



REGISTERED  
NURSING  
PROGRAM

## Spring 2024 Nursing Program Application

Dear Nursing Program Applicant:

The application filing period for Fall 2023 is from **September 25<sup>th</sup> through October 20<sup>th</sup>, 2023**. A completed application includes the three (3) page application, official sealed transcripts from **all (including LACCD)** 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 **October 20<sup>th</sup>, 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 October 20<sup>th</sup>, 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 October 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 **November 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 **October 20<sup>th</sup>, 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 **October 20<sup>th</sup>, 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*

+ Please keep this letter as a reference +

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.*

<b>Costs as Applicant of Nursing Program</b>	
Official Transcripts from all colleges attended ( <i>price varies by college</i> )	\$4-\$10/each
ATI TEAS Exam	<i>varies by location</i>
ATI TEAS Transcript	\$85
ATI TEAS Online Practice Test	\$42
ATI TEAS Study Guide	\$46
<b>Costs as Incoming Student of Nursing Program</b>	
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 (" <i>C</i> " level) Health Care Provider	\$50-\$75
Background Check and Drug Screen <sup>2</sup>	\$200
Malpractice Insurance	\$20-\$25
Fire Safety Class	\$30
<b>First Year Costs as Student of Nursing Program</b>	
Tuition Fee \$46/unit ( <i>average units per semester: 12; average units per year: 24</i> )	\$1104 <sup>1</sup>
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 <sup>2</sup> ( <i>\$80 per semester</i> )	\$160
Skills Kit	\$100
ATI	\$1000
Student Health Fees	\$25
Student Body Fees ( <i>optional</i> )	\$20
C.N.S.A. Membership ( <i>optional</i> )	\$25
LACC Parking Fee	\$54
Some hospitals may charge parking for nursing students.	TBA
<b>Second Year Costs as Student of Nursing Program</b>	
Tuition Fee \$46/unit ( <i>average units per semester: 12; average units per year: 24</i> )	\$1104 <sup>1</sup>
Books, Course Syllabi	\$750
Background Check and Drug Screen <sup>2</sup> ( <i>\$100 per semester</i> )	\$200
Influenza vaccine and TB test	\$25-\$75
ATI	\$1000
Malpractice Insurance	\$20-\$25
Student Health Fees	\$25
Student Body Fees ( <i>optional</i> )	\$20
C.N.S.A. Membership ( <i>optional</i> )	\$25
LACC Parking Fee	\$54
Some hospitals may charge parking for nursing students.	TBA
<b>APPROXIMATE TOTAL COST of TWO-YEAR NURSING PROGRAM</b>	<b>\$8509 *</b>
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.	

<sup>1</sup> Non-resident students pay approximately \$282/unit. Foreign students pay approximately \$328/unit. Fees may increase pending state budget resolution.

<sup>2</sup> 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.

Los Angeles City College Registered Nursing Program  
APPLICATION for Spring 2024 (If you are **reapplying** check here )

**Office Use Only**  
Forwarded To Committee  
 YES  NO: \_\_\_\_\_

**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

US Veteran:  Yes  No If Yes, please include copy of discharge. Marital Status\* \_\_\_\_\_ # of children\* \_\_\_\_\_

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

**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? \_\_\_\_\_ Hours per week: \_\_\_\_\_

Yes  No 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: \_\_\_\_\_

Los Angeles City College Registered Nursing Program

APPLICATION for Spring 2024

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.

LACC Nursing Department does not make photocopies for applicants

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 October 20th, 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 October 20th, 2023 by 2:00pm.

Please List ALL Colleges &/or Universities Attended:

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

Please list Any/ALL Nursing Programs Attended:

- 1. 2. 3.

**Los Angeles City College Registered Nursing Program**  
**APPLICATION for Spring 2024**

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?<br>No. of Times | OFFICE USE ONLY<br>Reviewer: _____ |
|---------------------------------|---------------------|-------|-------|--------------|------|---------------------------|------------------------------------|
| <b>Human Anatomy 1*</b>         |                     |       |       |              |      |                           |                                    |
| <b>Human Physiology 1*</b>      |                     |       |       |              |      |                           |                                    |
| <b>Chemistry 51, 60, or 65*</b> |                     |       |       |              |      |                           |                                    |
| <b>Psychology 1*</b>            |                     |       |       |              |      |                           |                                    |
| <b>Psychology 41*</b>           |                     |       |       |              |      |                           |                                    |
| <b>English Composition 101*</b> |                     |       |       |              |      |                           |                                    |
| <b>Microbiology 1 or 20*</b>    |                     |       |       |              |      |                           |                                    |
| <b>Math 125* or higher</b>      |                     |       |       |              |      |                           |                                    |

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

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

\* 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?<br>No. of Times | OFFICE USE ONLY<br>Reviewer: _____ |
|--|-------|-------|--------------|------|---------------------------|------------------------------------|
| <b>Nursing Foundations/ Pharmacology</b> |       |       |              |      |                           |                                    |
| <b>Adult Nursing</b>                     |       |       |              |      |                           |                                    |
| <b>Maternal-Newborn Nursing</b>          |       |       |              |      |                           |                                    |
| <b>Pediatric Nursing</b>                 |       |       |              |      |                           |                                    |
| <b>Mental Health Nursing</b>             |       |       |              |      |                           |                                    |
| <b>Nursing Leadership/Management</b>     |       |       |              |      |                           |                                    |
| <b>Nursing Process</b>                   |       |       |              |      |                           |                                    |
| <b>Other: _____</b>                      |       |       |              |      |                           |                                    |

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: \_\_\_\_\_