



Davis Technical College (Davis Tech)
PRACTICAL NURSE PROGRAM
An ACEN accredited program
APPLICATION FOR ADMISSION

This application is valid from: January 2, 2019 to February 13, 2019

Program starts: July 2, 2019

Next application available: May 1, 2019

Please type or print. Fill in all information required.
Remember to sign this application.

Have you applied for this program before: Yes No

Name: _____
Last First Middle

Previous Last Name: _____ Date of Birth: _____

Mailing address: _____
Number, Street, Apt #, P.O. Box City State Zip

Telephone: _____
Home Work Cell

E-mail Address: _____

PN PROGRAM ADMISSION REQUIREMENTS:

1. 18 years old and graduated high school (or equivalent)
2. **Cumulative Grade Point Average (GPA) of 3.0 or higher**
3. Completion of all application materials
4. **NLN PAX™ Pre-admission Exam composite score of 100 or higher**
5. Completion of prerequisite requirements by start of PN program
6. If accepted, students will be notified to complete a FBI background check and will be drug screened at random

Note: You will be informed by mail as to your status in the Practical Nurse program approximately **6 weeks after the deadline**. Please be aware that alternates frequently become accepted as entrants within weeks or days of the beginning of class work, so keep taking courses to meet program requirements.

1. Educational information: (Use additional sheets if necessary.)

Name of Schools Attended (High School and all Colleges)	City and State	Date of Entrance	Date of Leaving	Diploma/Degree Yes/No

2. Prerequisite Courses Completed

Course Number and Name (or equivalent)	College/University where course was taken	Semester and Year Completed
HTHS 1110: Integrated Human Anatomy & Physiology I or ZOOL 2100: Human Anatomy		
HTHS 1111: Integrated Human Anatomy & Physiology II or ZOOL 2200: Human Physiology		
NUTR 1020: Foundations in Nutrition		
PSYCH 1010: Intro to Psychology or CHF 1500 Human Development		

3. Support Course Completed

Course Number and Name (or equivalent)	College/University where course was taken	Semester and Year Completed
HTHS 2230: Into to Pathophysiology		

4. List all places of employment beginning with most recent. (Use additional sheets if necessary.)

Business Name: _____ From: _____ To: _____

Address: _____ Title: _____

Supervisor & Phone: _____ Reason for leaving: _____

Business Name: _____ From: _____ To: _____

Address: _____ Title: _____

Supervisor & Phone: _____ Reason for leaving: _____

5. Do you have hands-on patient care experience in a position such as CNA, MA, Respiratory Therapist, EMT, or Surgical Tech? Yes No

IF YES, ASK YOUR SUPERVISOR OR EMPLOYER TO FILL OUT A REFERENCE FORM AND/OR PROVIDE VERIFICATION OF EMPLOYMENT TO RECEIVE THE APPLICATION POINT FOR YOUR EXPERIENCE.

6. Date of anticipated completion of CNA education, if not completed: _____

Date of anticipated completion of CNA state certification, if not yet certified: _____

7. Satisfactory progress through the Practical Nurse Program requires attendance in both theory and clinical sections. **Clinical hours may include evenings, nights, and weekends.**

Will you commit yourself to the prescribed hours and policies of the Practical Nurse Program? Yes No

8. Do you have a prior or pending criminal offense? Yes No
(See "Please Note" below.)

9. Ethnic Background (Optional): Black Non-Hispanic American Indian Asian or Pacific Islander
 Hispanic Other/Unknown White Non-Hispanic (Caucasian)

10. Please list the name and phone numbers of two people to be notified in case of emergency or who will always know how to reach you.

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

11. Review the Functional Requirements for Student Success online at www.davistech.edu/practical-nurse. It is located in the Admissions Requirements link.

Please Note:

In order to be licensed as a practical nurse in the State of Utah, the application must be in conformity with the Utah Nurse Practice Act. Applicants who have been convicted of a felony or treated for mental illness or substance abuse should discuss their eligibility status for licensure with the Utah State Board of Nursing.

Acceptance and completion of the nursing program does not assure eligibility to take the PN licensure exam. The Utah State Board of Nursing makes the final decision as to whether a license will be issued to practice nursing in Utah. If you have questions regarding this, please contact the State Board of Nursing, <https://dopl.utah.gov/>, 160 East 300 South, P. O. Box 146741, Salt Lake City, UT 84114-6741, Phone number (801-530-6628).

I do hereby certify that the statements in this application are true to the best of my knowledge and I have reviewed the Functional Requirements for Student Success. I give Davis Tech Practical Nurse Program faculty/staff permission to contact my provided references.

Signature

Date

APPLICATION CHECKLIST

Send completed application including:

- Official (sealed) transcripts from all schools where you have college credit
 - Within the last 6 years, any completed program requirements, and/or any colleges where you have concurrent enrollment (CE) credits.
 - **Official transcripts from the original school are required even if the credits have been transferred and show up on another college's transcript.**
 - Mailed transcripts must be addressed "ATTN: Practical Nurse" or they may not be received.
 - Electronic transcripts can be sent from schools to NursingAdvisor@davistech.edu.

- A copy of your NLN PAX™ Pre-admission Exam composite score of 100 or higher.**
 - Details are online: www.davistech.edu/practical-nurse

- A current copy of your Certified Nurse Assistant (CNA) state certification, **with expiration date**, if you have completed it.

- Three references (forms included)
 - **References must be from former/current supervisors, teachers and/or employers.**
 - Applications that include less than three references or references from co-workers, family friends, relatives, or religious leaders will not be accepted and will be disqualified.
 - Send or hand-deliver the attached Practical Nurse Reference Form to each person you are using as a reference. Also provide them with an envelope and **ask them to write their signature across the sealed back of the envelope.**
 - Return these envelopes with your nursing application. Write the names, addresses, and phone numbers of your three references on the provided form and include it with your nursing application.

- Medical Work Experience points will be given if:
 - Your supervisor or employer completes a reference form and verifies your experience on the second page.
 - Your supervisor or employer provides a verification of employment (a letter describing your job title, job duties and dates of employment).
 - **No other documents are accepted for medical work experience.**

- A typed, personal letter that is at least one page and no more than two pages in length describing why professionalism in nursing is important.

- Proof of military service, if applicable. (Active Duty, Reserve, Retired or Honorably Discharged)

- Non-refundable application fee of \$35. Make check or money order payable to "Davis Tech Practical Nurse"

Applications can be turned into Student Services or mailed and postmarked by the deadline to:

**Davis Technical College
Practical Nurse Program Application
550 East 300 South
Kaysville, UT 84037-2699**

Applicants are responsible for making sure that their application is complete and that all transcripts have been received. Applicants are notified of their status approximately **6 weeks** after the application deadline.

Questions about your application? Go to www.davistech.edu/practical-nurse and review the FAQs or contact Renee at 801-593-2341 or NursingAdvisor@davistech.edu.

**DAVIS TECHNICAL COLLEGE
PRACTICAL NURSE PROGRAM
REFERENCE CONTACT INFORMATION**

References must be from former/current supervisors, teachers, or employers.

Applications that include less than three references or references from co-workers, family friends, relatives, or religious leaders will not be accepted and will be disqualified.

1. Reference Name: _____
Business Name: _____
Address: _____
Phone number: _____
Association with reference: _____

2. Reference Name: _____
Business Name: _____
Address: _____
Phone number: _____
Association with reference: _____

3. Name: _____
Business Name: _____
Address: _____
Phone number: _____
Association with reference: _____

Turn in this completed sheet with your application.

DAVIS TECH PRACTICAL NURSE PROGRAM REFERENCE FORM

Section A: This information is to be filled out by the applicant requesting the reference.

Name of Applicant: _____

Name of Evaluator: _____ Evaluator Phone #: _____
Please print

Section B: This information is to be filled out by the evaluator. The evaluator should **sign the back of the envelope** over the envelope's seal when the evaluation is completed.

To the Evaluator: You have been selected to supply a reference for the applicant named above for the Practical Nurse Program. This will become part of the applicant's file and thus will be available to him/her should the request be made as guaranteed by the Family Educational Rights and Privacy Act of 1974 and its amendments.

Please circle your evaluation choice on the numerical rating scale of each of the following as it relates to the applicant's potential for nursing. *Comments in each area are helpful.*

1. Communication: Verbal & nonverbal: Comments

1	2	3	4	5	6	7
Inadequate		Limited skills		Good		Excellent

2. Interpersonal Relationships: Comments

1	2	3	4	5	6	7
Inadequate		Limited skills		Good		Excellent

3. Appearance/Grooming: Comments

1	2	3	4	5	6	7
Untidy		Sometimes tidy		Clean/ neat		Always well-groomed

4. Motivation: Comments

1	2	3	4	5	6	7
Poor		Fair		Good		Excellent

5. Integrity: Comments

1	2	3	4	5	6	7
Dishonest		Sometimes honest		Honest Truthful		Always honest, trustworthy

6. Punctuality/Absenteeism: Comments

1	2	3	4	5	6	7
Frequently late or absent		Sometimes present & punctual		Good attendance & punctuality		Excellent attendance, always punctual

7. Dependability/Responsibility/Maturity:

Comments

1	2	3	4	5	6	7
Immature, undependable, irresponsible		Sometimes mature, dependable, responsible		Mature, dependable, responsible		Always dependable, assumes responsibility very well, very mature

8. Problem Solving/Decision Making/Critical Thinking:

Comments

1	2	3	4	5	6	7
Inadequate		Limited skills		Good		Excellent

9. Anxiety Level:

Comments

1	2	3	4	5	6	7
Very stressed		Some-what stressed or anxious		Deals with stress well, no evidence of anxiety		Calm, in control in stressful, anxiety provoking situations

10. Caring Attitude:

Comments

1	2	3	4	5	6	7
Rarely considers other's needs		Sometimes demonstrates caring behaviors		Has a positive attitude, demonstrates caring behaviors		Exceptional attitude of caring for & about others

Additional comments you may wish to make:

Choose one of the following:

- I highly recommend this applicant to the Practical Nurse Program.
- I recommend this applicant to the Practical Nurse Program.
- I do not recommend this applicant to the Practical Nurse Program.

Please answer the following questions regarding the applicant:

- Yes No Has this applicant worked as a CNA, Respiratory Therapist, EMT, Surgical Tech, Paramedic, Medical Assistant, Home Health Aide, Pharmacy Tech, or Radiography Technician at YOUR facility?
(If yes, please circle the applicant's job title.)
- Yes No Has this applicant worked at your facility for six (6) months or more?
- Yes No Would you claim this applicant is very good or excellent in fulfilling his/her responsibilities?

Evaluator's signature: _____ Date: _____

Evaluator's Place of Employment: _____

Length of time you have known this applicant: _____

Capacity in which you have known this applicant: (please circle one)

Supervisor Teacher Employer RN Supervisor Other _____

***References from co-workers, family friends, relatives, or religious leaders will not be accepted**

DAVIS TECH PRACTICAL NURSE PROGRAM REFERENCE FORM

Section A: This information is to be filled out by the applicant requesting the reference.

Name of Applicant: _____

Name of Evaluator: _____ Evaluator Phone #: _____
Please print

Section B: This information is to be filled out by the evaluator. The evaluator should **sign the back of the envelope** over the envelope's seal when the evaluation is completed.

To the Evaluator: You have been selected to supply a reference for the applicant named above for the Practical Nurse Program. This will become part of the applicant's file and thus will be available to him/her should the request be made as guaranteed by the Family Educational Rights and Privacy Act of 1974 and its amendments.

Please circle your evaluation choice on the numerical rating scale of each of the following as it relates to the applicant's potential for nursing. *Comments in each area are helpful.*

1. Communication: Verbal & nonverbal:

1	2	3	4	5	6	7
Inadequate		Limited skills		Good		Excellent

Comments

2. Interpersonal Relationships:

1	2	3	4	5	6	7
Inadequate		Limited skills		Good		Excellent

Comments

3. Appearance/Grooming:

1	2	3	4	5	6	7
Untidy		Sometimes tidy		Clean/ neat		Always well-groomed

Comments

4. Motivation:

1	2	3	4	5	6	7
Poor		Fair		Good		Excellent

Comments

5. Integrity:

1	2	3	4	5	6	7
Dishonest		Sometimes honest		Honest Truthful		Always honest, trustworthy

Comments

6. Punctuality/Absenteeism:

1	2	3	4	5	6	7
Frequently late or absent		Sometimes present & punctual		Good attendance & punctuality		Excellent attendance, always punctual

Comments

7. Dependability/Responsibility/Maturity:

Comments

1	2	3	4	5	6	7
Immature, undependable, irresponsible		Sometimes mature, dependable, responsible		Mature, dependable, responsible		Always dependable, assumes responsibility very well, very mature

8. Problem Solving/Decision Making/Critical Thinking:

Comments

1	2	3	4	5	6	7
Inadequate		Limited skills		Good		Excellent

9. Anxiety Level:

Comments

1	2	3	4	5	6	7
Very stressed		Some-what stressed or anxious		Deals with stress well, no evidence of anxiety		Calm, in control in stressful, anxiety provoking situations

10. Caring Attitude:

Comments

1	2	3	4	5	6	7
Rarely considers other's needs		Sometimes demonstrates caring behaviors		Has a positive attitude, demonstrates caring behaviors		Exceptional attitude of caring for & about others

Additional comments you may wish to make:

Choose one of the following:

- I highly recommend this applicant to the Practical Nurse Program.
- I recommend this applicant to the Practical Nurse Program.
- I do not recommend this applicant to the Practical Nurse Program.

Please answer the following questions regarding the applicant:

- Yes No Has this applicant worked as a CNA, Respiratory Therapist, EMT, Surgical Tech, Paramedic, Medical Assistant, Home Health Aide, Pharmacy Tech, or Radiography Technician at YOUR facility?
(If yes, please circle the applicant's job title.)
- Yes No Has this applicant worked at your facility for six (6) months or more?
- Yes No Would you claim this applicant is very good or excellent in fulfilling his/her responsibilities?

Evaluator's signature: _____ Date: _____

Evaluator's Place of Employment: _____

Length of time you have known this applicant: _____

Capacity in which you have known this applicant: (please circle one)

Supervisor Teacher Employer RN Supervisor Other _____

***References from co-workers, family friends, relatives, or religious leaders will not be accepted**

DAVIS TECH PRACTICAL NURSE PROGRAM REFERENCE FORM

Section A: This information is to be filled out by the applicant requesting the reference.

Name of Applicant: _____

Name of Evaluator: _____ Evaluator Phone #: _____
Please print

Section B: This information is to be filled out by the evaluator. The evaluator should **sign the back of the envelope** over the envelope's seal when the evaluation is completed.

To the Evaluator: You have been selected to supply a reference for the applicant named above for the Practical Nurse Program. This will become part of the applicant's file and thus will be available to him/her should the request be made as guaranteed by the Family Educational Rights and Privacy Act of 1974 and its amendments.

Please circle your evaluation choice on the numerical rating scale of each of the following as it relates to the applicant's potential for nursing. *Comments in each area are helpful.*

1. Communication: Verbal & nonverbal:

1	2	3	4	5	6	7
Inadequate		Limited skills		Good		Excellent

Comments

2. Interpersonal Relationships:

1	2	3	4	5	6	7
Inadequate		Limited skills		Good		Excellent

Comments

3. Appearance/Grooming:

1	2	3	4	5	6	7
Untidy		Sometimes tidy		Clean/ neat		Always well- groomed

Comments

4. Motivation:

1	2	3	4	5	6	7
Poor		Fair		Good		Excellent

Comments

5. Integrity:

1	2	3	4	5	6	7
Dishonest		Sometimes honest		Honest Truthful		Always honest, trustworthy

Comments

6. Punctuality/Absenteeism:

1	2	3	4	5	6	7
Frequently late or absent		Sometimes present & punctual		Good attendance & punctuality		Excellent attendance, always punctual

Comments

7. Dependability/Responsibility/Maturity:

Comments

1	2	3	4	5	6	7
Immature, undependable, irresponsible		Sometimes mature, dependable, responsible		Mature, dependable, responsible		Always dependable, assumes responsibility very well, very mature

8. Problem Solving/Decision Making/Critical Thinking:

Comments

1	2	3	4	5	6	7
Inadequate		Limited skills		Good		Excellent

9. Anxiety Level:

Comments

1	2	3	4	5	6	7
Very stressed		Some-what stressed or anxious		Deals with stress well, no evidence of anxiety		Calm, in control in stressful, anxiety provoking situations

10. Caring Attitude:

Comments

1	2	3	4	5	6	7
Rarely considers other's needs		Sometimes demonstrates caring behaviors		Has a positive attitude, demonstrates caring behaviors		Exceptional attitude of caring for & about others

Additional comments you may wish to make:

Choose one of the following:

- I highly recommend this applicant to the Practical Nurse Program.
- I recommend this applicant to the Practical Nurse Program.
- I do not recommend this applicant to the Practical Nurse Program.

Please answer the following questions regarding the applicant:

- Yes No Has this applicant worked as a CNA, Respiratory Therapist, EMT, Surgical Tech, Paramedic, Medical Assistant, Home Health Aide, Pharmacy Tech, or Radiography Technician at YOUR facility?
(If yes, please circle the applicant's job title.)
- Yes No Has this applicant worked at your facility for six (6) months or more?
- Yes No Would you claim this applicant is very good or excellent in fulfilling his/her responsibilities?

Evaluator's signature: _____ Date: _____

Evaluator's Place of Employment: _____

Length of time you have known this applicant: _____

Capacity in which you have known this applicant: (please circle one)

Supervisor Teacher Employer RN Supervisor Other _____

***References from co-workers, family friends, relatives, or religious leaders will not be accepted**