

Non-refundable Application Fee: \$65.00
Check/Money Order/Credit Card
payable to DACC at Cashiers Office

APPLICATION FOR **Level II ADMISSION**

Fall 2023

ADN/RN NURSING EDUCATION

Applications will be accepted for Fall 2023 beginning March 1, 2023

Application deadline for Fall admission is by noon on May 26, 2023

Read all instructions carefully. Any incomplete or late applications will be rejected.

Application must be submitted in person or postal service. No other forms will be accepted at this time.

All Level II applications will be reviewed by the Selection Committee

Admission to the Nursing Program is competitive and the number of students accepted is limited.

Meeting the minimum requirements DOES NOT guarantee acceptance into the program.

Danville Area Community College
Mary Miller Room 172
2000 East Main St, Danville, Illinois 61832
Telephone 217-443-8553 – www.dacc.edu



<u>Phone</u>
<u>Student ID Number</u>
<u>DACC Email Address</u>
<u>Personal Email Address</u>

Please Print or Type Application

Name: _____
Last First M

Address: _____
Street (PO Box)

City State ZIP

List any previous Names: _____ **List all Colleges Attended:** _____

Full Time _____ **Part-Time** _____ **Either** _____

Students considering a program of study that leads to professional licensure, endorsement or certification in Nursing should contact the appropriate licensing agency in the state where you plan to be licensed prior to enrollment at Danville Area Community College to ensure the coursework meets that state's requirements. Links to the requirements for each state can be found at the National Council for States Boards of Nursing (NCSBN). <https://www.ncsbn.org/14730.htm>

I understand that any false or misleading statements made by me on this application will prevent my acceptance into the program or may be cause for dismissal if accepted.

I understand and accept that after being admitted to the program, I must pass a physical examination approved by Danville Area Community College. I understand that I will be asked to authorize the release of my health and demographic information to the clinical sites utilized by the nursing program.

As required by the clinical affiliates, students must undergo criminal background checks before entering the program. This form will be sent to you upon your acceptance to the program. I also understand that if the results of the background check prevent me from participating at the clinical sites, I will not be able to enter the program. At DACC, we updated all of our program manuals to state: "DACC does not rely on drug test results to deny access to any academic program for any student who is 21 or over and tests positive for marijuana. However, most clinical sites require a test for marijuana and do not allow students to complete clinicals if the test is positive. The clinical is a requirement of this program, and thus if DACC does not have a clinical partner that allows positive tests, students will not be able to complete the program and will be dismissed.

If you have any questions relative to interpretation of any part of this application, please email nursing@dacc.edu

Signature: _____

Date: _____

Return to: Danville Area Community College
 Mary Miller Complex, Health Care Professions Room 172
 c/o Office Assistant
 2000 East Main Street
 Danville, Illinois 61832

If using US Postal Service, please obtain acknowledgement of receipt. Hand delivery is recommended.

CHECKLIST FOR SUBMITTING APPLICATION

*Please initial next to the number above, or note "N/A" for those items that are not applicable, once the item has been completed. (Documentation is **required** for each section of this checklist.)*

	1. Application to Danville Area Community College (if applicable)
	2. Applied to the Nursing Program
	3. \$65.00 Application fee made payable to DACC at the cashier's office. The Health Professions Office cannot accept payment of any type. Once payment is made at the cashier's office, a receipt of the payment is to be submitted with this application.
	4. Proof of Residency: Submit a Copy of valid Driver's License, State Identification Card, or a Voters Registration Card with your current address
	5. All Official Transcripts from other institutions must be on file with the Records office at DACC.
	6. Submit unofficial copies of all transcripts with application. You are responsible for obtaining copies of the official transcripts and submit with application.
	7. Copy of current LPN license
	8. Completion of Evaluation of Performance and Potential/Employment Verification (Attachment A)
	9. Have worked 1040 hours or more within the last year or that received your LPN license with the last year (proof will be required from employer - Attachment B)
	10. Completed ATI-TEAS ® Test – (Transcript from ATI student account must be submitted to the Nursing Program with the application.) Must score Proficient or Higher overall and 50% on English to apply
	11. If accepted, I understand I must attend BOTH scheduled in-person orientations (Dates to be determined).

Evaluation of Performance and Potential/ Verification of Employment

Applicants Name

An evaluation of applicant's performance and potential by current and past healthcare employer/direct supervisor is part of the Level II application process. *If more than 1 employer, please fill out separate forms for each.*

Provide current/past healthcare employer/direct supervisor contact information below. A link to a survey will be sent to their professional email to fill out. Email address used to send link will be nursing@dacc.edu. Please request that they add address to contact, so message will not go to spam/trash.

Name/Title

Facility of Employment

Professional Email Address

Facility Address

Phone Number

Pursuant to recent federal law, a student admitted to this the DACC Nursing Program is entitled to inspect this evaluation in his or her file, unless the student has signed a waiver of this right of access. However, the School does not require a waiver as a condition for admission to, receipt of financial aid from, or receipt of any other services or benefits from the department. Applicants submitting names of individuals for letters of recommendation, therefore, are free to determine whether or not they wish to waive their potential right to examine such evaluations.

WAIVER

The family Educational Rights and Privacy Act permits us to request, **but not require**, that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student the DACC Nursing Program and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to the DACC Nursing Program.

If you elect to waive your rights of access to review of this information, please sign your name.

Date

Applicant's Signature

This must be on Company Letter Head

Date: _____

To: DACC Admissions Selection Committee

Subject: Verification of employment

This memo is to verify that (name) _____ is a current full / part time

Licensed

Practical Nurse (LPN) at (facility) _____. He/she

has been employed since (date) _____ and currently works (number)

_____ hours per week.

Thank you,

HR Director