

**APPLICATION CHECKLIST**

It is the responsibility of the applicant to complete all the requirements below prior to the application deadline to be considered for the Practical Nursing program.

STUDENT TO COMPLETE BELOW	DATE COMPLETED
1. Complete the Admissions Application to Chipola College . Choose Major Code 2265: Practical Nursing Certificate. Failure to declare the correct major can result in a delay in transcript evaluation.	
2. All required high school, vocational, and college transcripts have been received by the Registrar's office and verified. a. No transcripts should be sent to Health Sciences. They cannot be evaluated in this department. b. Transcripts from one college cannot be evaluated from the transcript of another college. All colleges must send individual official transcripts. c. Transcripts that have been in the possession of the student are not considered official, regardless of whether they are sealed, stamped or in an envelope.	
3. Complete the TABE test, unless exempt: 1- graduated after 2009 with a standard diploma from a Florida High School, 2- completed college level English and college level Math with a grade of "C" or better, or 3- earned an Associate degree or higher. TABE Reading, Mathematics, and Language scores must be equivalent to 11 th grade.	
4. Register and pay for TEAS exam. For information visit Chipola College Testing Center: https://www.chipola.edu/admissions/testing-center/teas/ a. The TEAS can be taken every 30 days. Exams taken at a different institution before the 30-day period is completed will not be accepted. b. Exams taken at home and proctored by ATI are not currently accepted.	
5. Read the PN Program Information Packet and watch the Nursing Information Session.	
6. Submit the Practical Nursing (PN) application by the deadline with all required paperwork as explained in # 7, 8, 9, 10, 11, and 12.	
7. Submit the Nursing Program Student Health Form completed by a licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP), or Physician's Assistant (PA).	
8. If you do not have proof of an immunization, you can get a titer to prove you have immunity. Submit proof of the following required immunizations using the attached Mandatory Immunizations Form: A. TDaP (Diphtheria, Tetanus and Pertussis) within last 10 years B. Hepatitis B Series or positive titer for immunity showing result numbers, or declination waiver form C. Varicella immunization x2 or positive titer for immunity showing IGg result numbers D. MMR immunization x2 or positive titer for immunity showing IGg result numbers E. Flu Vaccination (current year, September - May). F. Covid19 Immunization or Religious/Medical Exemption	
9. TB testing can be done one of two ways: A. Get a two-step PPD with the results put on the Mandatory Immunization & Titers Form. B. IGRA Blood test, must provide the lab results.	
10. CPR Card: must be BLS for Healthcare Providers from American Heart Association (AHA), American Red Cross, or American Safety & Health Institute (ASHI)	
11. Medical Release Form, signed, dated, and notarized	
12. Applicant Acknowledgment Form, signed and dated	

Completion of the items on the checklist does not guarantee acceptance to the Practical Nursing program.

Selection process is competitive. Completion of the checklist is the applicant's responsibility.

Incomplete applications or applications without proper documents will not be considered.



PHASE ONE: APPLICATION

Equal Opportunity Data: The following information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for admission.

1. PERSONAL INFORMATION

Name: _____ CC ID#: _____
First, Middle, and Last as written on your driver's license)

Ethnicity: ☐ Non-Hispanic/Latino ☐ Hispanic/Latino

Race (Choose one or More): ☐ White ☐ Black ☐ Asian ☐ American Indian/Alaska Native
☐ Native Hawaiian or Islander ☐ Other/Choose Not to Specify

Gender: ☐ Male ☐ Female ☐ Choose Not to Specify

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Numbers: Home _____ Cell _____

High School _____ Year of Graduation _____

Last four digits of your Social Security Number _____

Chipola College Email Address: _____@my.chipola.edu

Note: Letters, including notification of acceptance/denial, and all other information will be sent using the above address and your Chipola College Student Email. NO PERSONAL EMAILS WILL BE USED.

OFFICIAL TRANSCRIPTS from all schools attended must be received by the Chipola College Registrars Office. All official transcripts should be sent directly to the Registrar's office and **SHOULD NOT** be attached to this application. **All schools attended must send individual transcripts. Transcripts from multiple schools will not be evaluated from one school's transcripts.**

List ALL post-secondary schools attended, regardless of credits earned. Degrees and/or certificates awarded should have proof attached for points to be awarded to the application. Use additional sheets if necessary.

_____ School/College	_____ Dates Attended	_____ Degree/Certification Awarded
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NOTE TO ALL STUDENTS: Admission to the program is competitive in nature and is not guaranteed. An admissions committee ranks all applications and admission is granted to the most qualified applicants. Applicants can improve their chances of admission by completing one or more of the recommended supplemental courses. **It should be understood that satisfactorily meeting minimum requirements does not automatically guarantee admission.**



2. APPLICANT BACKGROUND Attach additional sheets, if necessary:

Have you attended a Nursing program/classes before? ☐ No ☐ Yes

If yes, where and when? _____

What name(s) did you use when you received your nursing education? _____

Have you previously earned a grade of "D" or "F" in any nursing courses? ☐ No ☐ Yes

Note: Students whose transcripts show failures to achieve a "C" or better in **ANY** two nursing courses, in any PN nursing program attended, will not be considered for admission. Students readmitted one time to **ANY** PN program are not eligible for admission.

3. CRIMINAL HISTORY

As part of your Phase III acceptance into the Nursing Program at Chipola College, a Level II fingerprinting and criminal background check must be completed prior to final acceptance into the program. Chipola College utilizes our Public Safety department for this service. Criminal background checks performed through other agencies **will not** be accepted.

1. ☐ Yes ☐ No Have you EVER been arrested for a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Reckless driving, driving while license suspended or revoked (DWLSR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question. **You must include all incidences of arrest, regardless of action taken in court, such as Nolle Prosequi or having your record expunged.**
2. ☐ Yes ☐ No Have you EVER been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Reckless driving, driving while license suspended or revoked (DWLSR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.
3. ☐ Yes ☐ No Have you EVER had any records sealed pursuant to section 943.059, F.S., or other states applicable statute?

If you responded "No" to question 3, skip to question 4.

- a. ☐ Yes ☐ No If "Yes" to 3, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence, and completion of any subsequent probation?
- b. ☐ Yes ☐ No If "Yes" to 3, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).
- c. ☐ Yes ☐ No If "Yes" to 3, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?
- d. ☐ Yes ☐ No If "Yes" to 3, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "Yes", please provide supporting documentation).



4. ☐ Yes ☐ No Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction?
- a. ☐ Yes ☐ No If "Yes" to 4, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?
5. ☐ Yes ☐ No Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?

Failure to disclose information in this section may result in a denial of your application.

If you answered "Yes" to any of the questions in the Criminal History Section, you are required to send the following items:

- ☐ Self-Explanation describing in detail the circumstances surrounding each offense, including dates, city and state, charges and final results.
- ☐ Final Dispositions and Arrest Records for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.

4. HEALTH HISTORY

1. ☐ Yes ☐ No Do you have any condition that currently impairs your ability to practice nursing with reasonable skill and safety? Review the Functional Skills Required for Nursing in the Practical Nursing Information Packet, page 5.
2. ☐ Yes ☐ No Are you using medications, other drugs, narcotics, or intoxicating chemicals that impair your ability to practice nursing with reasonable skill and safety?

If you responded "Yes" to either of the questions, you are required to send the following items:

- ☐ Please provide a letter from a licensed health practitioner, who is qualified by skill and training to address your condition, which explains the impact your condition may have on your ability to practice your profession with reasonable skill and safety, and stating either that you are safe to practice your profession without restriction or indicating what restrictions are necessary. If necessary, you may attach additional sheets. Documentation must be current within the last year. If you fail to disclose the information requested in this section, your application may be denied.
- ☐ Self-explanation, explaining the medical condition(s), or occurrence(s), and current status.



5. ACADEMIC/COLLEGE PERFORMANCE

Admission to the Chipola College PN program is a competitive process. It is the applicant's responsibility to make sure that official transcripts verifying **all** courses are on file with the Admissions Office before turning in the application.

Directions: Identify college courses completed, which college the course was completed at, and the grade earned. **Points are awarded for first or second attempts at a course ONLY. Additional attempts do not receive points. Withdrawals are counted as an attempt.**

Recommended Courses: The following courses are not required prior to entering the program. However, they are recommended. Current enrollment in a course on this list will not be considered for this application cycle. Eligible transfer/equivalent courses may be considered, only if the official transcript from the college where the course was taken has been received and reviewed by admissions.

Course Prefix	College Name	Grade
BSC 1084 or BSC 2085 with lab and BSC 2086 with lab		
HSC 1531		
MAT 1033 or MAC 1105		
ENG 1101		
PSY 2012		

6. LICENSURE/CERTIFICATION

Applicants who have previously completed licensure or certification for employment in the healthcare field will be awarded points based upon type of licensure/certification. Applicants **must provide current** documentation of active, unencumbered licensure/certification in order for points to be awarded. Failure to provide documentation will result in no points being awarded. Examples of licensure include Paramedic. Examples of certification include CNA or EMT. Certification **must be** in a field that involves direct patient care.

****CPR cards do not count as licensure/certification. The CPR card will not be required as part of the application process, but will be necessary as part of your Phase III final acceptance.***

7. TEST OF ESSENTIAL ACADEMIC SKILLS (ATI TEAS Version 7)

Applicants will be awarded points based on their Adjusted Individual Total Score earned on the TEAS assessment. Official transcripts **must be** submitted to the Chipola College Testing Center in order to be accepted. **At home TEAS tests are not accepted, the TEAS must be taken at or proctored by an accredited institution.**

Points will be awarded in the following manner:

TEAS Score	Points Awarded
>75	5
65-74	4
50-64	3
<50	0

***Note: Tests taken more than two (2) years prior to the application date will not be accepted; likewise, tests taken with less than thirty (30) days between testing dates will not be accepted, regardless of where the exam is taken.**



Phase Two

- A. A Point System will be used to rank applicants in Phase Two. Only applicants who have been cleared for admission into Chipola College will be ranked for review. The Practical Nursing Program Information Packet and the Information Session contain an explanation of points.
- B. Letters confirming an applicant's status after point calculations and review by the Admissions Committee will be emailed to the Chipola College Outlook email address and mailed to the applicant at the address provided on this application. It is the applicant's responsibility to provide a correct mailing address. The Outlook email address can be accessed on the Chipola College website by going to "Login" and clicking on "Office365".

Personal emails will not be used once acceptance or denial has been determined.

Phase Three

Acceptance into Phase Three:

Applicants who have been notified to proceed to Phase Three will be sent the following through email and mail:

1. A package code for CastleBranch, the document management system.
2. Instructions and due dates for completing the fingerprint background check and for registering for CastleBranch.
3. Instructions and due dates for completing the CastleBranch upload requirements.
4. All documents related to immunizations, physical examination, release of information, etc. that must be uploaded to CastleBranch.

It is the responsibility of the applicant to meet all deadline requirements of the items listed above.

Completion of Phase Three:

After the deadline, the Nursing Admissions Committee will review the application, health information, CPR, required documents, results of alcohol/drug test and the review of the criminal background screening. Applicants will be notified of final acceptance or denial to the nursing program through Chipola College email and postal mail to the mailing address on file. **Note: Do not ask if the results of your alcohol/drug test or criminal background will result in acceptance or denial to the nursing program.**

Candidates will receive information about registration, the date and agenda for orientation and the required resources for supplies and textbooks in the final acceptance letter once Phase Three is complete.

Applicants granted final acceptance must attend Orientation to the nursing program before classes start. Failure to attend can and will result in removal from the program if the applicant fails to inform the Dean of Health Sciences or the Departmental Staff Assistant of their absence no less than 24 hours before Orientation is scheduled to begin. All missing CastleBranch requirements must be uploaded to CastleBranch before classes begin. I certify that the application is complete and accurate to the best of my knowledge. I understand that the falsification of any information or documentation will result in the revocation of this application for consideration.

Printed Name of Applicant

Student ID

Signature of Applicant

Date



APPLICANT ACKNOWLEDGMENT

You must initial beside each statement and sign below:

- _____ I watched the PN Information Session and understand the application process.
- _____ I understand that it is my responsibility to ensure that all transcripts from all colleges that I have attended have been received by the Admissions office.
- _____ I understand that failure to meet deadlines set by the Health Sciences department could affect my acceptance into the nursing program and could result in my being dropped from the program.
- _____ I understand that it is my responsibility to ensure that all information provided on this application, including my address, are up-to-date and correct and that if something changes, I must notify Chipola College and the Health Sciences department.
- _____ I understand that failure to pass the drug and alcohol test will eliminate me from consideration for acceptance and that I can reapply after 12 months. I understand that if I test positive a second time, I am ineligible to apply in the future.
- _____ I understand that I must meet the criminal background screening requirements as stated by the Florida Board of Nursing.
- _____ I understand that failure to disclose an arrest or conviction in my criminal background can eliminate me from consideration for acceptance and that I can reapply in the next admissions cycle. I understand that if I fail to disclose a second time, I am ineligible to apply in the future.
- _____ I understand that acceptance into the nursing program does not guarantee acceptance by the Florida Board of Nursing to take the NCLEX-PN examination, nor does it guarantee that I will pass the NCLEX-PN examination and obtain a LPN license.
- _____ I understand that any missing or incorrect information may eliminate me from consideration for acceptance.

Printed Name of Applicant

Student ID

Signature of Applicant

Date

The completed Nursing Application can be emailed to Sherry Brannen at brannens@chipola.edu or turned in at the Health Sciences, Building Q, Room 106 by the deadline of Wednesday, October 1, 2025.