

PRACTICAL NURSING PROGRAM APPLICATION

*Please complete all fields below.*

**PERSONAL INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name (first middle last) Student Tech ID (8 digits)

All correspondence will be mailed to the address on file. Please change address here (if needed): <http://www.rctc.edu/eservices/student_records-update-address.html>

**ADMISSION REQUIREMENTS**

The following requirements or their equivalents must be satisfactorily completed prior to the admission deadline:

* High School Diploma or GED - Final official high school transcript with graduation date or GED
* Official Transcripts from all colleges attended
* Cumulative College GPA at or above 2.0 \****Calculation includes all attempted college credits within the past 5 years\****
* Nursing Assistant - Successful completion of NA 1500 at RCTC or successful completion of an equivalent course at an accredited school. If not completed at an accredited school, you must provide proof that you are active on the MN State Registry.
* College Reading and Writing Skills – documentation of placement into ENGL 1117 or successful completion of ENGL 1117 or equivalent
* Elementary Algebra – satisfied in one of the following ways:
  + documentation of placement into MATH 0099 or higher
  + successful completion of MATH 0094 or higher or equivalent
  + successful completion of CHEM 1101 or equivalent or ACT score of 21 or higher
* Current CPR for the Health Professional/Professional Rescuer must be completed prior to semester start
* ATI Test of Essential Academic Skills (TEAS) **ED**

**UCATION –**

**COURSE SCHEDULE**

**Semester I**

PNM 1200 (3 cr.)

PNM 1210 (1 cr.)

PNM 1250 (7 cr.)

\*BIOL 1107 (4 cr.)

\*ENGL 1117 (4 cr.)

**Semester II**

PNM 1320 (6 cr.)

PNM 1340 (6 cr.)

\*PSYC 2618 (4 cr.)

\* General education classes must be completed prior to or in the semester listed

**Semester III**

PNM 1440 (4 cr.)

4-Week Integrated Clinical

**STATEMENT OF UNDERSTANDING**

By signing below, I acknowledge that I understand the program admission requirements listed above and have submitted or attached the documentation necessary to review my application. I acknowledge that I am in good standing with RCTC and its partners and incomplete applications will not be accepted or reviewed.

Signature: Date: