SALINA TECH

Associate Degree Nursing Application
Admissions Form

Priority Deadline March 01

COMPLETE AND SUBMIT ALL THREE PAGES OF THIS PACKET. ATTACH ALL OTHER DOCUMENTATION AS DIRECTED IN THE PACKET.			
Applicant Information			
Last Name:	First Name:	MI:	Date of Birth:
Street Address:		Apt #:	
City:	State:	Zip:	
Cellular Phone:	Have you ever been convicted of a felony? ___ Yes ___ No		
Email address:	Other names used:		
Have you ever applied to this program before? No_____ Yes_____ If yes, when?			

Please provide the following information for all courses:

Required Prerequisite	Minimum Number of Credit Hours Required	Course Number	College	Number of Credit Hours Received	Final Letter Grade
Human Anatomy & Physiology	5				
Human Development	3				
Microbiology with Lab	5				
College Algebra or Higher	3				
English Composition I	3				
Interpersonal Communications	3				
General Psychology	3				

Please provide the following from the ATI PN Comprehensive Predictor Exam:

PN Predictor 2020 Version	**Percentage/Ranking**	**PN Predictor Test Location**
Adjusted Individual Total Score		

Please submit a copy of your PN Predictor results.

Kansas Nursing License	
License Number	
Expiration Date	
Free of disciplinary action	Yes/No

Office of Admissions will verify active credential status *via* www.ksbn.org

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Associate Degree Nursing Application
Student Record of Immunization Form

Directions for completing the form:

The following is the list of immunizations that are required by the ADN program. Please use the form below to record each immunization. Attach all copies of your immunization records. **Please place the information in the order listed on the checklist, and highlight on the copies where it reflects the vaccines were administered, or titer results are shown.**

Student Immunization Record						
Vaccination		**Titer**		**Dosages**		
1	**MMR Documentation** • Two (2) doses or proof of immunity by titer	Month/Date/Year	**Or**	Month/Date/Year 1	Month/Date/Year 2	
2	**Chickenpox (Varicella)** • Two (2) doses or proof of immunity by titer • WILL NOT ACCEPT HISTORY OF CHICKENPOX	Month/Date/Year	**Or**	Month/Date/Year 1	Month/Date/Year 2	
3	**Tetanus (TDAP)** • One (1) dose less than 10 years old	N/A		Month/Date/Year 1		
4	**Hepatitis B (Hep** B) • Three (3) doses or proof of immunity by titer	Month/Date/Year	**Or**	Month/Date/Year 1	Month/Date/Year 2	Month/Date/Year 3

Additional Vaccination Information:

- TAKE TIME to verify that copies of immunizations are highlighted and attached to the ADN packet.
- Chickenpox is an immunization that is often incomplete. We can only accept proof of vaccination or a titer. We cannot take anyone's testimony that you had chickenpox, not even a physician. Make sure that you have either vaccines or a titer. Paperwork for a low titer will not be accepted.
- **Currently TDAP (tetanus, diphtheria, and pertussis (whooping cough) is being recommended for persons who may be around small children. Some clinical sites are indicating that they're going to require it for our students. So, please ask your healthcare provider to give you that vaccine.**
- Hepatitis B is required by vaccine or titer. If your titer is low, you should get the vaccine. Paperwork for a low titer will not be accepted. As the Application Information and Instructions state, you should get the Hepatitis B early, as it takes 6 months to complete the series as required.
- **Due to the student nurse requirements, we must adhere to the above dosage amounts of the immunization record listed above.**

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Associate Degree Nursing Application
Student Certification and Checklist Form

Please carefully read and initial next to each line item indicating that you have fully completed or met the requirements for admittance into the nursing program.

Checklist for Complete Application	Initials
I have completed an Admissions Application to Salina Area Technical College. If separated from SATC for longer than a semester, a new college application is required.	
I have met with an academic advisor or discussed the application process via zoom, telephone, etc.	
All official transcripts from each college/university and high school I have attended have been submitted to SATC for transfer credit.	
I have completed the current ATI Comprehensive PN Predictor. Additionally, I have sent or attached a copy of the test results.	
I have completed all the prerequisites required and achieved a grade of "C" or better, with an overall GPA of 2.0 or higher.	
I have completed the immunization record and attached copies of ALL required immunizations. I have placed the information in the order listed on the Student Immunization Record and highlighted the required vaccines/titers submitted.	
I have typed a two-page essay on why I desire to pursue an associate degree in nursing, with any career/educational goals, and included any strategies for academic success.	
I certify that I do not have any conduct or criminal violations from SATC, or any other college attended, and/or I understand that the Admissions Committee will verify.	
I have attached all the documents required in the order specified below.	

Please attach all required documentation to the Associate Degree Nursing application in the order below:

1) ADN Admissions Form – Page 1
2) Student Record of Immunization Form – Page 2
3) Student Certification and Checklist Form – Page 3
4) PN Predictor Results
5) Immunization Records – Vaccines/titers highlighted
6) Two (2) page typed essay

I certify, under penalty of disciplinary action up to and including automatic withdrawal from the ADN Program, that all the information is complete and accurate. I agree to supply the ADN Program with supporting documentation related to my application if I am requested to do so. I further understand that submitting this application does not guarantee admission to the ADN program. Additionally, I acknowledge incomplete packets will not be accepted.

Student Signature Date

_____ _____