

1. Educational information: (Use additional sheets if necessary.)

Name of Schools Attended (High School and all Colleges)	City and State	Date of Entrance	Date of Leaving	Diploma/Degree Yes/No

2. Prerequisite Courses Completed

Course Number and Name (or equivalent)	College/University where course was taken	Semester and Year Completed
HTHS 1110: Integrated Human Anatomy & Physiology I or ZOOL 2100: Human Anatomy		
HTHS 1111: Integrated Human Anatomy & Physiology II or ZOOL 2200: Human Physiology		
NUTR 1020: Foundations in Nutrition		
PSYCH 1010: Intro to Psychology (Not PSY 1100 Human Growth and Development)		

3. Support Course Completed

Course Number and Name (or equivalent)	College/University where course was taken	Semester and Year Completed
HTHS 2230: Into to Pathophysiology		

4. List all places of employment beginning with most recent. (Use additional sheets if necessary.)

Business Name: _____ From: _____ To: _____

Address: _____ Title: _____

Supervisor & Phone: _____ Reason for leaving: _____

Business Name: _____ From: _____ To: _____

Address: _____ Title: _____

Supervisor & Phone: _____ Reason for leaving: _____

5. Do you have hands-on patient care experience in a position such as CNA, MA, Respiratory Therapist, EMT, or Surgical Tech? Yes No

IF YES, ASK YOUR SUPERVISOR OR EMPLOYER TO FILL OUT A REFERENCE FORM AND/OR PROVIDE VERIFICATION OF EMPLOYMENT TO RECEIVE THE APPLICATION POINT FOR YOUR EXPERIENCE.

6. Date of anticipated completion of CNA education, if not completed: _____

Date of anticipated completion of CNA state certification, if not yet certified: _____

7. Satisfactory progress through the Practical Nurse Program requires attendance in both theory and clinical sections. **Clinical hours may include evenings, nights, and weekends.**

Will you commit yourself to the prescribed hours and policies of the Practical Nurse Program? Yes No

8. Do you have a prior or pending criminal offense? Yes No
(See "Please Note" below.)

9. Ethnic Background (Optional): Black Non-Hispanic American Indian Asian or Pacific Islander
 Hispanic Other/Unknown White Non-Hispanic (Caucasian)

10. Please list the name and phone numbers of two people to be notified in case of emergency or who will always know how to reach you.

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

11. Review the Functional Requirements for Student Success online at www.davistech.edu/practical-nurse. It is located in the Admissions Requirements link.

Please Note:

In order to be licensed as a practical nurse in the State of Utah, the application must be in conformity with the Utah Nurse Practice Act. Applicants who have been convicted of a felony or treated for mental illness or substance abuse should discuss their eligibility status for licensure with the Utah State Board of Nursing.

Acceptance and completion of the nursing program does not assure eligibility to take the PN licensure exam. The Utah State Board of Nursing makes the final decision as to whether a license will be issued to practice nursing in Utah. If you have questions regarding this, please contact the State Board of Nursing, <https://dopl.utah.gov/>, 160 East 300 South, P. O. Box 146741, Salt Lake City, UT 84114-6741, Phone number (801-530-6628).

I do hereby certify that the statements in this application are true to the best of my knowledge and I have reviewed the Functional Requirements for Student Success. I give Davis Tech Practical Nurse Program faculty/staff permission to contact my provided references.

Signature

Date

APPLICATION CHECKLIST – Please read thoroughly
Send completed application including:

- Official (sealed) transcripts from all schools where you have college credit
 - Within the last 6 years, any completed program requirements, and/or any colleges where you have concurrent enrollment (CE) credits.
 - **Official transcripts from the original school are required even if the credits have been transferred and show up on another college’s transcript.**
 - If you do not have 15 credit hours of college work, include an official high school transcript.
 - Transcripts must have semester grades posted (if you have taken any classes that semester) to get credit.
 - If you have transcripts mailed, make sure they say “ATTN: Practical Nurse” in the address or we will not receive them and you will need to resend them.
 - Electronic transcripts can be sent to NursingAdvisor@davistech.edu.

- A current copy of your Certified Nursing Assistant (CNA) state certification, **with expiration date**, if you have completed it. Points will be awarded for CNA state certification that is current during the application period you are applying for.

- Three references (forms included)
 - **References must be from former/current supervisors, teachers and/or employers.**
 - Applications that include less than three references or references from co-workers, family friends, relatives, or religious leaders will not be accepted and will be disqualified.
 - Send or hand-deliver the attached Practical Nurse Reference Form to each person you are using as a reference. Also provide them with an envelope and **ask them to write their signature across the sealed back of the envelope.**
 - Return these envelopes with your nursing application. Write the names, addresses, and phone numbers of your three references on the provided form and include it with your nursing application.

- Medical Work Experience points will be given if:
 - Your supervisor or employer completes a reference form and verifies your experience on the second page.
 - Your supervisor or employer provides a verification of employment (a letter describing your job title, job duties and dates of employment).
 - **No other documents are accepted for medical work experience.**

- A personal letter describing why professionalism in nursing is important.
 - Typewritten
 - No more than one page

- A copy of your NLN PAX™ Pre-admission Exam score.**
 - Details are online: www.davistech.edu/practical-nurse

- Non-refundable application fee of \$35. Make check or money order payable to “Davis Tech Practical Nurse”

Applications can be turned into Student Services or mailed and postmarked by the deadline to:
Davis Technical College
Practical Nurse Program Application
550 East 300 South
Kaysville, UT 84037-2699

Applicants are responsible for making sure that their application is complete and that all transcripts have been received. Applicants are notified of their status approximately **6 weeks** after the application deadline. Questions about your application? Contact Renee at 801-593-2341 or NursingAdvisor@davistech.edu

**DAVIS TECHNICAL COLLEGE
PRACTICAL NURSE PROGRAM
REFERENCE INFORMATION**

References must be from former/current supervisors, teachers, or employers.

Applications that include less than three references or references from co-workers, family friends, relatives, or religious leaders will not be accepted and will be disqualified.

1. Reference Name: _____
Business Name: _____
Address: _____
Phone number: _____
Association with reference: _____

2. Reference Name: _____
Business Name: _____
Address: _____
Phone number: _____
Association with reference: _____

3. Name: _____
Business Name: _____
Address: _____
Phone number: _____
Association with reference: _____

Turn in the completed reference information sheet with your application.

DAVIS TECH PRACTICAL NURSE PROGRAM REFERENCE FORM

Section A: This information is to be filled out by the applicant requesting the reference.

Name of Applicant: _____

Name of Evaluator: _____ Evaluator Phone #: _____
Please print

Section B: This information is to be filled out by the evaluator. The evaluator should **sign the back of the envelope** over the envelope's seal when the evaluation is completed.

To the Evaluator: You have been selected to supply a reference for the applicant named above for the Practical Nurse Program. This will become part of the applicant's file and thus will be available to him/her should the request be made as guaranteed by the Family Educational Rights and Privacy Act of 1974 and its amendments.

Please circle your evaluation choice on the numerical rating scale of each of the following as it relates to the applicant's potential for nursing. *Comments in each area are helpful.*

1. Communication: Verbal & nonverbal: **Comments**

1	2	3	4	5	6	7
Inadequate		Limited skills		Good		Excellent

2. Interpersonal Relationships: **Comments**

1	2	3	4	5	6	7
Inadequate		Limited skills		Good		Excellent

3. Appearance/Grooming: **Comments**

1	2	3	4	5	6	7
Untidy		Sometimes tidy		Clean/ neat		Always well-groomed

4. Motivation: **Comments**

1	2	3	4	5	6	7
Poor		Fair		Good		Excellent

5. Integrity: **Comments**

1	2	3	4	5	6	7
Dishonest		Sometimes honest		Honest Truthful		Always honest, trustworthy

6. Punctuality/Absenteeism: **Comments**

1	2	3	4	5	6	7
Frequently late or absent		Sometimes present & punctual		Good attendance & punctuality		Excellent attendance, always punctual

7. Dependability/Responsibility/Maturity:

Comments

1	2	3	4	5	6	7
Immature, undependable, irresponsible		Sometimes mature, dependable, responsible		Mature, dependable, responsible		Always dependable, assumes responsibility very well, very mature

8. Problem Solving/Decision Making/Critical Thinking:

Comments

1	2	3	4	5	6	7
Inadequate		Limited skills		Good		Excellent

9. Anxiety Level:

Comments

1	2	3	4	5	6	7
Very stressed		Some-what stressed or anxious		Deals with stress well, no evidence of anxiety		Calm, in control in stressful, anxiety provoking situations

10. Caring Attitude:

Comments

1	2	3	4	5	6	7
Rarely considers other's needs		Sometimes demonstrates caring behaviors		Has a positive attitude, demonstrates caring behaviors		Exceptional attitude of caring for & about others

Additional comments you may wish to make:

Choose one of the following:

- I highly recommend this applicant to the Practical Nurse Program.
- I recommend this applicant to the Practical Nurse Program.
- I do not recommend this applicant to the Practical Nurse Program.

Please answer the following questions regarding the applicant:

- Yes No Has this applicant worked as a CNA, Respiratory Therapist, EMT, Surgical Tech, Paramedic, Medical Assistant, Home Health Aide, Pharmacy Tech, or Radiography Technician at YOUR facility?
(If yes, please circle the applicant's job title.)
- Yes No Has this applicant worked at your facility for six (6) months or more?
- Yes No Would you claim this applicant is very good or excellent in fulfilling his/her responsibilities?

Evaluator's signature: _____ Date: _____

Evaluator's Place of Employment: _____

Length of time you have known this applicant: _____

Capacity in which you have known this applicant: (please circle one)

Supervisor Teacher Employer RN Supervisor Other _____

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