

This is a part-time practical nursing (PN) online/hybrid program and requires 21 months (seven quarters) to complete. It is approved by the Washington State Nursing Quality Assurance Commission. Edmonds College is accredited by the Northwest Commission on Colleges and Universities and is authorized by the Higher Education Coordinating Board of the State of Washington to provide this program. The PN Program has admission requirements beyond those necessary for general admission to the college.

**Please follow all directions in this application carefully in order to gain admission to this program.**

### **Application Information**

**Applicants must meet the following criteria:**

- Apply to Edmonds by visiting our website at <https://www.edmonds.edu/getting-started/admissions/> or apply in person in Lynnwood Hall, first floor before acceptance into the Nursing Program. Understand that participation in this program involves practice in a healthcare agency and requires appropriate medical and background clearances.  
\* Applicants must meet all legal requirements and/or standards of institutions where clinical experiences will occur.
- Complete all prerequisites and submit unofficial transcripts prior to admission. \*\*
- Have all foreign transcripts translated and evaluated by an approved agency. Contact Enrollment Services for more information.  
<https://www.edmonds.edu/credentials/>
- Satisfy the minimum grade point average of 2.75 in prerequisite courses. The minimum passing grade for any course is 2.0.
- Take ATI TEAS (Test of Essential Academic Skills. For more information: [www.edcc.edu/testing/tests/teas.html](http://www.edcc.edu/testing/tests/teas.html))
- Document six months of recent work experience in direct patient care.
- Submit two professional recommendations related to work in patient care.

\*A national and WA state criminal background check will be required *upon admission* to the PN program. Students must provide all current immunizations and TB clearance prior to the start of the 2022 Fall Quarter. (September 19, 2022)

\*\*A copy of official sealed transcripts must be submitted within three weeks of notification of admission to the program or admission offer will be rescinded.

**Applicants who meet the minimum criteria will be required to write an in-person essay:**

- Those who meet minimum criteria for TEAS scores and GPA will be notified via E-mail by July 5th.
- Essay dates and times will be provided by E-mail.
- Essay dates will be July 10th - 21st.
- Applicants will be notified of final admission decision by Aug 4th.

**Along with the application, the student must submit proof of admission into Edmonds College (a copy of the automated confirmation E-mail with ctLink Student ID Number will suffice).**

### ***Important Dates***

#### **June 16, 2023 – 5:00 pm**

Final closing date to submit your completed packet to the PN Program. All prerequisites must be completed by this date.

#### **July 5, 2023**

Students who meet minimum TEAS and GPA criteria will be notified of eligibility to write essay.

#### **July 10 – 21, 2023**

Proctored essay writing sessions will be scheduled on Zoom.

#### **August 4, 2023**

Students will be notified of acceptance no later than 5PM on this day. Please **DO NOT** call or email to check your status prior to this date.

#### **August 1, 2023**

Financial Aid Deadline

### ***Mail Completed Application to:***

PN Program  
Admissions  
Edmonds  
College 20000  
68<sup>th</sup> Avenue W.  
Lynnwood, WA 98036-5996

The Edmonds College Practical Nursing Program holds pre-accreditation status from the National League for Nursing Commission of Nursing Accreditation. Holding pre-accreditation status does not guarantee that initial accreditation by NLN CNEA will be received.

**PN Program Admission Requirements**  
**Admission procedures/requirements may change.**  
**Download a current application for Fall Quarter 2023.**

Complete and submit application by **JUNE 16, 2023, including:**

1. Provide proof of admissions into Edmonds along with the application to the PN program
2. One copy of unofficial college transcripts\* verifying completion of all prerequisite course requirements with a minimum GPA of 2.75 or higher in these courses.
3. ATI TEAS results: *total score and sub-scores*
4. Two professional recommendation forms
5. Employment verification form
6. Optional: Extra consideration will be given to applicants with a valid CNA certificate/license, MA certificate/license, or military medical corps experience. Submit proof of certificate, license, or military service.
7. If notified of eligibility, come to campus to write a proctored essay.

\* Official sealed transcripts must be submitted within three weeks of notification of admission to the program or admission offer will be rescinded.

**Practical Nursing Program Requirements**  
**Edmonds Prerequisite Requirements**

ENGL&	101	English Composition I	5
MATH&	146	Statistics*	5
BIOL&	211	Cell Biology (or BIOL 160)	5
BIOL&	241	Anatomy & Physiology I	5
BIOL&	242	Anatomy & Physiology II	5
PSYC&	100	General Psychology	5
CHEM&	121	Intro to Chemistry	5

\*We will accept Intermediate Algebra for admission and Math 146 can be taken during the program.

Students must have a minimum cumulative GPA of 2.75 in prerequisite courses and no less than 2.0 in any one course. All official transcripts submitted will be evaluated for course equivalencies.

**TEAS REQUIREMENTS:** NO Absolute Cut Scores.  
 Recommended total score at Proficient or above (≥ 59%) and a Reading Sub-score ≥ 50%.

**National & WA State Criminal Background Check** A criminal background check *is not required with your application*; however, upon admission to the PN program, a current background check that includes a search of the National and Washington State Criminal Database will be required through Castlebranch (information will be provided once the applicant is admitted).

**Advising**

For general college advising, call 425.640.1458 or visit:  
<https://students.edmonds.edu/advising/>

**Program Information**

Call the Nursing Office at 425.640.1017  
 For program information E-mail:  
 Kyra McCoy | [kyra.mccoy@edmonds.edu](mailto:kyra.mccoy@edmonds.edu)

**Non-discrimination Information**

*Equal Opportunity Statement:* *The college provides equal opportunity in education and in employment per state and federal law. The college prohibits discrimination against any person due to race, color, religion, national origin, sex (gender), disability, sexual orientation, age, citizenship status, marital status, veteran status, or genetic information. For questions about our nondiscrimination policy or gender equality and athletic teams, call our call our Title IX Compliance Officer 425.640.1024.*

*Nondiscrimination Statement:* *Edmonds College does not discriminate based on race; color; religion; national origin; sex; disability; sexual orientation; age; citizenship, marital, or veteran status; or genetic information in its programs and activities. The nondiscrimination language is available in multiple languages at [edcc.edu/nondiscrimination](http://edcc.edu/nondiscrimination).*

**Signature**

By signing these forms, you certify that to the best of your knowledge the statements made in this application are complete and true. Failure to disclose and submit official transcripts from all schools, colleges, or universities attended and failure to disclose and submit complete and accurate information may result in denial of admission or subsequent dismissal from Edmonds. Your application is incomplete without your signature.

Assessment/Testing: 425.640.1546 | <https://www.edmonds.edu/testing/>

Advising: 425.640.1458 | <https://students.edmonds.edu/advising/>

Enrollment Services: 425.640.1000 | <https://www.edmonds.edu/es/>

Financial Aid: 425.640.1457 | <https://www.edmonds.edu/finaid/>

Services for Students with Disabilities: 425.640.1320 | [https://](https://students.edmonds.edu/ssd/)

[students.edmonds.edu/ssd/](https://students.edmonds.edu/ssd/)

**APPLICATION** INSTRUCTIONS: PLEASE DOWNLOAD APPLICATION, OPEN AND FILL OUT, PRINT AND SIGN, SUBMIT COMPLETED APPLICATION WITH REQUIRED DOCUMENTS

<b>STUDENT ID NUMBER:</b>				
<b>DEMOGRAPHICS</b>				
<b>Birth date:</b> Month      Day      Year		Have you previously applied for admission or attended our PN Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Email Address:</b>
<b>Last Name</b>		<b>First Name</b>		<b>Middle Initial</b>
				<b>Previous Last Name(s)</b>
<b>Address Number and Street</b>			<b>Apt. No.</b>	
<b>City</b>		<b>State</b>	<b>ZIP Code</b>	<b>Cell phone number</b>
<b>ACADEMIC HISTORY (if additional room is needed, attach another page)</b>				
<b>Educational Institutions</b>		<b>Location</b>		<b>Years Attended</b>
Name of last college attended		City and State		Degree
Other college, university, vocational/technical school attended:		City and State		Degree
Certifications/Licenses held		State Issued/ Expiration Date		License #
<b>HEALTH CARE EMPLOYMENT (if additional room is needed, attach another page)</b>				
Name of employer		Position/Title		From      To
Name of employer		Position/Title		From      To
Name of employer		Position/Title		From      To
<b>PREREQUISITES (please submit unofficial transcripts with application)</b>				
<b>Common Course Number/Title</b>	<b>Where completed</b>	<b>Term/Year</b>	<b>Grade</b>	<b>Did you repeat the course?</b>
ENGL& 101 English Composition I				
BIOL& 211 Cell Biology (or BIOL 160)				
BIOL& 241 Anatomy & Physiology I				
BIOL& 242 Anatomy & Physiology II				
CHEM& 121 Intro to Chemistry				
MATH& 146 Intermediate Algebra				
PSYC& 100 Lifespan Psychology				
<b>Certification – Please read the following statements and sign in the space provided:</b>				
1. I have reviewed the information on this form, and I agree that it is complete and correct as stated.				
2. I am aware of the admission requirements and am aware that the admissions committee will review my file based on these requirements.				
<b>Student Signature</b>				<b>Date:</b>

## PROFESSIONAL RECOMMENDATION FORM (Page 1)

**Applicant**, please make **duplicate copies** of this form to distribute to your references. **Do not submit separate letters of recommendation (this form is required)**. Complete Section A and then give this form to the person writing your recommendation along with an envelope addressed to you. **Submit two sealed letters of recommendation with your application packet.**

**Recommender, document must be returned to the student by June 10, 2023.**

**A. APPLICATION INFORMATION** (This section is to be completed by the applicant. Please print.)

Last Name	First Name	Middle Initial	Today's Date
Previous Last Name(s)		Birth Date(Month/Day/Year)	
Name of Recommender		Recommender's Telephone Number	
Address of Recommender		(City)	(State and ZIP Code)
In what capacity have you known the recommender?			
Instructor <input type="checkbox"/> Employer <input type="checkbox"/> Supervisor <input type="checkbox"/> Other (please Specify)			

According to the Family and Educational Rights and Privacy Act of 1974, as amended, students are guaranteed access to educational records concerning them, unless that right is waived. Your signature below is optional; however, you (applicant) should check with the Recommender to ensure willingness to submit this form without the guarantee of confidentiality.

I hereby waive any and all rights to inspect and review this recommendation, and I give my permission for this reference to remain confidential between Edmonds College and the Recommender.

**Signature of Applicant**

**Date**

**Recommender**, the applicant is seeking admission to the Practical Nursing program at Edmonds College. To help us assess the applicant's ability to successfully complete this program, we would appreciate your **candid opinion** regarding the qualities listed on this form. While we know it is tempting to mark people with all superior ratings, it is rare that any individual is truly superior in every category. Please give us your **honest observations** as we rely on these recommendations as **a true assessment of the applicant's abilities**. **Please return this form to the applicant signed and sealed in the envelope provided to you by June 10, 2022.**

Thank you,  
PN Program Admissions Committee

**B. ACADEMIC HISTORY** (The following sections are to be completed by the Recommender.)

**Recommender: Please respond to this academic section only if you have knowledge of the applicant's academic history.**

(circle one) Yes    No    N/A    Please explain below: (feel free to include additional pages as necessary)

Does the applicant's academic history indicate probable success in the Edmonds College Practical Nursing Program?

**PROFESSIONAL RECOMMENDATION FORM (Page 2)**

**C. INFORMATION ABOUT APPLICANT** (Type X where it is applicable)

Check the appropriate rating based on your evaluation of the applicant.	Superior	Above Average	Average	Below Average	Poor	Unable to Evaluate
Integrity/Honesty/Judgement						
Reliability						
Clinical Competence						
English Communication Skills: Written						
English Communication Skills: Oral						
Ability to Analyze Problems/Make Decisions						
Ability to Follow Directions						
Ability to Handle Stress/Conflict						
Attitude/Behavior						
Caring/Compassion						
Cooperation/Teamwork						
Initiative/Self Direction						
Commitment to Ethnic and Cultural Diversity						

**D. PLEASE GIVE EXAMPLES THAT ILLUSTRATE THE ABOVE CRITERIA** (use additional pages as necessary)

**E. RECOMMENDATION FOR ADMISSION**

<input type="checkbox"/> I strongly recommend the applicant without reservation	<input type="checkbox"/> I recommend the applicant	<input type="checkbox"/> I do not recommend the applicant
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**F. SIGNATURE**

Signature of Recommender		Today's Date	
Printed Name of Recommender		Recommender's Telephone Number	
Title		Name of Organization	
Address (Street)		(City)	(State and ZIP Code)

### EMPLOYMENT VERIFICATION FORM

**Applicant**, please make duplicate copies of this form to distribute to your employer(s). **Do not submit separate letters from employers (this form is required)**. Complete Section A, and then give this form to the person verifying your employment along with an envelope addressed to you. **Submit sealed employment verification forms with your application packet.**

**Employer, document must be returned to the student by June 10, 2023.**

**A. APPLICATION INFORMATION** (This section to be completed by the applicant. Please print.)

Last Name	First Name	Middle Initial	Today's Date
Previous Last Name(s)		Birth Date (Month/Day/Year)	
Name of Person Verifying Employment		Position	
Facility/Employer(Street)		(City)	(State and ZIP Code)
<b>In what capacity have you known the person verifying employment?</b> <input type="checkbox"/> Supervisor <input type="checkbox"/> Employer <input type="checkbox"/> Human Resources Department <input type="checkbox"/> Other (specify) _____			

According to the Family and Educational Rights and Privacy Act of 1974, as amended, students are guaranteed access to educational records concerning them, unless that right is waived. Your signature below is optional; however, you (applicant) should check with the Recommender to ensure willingness to submit this form without the guarantee of confidentiality.

I hereby authorize my supervisor, employer, or the Human Resources department to release the information indicated below. Additionally, I release the issuing agency from all liability whatsoever for issuing the requested information.	
Signature of Applicant _____	Date _____

To the supervisor, employer, or Human Resources Department:  
 The applicant is seeking admission to the Edmonds College Practical Nursing program. To help us assess the applicant's ability to successfully complete this program, we would appreciate your certification of employment. **Please return this form to the applicant signed and sealed in the envelope provided to you by June 10, 2023.**  
 Thank you,  
 PN Program Evaluation Committee

**B. EMPLOYMENT VERIFICATION** (This section is to be completed by the employer. Please print.)

Name of facility \_\_\_\_\_

Please list the following information regarding the employee indicated above:

Applicant's Position \_\_\_\_\_

Dates of applicant's employment/current status \_\_\_\_\_

Signature of Employer \_\_\_\_\_

Employer Printed Name and Position \_\_\_\_\_

Phone Number and/or Email where employer can be reached \_\_\_\_\_