DURHAM TECH

Return this form to:
Admissions Registration, and Records.
View submission instructions below.

LPN to ADN Nursing Program Admissions Application

First Name_____   Last Name_____

Durham Tech Student ID Number _____ Date _____

ConnectMail Email Address: _____
NOTE: *All official communication from the college is delivered via ConnectMail, including Health and Wellness admissions decisions.*

APPLICATION DEADLINE: February 1

*Submit **completed** application packets November 2 through February 1.*
Email Dorothy Yates if you have questions.

Submit **completed** application packets electronically to the Admissions, Registration, and Records office. Follow the instructions to submit electronic documents using our secure system. Acceptable digital formats include PDF, JPEG, TIFF, GIF, and PNG. Drop off locations are also listed. No faxed or emailed applications will be accepted.

☐ I have attended a a <u>mandatory</u> Nursing information session within the last year and attached the Certificate of Completion.
      View the signup form.

CHECKLIST: All steps below are *required*. Please *check* that each item is completed.

Enroll at Durham Technical Community College

View College enrollment steps on the website.

☐ I am currently admitted to Durham Tech.
      Note: If you have not been enrolled with Durham Tech within the last 12 months, you must reapply to Durham Tech using the CFNC application.

☐ I have submitted an official transcript(s) from high school or college.
      Submit to Admissions, Registration, and Records.

☐ I have applied for Financial Aid (recommended but not required).

☐ I have attended a ConnectSession (Student orientation)
      Note: Prospective students with 12 or more college credit hours transferred to Durham Tech are not required to attend a ConnectSession, but it is recommended.

Meet Course Placement Requirements

Students must demonstrate they are college ready in one of the following ways *(check one)*:

☐ Provide proof of unweighted US high school GPA of 2.8 or higher within the last ten years

☐ Transfer credit for English and math (college-level algebra)

☐ Provide proof of completion of an associate's or bachelor's degree

☐ Provide proof of satisfactory scores on ACT, SAT, GED, HiSET, NCDAP, COMPASS, ASSET, or ACCUPLACER scores within the last ten years

☐ Demonstrate mastery on RISE English placement test 2 and RISE Math placement test 2; **OR** successfully complete ENG-002 through Tier 2 (grade of P2) and MAT-003 through Tier 2 (grade of P2)

Additional Required Documents

Students must provide all of the documents listed below with the completed application.

☐ I have attached documentation showing that I am a Licensed Practical Nurse in the state North Carolina unless obtained from a Compact State.
Attach a printout of the [LPN License Number](). My number is: _____

☐ I have attached documentation verifying I have been employed as a Licensed Practical Nurse for one year or more (use official human resources verification of employment or the completed employment form attached below).

☐ I have attached a copy of the ATI TEAS test results showing that I have completed the test in person and achieved the minimum score requirement of 65 percent on the adjusted individual score within the last three years.

☐ I have attached a signed English Language Requirement Form (attached below)

☐ I have attached a signed Technology Proficiency Form (attached below)

Course Completion Verification

Important: *If you have transfer credit for a course not listed on your Durham Tech transcript, attach an official transcript from that school with this form.* ***You will not receive points for courses unless you provide official documentation of completion.***

☐ I have completed the following courses:

Course	Grade	[Points Awarded]()
BIO 168	_____	_____
BIO 169	_____	_____
BIO 271	_____	_____
ENG 111	_____	_____
PSY 150	_____	_____
PSY 241	_____	_____
Durham or Orange County Resident	_____ (yes or no)	_____
Total Points		_____

☐ If applicable, I have attached verification of Durham or Orange County residency.
(Examples: driver's license, property tax notice, utility bill, apartment lease, mortgage loan document).
I understand I will not receive residency points without valid verification.

Statement of Student Responsibility

I verify that I have read all the information regarding admissions to the Nursing program and understand the steps I must take to qualify for admissions. I understand that it is my responsibility to notify the Admissions, Records, and Registration office regarding changes in name, address, or phone number.

I understand that all official communication from the College is delivered via ConnectMail (only), including Health and Wellness admissions decisions.

I understand that my Nursing application will not be accepted if incomplete.

I understand that upon my acceptance to the Nursing program, clinical sites require a *criminal background check* and *drug screening* prior to my placement for training at that site. I understand I will pay a fee directly to a designated vendor for this background check. I understand that if I am admitted to the nursing program but am denied clinical placement by any of the hospitals/healthcare facilities **for any reason**, I will be unable to successfully complete the nursing program as the programs clinical objectives cannot be met. Program admission on two occasions with two clinical denials will be considered a second entry into the nursing program. Students are only allowed two entries (admissions) into the nursing program.

I understand upon my acceptance to the Nursing program I will be required to attend a mandatory orientation session and a mandatory boot camp to maintain my seat. Dates will be included when I am offered a seat in the program.

I understand upon acceptance to the Nursing program, I will be given a Student Medical form and required to complete a physical examination and assessment (including proof of immunizations or titers). I must maintain up-to-date health care insurance throughout the program.

I understand failure to upload the completed clinical requirements and documentation *by May 1* (no exception or extensions) may result in the inability to progress in the program or dismissal from the program.

I understand that accepting a seat within the Nursing program counts as the first admission. A maximum of two admissions are allowed.

Signature _____ Date_____

Technology Proficiency Self-Assessment for Nursing Programs

The skills listed below are examples of skills or abilities Nursing students are expected have upon entering the program. The program does not teach these skills; students are responsible for having or developing them outside of the program. If you do not have proficiency in any of the tasks listed below, it is your responsibility to become proficient through seeking out resources at Durham Tech (view computer resources), other websites (i.e. GCF LearnFree.org), or programs at your local library. Proficiency in the skills listed below is essential to student success in Nursing programs.

At the time of entry into the Nursing programs the student must be able to:

☐ Access the internet using a laptop, desktop and/or computer with a web camera
☐ Use your ConnectMail email account to receive and send communication to Durham Tech, including attaching documents, opening attachments, and saving them.
☐ Use a web browser to navigate a variety of websites, refresh a web page, and find reputable resources.
☐ Use web-based document sharing platforms such as Google docs.

Use Microsoft Office programs:

1. Use Microsoft Word to: (Microsoft Office 10 or higher)
   ☐ Create, open, and save documents
   ☐ Compose documents using text functions including editing
   ☐ Use page layout, font and paragraph functions to format text (margins, orientation, columns, headers, page numbering, font style & size, bold, italics, color, highlighting, spacing)
   ☐ Use spelling and grammar check to find and correct errors in your writing
   ☐ Insert tables to organize content
   ☐ Use track changes to work on shared documents
2. Use Microsoft PowerPoint to:
   ☐ Create, open, edit and save presentations
   ☐ Use review to insert comments for shared presentations

Use Canvas, a learning management system, to:

☐ Find a course syllabus
☐ Open weekly lessons
☐ Take online tests
☐ Submit assignments
☐ Monitor performance in your grade book
☐ Communicate with others in the class
☐ Participate in discussion forums
☐ Access meetings

By my signing this document, I understand and agree that all of the above tasks are not taught in the program and by my checking them indicates I am proficient and understand the technology proficiency expectations of the Nursing program.

Signature _____   Date _____

DURHAM TECH

Work Verification for LPN to ADN Transition Nursing Program

I verify that (LPN full printed name) _____ has been employed as

a Licensed Practical Nurse with (print facility name) _____ for

_____ hours or more.

Note: *Time spent as a Nursing Assistant or any other role prior to obtaining the LPN license does not count toward the* ***1872*** *hours (one year) required, even if at the same facility. Clinical hours, while enrolled in a health science/nursing program up to and including a Licensed Practical Nurse program, does not count toward the* ***1872*** *hours worked as a Licensed Practical Nurse.*

Please Print:
Applicant Name _____

Supervisor Name _____   Title: _____

Supervisor Contact Information: Office Phone: _____   Email: _____

Human Resources
Representative Name _____   Title: _____

Representative Contact Information: Office Phone: _____   Email: _____

Facility Information
Facility Name _____

Facility Address _____

Facility Phone Number _____

By signing below, I acknowledge that the information provided is true and correct to the best of my knowledge. If future clarification is needed, a Durham Technical Community College representative will follow up with the applicant and/or a facility representative.

Please Sign:
Applicant: _____   Date: _____

Supervisor: _____   Date: _____

Human Resources Representative: _____   Date: _____

Statement of Policy Regarding Acceptance for Clinical Training in the Following Programs at Durham Technical Community College

Associate Degree Nursing	Medical Assisting	Practical Nursing
Anesthesia Technology	Occupational Therapy Assistant	Respiratory Therapy
Clinical Trials Research Associate	Pharmacy Technology	Surgical Technology
Health Information Technology	Medical Product Safety and Pharmacovigilence	

Students accepted into the above programs must meet the standards of both the College and the affiliated clinical sites in order to participate in the appropriate clinical training for the program. Each clinical site where a student receives training reserves the right to refuse clinical training to any student found to be unacceptable according to that site's policies and regulations. **Clinical sites require a Criminal Background Check (CBC) prior to the student's placement for training at that site.**

Reasons for refusal could include, among other considerations, a documented criminal background check indicating convictions for drug or alcohol related charges, child abuse or molestation, burglary, larceny, or other convictions deemed inappropriate to the particular clinical setting. In addition, students may be required to submit to a 12-panel drug screening per the clinical site's requirement.

The student must conform to and be subject to all policies and regulations of the assigned clinical site. The site reserves the right to end clinical training of any student whose performance violates rules, policies, procedures or professional standards expected by the agency. Written justification from the clinical site will be provided to the college for such suspension. The clinical site and college personnel reserve the right to take appropriate immediate action, when necessary, to maintain the proper and safe operation of its facilities and the safety of clients in the clinical setting.

Criminal Background Check and Drug Screening: When students are admitted into the program of study, the student receives the CBC and drug screening information and directions: The criminal background check will include reports from all states where the student has lived, worked, or gone to school from the date that they turned eighteen (18) years of age. The CBC will include both felonies and misdemeanors. The National Sex Offender Registry is included in the CBC. Flagged reports are sent directly from the designated CBC vendor to the clinical sites. Durham Tech does not retain copies of the results. ***Note: Please do not get this report from your local police department.*** The drug screening is a 12-panel test.

Students will pay a fee directly to a designated vendor for the CBC and drug screening.

Additional information on the [Criminal Background Check requirement](#) may be obtained from the Durham Tech website.

I verify that I have read and fully understand the Statement of Policy Regarding Acceptance for Clinical Training at Durham Technical Community College. I also understand that a criminal background check and/or drug testing will be required for placement in clinical training sites for Durham Technical Community College.

NAME (Print) _____ STUDENT ID# _____

Program of Study _____

SIGNATURE _____ DATE _____

Durham Technical Community College
English Language Requirement Form

All health care workers (native and non-native U.S. English speakers alike) are expected to use clear communication skills in the workplace. Students whose native language is not U.S. English are expected to demonstrate "near native" U.S. English language abilities. To confirm this ability, all students entering a Health Technologies program are required to meet the English language requirement.

Students meeting the following criteria must comply with this revised requirement:
1. Students who applied to a Health and Wellness program on or after January 1, 2016, **OR**
2. Students who applied to a Health and Wellness program before January 1, 2016, but have not yet met the previous English language requirement.

Please check the **ONE** that applies:
- ☐ I have only attended a U.S. high school, and my first language is U.S. English.
- ☐ I have attended school outside the United States.
- ☐ My first language is not U.S. English.

If you checked the first checkbox, please sign here. There is nothing further that you need to do.

I understand that this is an official Durham Technical Community College document and that any falsification on this document may result in disciplinary action according to the Student Code of Conduct.

My signature below indicates that I am responding truthfully.

Student Name (print): _____ Student ID: _____

Student Signature: _____ Date: _____

If you checked the second or third checkboxes, you must meet the English Language Requirement by successfully completing **one** of the following options listed on the following page.

1. Take the Duolingo English Test and score 100 points or higher **or**
2. Take the Test of English as a Foreign Language (TOEFL), iBT version (obtain a score of 22 in listening and above 26 in speaking **or**
3. Complete EFL 055 OR EFL 064 and other EFL courses as recommended or required by placement testing (obtain a score of 80% or above).

Note: Scores for the above tests and classes are valid for up to 5 years.

I understand that this is an official Durham Technical Community College document and that any falsification on this document may result in disciplinary action according to the Student Code of Conduct.

I checked the second or third checkboxes; however, I have met the English Language Proficiency Requirement as follows:

☐ I have taken the Duolingo English Test and scored 100 points or higher.

☐ I took the Test of English as a Foreign Language (TOEFL), iBT version and scored above 22 in listening and above 26 in speaking.

☐ I have completed one or more EFL curriculum courses in the areas listening/speaking and have scored an 80% or higher.

My signature below indicates that I am responding truthfully.

How to complete this section: Fill in your name but **no other information** in the admissions application and email it to wilderp@durhamtech.edu. She will sign it and return it to you. You can then complete the application and submit it electronically (see instructions at the top of the application).

Student Name (Print): _____   Student ID: _____

Student Signature: _____   Date: _____

EAP Representative Name/Title _____

EAP Representative Signature: _____ Date_____