STUDENT NAME/DATE	2024-25 AY

ESCC PN Application Checklist

	Completed ESCC *Application for General Admission* and admission requirements for ESCC.
	Completed *Practical Nursing Program Application* **BY posted deadline with all required documentation.** It is your responsibility to ensure that the Practical Nursing Program Office has received your application prior to the deadline. You may verify application has been received if application is submitted and request is made before the deadline by emailing aphillips@escc.edu or ejohnson@escc.edu We cannot verify packets are complete on a case by case basis prior to deadline. Hand delivered applications will not be accepted.
	Official transcripts from **EACH college attended** must be in the Registrar's office **before** the deadline. Transfer credit listed on other college transcripts will NOT be accepted as replacement for official transcripts from EACH college. **Faxed and hand-delivered transcripts are not considered as official**. Official transcripts are not considered as "received" until they have entered the ESCC Records Office. It is your responsibility to check with Records Office and verify that **transcripts have been received by the Records Office before** the application deadline. **Transcripts include the pre-req/co-req courses: MTH100 (or higher), PSY210, BIO 201, BIO 202, ENG 101, & SPH106/107 with a score of "C" or higher.**
	Unofficial transcripts from **EACH college attended** must be attached to this program application by the posted deadline.
	Unconditional admission to the college. _____ If you are enrolled in classes at another institution this semester, your admission status will not be unconditional until admissions receives your final transcript. Upon completing your current courses, you will be required to submit your final transcript to admissions. _____
	Meet minimal admission requirements for application to nursing program. (Listed in this application)
	Current class schedule must be attached if currently enrolled in college other than ESCC. Latest "In-progress" transcript from college you are currently attending must be in Records Office before application deadline. _____
	Essential Functions form read, answered, and signed by applicant. Student must maintain ability to meet essential functions for nursing with or without reasonable accommodations. **Application will be considered incomplete without applicant's answer regarding ability to meet essential functions and signature**. Physician's signature will be required following admission to program.
	Proof of **ATI Test of Essential Academic Skills (ATI TEAS®)** taken within three years of the application deadline AND results uploaded to this application. SCORE_____
	Proof of active, unencumbered or unrestricted license or certification to include but not limited to: CCMA, CMA, CNA, PCT, or paramedic license at the time of application **IF points are awarded**.
	For **PN BRIDGE PROGRAM**- CMA/CCMA, proof of completion of a medical assisting program that is approved by the United States Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA) with a minimum 560 academic contact hours and 160 hour's worth of practicum/externship with program verification. The program must reward a diploma, certificate, or an associate's degree. You must submit the letter provided as verification. It must be completed from the Dean or Director of the previous medical assisting program. **ESCC attestation form MUST be submitted with your PN program application packet**.
	If you have previously been admitted to, but failed to complete a previous **nursing program**, you must submit a letter stating you are eligible to return to the previous program. **The letter must be submitted with your PN program application packet**. The letter must be from the Dean or Director of the previous nursing program.

NAME   DATE   MEETS REQUIREMENTS

_____   _____   _____

_____   _____   _____

_____   _____   _____

I. Attestation for Program Requirements (**Required**)

This section is to be completed and signed by the <u>medical assisting program director, medical assisting faculty, registrar, state department of education,</u> or <u>any other individual who has institutional authority and can verify the program components below.</u>

I hereby certify that _____medical assisting program met the following
                              (program name)

criteria and included the following components*:

*(please use and complete the following checklist to ensure that the application is accepted)

_____ Included a minimum of 560 contact hours (not including practicum/externship)

_____ Included a minimum of 160 practicum/externship hours

_____ Awarded a diploma, certificate, or associate degree from a postsecondary medical assisting apprenticeship program

_____ Accredited by an accrediting agency recognized by the U.S. Department of Education and/or the Council for higher Education Accreditation

_____ Included pharmacology in the curriculum

Name (Print):_____   **Title:_____**

Phone: _____   **Email:_____**

Signature: _____   **Date: _____**