

Non-refundable Application Fee: \$35.00  
Check/Money Order/Credit Card  
payable to DACC at Cashiers Office

# APPLICATION FOR **\*\*Level II\*\*** ADMISSION Fall 2024

## ADN/RN NURSING EDUCATION

Applications will be accepted for Fall 2023 beginning March 1, 2024

Application deadline for Fall admission is by noon on May 24, 2024

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](http://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: \_\_\_\_\_

*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 Admin. 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. \$35.00 Application fee made payable to DACC at the cashier's office. <b>The Health Professions Office cannot accept payment of any type.</b> Once payment is made at the cashier's office, a receipt of the payment is to be submitted with this application.
	4. <b>Proof of Residency:</b> Submit a Copy of valid Driver's License, State Identification Card, or a Voters Registration Card with your current address
	5. <b>All Official Transcripts from other institutions must be on file with the Records office at DACC.</b>
	6. Submit <b>unofficial</b> 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.) <b>Must score Proficient or Higher overall and 50% on English to apply</b>
	11. If accepted, I understand I must attend <b>BOTH</b> scheduled in-person orientations (Dates to be determined).

## Point Criteria Table

Criteria	Required Documentation Copies of official/unofficial transcripts required	Points Earned
GPA-General—Cumulative college GPA. If the student has attended multiple colleges, the GPA will be averaged. GPA is based on a 4 point scale. If a student has less than 9 college credit hours, then overall high school GPA can be used. Required Minimum GPA is 2.5.	Copies of unofficial transcripts  4 points max	GPA =
Points will be awarded for the Test of Essential Academic Skills (TEAS®) Academic Preparedness Category. a. Exemplary = 5 points b. Advanced = 3 points c. Proficient = 1 points	   5 points max	
Points will be awarded for previous earned degrees a. Bachelor’s Degree or Higher = 2 points b. Associate Degree = 1 points	Transcripts from school awarding degree  2 points max	
Points will be awarded for a grade of C or higher. Equivalent coursework from other colleges and universities that has been evaluated by DACC Advisors will earn points for DACC coursework.  <b>*Applicants can have 1 prerequisite course not completed by the application deadline BUT must be enrolled in that course for Fall 2024 semester. If student is accepted, it will be with the contingency that the course is successfully completed at the end of Fall 2024.</b>		
Prerequisites* required science courses prior to application to the Nursing Program: A = 4 points B = 2 points C = 1 points	BIOL 136 = _____ Anatomy & Physiology I BIOL 137 = _____ Anatomy & Physiology II BIOL 140 = _____ Microbiology  12 points max	Required Science Points =
Prerequisites* required prior to application to the Nursing Program: A = 2 points B = 1 points C = .5 points	PSYC 100= _____ Introduction to Psychology ENGL 101 = _____ Rhetoric & Composition I MATH 115 = _____ Survey of Statistics  6 points max	Required general education Points =
<i>Recommended, not required</i> General Education Courses A = 1 point B = .50 points C = .25 points	BIOL 102 = _____ Principles of Biology BOFF 140 = _____ Medical Terminology HITT 115 = _____ Pathophysiology & Pharmacology HLTH 102 = _____ First Aid & Personal Safety HLTH 130 = _____ Nutrition  5 points max	Recommended Gen Ed Points =
<b>Please note that the DACC Nursing Program will review the point tally and will make any necessary corrections.</b>	maximum 34 points	Total Score =

# Evaluation of Performance and Potential/ Verification of Employment

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## 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](mailto:nursing@dacc.edu). Please request that they add address to contact, so message will not go to spam/trash.

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**Name/Title**

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**Facility of Employment**

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**Professional Email Address**

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**Facility Address**

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**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.*

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*Date*

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*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