Fall 2023 Nursing Program Application

Dear Nursing Program Applicant:

The application filing period for Fall 2023 is from March 20th through April 14th, 2023. A completed application includes the three (3) page application, official sealed transcripts from **all** colleges attended, supplemental documents as outlined in the application, and all official TEAS test results (including results from all previous attempts if applicable). To be considered for admission a completed application must be dropped off to the Nursing Department no later than April 14th, 2023 by 2:00pm.

Since 2008, all academically qualified applicants (based on the Chancellor's Validation Study Criteria) evaluated by the LACC counselor must achieve a "cut-score" of **80%** or above. Qualified applicants must take the Test of Essential Academic Skills **(TEAS Version 7)** prior to Final Deadline. Students must achieve a score of **62.0%** overall or higher on the **ATI TEAS** test on their first attempt to qualify for admission. Acceptance is based on an assessment of academic qualifications as well as the result of the **ATI TEAS** test. **Please request an ATI TEAS official transcript from ATI's website to be sent to Los Angeles City College, which must be received by our office *no later than the final deadline of* April 14th, 2023 at 2pm. If you wish to take the TEAS with LACC, we will offer applicants that have achieved a cut score of 80% and above a chance to do so. If more people wish to take the TEAS with us than we have space for, we will do so on a first-come-first-serve basis. Students taking the ATI TEAS exam at LA City College *do not* need to order this transcript**.

The Nursing Admission, Retention and Remediation Committee (ARR) will review all complete applications packets (including, but not limited to, official transcripts, passing TEAS transcripts, etc.) during April 2023. We utilize an approved lottery method to select qualified students along with a selected number of qualified alternates. You will be notified as to your lottery result if selected via email during the end of May 2023.

Please drop off your completed application packet in one envelope with your **name, phone number, email, student ID number, whether you are reapplying, information session date attended, and if you want to take the TEAS with us** printed on the outside no later than April 14th, 2023 by 2:00pm to the Nursing Department. (Only complete applications will be considered)

The following page is a *Nursing Program Cost* sheet with *lists of estimated fees* to expect for the nursing program. *Financial aid is available for qualified students. Please see the Financial Aid Office for additional information.*

> **Los Angeles City College**
> Nursing Department SCI TECH 218
> 855 N. Vermont Ave
> Los Angeles, CA 90029
>
> NOTE: You must enclose one set of **official sealed** transcripts from each college attended in your application, including LACCD transcripts. Your application must be dropped off to the Nursing Department no later than April 14th, 2023 by 2:00pm.

Remember: It is the student's responsibility to ensure that the application packet is complete with all necessary documents prior to the final deadline for the review by the ARR Committee. ***Please drop off your COMPLETE application and *official/sealed transcripts to our Nursing Department above. Incomplete &/or late applications will not be processed.***

We look forward to receiving your complete application and wish you the best in your pursuit of a nursing career.

Sincerely,

ARR Committee
Nursing Faculty
LACC Nursing Department

Below are lists of **estimated fees** to expect as a student of the nursing program.

Financial aid is available for qualified students. Please see the Financial Aid Office for additional information.

Costs as Applicant of Nursing Program	
Official Transcripts from all colleges attended *(price varies by college)*	$4-$10/each
ATI TEAS Exam	*varies by location*
ATI TEAS Transcript	$85
ATI TEAS Online Practice Test	$42
ATI TEAS Study Guide	$46
Costs as Incoming Student of Nursing Program	
Physical Examination, including lab work and infectious disease titers	$100-$250
Immunizations, including Hep-B	$100-$200
TB test and/or chest x-ray	$25-$150
CPR American Heart Association: Basic Life Support *("C" level)* Health Care Provider	$50-$75
Background Check and Drug Screen[2]	$200
Malpractice Insurance	$20-$25
Fire Safety Class	$30
First Year Costs as Student of Nursing Program	
Tuition Fee $46/unit *(average units per semester: 12; average units per year: 24)*	$1104[1]
2 uniforms, jacket, patch, pin	$120-$200
1 pair of white leather shoes	$80
Bandage scissors, stethoscope	$100
Watch with sweep second hand	$50
Books, course syllabi	$1,200
Background Check and Drug Screen[2] *($80 per semester)*	$160
Skills Kit	$100
ATI	$1000
Student Health Fees	$25
Student Body Fees *(optional)*	$20
C.N.S.A. Membership *(optional)*	$25
LACC Parking Fee	$54
Some hospitals may charge parking for nursing students.	TBA
Second Year Costs as Student of Nursing Program	
Tuition Fee $46/unit *(average units per semester: 12; average units per year: 24)*	$1104[1]
Books, Course Syllabi	$750
Background Check and Drug Screen[2] *($100 per semester)*	$200
Influenza vaccine and TB test	$25-$75
ATI	$1000
Malpractice Insurance	$20-$25
Student Health Fees	$25
Student Body Fees *(optional)*	$20
C.N.S.A. Membership *(optional)*	$25
LACC Parking Fee	$54
Some hospitals may charge parking for nursing students.	TBA
APPROXIMATE TOTAL COST of TWO-YEAR NURSING PROGRAM	**$8509 ***
At the completion of the program, there will also be additional fees for graduation that will include Board of Registered Nursing state licensure, fingerprinting, National Examination testing (NCLEX), graduation gown and the School of Nursing pin.	

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[1] Non-resident students pay approximately $282/unit. Foreign students pay approximately $328/unit. Fees may increase pending state budget resolution.

[2] Background Check and Drug Screen must be clear every semester in order to remain in the LACC Nursing Program.

* All fees/costs used to estimate total are approximate and subject to change at any time.

+ Please keep this letter as a reference +

Los Angeles City College Registered Nursing Program
APPLICATION for Fall 2023 (If you are **reapplying** check here ☐)

Print Clearly & Do Not Leave Blanks. *If Not Applicable*, please write N/A in the pertaining section. **Please Read the Entire Application Carefully**

Last Name _____   First Name _____   Middle Name _____

List ALL Previous Names Used: _____

☐M ☐F ☐Non-Binary

Social Security or ITIN Number _____   LACCD Student ID # *88-xxx-xxxx* _____   Email Address _____   Gender _____

Home Address _____   City _____   State _____   Zip Code _____

( )_____   ( )_____   _____   _____
Home Phone   Cell Phone   Birthdate *MM/DD/YY*   Ethnicity   *For Statistical Purposes Only*

Criminal background check & drug testing are required. Do you have any background violation(s)? ☐**Yes** ☐**No**

S = Single; M = Married; D = Divorced; W = Widowed

US Citizen: ☐Yes ☐No   If **No**, Indicate Status: _____   Circle One: S M D W   _____
   Marital Status*   # of children*

US Veteran: ☐Yes ☐No   If **Yes**, please include copy of discharge.

Foreign Language(s) Spoken*: _____

LVN: ☐Yes ☐No   LVN License No.: _____   Expiration Date: _____

High School Attended: _____   Graduated: ☐Yes ☐No   _____
   School Name, US City, US State **or** Foreign Country   Grad Year

GED Examination: _____   _____   _____   Passed: ☐Yes ☐No
   Location   Score   Date Taken

College Degree: _____   _____   _____
   Name, City, State (or Foreign Country)   Degree Received & Major   Grad Date

If you have ever been enrolled or accepted in any R.N. nursing program, please state and contact Nursing Department ASAP:

College:_____   Year(s):_____   Director:_____

Complete Address:_____   Phone No.:_____

Courses Completed:_____   Reason for withdrawal:_____

Work History   Current *or* Last Position Title and Where? _____   # of Months or Years: _____

Describe duties: _____   Is this position unpaid? ☐Yes ☐No   Hours per week: _____

_____   Current job? ☐Yes ☐No

Emergency Contact Information   Name: _____   Relation to you: _____
   Day Phone Number: _____   Evening Phone Number: _____
Relative that doesn't live with you: Name: _____   Relation to you: _____
   Day Phone Number: _____   Evening Phone Number: _____

I, (print full name) _____, *understand that any omission(s) and/or information stated on my*

three-page LACC nursing program application found to be inaccurate and/or fraudulent may be cause for immediate dismissal.

Signature: _____   Date: _____

PLEASE NOTE: *Submission of Incomplete Applications Will NOT Be Accepted.* *It is the student's responsibility to understand the application on his/her own and to submit a complete application.* *Please read the entire application carefully.*

DO NOT USE ANY STAPLES FOR YOUR APPLICATION – Please Paperclip – THANK YOU.

☐ **Documents Required for Verification & for Applicant File**

Please submit copies of the documents listed below with your application packet. Applications without document copies will not be processed.

▶ **L A C C   N u r s i n g   D e p a r t m e n t   d o e s   n o t   m a k e   p h o t o c o p i e s   f o r   a p p l i c a n t s** ◀

*Those marked below with an asterisk * need only be submitted if applicable. Please Read Carefully.*

Copy these three on ONE PAGE

☐ **California ID or Driver's License**

☐ **Social Security or ITIN Card**

☐ **Student ID***   Applicable only if you attended a college within the L.A. Community College District

☐ **Name Change Document***   *For Example: US citizenship papers, marriage certificates, etc.*

☐ **High School** (H.S.) **Diploma** or **GED Certificate*** *(if applicable)*

H.S./GED documentation is NOT necessary IF a College Degree is stated on a submitted official college transcript. If the H.S. diploma is unavailable, an official and sealed H.S. transcript can be used instead and must be included in your application packet.

☐ **LVN License*** *(if applicable)*

ONLY ONE SET OF TRANSCRIPTS FROM EACH COLLEGE ATTENDED IS REQUIRED.

❖ **Official Transcripts**

Your complete application must include the most **current official sealed transcripts from ALL colleges attended (including LACCD schools),** which must be dropped off to the Nursing Department by April 14th, 2023 by 2:00pm.

❖ *Foreign Country* **Official Transcripts** or **Diplomas**

Foreign transcripts or foreign diplomas must first be evaluated by an approved US Foreign Transcript Evaluation Agency. The official evaluated transcript must be included in your application packet, which must be submitted to the Nursing Department no later than April 14th, 2023 by 2:00pm.

Please List ALL Colleges &/or Universities   Attended:

1. _____   5. _____   9. _____
2. _____   6. _____   10. _____
3. _____   7. _____   11. _____
4. _____   8. _____   12. _____

Please list Any/ALL Nursing Programs Attended:

1. _____   2. _____   3. _____

Los Angeles City College Registered Nursing Program
APPLICATION for Fall 2023

Full Name: _____   Social Security/ITIN: _____

Print Clearly & Do Not Leave Blanks. If Not Applicable, please write N/A in the pertaining section.

Required Course	Course Number/ Name	Units	Grade	College/City	Year	Repeated? *No. of Times*	OFFICE USE ONLY Reviewer:_____
Human Anatomy 1*							
Human Physiology 1*							
Chemistry 51, 60, or 65*							
Psychology 1*							
Psychology 41*							
English Composition 101*							
Microbiology 1 or 20*							
Math 125* or higher							

If you are unsure which class is applicable for the next two courses, it is OK to leave this blank.

American Institutions (co-req)							
Humanities (co-req)							
Sociology 1 /Anthro 102 (co-req)							
Communication Studies 101 or 121 (co-req)							

* *or equivalent course* for those marked with an asterisk. *Equivalent courses would be those that were approved by the Nursing Counselor in order to qualify for selection into the Nursing Program.*

*** Complete Below ONLY IF You Have Taken Nursing Courses at Another College***						
RN Course or equivalent	Units	Grade	College/City	Year	Repeated? *No. of Times*	OFFICE USE ONLY Reviewer:_____
Nursing Foundations/ Pharmacology						
Adult Nursing						
Maternal-Newborn Nursing						
Pediatric Nursing						
Mental Health Nursing						
Nursing Leadership/Management						
Nursing Process						
Other: _____						

I, (print full name) _____, **certify that all information provided in connection with my**

application is true, correct, and complete. I understand that providing false information or omitting required information is fraud and grounds for denial of enrollment or immediate expulsion from the Nursing Program.

Signature: _____   Date: _____