



Program Information

Thank you for choosing Edmonds College! This is a part-time Practical Nursing (PN) hybrid-model program that requires 21 months, or six quarters, to complete. It is approved by the Washington State Nursing Quality Assurance Commission. Edmonds College is accredited by the Northwest Commission on Colleges and Universities and is authorized by the Higher Education Coordinating Board of the State of Washington to provide this program. The PN program has admission requirements beyond those necessary for general admission to the college.

Participating in this program involves practice in a healthcare agency and requires appropriate medical and background clearances. Applicants must meet all legal requirements and standards of institutions where clinical experiences occur. A criminal background check is not required with your application, however, upon admission to the PN program, a current background check that includes a search of the National and Washington State Criminal Database will be required through Castlebranch (*further information will be provided once applicant is admitted*). Students must also provide all current immunizations and TB clearance prior to the start of the 2024 Fall Quarter (*September 23, 2024*). Please note that in order to attend clinical practice at almost all of the facilities used by our program, immunization for COVID-19 is required. Facilities may or may not accept exemptions, and the school has no control over this. There are a legally required number of clinical hours to be licensed in WA, so if you cannot attend clinical, you cannot be licensed.

In order to be fully considered for admission to this program, please carefully read and follow all directions to ensure your application is accurate and complete when it's submitted online. The process for 2024 has been updated to an electronic submission, so we ask that all previous applicants complete and submit their application using our new forms and processes. Thank you for understanding!

Program Prerequisite Requirements

- BIOL& 211: Cell Biology (or 160) | 5 credits
- BIOL& 241: Anatomy & Physiology I | 5 credits
- BIOL& 242: Anatomy & Physiology II | 5 credits
- CHEM& 121: Intro to Chemistry | 5 credits
- ENGL& 101: English Composition I | 5 credits
- MATH& 146: Statistics | 5 credits
- PSYC& 100: General Psychology | 5 credits

Applicants must have a minimum cumulative GPA of 2.75 in their prerequisite courses, and no less than a 2.0 in any one course.

Equal Opportunity Statement:

The college provides equal opportunity in education and in employment per state and federal law. The college prohibits discrimination against any person due to race, color, religion, national origin, sex (gender), disability, sexual orientation, age, citizenship status, marital status, veteran status, or genetic information. For questions about our nondiscrimination policy or gender equality and athletic teams, call our Title IX Compliance Officer 425.640.1024.

Nondiscrimination Statement:

Edmonds College does not discriminate on the basis of race; color; national origin; sex; disability; age; religion; sexual orientation; citizenship, marital, or veteran status; or genetic information in its programs and activities. The following person has been designated to handle inquiries regarding nondiscrimination policies: Suzanne Moreau, VP for Human Resources (Title IX and Section 504 Coordinator); Clearview Building, Room 122C; suzanne.moreau@edmonds.edu, 425.640.1647.

Important Dates

June 14, 2024 - 5:00pm

Final closing date/time to submit your completed application and required documents using the online form on the Nursing Program website.

All prerequisites must be completed by this date.

June 23, 2024

Financial Aid deadline for '24-'25 FAFSA.

July 5, 2024

Students who meet the minimum TEAS and GPA criteria will be notified of eligibility to write a proctored essay.

July 8-20, 2024

Proctored writing sessions will be completed on Zoom.

August 3, 2024

Students will be notified of acceptance no later than 5pm on this day. Please DO NOT call or email to check your status prior to this date and time.

The Edmonds College Practical Nursing Program currently holds pre-accreditation status from the National League for Nursing Commission of Nursing Accreditation. Holding pre-accreditation status does not guarantee that initial accreditation by the NLN CNEA will be received.

College Resources

Academic Advising:

425.640.1458

<https://www.edmonds.edu/advising/>

Enrollment Services:

425.640.1000

<https://www.edmonds.edu/es/>

Financial Aid: 425.640.1457

<https://www.edmonds.edu/finaid>

Services for Students with

Disabilities: 425.640.1320

<https://www.edmonds.edu/ssd/>

Testing/Assessment:

425.640.1546

<https://www.edmonds.edu/testing>



Application Information

A complete application includes:

1. Practical Nursing Application with applicant signatures

- Please download, complete, and save the Fall 2024 Practical Nursing Application. Pages 3, 4, and 5 need to be attached and submitted with your other application documents using the online form no later than **5pm on Friday, June 14, 2024**.
- Be sure to include current contact information for TWO recommenders on page 3. We will electronically send them forms to complete that will be due back to us by **5pm on June 21, 2024** in order for your application to be considered complete.
- You may download and include as many employee verification forms (page 5) as you need. Again, please be sure these contacts are accurate as we will be electronically sending them a request to verify your employment which will also be due by **5pm on June 21, 2024** in order for your application to be considered complete. Please be sure to communicate with all involved and follow up as needed.

2. Proof of admissions into Edmonds College

- Apply to Edmonds College by visiting our website at <https://www.edmonds.edu/getting-started/>, or apply in person with Enrollment Services in Lynnwood Hall on the 1st floor of the Edmonds Campus.
- Applicants will provide proof of admission with their application submission form by attaching a copy of the automated confirmation email from the college that contains their ctcLink student ID number.
- We strongly encourage students to complete their FAFSA application alongside their application to Edmonds College (<https://studentaid.gov/>). This ensures there is plenty of time for your application to be processed prior to fall quarter. If you are not eligible for FAFSA, you can complete the WAFSA which is a state aid program (<https://wsac.wa.gov/wasfa>).

3. Copy of unofficial college transcript(s)

- Unofficial transcripts will be used as a preliminary way to verify completion of all prerequisite course requirements with a minimum cumulative GPA of 2.75 or higher, and no less than a 2.0 in any one course.
- Unofficial transcripts from multiple institutions can be submitted.
- Official sealed transcripts must be submitted to credentials within three weeks of notification of admission to the PN program, or admission offer may be rescinded. All official transcripts submitted will be evaluated for course equivalencies.
- All international transcripts must be translated and evaluated by an approved agency prior to application. Contact Enrollment Services for more information about this process at <https://www.edmonds.edu/es/>.

4. ATI TEAS results

- Download/save a copy of your results sheet from the ATI website and attach it with your other application documents when you submit the online form. It should have your overall score and subscores on one sheet - no need to purchase a score transcript from the ATI website (this is an additional fee and is not necessary): www.edmonds.edu/student-services/testing-center/tests/teas.html.
- There are no disqualifying scores. You may retake the TEAS and submit results from multiple attempts, and we will consider your highest scores.
- There is a recommended total score at Proficient or above ($\geq 59\%$) and recommended Reading subscore of $\geq 50\%$
- If an applicant has already taken another applicable exam such as PAX (≥ 100) or HESI (≥ 850), we will consider these scores in place of the TEAS. Please submit official proof of these scores with your application.

5. Optional: proof of valid certificate, license, or military service

- Special consideration will be given, if needed, to applicants with a valid CNA certificate/license, MA certificate/license, or military corp experience.

Applicants who meet the minimum application criteria will be required to write a proctored essay via Zoom:

- Those who meet the min. criteria for TEAS scores and GPA will be notified via email by July 5th.
- Essay dates and times will be provided in the email.
- Essay dates will be between July 8th and July 20th.

Program Contact Information

For additional program information or questions about the application process, please call the Edmonds College AHE/Nursing Office at 425.640.1017. You can also contact the Nursing Program at nursing@edmonds.edu.

All application communication will happen using nursingapplications@edmonds.edu.

Signature Declaration:

By signing your application, you certify that to the best of your knowledge the statements made in the application are complete and true. Failure to disclose and submit official transcripts from all schools, colleges, or universities attended, and failure to disclose and submit accurate and complete information may result in denial of admission or subsequent dismissal from Edmonds College and the PN program. Your application is incomplete without your signatures on pages 3 & 4, and on each Employment Verification Form (page 5) you submit.



Application Instructions: Please download the application, fill it out, sign and save, and then submit the completed application with required documents using the programs online submission form by **5pm on June 14, 2024.**

STUDENT ID NUMBER (ctcLink):				
DEMOGRAPHIC INFORMATION				
BIRTHDATE: MONTH DAY YEAR		HAVE YOU PREVIOUSLY APPLIED FOR ADMISSION OR ATTENDED OUR PN PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS
LAST NAME	FIRST NAME	MIDDLE INITIAL		
CELL PHONE NUMBER			PREVIOUS LAST NAME(S)	
STREET ADDRESS	APT NO.	CITY	STATE	ZIP CODE

HEALTH CARE EMPLOYMENT			
NAME OF EMPLOYER	YOUR POSITION/TITLE	FROM	TO
NAME OF EMPLOYER	YOUR POSITION/TITLE	FROM	TO
NAME OF EMPLOYER	YOUR POSITION/TITLE	FROM	TO

PROFESSIONAL RECOMMENDATIONS (APPLICATION COMMITTEE WILL CONTACT RECOMMENDERS)	
NAME OF RECOMMENDER # 1	EMAIL ADDRESS WHERE WE CAN SEND THE OFFICIAL FORM
IN WHAT CAPACITY HAVE YOU KNOWN THE RECOMMENDER? <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> EMPLOYER <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> OTHER: PLEASE SPECIFY _____	
NAME OF RECOMMENDER # 2	EMAIL ADDRESS WHERE WE CAN SEND THE OFFICIAL FORM
IN WHAT CAPACITY HAVE YOU KNOWN THE RECOMMENDER? <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> EMPLOYER <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> OTHER: PLEASE SPECIFY _____	
<i>According to the Family and Educational Rights and Privacy Act of 1974, as amended, students are guaranteed access to educational records concerning them, unless that right is waived. Your signature below is optional; however, you (applicant) should check with the Recommender to ensure willingness to submit this form without the guarantee of confidentiality.</i>	

I hereby waive any and all rights to inspect and review the Professional Recommendation Forms, and I give my permission for these references to remain confidential between Edmonds College and the Recommenders.

APPLICANT SIGNATURE (1 OF 2):	DATE:
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ACADEMIC HISTORY (IF MORE SPACE IS NEEDED, PLEASE INCLUDE ADDITIONAL PAGES AND ATTACH WITH APPLICATION)

<u>EDUCATIONAL INSTITUTIONS:</u>	<u>LOCATION:</u>		<u>GRADUATED?</u>
NAME OF LAST COLLEGE ATTENDED	CITY AND STATE		DEGREE
OTHER COLLEGE, UNIVERSITY, VOCATIONAL/TECHNICAL SCHOOL ATTENDED	CITY AND STATE		DEGREE
OTHER COLLEGE, UNIVERSITY, VOCATIONAL/TECHNICAL SCHOOL ATTENDED	CITY AND STATE		DEGREE
CERTIFICATIONS/LICENSES HELD	STATE ISSUED/EXPIRATION DATE		DEGREE

PREREQUISITES (PLEASE REMEMBER TO SUBMIT ALL UNOFFICIAL TRANSCRIPTS WITH YOUR APPLICATION)

<u>COMMON COURSE NUMBER/TITLE:</u>	<u>LOCATION COMPLETED:</u>	<u>TERM/YEAR:</u>	<u>GRADE:</u>	<u>DID YOU REPEAT THIS COURSE?</u>
BIOL& 211: Cell Biology (or 160)				
BIOL& 241: Anatomy & Physiology I				
BIOL& 242: Anatomy and Physiology II				
CHEM& 121: Intro to Chemistry				
ENGL& 101: English Composition I				
MATH& 146: Statistics				
PSYC& 100: General Psychology				

CERTIFICATION - PLEASE READ THE FOLLOWING STATEMENTS AND SIGN IN THE SPACE PROVIDED:

1. I have reviewed the information on pages 3 & 4, and I agree that it is complete and correct as stated.
2. I am aware of the admission requirements and understand that the admissions committee will review my file based on these requirements.

APPLICANT SIGNATURE (2 OF 2):	DATE:
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EMPLOYMENT VERIFICATION FORM

Applicant - please make duplicate copies of this page as needed to include multiple employers that can verify your work in direct patient care. DO NOT submit separate letters or other forms of verification from employers only - **this form is required for your application.** **Directions:** complete your demographic information and employer contact information below, then submit this page, or pages, with your application using the online submission form by **5pm on June 14, 2024.** We will contact the employers electronically using the email you provided, and they will receive a form from us to complete no later than **5pm on June 21, 2024** for your application to be considered complete. It is your responsibility to ensure the form gets completed, so please be sure to communicate with all parties involved. Thank you!

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	PREVIOUS NAME(S)
NAME OF PERSON VERIFYING EMPLOYMENT/THEIR POSITION			YOUR POSITION/TITLE
EMAIL ADDRESS WHERE WE CAN SEND THE OFFICIAL FORM			FROM/TO
FACILITY/EMPLOYER NAME & ADDRESS		(STREET)	(CITY) (STATE & ZIP CODE)

IN WHAT CAPACITY HAVE YOU KNOWN THE PERSON VERIFYING YOUR EMPLOYMENT?

- Employer Direct Supervisor Human Resources Department Other: _____

According to the Family and Educational Rights and Privacy Act of 1974, as amended, students are guaranteed access to educational records concerning them, unless that right is waived. Your signature below is optional; however, you (applicant) should check with the Employer to ensure willingness to submit this form without the guarantee of confidentiality.

I hereby authorize my employer, supervisor, or the human resources department to release information related to my employment such as the name of the facility, my position, dates of my employment and my current status. Additionally, I release the issuing agency from all liability whatsoever for providing the requested information.

APPLICANT SIGNATURE:

DATE: