



REGISTERED  
NURSING  
PROGRAM

## Fall 2018 Nursing Program Application

Dear Nursing Program Applicant:

The application filing period for Fall 2018, is from February 12, 2018 to March 29, 2018. 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 TEAS test results (including results from all previous attempts if applicable). To be considered for admission a completed application must be received no later than March 29, 2018, by 5:00pm.

Since 2008, all academically qualified applicants (based on the Chancellor's Validation Study Criteria) evaluated by the nursing counselor must achieve a "cut-score" of **80%** or above. Qualified applicants must take the Test of Essential Academic Skills (**TEAS**) prior to Final Deadline. Students must achieve a score of **62.0%** overall or higher on the **ATI TEAS** test on his/her 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 March 29, 2018. Students taking the ATI TEAS exam at LA City College do not need to order this transcript. TEAS V will not be accepted for Fall 2018 applicants.**

The Nursing Admission and Retention Committee will review all complete application files (including, but not limited to, official transcripts, passing TEAS transcripts, essays, etc.) during April 2018. 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 via USPS Mail during May 2018 by letter.**

**Please hand-deliver your Complete Application (do NOT mail any documents to the Nursing Department) in one envelope with your name, contact information, and information session date attended printed on the outside to the Nursing Department no later than 5:00 PM on March 29, 2018. (Only complete application 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  
855 N. Vermont Ave.  
Los Angeles, CA 90029  
(323) 953-4000

Nursing Department  
Science-Technology Building 2<sup>nd</sup> Floor, Room 218  
Extension. 2065

Application Hours: **Monday – Friday, 9:15AM – 5:00 PM** or by appointment



NOTE: You must have one set of official sealed transcripts from each college attended in your application. Please ensure this is the case. You have until M by 5 PM to turn in your application.

**Remember:** It is the student's responsibility to ensure that the application file is complete with all necessary documents prior to the final deadline for the review by the Nursing Selection Committee. **Please submit your COMPLETE application and official/sealed transcripts to our Office or Mailbox. 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,

Dr. Christiana Baskaran, PhD, MSN, RN  
Program Director  
LACC Nursing Department

Nursing Selection Committee  
Nursing Faculty  
LACC Nursing Department



## Nursing Program Costs

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
TEAS V Exam	<i>varies by location</i>
TEAS V Transcript	\$27
TEAS V Online Practice Test	\$42
TEAS V 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>	\$80
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	\$1,000
Background Check and Drug Screen <sup>2</sup> ( <i>\$80 per semester</i> )	\$160
Skills Kit	\$65-\$70
ATI	\$250
Student Health Fees	\$15
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>\$80 per semester</i> )	\$160
Influenza vaccine and TB test	\$25-\$75
ATI	\$250
Malpractice Insurance	\$20-\$25
Student Health Fees	\$15
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>\$6,615 *</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 \$188/unit. Foreign students pay approximately \$198/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 Fall 2018

**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: \_\_\_\_\_

Social Security Number \_\_\_\_\_ LACCD Student ID Number \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) ( )  M  F

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex\* \_\_\_\_\_ Ethnicity \_\_\_\_\_

MM/DD/YY

\*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:**

College: \_\_\_\_\_ Year(s): \_\_\_\_\_ Director: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Courses Completed: \_\_\_\_\_ Reason for withdrawal: \_\_\_\_\_

**Work History** Current or Last Position Title: \_\_\_\_\_ # 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 Fall 2018

**PLEASE NOTE:** Submission of Incomplete Applications Will NOT Be Accepted. Each applicant must turn in one's own application in person at the LACC Nursing Department Front Office for processing. 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.**

**Essay**

Please type a double-spaced essay with a maximum of 300 words. Please include your full name, date, and signature on each page of your essay. Describe why you wish to be considered for the LACC Registered Nursing Program. Include any healthcare and/or pre-nursing experience and anything else you would like the Admission Committee to know about your desire to be a Registered Nurse.

**Documentation Required for Verification & for Applicant File**

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

▶ **LACC Nursing Dept. 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 Card (Signed)**

**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. High school transcripts with a diploma/graduation date listed will also be acceptable for the application.

**LVN License\*** (if applicable)

ONLY ONE SET OF TRANSCRIPTS FROM EACH COLLEGE ATTENDED IS REQUIRED. PLEASE VERIFY WITH NURSING STAFF WHEN SUBMITTING APPLICATION.

❖ **Official Transcripts**

The most current, official, sealed transcripts from all colleges attended must be included in your nursing application. The application, including all transcripts must be received no later than **March 29<sup>th</sup>, 2018 by 5pm.**

❖ **Foreign Country Official Transcripts or Diplomas**

Foreign transcripts or foreign diplomas must first be evaluated by an approved, US Foreign Evaluation Agency. The *evaluated* transcript or diploma must be included in your application

**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 2018**

Full Name: \_\_\_\_\_

Social Security: \_\_\_\_\_

**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 60/65							
Psychology 1*							
Psychology 41*							
English Composition 101*							
Microbiology 1 or 20							
Math 125 or higher							
Sociology 1 or Anthropology 102*							
Communication Studies 101*							
Physical Education							

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

Social Sciences							
Humanities							

\* 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: \_\_\_\_\_

