



TRI-COUNTY
COMMUNITY COLLEGE

APPLICATION OF INTENT TO ENTER REGION A NURSING CONSORTIUM - Fall 2019

RN Completer Program

Name _____
Last First Middle Initial

Mailing Address _____

City _____ State _____ Zip _____

TCCC Student ID Number _____ SS#: _____ LPN# _____

Phone Numbers (H): _____ (C) _____

Preferred Email Address: _____

In order to be considered for the Fall 2019 Region A Nursing RN Completer program, this application must be received by TCCC Harper Help Desk staff by January 31, 2019 by 5 PM. **Late applications will not be accepted.**

Have you: (Circle one)

- | | | | |
|--|-----|-------|----|
| 1. Submitted <i>Intent to Enter RANC Form</i> to Admissions Office. | Yes | _____ | No |
| 2. Completed all TCCC Admissions Application requirements. | Yes | _____ | No |
| 3. Submitted an Official High School or GED Transcript to TCCC? | Yes | _____ | No |
| 4. Submitted Official Transcripts from <u>ALL</u> colleges or universities you have previously attended? | Yes | _____ | No |
| 5. Successfully met requirements of College placement tests for English and Math? | Yes | _____ | No |
| 6. Completed BIO 168 & Bio 169, Psy 150 & Psy 241 w/a grade of "C" or higher? | Yes | _____ | No |
| 7. Provided a verifiable documentation of successful completion of an accredited LPN program as approved by the National Council of State Boards of Nursing. | Yes | _____ | No |
| 8. Hold a documented unrestricted credential as LPN (NC or Multi-state) | Yes | _____ | No |
| 9. Have a cumulative college GPA of 2.5 or higher | Yes | _____ | No |

By signing below, I certify that the information I have provided in this application is accurate.

Signature

Date Submitted

Received by _____

Date Received _____