

Practical Nursing Program
APPLICATION FOR ADMISSION

Please Note: The revised Practical Nursing curriculum will be implemented effective Spring 2024.

Instructions:

Students who wish to be enrolled in the Practical Nursing Program must complete this application.

Completed Practical Nursing application packets are to be emailed to:

PracticalNursing@ucc.edu

Program questions, please contact Kathleen Wittrock, Division Secretary at 908-412-3591.

Applications for Spring semester enrollment are accepted from **August 1st** until **October 15th**.

Fall semester course enrollment applications are accepted from **March 1st** through **May 31st**.

Applications **will not be** accepted after these dates. Applications **are not saved**, therefore if a student applies for Spring semester and is not accepted, the student must submit another application for Fall semester.

Effective Spring 2024: **BIO-105 Anatomy & Physiology I is required for admission**. Students must achieve a C+ or higher to be considered for admission.

Applicants must submit the following packet of information and pass the admission test, the ATI TEAS for the Practical Nursing Program, to be accepted into the program.

1. Complete and submit the following packet of information:
 - a. Practical Nursing Application form
2. Submit copies of unofficial transcripts from all accredited colleges and universities attended. An official copy must be submitted to the Office of Admissions.
3. Schedule and pay for the TEAS Admission Assessment exam (cost is \$84.00). Student may take the exam twice. The student may purchase a review book directly from ATI at www.atitesting.com.

All Applicants (no exemption) must submit the ATI TEAS Exam score. A minimum of 50 % or above is required for admission, no more than 5 years from the date of the exam. Students with a higher TEAS score above 50% or higher GPA will score higher based on the admission criteria below.

PRACTICAL NURSING PROGRAM ADMISSION TABLE

| TEAS Score Criteria | GPA Criteria |
|----------------------------|---------------------|
| 60 and above = 50% | 3.0 -4.0 = 50% |
| 55-59 = 45% | 2.7-2.99 = 40% |
| 50-54 = 40% | 2.5-2.69 = 30% |
| 40-49 = 20% | Below 2.5 = 0% |
| Below 40 = 10% | |

TOTAL SCORE

Admission Criteria is based on: Combined (TEAS + GPA).

Score of 75% - 100% are eligible for admission, however, higher scores will be considered first.

Students who successfully meet the admission exam score and a minimum cumulative GPA of 2.5 will be reviewed for admission. To enroll in the program, students will need to be switched from the Health Science major to the Practical Nursing Program. Please see the Student Service Center Representative to register and change your program.

Residents of Union County who meet the minimum admission criteria will be given priority.

NOTE: Enrollment in the Practical Nursing program requires interactions with patients and personnel in a variety of health care agencies. To meet the safety guidelines for these agencies, students need to have the following:

- Clear background check* (vendor information will be provided)
- Current CPR for BLS - Health Care Provider through **American Heart Association only** and not an online course.
- Complete health documentation, including titers and vaccinations for immunity (refer to the Practical Nursing *Student Handbook* for details). These documents will be uploaded to the vendor contracted by UCNJ Union College of Union County, NJ PN program. Information will be provided at time of registration.
- Flu vaccine is mandatory for clinical rotation for Fall and Spring enrollment.
- Malpractice insurance – minimum of \$1 million/\$3 million
- Covid-19 vaccination with boosters is required by the clinical affiliating agencies.

The health, CPR, and malpractice requirements must be completed **BEFORE** Practical Nursing enrollment. All requirements are due December 1, for Spring start and July 18, for Fall start.

*Background Clearance

All students enrolled in the Practical Nursing program are required to have a clear background check to participate in clinical care experiences. **Background checks are mandated by all clinical agencies and must be completed prior to enrolling into the Practical Nursing Program.** Students will be informed of the vendor for the background checks.

Any student who has had any negative background activity reported on the background check will **not** be able to enroll in Practical Nursing and will be dropped from the program. During program enrollment, it is the students' responsibility to notify the nursing program of any change in their background history status. Examples: convictions, guilty pleas, or judicial findings of guilt, that may result in an inability to continue in the program which include, but are not limited to: assault, battery, homicide, manslaughter, kidnapping, sexual assault, arson, domestic violence, theft, drug abuse and/or distribution, and fraud. Failure to disclose all convictions, other than minor traffic violations, will be grounds for dismissal from the program. A background clearance is required for licensure as a Practical Nurse in the State of New Jersey.

Practical Nursing Program Application

Please print clearly or type

| APPLICANT INFORMATION | | | | | | | | | | |
|---|--|--|--|------------------------------|-----------------------------|---|------------------|-----|------------------------------|-----------------------------|
| Last Name | | | | | First | | | M.I | Date | |
| Street Address | | | | | | | Apartment/Unit # | | | |
| City | | | | State | | | ZIP | | | |
| Phone | | | | E-mail Address | | | | | | |
| Semester Requested | | | | | Student ID No. | | | | GPA | |
| Are you currently attending UCNJ Union College of Union County, NJ? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you attending another college? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If you are not currently attending have you applied? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | |
| Have you ever been convicted of a felony? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | | |

| EDUCATION | | | | | | | | | |
|-------------|--|----|--|-------------------|------------------------------|-----------------------------|--------|--|--|
| High School | | | | | City/State | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |
| College | | | | | City/State | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |
| College | | | | | City/State | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |
| College | | | | | | | | | |
| From | | To | | Did you graduate? | YES | NO | Degree | | |

COURSE WORK –

Attach an unofficial copy of your UCNJ Union College of Union County, NJ transcript showing courses completed/transferred

| COURSES | SEMESTER COMPLETED | GRADE | CURRENTLY TAKING | WHAT COLLEGE? |
|---------|--------------------|-------|------------------|---------------|
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|-------------|--|-------|--|------|--|
| Last Name | | First | | Date | |
| Student ID# | | | | | |

| COURSES | SEMESTER COMPLETED | GRADE | CURRENTLY TAKING | WHAT COLLEGE? |
|--|--------------------|-------|------------------|---------------|
| | | | | |
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| OTHER COURSES – CURRENTLY ENROLLED OR COMPLETED | | | | |
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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrollment, I understand that false or misleading information in my application may result in my dismissal from the Program.

Signature

Date

*UCNJ Union College of Union County, NJ does not discriminate on the basis of race, color, national origin, sex, age or disability.