

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 Commission. Edmonds Community 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 CC by visiting our website at [edcc.edu/admissions](http://edcc.edu/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 health care 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.
- 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). One retest per 365 days is allowed 30 days after the initial testing date. 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.
- Document computer proficiency.
- 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 2021 Fall Quarter. (September 20, 2021)

\*\*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transcripts must be submitted within three weeks of notification of admission to the program or admission offer will be rescinded.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 June 26.
- Essay dates and times will be provided by E-mail.
- Essay dates will be during the weeks of July 7 through July 17.
- Applicants will be notified of final admission decisions by July 30.

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

### ***Important Dates***

#### **June 18, 2021 – 5:00 pm**

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

#### **July 6, 2021**

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

#### **July 7 – 17, 2021**

Proctored essay writing sessions will be scheduled on campus.

#### **July 30, 2021**

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 2, 2021**

Financial Aid Deadline

#### ***Mail to:***

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

**DUE TO COVID RESTRICTIONS- WE ARE SERVING STUDENTS REMOTELY AND APPLICATIONS MUST BE MAILED- YOU CANNOT DROP OFF AN APPLICATION IN PERSON**

## PN Program Admission Requirements

Admission procedures/requirements may change.

Download a current application for Fall Quarter 2021.

Complete and submit application by **JUNE 18, 2021, including:**

1. Provide proof of admissions into Edmonds Community 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. Verification of computerskills form
5. Two professional recommendation forms
6. Employment verification form
7. 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.
8. 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 CC Prerequisite Requirements

ENGL& 101	English Composition I	5
MATH 087	Intermediate Algebra	5
BIOL& 241	Anatomy & Physiology I	5
BIOL& 242	Anatomy & Physiology II	5
PSYC& 200	Lifespan Psychology	5

All science courses must have been completed within the last 10 years (Anatomy and Physiology, Nutrition). Math& 146 is also accepted as a prerequisite course.

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.

### Program General Education Requirements

NUTR& 101	Human Nutrition	5
CMST& 210	Interpersonal Comm.	<u>5</u>
		<b>10</b>
<b>PN courses</b>		
Core Courses		<u><b>62</b></u>
<b>Total Program Credits</b>		<b>72</b>

## 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:

**[www.edcc.edu/advising](http://www.edcc.edu/advising)**

## Program Information

Call the Nursing Office at 425.640.1017.

For program advising appointment E-mail:

Kyra McCoy | [kyra.mccoy@edcc.edu](mailto:kyra.mccoy@edcc.edu)

## Equal Opportunity/Non-discrimination

Edmonds Community College assures equality of treatment in educational and employment opportunities without regard to race, color, religion, national origin, sex (gender), disability, sexual orientation, age, citizenship status, marital status, veteran status, or genetic information.

## 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 the denial of admission or subsequent dismissal from Edmonds CC. Your application is incomplete without your signature.

Assessment/Testing: 425.640.1735 | [www.edcc.edu/testing](http://www.edcc.edu/testing)

Advising: 425.640.1458 | [www.edcc.edu/advising](http://www.edcc.edu/advising)

Enrollment Services: 425.640.1000 | [www.edcc.edu/es](http://www.edcc.edu/es)

Financial Aid: 425.640.1457 | [www.edcc.edu/finaid](http://www.edcc.edu/finaid)

Services for Students with Disabilities: 425.640.1320 | [www.edcc.edu/ssd](http://www.edcc.edu/ssd)

**TEAS REQUIREMENTS:** NO Absolute Cut Scores.

Recommended total score at Proficient or above (≥ 59%) and a Reading Sub-score ≥ 50%.

**ADMISSION CHECKLIST**

Name \_\_\_\_\_

Please use this checklist to ensure that you have met all admission and prerequisite requirements for the PN program. When you have completed all requirements, **submit everything together in a single large envelope to the address below**. Sealed letters of recommendation and employment verification forms should be included with the application packet. It is not possible to notify applicants of missing materials.

**Include this checklist in your admission packet.**

**1. Apply for financial aid by August 2.**

**2. College Program Requirements**

- Admission checklist (use as cover sheet)
- Proof of admission into Edmonds Community College
- Edmonds Community College Application for Admission to PN Program
- Optional: photocopy of CNA or MA certificate of completion and/or license or documentation of military medical corps service
- ATI TEAS (Test of Essential Academic Skills) results: total and sub-scores

Copy of unofficial transcripts showing completion of required prerequisite courses –NOTE: Official sealed transcripts must be submitted within three weeks of notification of admission to the program or admission will be rescinded. Include translations if from a foreign institution.

**3. Recommendation Forms**

- Professional Recommendation Form #1
- Professional Recommendation Form #2

**4. Prerequisite Course Verification/GPA**

- BIOL&241– Anatomy and Physiology I
- BIOL&242–Anatomy and Physiology II
- ENGL&101 – English Composition I
- Math087– Intermediate Algebra (or Math&146)
- PSYC&200–Lifespan Psychology

**Courses not required for admission, but to be completed prior to the third quarter in the program:**

- NUTR& 101 – Human Nutrition
- CMST& 210– Interpersonal Communication

**5. Employment and Computer Skills Verification**

Verification of employment form(s) Verification of computer skills form

**I verify that all requirements indicated above have been completed and are included in my admission packet. I have kept a copy of this entire admission packet for my records.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Mail to:**

PN Program Admissions  
Edmonds Community College  
20000 68th Ave W., Lynnwood WA 98036

**APPLICATION MUST BE RECEIVED BY 5:00 P.M., JUNE 18, 2021**

DUE TO COVID RESTRICTIONS, WE ARE SERVING STUDENTS REMOTELY AND APPLICATIONS MUST BE MAILED. YOU CANNOT DROP OFF AN APPLICATION IN PERSON

### 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>Day Telephone No.</b>	<b>Evening Telephone No.</b>	
<b>ACADEMIC HISTORY (if additional room is needed, attach another page)</b>					
<b>Educational Institutions</b>		<b>Location</b>	<b>Years Attended</b>		<b>Graduated?</b>
Name of last high school attended		City and State	From	To	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 previous employer		Position/Title	From	To	Phone #
Name of previous employer		Position/Title	From	To	Phone #
<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>	
BIOL& 241 Anatomy & Physiology I					
BIOL& 242 Anatomy & Physiology II					
ENGL& 101 English Composition I					
MATH 087 <i>or higher</i> Intermediate Algebra					
PSYC& 200 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 11, 2021.**

**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 Community College and the Recommender.

**Signature of Applicant**

**Date**

**Recommender**, the applicant is seeking admission to the Practical Nursing program at Edmonds Community 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 11, 2021.**

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 Community 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 11, 2021.**

**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 Community 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 11, 2021.**

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 \_\_\_\_\_

## COMPUTER SKILLS VERIFICATION FORM

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

**We are looking for an HONEST ASSESSMENT of your computer skills. Please check boxes of skills ONLY in which you are PROFICIENT**

<p><b><u>KEYBOARDING EXPERIENCE</u></b></p> <p><input type="checkbox"/> Successful completion of computer skills course</p> <p><input type="checkbox"/> Proficiency with typing/keyboarding</p> <p><b><u>WORD PROCESSING</u></b></p> <p>Document Format</p> <p><input type="checkbox"/> Name/open/save and close files</p> <p><input type="checkbox"/> Copy, move, and delete files</p> <p>Fundamentals of File Management</p> <p><input type="checkbox"/> Set margins</p> <p><input type="checkbox"/> Select fonts</p> <p><input type="checkbox"/> Use bold and underlining</p> <p><input type="checkbox"/> Use paragraph settings</p> <p><input type="checkbox"/> Change line spacing</p> <p><input type="checkbox"/> Create tables</p> <p><input type="checkbox"/> Check spelling/grammar</p> <p><input type="checkbox"/> Move/copy text</p> <p><input type="checkbox"/> Create headers and footers</p> <p><input type="checkbox"/> Create, save, and convert document in .pdf format</p> <p><b><u>SPREADSHEETS</u></b></p> <p><input type="checkbox"/> Distinguish between cells, rows, and columns</p> <p><input type="checkbox"/> Sort data, columns</p> <p><input type="checkbox"/> Print spreadsheets</p> <p><input type="checkbox"/> Create headers and footers</p>	<p><b><u>INTERNET USAGE</u></b></p> <p><input type="checkbox"/> Use search engines</p> <p><input type="checkbox"/> Downloading</p> <p><input type="checkbox"/> Bookmarks</p> <p><input type="checkbox"/> Research</p> <p><input type="checkbox"/> Awareness of security/privacy issues</p> <p><b><u>E-MAIL</u></b></p> <p><input type="checkbox"/> Sending/receiving attachments</p> <p><input type="checkbox"/> Use of appropriate language, grammar, etiquette</p> <p><b><u>PRESENTATION SOFTWARE</u></b></p> <p><input type="checkbox"/> Microsoft Power Point or equivalent</p> <p><b><u>GOOGLE DOCS</u></b></p> <p><input type="checkbox"/> Creating documents</p> <p><input type="checkbox"/> Collaboration and sharing documents</p> <p><b><u>ONLINE COURSE EXPERIENCE</u></b></p> <p><input type="checkbox"/> Successful completion of online course</p> <p><input type="checkbox"/> Experience with: (circle all that apply) Blackboard, Angel, Moodle, Canvas</p>
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Please list any courses or online courses you have taken below:

**Successful completion of computer skills course(s):**

(Course Name and Number)	(Qtr/Yr Taken)	(School)	(Credits/Grade)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Successful completion of online course(s):**

(Course Name and Number)	(Qtr/Yr Taken)	(School)	(Credits/Grade)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Signature

Date

**This form must be submitted with the student's application materials.**