



Pellissippi State Community College  
 10915 Hardin Valley Road  
 P.O. Box 22990  
 Knoxville, TN 37933-0990  
 Telephone: 865.539.7337  
 FAX: 865.539.7647  
[nursing@pstcc.edu](mailto:nursing@pstcc.edu)

**Nursing Department Admission Application: DEADLINE JANUARY 31<sup>st</sup>**

**PERSONAL INFORMATION**

Mr. \_\_\_ Ms. \_\_\_ Mrs. \_\_\_  
 Last First Middle (Complete) Preferred (Nickname)

Address (Where you will reside):  
 Number and Street City County State ZIP

Mailing Address:  
 Number and Street City County State ZIP

Telephone: Home ( ) Cell ( ) Work ( ) P#

E-mail Address: Employer Title

Marital Status:  Single  Married  Divorced  Separated  Widowed

Ethnicity and race (optional):  
 Alaskan Native  Black or African American  Asian  
 American Indian  Native Hawaiian / Pacific Islander  White  
 Hispanic or Latino

**ENROLLMENT PLANS**

Application for enrollment for fall \_\_\_\_\_ (indicate year)

Have you ever applied or are you presently attending PSCC?  Yes  No  If yes, when? \_\_\_\_

Are you eligible for financial aid, veteran benefits, or tuition assistance?  Yes  No

**EDUCATIONAL INFORMATION**

List all the high schools/colleges/universities attended, beginning with the most recent, and include date(s) of graduation or anticipated graduation. If additional space is needed, please use a separate sheet of paper.  
You must submit all official high school and college/university transcripts to the Admissions and Records office.

School: \_\_\_\_\_ From \_\_\_\_ - \_\_\_\_ to \_\_\_\_ - \_\_\_\_  
 Address: \_\_\_\_\_ Date of Graduation \_\_\_\_ Degree Earned \_\_\_\_  
 Number and Street City State Month Year Month Year

School: \_\_\_\_\_ From \_\_\_\_ - \_\_\_\_ to \_\_\_\_ - \_\_\_\_  
 Address: \_\_\_\_\_ Date of Graduation \_\_\_\_ Degree Earned \_\_\_\_  
 Number and Street City State Month Year Month Year

School: \_\_\_\_\_ From \_\_\_\_ - \_\_\_\_ to \_\_\_\_ - \_\_\_\_  
 Address: \_\_\_\_\_ Date of Graduation \_\_\_\_ Degree Earned \_\_\_\_  
 Number and Street City State Month Year Month Year

Cumulative GPA from last school attended \_\_\_\_\_

Have you completed all required Remedial and/or Developmental courses OR will you have completed all required courses by the end of the current Fall semester?  Yes  No

When did you or do you expect to take the Kaplan Nursing Entrance Exam? \_\_\_\_\_

**Students who have not taken the Kaplan Nursing Entrance exam by application deadline will automatically be denied enrollment in the Nursing Program. Please list date!**

**BACKGROUND INFORMATION** .....

- Do you have any prior experience in nursing, the healthcare field or the military (CNA, EMT, combat medic, etc.) If yes, please describe below and attach a copy of your certificatio/license.  Yes  No
- Have you ever attended another school of nursing?  Yes  No
- Have you ever been suspended or been on probation from a college/university or nursing program?  Yes  No
- Have you ever received a letter grade(s) of "D" or "F" in any nursing course(s)?  Yes  No
- Have you ever withdrawn from 1 or more nursing course(s)?  Yes  No
- Have you completed Anatomy & Physiology I more than twice?  Yes  No
- Have you completed Anatomy & Physiology II more than twice?  Yes  No

If you answered "Yes" to any of the questions listed above, please complete the following information.

Type of Program:  CNA  LPN  AASN  ASN  ADN  BSN Date of Program Completion \_\_\_\_\_

Please specify when, where, and what happened. If applicable, state reason for not completing program.

---

---

**BACKGROUND INFORMATION cont.** .....

- Have you ever been convicted of a violation of the law other than a minor traffic violation?  Yes  No
  - Have you ever had any license in any health care field suspended, revoked or denied?  Yes  No
  - Have you ever been listed on any abuse registry (Nursing Home, Home Health, Sexual or Other)?  Yes  No
- Please specify when, where, and what happened. You may use additional paper if needed.

---

---

Criminal background checks are a requirement for training at most affiliated clinical sites. Based on the results of these checks, an affiliated clinical site may determine to not allow your presence at their facility. This would result in your inability to successfully complete the requirements of the program. Additionally, applicants should be aware that conviction of certain crimes and/or misdemeanors may make them ineligible for registered nurse licensure in the State of Tennessee. To review a list of these crimes and/or misdemeanors or to obtain more information, please go to <http://www.state.tn.us/sos/rules/1000/1000-01.pdf>.

I prefer to attend nursing classes at the following site:  PSCC Blount Co. Campus  PSCC Magnolia Ave. Campus  
Please explain why:

---

**YOUR SELECTION DOES NOT GUARANTEE YOUR PLACEMENT AT THE SITE CHOSEN ALTHOUGH ALL EXTENUATING CIRCUMSTANCES WILL BE CONSIDERED.**

**Must be able to provide own transportation to any campus and all clinical sites.**

All student files must be complete no later than January 31<sup>st</sup>, in order to be considered eligible for admission to the nursing program. Students will be notified of their acceptance by March 1<sup>st</sup>. Alternate and denial letters may be sent later as not all students accepted may choose to attend. PLEASE DO NOT CALL the department of nursing for information regarding your application. We cannot release information via telephone. Points will only be awarded for classes completed through the end of the Fall semester. Students attending other colleges or universities during the fall should have their transcripts forwarded to the Department of Nursing as soon as possible after completion of the semester. If you have previously applied for admission to the nursing program, you must reapply for each year that you wish to be considered. We do not keep a waiting list of applicants.

Note: The nursing admission process is separate from admission to Pellissippi State Community College. Admission to PSCC is required before applying to the PSCC Nursing Program. You may receive notification of admission from the college while your application to Nursing is still pending or after you have been denied admission to nursing.

Please read and sign the attached "Core Performance Standards" found on the reverse side of this application. If you feel there may be a difficulty meeting these standards, please check here  and explain below.

---

---

---

---

---

**I have read and answered each and every question on this application. I hereby affirm the aforementioned information to be true. I understand that falsification of any information can result in immediate dismissal.**

\_\_\_\_\_ Legal Signature of Applicant

\_\_\_\_\_ Date Application

**PSCC NURSING**  
**CORE PERFORMANCE STANDARDS FOR ADMISSION AND PROGRESSION**

Nursing is an occupation which involves daily contact with individuals and requires ability to perform a wide variety of activities. Some individuals might not be suited to perform the activities of a registered nurse. Many hospitals require physical examination, laboratory testing and x-rays prior to hiring an individual to rule out pre-existing conditions which could cause problems in performing the expected duties. Criminal background checks are required by the Tennessee Board of Nursing and many of the clinical facilities. If you have any condition or previous arrest which might impair your ability to perform the activities required of a registered nurse, you might wish to reconsider applying for admission to the nursing program. Indicated below are core performance standards for admission and progression in the AASN program.

<b>Core Performance</b>	<b>Standard</b>	<b>Examples of Necessary Activities (not all-inclusive)</b>
Communication	Communication abilities sufficient for interaction with others in verbal and written form.	Explain treatment procedures, initiate health teaching, document and interpret nursing actions and client responses.
Mobility	Physical abilities sufficient to move from room to room and maneuver in small spaces.	Move around in client rooms, work spaces and treatment areas, administer cardio-pulmonary procedures.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care.	Calibrate and use equipment, position clients, administer medications orally and parentally.
Hearing	Auditory ability sufficient to monitor and assess health needs.	Hears monitor alarms, emergency signals, auscultatory sounds, cries for help.
Visual	Visual ability sufficient for observation and assessment necessary in nursing care.	Observe client responses; recognizes subtle physical changes.
Tactile	Tactile ability sufficient for physical assessment and performance	Performs palpation, functions of physical examination and/or those activities related to therapeutic nursing interventions, e.g. insertion of a catheter or starting an IV.
Critical Thinking	Sufficient for clinical judgment and a trusting relationship	Identify cause/effect relationships in clinical situations, develop nursing care plans.

Smell: Detect odors sufficient to maintain environmental safety and client needs

Behavior: Mental and physical ability to demonstrate good judgment in decision making, in order to maintain safety and security of clients and to behave appropriately with clients, staff, students, and supervisors.

Accountability and responsibility: Ability to understand and abide by legal and ethical standards.

\_\_\_\_\_ Legal Signature of Applicant \_\_\_\_\_ Date