

**Application Deadline: Friday, November 22, 2024 at 3:00pm**  
Traditional Application for January 2025 Cohort

**Notice – If you are accepted to the AAS in Nursing Program, there will be a required New Student Orientation Day on December 20, 2024 from 8 AM to 4 PM. Please save this day/time in your schedule. A second required day of Orientation will occur in January 2025.**

**Applicant Information** (Please note application must be completed in ink.)

**Please Note:** Health care agencies require nursing students must be at least 17 years of age to participate in clinical rotations and provide patient care. Per the Northeast State Community College Nursing Student Handbook policy, “All nursing students must comply with the health care agencies’ requirements.” To meet health care agencies’ requirements, applicants must be 17 years of age by February 1 of the spring semester to be eligible to attend clinical rotations.

Applicant Name (Please print) \_\_\_\_\_  
Last First MI

Northeast State Community College assigned Student ID Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone Number

( ) \_\_\_\_\_ - \_\_\_\_\_  
Cell Phone Number

( ) \_\_\_\_\_ - \_\_\_\_\_  
Alternative Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Alternative Email Address

*\*IMPORTANT: If any of the above information changes after submission of the Nursing Application, please email new contact information to [nursingmail@northeaststate.edu](mailto:nursingmail@northeaststate.edu). Any application questions may be sent to [nursingmail@northeaststate.edu](mailto:nursingmail@northeaststate.edu).*

**Required Submission of Transcripts or ACT Scores:** All qualified applicants must possess a minimum Grade Point Average of 3.0 after completing a minimum of 12 credit hours of coursework consisting of courses that are required for the Associate of Applied Science in Nursing degree **OR** possess a minimum ACT scores of 23 in each of the following areas: Math, Reading, Science, and English. Applicant must submit an official, unopened Northeast State Community College transcript **OR** copy of ACT scores with the nursing application per the guidelines below.

*I certify that the information contained within this application is true and is made in good faith. I understand the following: falsified statements on this application or failure to provide required documents are sufficient for disqualification of application and/or dismissal if accepted. I have read and understand all information contained on this page.*

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Submission of Transcripts - Applicants who have completed a minimum of 12 credit hours of coursework required for the Associate of Applied Science degree nursing program are required to:

- a. provide official, unopened copies of transcripts to the Northeast State Admissions Office, if college credit hours or coursework has been completed at institutions other than Northeast State; and
- b. attach official, unopened copies of transcripts from Northeast State to the Nursing Application. (Applicants, who have had course work transferred into Northeast State, must attach copies of his/her official, unopened Northeast State transcripts showing transfer credit has been applied to the Northeast State transcript.)
  1. All courses taken must have a letter grade on transcript. Any course grades reflecting “in progress” will not receive credit in the Grade Point Average and/or completion of requirements.
  2. All courses required for the Associate of Applied Science in Nursing at Northeast State must reflect a grade of a “C” or better.
  3. Courses, with the grade of “C-” or below, will not be accepted.
  4. If a Course Substitution Form or Petition to Evaluate Transfer Work has been initiated by the applicant, a copy of the initiated form must be included in the Nursing Application packet.
  5. All biology courses (BIOL 2010, BIOL 2020, and BIOL 2230) required for the Associate of Applied Science in Nursing degree must contain lecture and laboratory components and must be completed within 10 years of first semester of NRSN coursework.
  6. To check a Northeast State transcript, please go to [www.NortheastState.edu](http://www.NortheastState.edu) and log into *MyNortheast*. It is the applicant’s responsibility to ensure the information posted on official transcripts is correct.
  7. To request a **paper official transcript** online, go through your *MyNortheast* account. Select Banner self-service, student, records, request printed transcript. Please know that paper requests take up to 3 business days to be printed following the request. Additional time for mailing will apply.

**OR**

Submission of ACT Scores - Applicants with less than 12 credit hours of coursework required for the Associate of Applied Science in Nursing degree are required to provide a copy of ACT scores.

**Required Submission of Admission Assessment (A2) Scores**

The entrance test required to be completed is the Admission Assessment (A2). For information on registering for the exam, please visit the Northeast State Community College Testing Center webpage for the Nursing Entrance exam at [www.NortheastState.edu/NursingEntranceExam](http://www.NortheastState.edu/NursingEntranceExam). The applicant’s A2 scores must be included in the Nursing Application packet. Completion date must be within one year of applying to the program.

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Applicants are allowed one re-test per calendar year within a one-week waiting period between tests. Applicants may submit the first or second A2 scores with the Nursing Application packet at their discretion. Admission Assessment (A2) results must be current (less than one year old) as of the application deadline. For example, the A2 exam must be completed between December 4, 2023 – December 4, 2024.

**Prior Application Submitted to Northeast State Nursing Program**

If application has been made to the Northeast State Associate of Applied Science in Nursing previously and the applicant wishes to be considered for application for this cycle, the applicant must reapply, completing all application requirements again, as if this were the applicant's first time applying. For applicants, previously accepted and enrolled into the Northeast State Nursing Program, the Nursing Application and requirements must be met by the deadline. All requirements for application are applicable to all students seeking readmission.

**Registration of Courses for Accepted Applicants**

If accepted into the program, the student will be issued a registration permit for NRS 1710: Fundamentals of Nursing (7 credit hours) and NRS 1360: Pharmacology in Nursing (3 credit hours). This registration permit will allow the student to register for their specific lab, clinical and lecture sections. Student schedules will be assigned by the Director of Nursing or his/her designee. Students, who have not completed ENGL 1010: Composition I and/or BIOL 2010: Anatomy and Physiology I, are required to register for these courses to be completed during spring semester. Students, who wish to be considered full-time for scholarship, insurance or financial aid reasons, will need to register for additional needed credit hours; if uncertain if this is applicable, contact financial aid for more information.

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**Core Performance Standards**

All Tennessee Board of Regents (TBR) nursing programs have adopted the following core performance standards proposed by the Southern Council on Collegiate Education for Nursing (1992). Admission to and progression in nursing programs is not based on these standards; instead they will be used to assist each student in determining whether accommodations or modifications are necessary. Each of these standards is reflected in nursing course objectives and provides an objective measure for students and advisors to make informed decisions regarding whether the student is “qualified” to meet requirements. Copies of these standards will be available to every applicant and student. If a student believes that he or she cannot meet one or more of the core performance standards without accommodations or modifications, it is appropriate for the student to take the responsibility of identifying his or her need for accommodations to the Center for Students and Disabilities and course instructor. The needs of each self-identified student will be addressed on an individual basis when considering necessary accommodations, and it is recognized that helping to determine successful accommodation is the responsibility of the student, as well as the faculty member. The nursing program will cooperate with other college units to identify auxiliary aids and services which may be needed for reasonable accommodations.

**Core Performance Standards for Admission and Progression**

1. Critical thinking ability sufficient for clinical judgment.
2. Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
3. Communication abilities sufficient for interaction with others in verbal and written form.
4. Physical abilities sufficient to move from room to room and maneuver in small spaces.
5. Gross and fine motor abilities sufficient to monitor and assess health needs.
6. Auditory abilities sufficient to monitor and assess health needs.
7. Visual ability sufficient for observation and assessment necessary in nursing care.
8. Tactile ability sufficient for physical assessment.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student’s Identification #

\_\_\_\_\_  
Date

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**Clinical Health Care Requirements**

All accepted nursing students must comply with the health care agencies' clinical requirements. Clinical requirements are enforced by clinical affiliates and OSHA regulations. Please be aware that clinical affiliates may refuse clinical rotation access to students who fail to obtain the required immunizations, therefore, negatively impacting a student's ability to successfully progress in the curriculum/program. Clinical requirements may be added or changed based on current information regarding communicable diseases and/or revisions/additions of new College, Board of Regents, and/or health care agency requirements. Students will be informed of new requirements and deadlines for new requirements.

Students are to submit **copies** of required documentation with his/her Nursing Application packet. Do not send original documents. Do not send health histories. The applicant's name is required to be on the proof of documentation. If a health care provider's statement is used, the applicant's name and the health care provider's signature are required on the documentation.

For accepted applicants, further information will be provided in the acceptance letter for additional Clinical Health Care and health/accident insurance requirements.

**Exemptions**

Valid exemptions include medical exemption and/or a religious exemption.

- Medical Exemption: Physician, health department, or health care provider provides documentation indicating medical exemption from specific vaccinations due to risk of harm stating one of the following as a contraindication for the vaccination: (1) the individual meets the criteria for contraindication set forth in the manufacturer's vaccine package insert; (2) the individual meets the criteria for contraindication published by the U.S. Centers for Disease Control of the ACIP; or (3) in the best professional judgment of the health care provider, based on the individual's medical condition and history, the risk of harm from the vaccinate outweighs the potential benefit.
- Religious Exemption: The student's religious affiliate provides on official letterhead a signed, notarized statement (affirmed under penalties of perjury) indicating the vaccination conflicts with the student's religious tenets or practices.

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**Immunizations/Vaccinations**

All student applicants are requested to submit documentation of completed vaccination/immunization series, positive/reactive/immune titers, or valid medical/religious exemptions for the items listed below with the Nursing Application. Failure to submit clinical health care requirements cannot lead to disqualification.

- Measles, Mumps, Rubella (MMR)
- Varicella
- Hepatitis B
- Tuberculosis (Tb) Screen 2 Step Process (Tb screening tool required annually following 2 Step Process with Nursing Application)

Questions/Concerns can be answered by contacting current healthcare provider.

**Measles, Mumps, Rubella (MMR)**

Decide which box is applicable to you and place an "X" in the box selected. The applicant must supply additional documentation if selected box requests such.

I have had two doses of measles, mumps, rubella vaccination (No earlier than 4 days before 1<sup>st</sup> birthday,  $\geq$  28 days apart). (Must provide documentation of proof of first and second doses of the MMR vaccination. I highlighted this information on the documentation being submitted and attached a copy to back of this form.);

**OR**

I was born before 1957 and have a positive titer for measles, mumps, and rubella with IgG positive or immune. (Must provide documentation of positive titer for measles, mumps, and rubella. I highlighted this information on the documentation being submitted and attached a copy to back of this form.) A titer is not necessary if documentation of the complete MMR series is provided.; **OR**

I was born in or after 1957 and have a positive titer for measles, mumps, rubella, and rubeola with IgG positive or immune. (Must provide documentation of positive titer for measles, mumps, and rubella. I highlighted this information on the documentation being submitted and attached a copy to back of this form.); **OR**

I met one of the approved exemptions and have provided the appropriate documentation.

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**Varicella (Chicken Pox)**

Decide which box is applicable and place an "X" in the box selected. The applicant must supply additional documentation if selected box requests such.

- I was born before 1980, therefore presumed immune through past illness. (Must supply documentation proving year of birth; highlight the birth year on documentation provided); **OR**
- My healthcare provider believes I have had the chickenpox. (Must supply signed documentation with the Nursing Application from healthcare provider with year of illness. Attach documentation to the back of this application); **OR**
- I have had two doses of varicella vaccine (No earlier than 4 days before 1<sup>st</sup> birthday,  $\geq$  28 days apart). (Must provide documentation with the Nursing Application of proof of first and second doses of the varicella vaccination); **OR**
- I have a positive, immune, or reactive titer for Varicella with IgG positive or immune. A titer is not necessary if documentation of the completed varicella doses is provided. (Must provide documentation with the Nursing Application of positive titer for varicella. I highlighted this information on the documentation being submitted and attached a copy to back of this form.); **OR**
- I met one of the approved exemptions and have provided appropriate documentation with this application.

**Hepatitis B**

Effective July 1, 2011, unless exempted by law, any student enrolled in a higher education institution who is a health science student expected to have patient contact shall present proof of protection against hepatitis B before patient contact begins. For purposes of this paragraph adequate immunization is defined as:

1. A complete hepatitis B vaccination series (*Heplisav-B, Engerix-B, Recombivax HB, or Twinrix*); Attach a copy of immunization record highlighting the dates for the completed series or a statement of immunization dates on prescription pad with physician, advanced practice nurse, or physician assistant's signature, date, and DEA number in the box provided, *or*
2. In the event the complete hepatitis B vaccination dates are unavailable, laboratory evidence of immunity via a HB Titer (Attach a copy of blood test results showing immunity in the box provided. Highlight the results on the document provided). A titer is not necessary if documentation of the completed hepatitis B series is provided.

*If proof of a completed series (Heplisav-B, Engerix-B, Recombivax HB, or Twinrix); positive or immune titer; medical exemption; or religious exemption was submitted with Nursing Application packet, no other form of documentation needed.*

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Decide which box is applicable and place an "X" in the box selected. The applicant must supply additional documentation if selected box requests such.

- I have had the completed Hep B vaccination and have provided documentation with this application of all doses with my Nursing Application. (Proof of all doses are required to be submitted with Nursing Application; highlight these dates on the documentation provided).; **OR**
- I have a positive, immune, or reactive titer for Hepatitis B and have attached this documentation to the back of this application. (Highlight the results on the documentation provided). A titer is not necessary if documentation of the completed hepatitis B series is provided.; **OR**
- I met one of the exemptions and have provided the appropriate documentation with this application.

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**Tuberculosis (Tb) Screening 2 Step Process – required annually**

The 2-Step process is useful in identifying a positive skin test as a result of a remote history of previous Tb exposure. The baseline tuberculin test is applied and read as usual. If this test is negative, the individual has **a repeat skin test in 1 to 3 weeks**. If this is also negative, then the individual is considered uninfected, and an annual screening tool will be required in subsequent years. However, if the second test is positive, the individual should be considered infected and treated accordingly, but this would not be considered a conversion.

The applicant must provide documentation of the results of the screen. Please remember, the results must be in millimeters; “positive” or “negative” is not acceptable. The applicant will need to complete one of the two the screening options below.

**Option #1 – 2-Step Tb Screen**

**Screen #1**

*Tb Screening – PPD Administration Record*

Date PPD Skin Test Administered \_\_\_\_\_

Information of Licensed Healthcare Provider Administering Tb Screen Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*Tb Screening - Tuberculosis (Tb) Screening Reading*

Date PPD Skin Test was Read \_\_\_\_\_

Results in Millimeters \_\_\_\_\_

Information of Licensed Healthcare Provider Reading Tb Screen Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Screen #2**

*Tb Screening – PPD Administration Record*

Date PPD Skin Test Administered \_\_\_\_\_

Information of Licensed Healthcare Provider Administering Tb Screen Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*Tb Screening - Tuberculosis (Tb) Screening Reading*

Date PPD Skin Test was Read \_\_\_\_\_

Results in Millimeters \_\_\_\_\_

Information of Licensed Healthcare Provider Reading Tb Screen Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Option #2 Chest X-ray**

If you have ever had a positive Tb skin test, do not repeat the Tb skin test. A chest x-ray is required. Attach results of Chest X-Ray to this application.

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**Application Check-Off List**

*Are the following requirements included in the Nursing Application Packet?*

- YES  NO  Nursing Application – all inclusive, fully completed
- YES  NO  Official, unopened copy of transcript from Northeast State. All course grades, including withdrawals and/or incompletes, must also be listed on transcripts. All transcripts should arrive within the application packet. All applications must have an official Northeast State transcript or disqualification will occur.
- YES  NO  Copy of required Admission Assessment (A2) entrance test scores taken between December 4, 2023 – December 4, 2024.
- YES  NO  Copy of current active LPN License (if applicable).
- YES  NO  Documentation of first and second doses of the MMR vaccination; OR positive/reactive/immune titer results for measles, mumps, and rubella; **OR** exemption as instructed
- YES  NO  Documentation of two doses of Varicella **OR** positive, immune, reactive titer; or exemption as instructed
- YES  NO  Documentation of complete Hepatitis B series or positive, immune, reactive titer; or exemption as instructed
- YES  NO  Documentation of Tuberculosis 2-Step screening/Chest X-ray **OR** exemption as instructed

**Notice – If you are accepted to the AAS in Nursing Program, there will be a required New Student Orientation Day on December 20, 2024 from 8 AM to 4 PM. Please save this day/time in your schedule. A second required day of Orientation will occur in January 2025.**

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**Application Submission Instructions**

The completed application packet must be **mailed** to the following:

Northeast State Community College  
Regional Center for Health Professions - Nursing Program  
Attn: Nursing Application  
300 West Main Street  
Kingsport, TN 37660-4280

Please check with the postal service for correct amount of postage needed to mail application packet. Applications must be received, not postmarked, by the Nursing Program deadline date and time. Hand delivered, faxed, emailed, or incomplete applications will not be reviewed. All mailed material, including envelopes, are retained by the Nursing Program. The applicant is responsible in maintaining copies of all submitted materials. The Nursing Program cannot provide copies of any submitted materials.

Applicants have the option, at an additional cost, to send the application packet by certified mail, return receipt requested, Federal Express, or UPS to confirm receipt of their packet. The Nursing Program will not respond to inquiries of receipt other than mail delivered by the services suggested above. The Nursing Program is not responsible for lost or misdirected mail or mail that does not arrive in a timely manner. Please do not call or email the Nursing Program regarding the outcome of application.

Applicants will be notified by mail of acceptance or denial into the program within six weeks following the application deadline. Please do not call or email the Nursing Program regarding the outcome or status of the application.

Applicants who are accepted into the program will receive an acceptance letter with a "Letter of Intent" enclosed. The "Letter of Intent" will be due back to the Nursing Program by a specified date and time. Applicants who do not respond by the specified date noted on the acceptance letter will be considered to be declining the offered position in the program, thus forfeiting the offered position to the next qualified applicant.

**Please note:** This application is for the AAS in Nursing Program beginning in January 2025.

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