CHECKLIST FOR ADMISSIONS TO THE CLINICAL NURSING PROGRAM

For full consideration for admission to the clinical nursing program,

♦ Before February 1st all students not currently enrolled at UTM must:

1. Apply for admission to the University of Tennessee at Martin

2. Submit official high school & college transcripts, & test scores to the UTM registrar’s office

♦ Before February 15th all students must have submitted to the Department of Nursing:

1. A completed “Admissions Application to the Clinical Nursing Program”,
2. Results from the Kaplan Nursing exam
   - Schedule Exam at the UTM Office of Testing Services website
   - Refer to “Kaplan Nursing Exam Information” sheet
   - Contact the UTM Office of Testing Services, located in Clement Hall, Room 211, (731-881-7727) or success@utm.edu for questions about the exam and fees.

3. A typed double-spaced statement between 250 to 500 words addressing the following:
   - Explain why you selected nursing as a major.
   - Identify qualities you possess that will help you succeed in the nursing profession.
   - Describe a situation where you overcame a challenge to achieve a personal goal.

4. If you are a transfer student, a copy of ALL transcripts.

5. Secure all documents together with one staple in the upper left corner, and

6. Mail all documents to:

   The University of Tennessee at Martin
   Parsons Center
   Department of Nursing
   975 Tennessee Avenue North
   Parsons, TN 38363
THE UNIVERSITY OF TENNESSEE AT MARTIN
BACHELOR OF SCIENCE IN NURSING
Parsons Center: LPN-RN Option
ADMISSIONS APPLICATION TO THE CLINICAL NURSING PROGRAM

♦ Note: Incomplete applications will not be reviewed

Date: _________________________ UTM Student ID # _________________________

Name:

Last               First                  (preferred)               Middle               Maiden

Permanent Address:

Street               City               State               Zip

Date of Birth: _________________________ Gender: Male    Female

Phone Numbers: Home: (____) _____________ Cell Phone Number: (____) _____________

E-Mail Address: ______________________________________

Date of High School Graduation: _________________________ or GED Examination: _________________________

Legal Standing
Students accepted into the nursing program will be required to complete a background check and a urine drug screen prior to entering nursing clinical courses. A nursing student may be subjected to random checks and screening by the Department of Nursing or clinical agency.

1. Have you ever been arrested and convicted for a felony offense? __________ If yes, please explain:

2. Have you ever applied to UT Martin’s Nursing Program: YES    NO    If yes, when? __________

3. Are you currently enrolled in the UTM ROTC program YES    NO

4. Educational institution currently attending: _________________________

5. Complete the following information for all educational institutions attended since high school:

<table>
<thead>
<tr>
<th>Educational Institution</th>
<th>Dates Attended</th>
<th>Degree earned (if any)</th>
<th>Reason for leaving if enrolled in nursing</th>
</tr>
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<tbody>
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Complete the following information for any health care licensure or certification:

<table>
<thead>
<tr>
<th>Licensure/Certification</th>
<th>Granting Agency</th>
<th>Number</th>
<th>Expiration Date</th>
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-Continued on back-
Indicate the semester in which the following courses were/will be completed with a grade of C or better.

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester of Completion</th>
<th>Projected Date of Completion</th>
<th>School Where Completed</th>
<th>Course</th>
<th>Semester of Completion</th>
<th>Projected Date of Completion</th>
<th>School Where Completed</th>
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<tbody>
<tr>
<td>General Chem 121*</td>
<td></td>
<td></td>
<td></td>
<td>Microbiology 251*</td>
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<tr>
<td>Zoology 251*</td>
<td></td>
<td></td>
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<td>Psychology 101*</td>
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<td>Zoology 352</td>
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<td></td>
<td></td>
<td>Mathematics 140*</td>
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<td>English 111²</td>
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<td>English 112</td>
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*Courses that MUST be completed before starting nursing clinical courses.

1 or 100-110; or 185; or 251
2 or 100-110

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For Office Use Only

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<tr>
<th>I. D. #</th>
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<th>Pre-requisites</th>
<th>Other curriculum courses</th>
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<td>B</td>
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<td>Math 210</td>
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<td>Psych 101</td>
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<td>Passed/Attempted</td>
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<td></td>
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<td></td>
<td>Pre-RN</td>
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This program is accredited by:
National League for Nursing Accrediting Commission (NLNAC)
61 Broadway – 33rd Floor
New York City, New York 10006
1-800-669-1656 Ext. 153

Revised September, 2012