



Nursing (PRACTICAL)

Occupational Certificate Program Code: 3400

The Nursing (PRACTICAL) program is a limited access program. Completion of the prerequisite courses does not guarantee acceptance. Applications will be accepted from the second week in January until the second Friday in April.

Application Requirements

The following materials and activities must be completed and submitted to the Allied Health Advisor by the second Friday in April in order for you to be considered for admission:

1. Completed SFCC Application for Admission.
2. Completed supplemental Nursing (PRACTICAL) Application.
3. Placement test scores of 11.0 in reading, 11.0 in math, and 11.0 in language on the TABE or take college placement test (CPT). You may schedule these tests through the college's [Testing Center](#).
4. Official high school transcript, GED, or equivalent verifying proof of high school graduation.
5. Students must provide an official college transcript(s) verifying the completion of the following Nursing (PRACTICAL) program prerequisite courses:

Nursing (PRACTICAL) Program Code: 3400

Prerequisites

Course Code	Course Name	Credits
DEP 1004	Human Development	3
PRN 0071 or Equivalent	Principles of Nutrition	3
MTB 2371	Math for Health Occupations	2
	Total	8 Credit Hours

The satisfactory completion of three nursing program prerequisites with a “C” or higher in each course and a cumulative prerequisite GPA of 2.5 or higher is required prior to applying to the nursing program. Courses must be completed by the end of spring term for fall term acceptance. The acceptability of equivalents for any of the courses will be determined by SFCC’s dean of Applied Sciences and/or the director of Nursing Education.

Math for Health Occupations and Nutrition must have been taken within seven years of admission to the program. If course was completed more than seven years ago, you must pass the college required competency exam.

6. Completed Nursing Student Checklist and submission of all related documents required prior to registering for the Nursing (PRACTICAL) classes (after notification of initial acceptance) Review the items contained in the checklist prior to submitting your application.
7. References from the following sources:
 - a. Current or most recent employer or instructor
 - b. Two additional professional references

It is preferable that references be mailed directly to the Allied Health Advisor by the person completing the forms provided in the application packet. The student may hand deliver a reference in a sealed envelope with the reference author's signature across the flap.

8. Completion of a computer-based entrance exam called the National League for Nursing (NLN) Pre-admission Exam (PAX) for Practical Nursing (PN).

The NLN PAX PN tests basic verbal, math, and science skills at a high schools level. The verbal section assesses word knowledge, reading comprehension, and critical thinking; the math section assesses ability to solve mathematical problems involving integers, conversions, fractions, decimals, algebra, and geometry; and the science section assesses knowledge in areas of general biology, human anatomy and physiology, chemistry, and physics. Each section consists of all multiple-choice questions and includes experimental items for the purpose of future test development; answers to these questions are not counting in the scoring. Practice questions and information related to successful test preparation are available online at: <http://www.nln.org/testingservices/NS/nstudents.htm>.

Test preparation manuals are available in the college bookstore. Additional assistance is available at the SFCC Tutoring and Learning Center (TLC). See the Allied Health Advisor in Building B for registration forms, fee payment information, and scheduling of the NLN PAX PN exam.

9. All required developmental courses must be completed prior to applying to the SFCC Nursing (PRACTICAL) program.

Selection Criteria

Entrance to the program is competitive, the higher the GPA and computer-based entrance exam score, the greater the chance of being selected for the program.

There are specific criteria which will be used when making selections for the Nursing (PRACTICAL) program. These criteria are as follows:

1. Completion of the prerequisite hours with a grade of “C” or higher in each course and a cumulative prerequisite GPA of 2.5 or higher. Information about these prerequisite courses are listed in the above Application Requirements, Item 5.
2. Achievement at the 50th percentile or above on the NLN PAX PN exam, composite percentile score.
3. Satisfactory physical, mental, and dental health as certified by a licensed health care provider. Certification of satisfactory health and immunizations are requirements for admission to the Nursing (PRACTICAL) program. Upon initial acceptance, students will be required to complete the nursing student checklist and provide the necessary documentation listed on that checklist before registration and final acceptance is determined.
4. Review of professional references.

Selection Process

1. If you meet the minimum requirements by application deadline, you will be rank-ordered, highest to lowest, on a product score devised by multiplying the NLN PAX PN score by the cumulative prerequisite GPA. Prerequisites are listed in the above Application Requirements, Item 5.
2. In cases where all credentials are equal, the following criteria will be used in the given sequence to determine who will be admitted into the program:
 - a. Satisfactory completion of any of the additional general education courses
 - b. Residence in service district
 - c. Date application completed

3. Students will be notified of initial acceptance via college email. Email notifications anticipated by the end of May for fall term enrollment.
4. It is the responsibility of the student to maintain communication with Allied Health Advisor to ensure that the application packet is complete and up-to-date with current admission requirements. Any change in the process or requirements will be posted on the college website under the Allied Health section for the nursing programs.
5. Fee estimates for admission and enrollment can be found in the [*SFCC Nursing Student Handbook*](#).



South Florida Community College

Nursing Program Application

Part 1

Personal Information (Please print or type all entries)

Name: _____
Last First Middle SFCC Student GID

Mailing Address: _____
PO Box or Street City State Zip Code

College Email Address	
Other Email Address	
Primary Telephone Number	
Other Telephone Number	
Work Telephone Number	
Emergency Telephone Number	

Program Preference: (Please check the nursing program you are applying for)

- Generic-RN (Associate in Science; Program Code 1550)
- Transition- LPN to RN (Associate in Science; Program Code 1560)
- Practical Nursing (Occupational Certificate; Program Code 3400)

Please list your reason(s) for applying to the program(s): _____

Please list any other Allied Health Programs of interest as secondary enrollment options if applicable.
(See SFCC catalog for listing of all Allied Health Programs): _____

I certify that all information on this application is correct. I understand that it is my responsibility to provide all necessary documentation required to process this application, including proof of residency and official transcripts.

Signature of Applicant _____ Date _____



South Florida Community College

Nursing Program Application

Part 2

Have you ever been found guilty of, or pled guilty or no contest to, any charges other than a minor traffic offense? You must answer relative to all misdemeanors and felonies even if adjudication was withheld.

YES NO

Work Experience- List in chronological order starting with the most recent employer:

Employer and Address	Name of Immediate Supervisor	Supervisor's Contact Number	Nature of Work	Dates of Employment

In submitting this application I, _____, give permission for
(Print Name)
 South Florida Community College to contact any of the above listed institutions/persons for letters of reference.

 Signature of Applicant _____
Date

COUNTY OF HIGHLANDS; STATE OF FLORIDA

The foregoing instrument was acknowledged before me this ____ day of _____, 20____,
 by _____ (check the following):

- _____ who is personally known to me; or
- _____ who has produced their _____ as identification.

AND (check one of the following):

- _____ who did not take an oath; or
- _____ who did take an oath

NOTARY PUBLIC, STATE OF FLORIDA

Name _____
 Commission Number _____ Commission Expiration Date _____



South Florida Community College Nursing Department Student Reference Form

Please submit three professional references from the following: employer, instructor, or other. Your references should be from three people who can speak to your education history, scholarly capabilities, clinical interests, and overall characteristics. Applicant should complete the top portion of this form and then forward this form to the person making the reference. Applicant may collect the letter in sealed envelope with the reference's signature across the flap, or the reference can be mailed directly to the SFCC Allied Health Advisor:

South Florida Community College
Attention: Allied Health Advisor/Nursing Student Reference
600 West College Drive
Avon Park, FL 33825

Date: _____

Full name of applicant: _____ SFCC GID: X_____

Applicant's phone number: _____

Applicant's email address: _____

Please check the correct academic program applying for:

Generic RN I (ADNI) Practical Nursing (PN) Transition (PN-RN)

I hereby waive my right of access to the material recorded below (optional):

Signature of applicant _____ Date _____

1. How long have you known the applicant listed above? _____

2. In what capacity do you know the applicant listed above? _____

Please continue on the next page.

Please complete the following character reference on the before listed SFCC nursing student applicant. Feel free to leave comments offering specific information about your experience with this individual with his/her potential to succeed in a nursing program. Please rate the following characteristics using the scale of 1-5 below

Rating	1	2	3	4	5
Definition	No basis for Judgment	Unsatisfactory	Needs Improvement	Satisfactory	Outstanding

A. Caring (responsive, prepared, possesses the desire to help people):

1 2 3 4 5

Comments _____

B. Competent (problem-solver, possesses clinical/professional experience):

1 2 3 4 5

Comments _____

C. Compassionate (respectful of others, preserves integrity of self and team):

1 2 3 4 5

Comments _____

D. Confident (possesses critical thinking/reasoning abilities):

1 2 3 4 5

Comments _____

E. Conscientious (Punctual, professional appearance, displays ethical behavior):

1 2 3 4 5

Comments _____

F. Commitment (strength of interest/commitment to nursing/healthcare):

1 2 3 4 5

Comments _____

G. Communication (displays effective communication skills, basic computer literacy):

1 2 3 4 5

Comments _____

H. Culture (dedicated to work with diverse populations, committed to the community):

1 2 3 4 5

Comments _____

Reference's Name: _____

(Please Print Name)

Reference's Credentials _____

Signature _____ Date _____