driver License
  ○ 3 Letters of Recommendation
  ○ Proof of Experience(s)
  ○ Proof of Military Experience
  ○ Proof of Post Secondary Training or Degree

☐ Acceptance letters to be mailed Friday June 2, 2017. Acceptance contingent upon background check and drug screen results

☐ Deadline Monday June 15, 2017 for confirmation of acceptance by the applicant

☐ Deadline Monday July 10, 2017 Criminal Background Check and Drug Screen. May take 2 weeks. Instructions will be provided to you

☐ Deadline Monday July 10, 2017 Physical Exam including vaccinations and titers

☐ Class inception Tuesday September 5, 2017

*Students are selected using a point system. A copy of this is provided to you on the next page for your review. It is imperative that all items required be submitted by due dates. Do not procrastinate!
Entrance Scores for Admission

The HESI exam contains 2 parts to be scored:

- Math                                      Passing is 70 or >
- Reading Comprehension                     Passing is 70 or >

Compass scores are good for 2 years from test date. The last Compass score accepted will be 2 years from November 30 2016.

The HESI Admissions Assessment (A2) Exam is available January 2017. The scores are good for 2 years. Minimum acceptable score is 70 in math and 70 in reading. For additional information on cost, scheduling, results, etc...please contact us at 424-4014.

For high school seniors an acceptable ACT will suffice for entrance score into the Practical Nursing program. A 19 in math and 19 in reading are required. No composites.

All applicants educated outside the United States will be required to show proof of GED, high school diploma or the equivalent as evaluated by independent sources. One such source can be attained at www.wes.org. The cost of the interpretation/evaluation is significant, but if the applicant desires consideration, they must incur the cost.
**Score Breakdown**

<table>
<thead>
<tr>
<th>Compass Passing Score OR HESI Passing Score</th>
<th>ACT Passing Score OR HESI Passing Score</th>
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<tbody>
<tr>
<td>(Passing Scores 80 Reading 50 Math)</td>
<td>(19 in both Reading and Math.)</td>
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<tr>
<td>Will be honored up to 2018</td>
<td>For Current H.S. Grads only</td>
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</tbody>
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### Compass Total Points
- 130-142......10 Points
- 143-154......17 Points
- 155-169......25 Points
- 170-181......32 Points
- 182-198......40 Points

### ACT Total Points
- 19-20......10 Points
- 21-22......17 Points
- 23-24......25 Points
- 25-26......32 Points
- 27-Up......40 Points

### 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..........................................................................................................................5 Points
- Not Provided by Required Date..........................................................................................0 Points

**Healthcare Experience**
- HOSA..................................................................................................................................5 Points
- 1-12 months..........................................................................................................................10 Points
- >12 months...........................................................................................................................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

**Mandatory Information Session**
- Did not Attend.....................................................................................................................0 Points
- Attended...............................................................................................................................10 Points

**Post-Secondary Training**
- Any Tennessee College of Applied Technology, Community College or University hours/credits toward a NON-MEDICAL degree or diploma..............................................................5 Points
- Any Tennessee College of Applied Technology, Community College or University hours/credits toward a MEDICAL related degree or diploma..........................................................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

**Total Possible Points**.....................................................................................................120 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 or appointed to serve on the Selection Committee.

APPLICANT’S SIGNATURE:____________________________________________

First Middle or Maiden Last

I, ______________________________________, have applied for 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:

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<th>Excellent</th>
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<th>Average</th>
<th>Fair</th>
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<td>Attitude</td>
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<td>Quality of Work</td>
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<td>Acceptance of Supervision</td>
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<td>Initiative</td>
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<td>Character/Honesty</td>
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Additional Remarks:____________________________________________________________________

NAME: (Please Print)________________________________________ Date:________________________

TITLE:_________________________________________ Signature:________________________________
I, ____________________________, do hereby give permission to release information to
(Please Print Legibly Full Name)

Tennessee College of Applied Technology, all clinical affiliates, and the South Central Regional
Practical Nursing Advisory Committee, related to any and 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. Return directly to Mrs.
Barnette by published date.

___________________________  __________________________  _______________
Please Print Name                Please Sign Name                   Date