

5. Do you have hands-on patient care experience in a position such as CNA, MA, Respiratory Therapist, EMT, or Surgical Tech? Yes No
If yes, ask your supervisor or employer to fill out a reference form and/or provide verification of employment or you will not receive the application point for your experience.

6. List all places of employment beginning with most recent. (Use additional sheets if necessary)

•Firm Name: _____ From: _____ To: _____

Address: _____ Title: _____

Supervisor & Phone: _____ Reason for leaving: _____

•Firm Name: _____ From: _____ To: _____

Address: _____ Title: _____

Supervisor & Phone: _____ Reason for leaving: _____

7. Date of actual or anticipated completion of CNA education: _____

State Certificate #: _____

8. Satisfactory progress through the Nursing Program requires attendance in both theory and clinical sections. **Clinical hours may include evenings, nights, and weekends.**

Will you commit yourself to the prescribed hours and policies of the Nursing Program? Yes No

9. Do you have a prior or pending criminal offense? Yes No

10. (Optional) Ethnic Background: Black Non-Hispanic Asian or Pacific Islander Hispanic
 White Non-Hispanic (Caucasian) American Indian Other/Unknown

11. Please list the name, address, and phone numbers of person to be notified in case of emergency.

Name: _____ Street Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Work Phone: _____

Please list the name, permanent address, and phone number of your nearest relative or friend not living with you who will always know how to reach you.

Name: _____ Street Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Work Phone: _____

Please Note:

In order to be licensed as a practical nurse in the State of Utah, the application must be in conformity with the Utah Nurse Practice Act. Applicants who have been convicted of a felony or treated for mental illness or substance abuse should discuss their eligibility status for licensure with the Utah State Board of Nursing. Acceptance and completion of the nursing program does not assure eligibility to take the PN licensure exam. The Utah State Board of Nursing makes the final decision as to whether a license will be issued to practice nursing in Utah. If you have questions regarding this, please contact the State Board of Nursing, 160 East 300 South, P. O. Box 146741, Salt Lake City, UT 84114-6741, Phone number (801-530-6628).

APPLICATION CHECKLIST

Send completed application including:

- Official transcripts from all schools where you have college credit** (including any colleges where you have concurrent enrollment credits). **Official transcripts from the original school are required even if the credits have been transferred and show up on another college's transcript.** If you do not have 15 credit hours of college work, include an official high school transcript. Transcripts must have semester grades posted (if you have taken any classes that semester) to get credit. If you have transcripts sent here, make sure they say "ATTN: Nursing Program" in the address.
- If you have earned an AS/AA or BS/BA degree (or higher), the degree must be posted on your official school transcript to receive points for that.
- References must be from former/current supervisors, teachers, or employers. *References from co-workers, family friends, relatives or religious leaders will not be accepted.* Send or hand-deliver to each person you are using as a reference the attached Practical Nursing Reference Form. Also provide them with an envelope and ask them to write their signature across the sealed back of the envelope. Return these envelopes with your nursing application. Write the names, addresses, and phone numbers of your three references on the provided form and include it with your nursing application.
- If you have past or present experience working in the medical field, ask your supervisor or employer to fill out a reference form and/or provide verification of employment to receive application points for your experience.
- Non-refundable application fee of \$35. Make check or money order payable to "DATC Practical Nursing."
- A current copy of your state certification of Certified Nursing Assistant (CNA) if you have completed it.
- A one-page, typewritten, personal letter stating the following:
 - a. Why you want to be a nurse.
 - b. Why you selected DATC for your practical nursing education.
 - c. Your future goals.
 - d. Any special awards or accomplishments you wish to share.

Send or hand-carry the completed application materials to:

Davis Applied Technology College
Practical Nursing Program
550 East 300 South
Kaysville, UT 84037-2699

PN PROGRAM ADMISSION REQUIREMENTS

1. Completion of prerequisite requirements by start of PN program
2. Cumulative Grade Point Average (GPA) of 3.0 or higher
3. Completion of all application materials
 - a. Program application
 - b. Three references enclosed in separate envelopes and list of references
 - c. Official transcripts from all colleges
 - d. Application fee
 - e. Personal letter
4. If accepted, you will be notified to complete a FBI background check and will be drug screened at random.

Note: You will be informed by mail as to your status in the Practical Nursing program. Please be aware that alternates frequently become accepted as entrants within weeks or days of the beginning of class work, so keep taking courses to meet program requirements.

I do hereby certify that the statements in this application are true to the best of my knowledge. I give the DATC Nursing Program faculty/staff permission to contact my provided references.

Signature

Date

**DAVIS APPLIED TECHNOLOGY COLLEGE
PRACTICAL NURSING PROGRAM
REFERENCE INFORMATION**

*References from co-workers, family friends, relatives, or religious leaders will **not** be accepted and your application will be disqualified.*

1. Name: _____
Address: _____
Phone number: _____
Association with reference: _____

2. Name: _____
Address: _____
Phone number: _____
Association with reference: _____

3. Name: _____
Address: _____
Phone number: _____
Association with reference: _____

Turn in the completed reference information sheet with your application.

**DAVIS APPLIED TECHNOLOGY COLLEGE
PRACTICAL NURSING PROGRAM
REFERENCE FORM**

Section A: This information is to be filled out by the applicant requesting the reference.

Name of Applicant Requesting Reference: _____ Signature: _____

Name of Evaluator: _____ Address: _____ Phone #: _____

Please print or type this information.

Section B: This information is to be filled out by the evaluator. The evaluator should sign the back of the envelope over the envelope's seal when the evaluation is completed.

To the Evaluator: You have been selected to supply a reference for the applicant named above for the Practical Nursing Program. This will become part of the applicant's file and thus will be available to him/her should the request be made as guaranteed by the Family Educational Rights and Privacy Act of 1974 and its amendments.

Please circle your evaluation choice on the numerical rating scale of each of the following as it relates to the applicant's potential for nursing. *Comments in each area are helpful.*

1. **Communication: Verbal & nonverbal:** **Comments**

1	2	3	4	5	6	7
Inadequate		Limited skills		Good		Excellent

2. **Interpersonal Relationships:** **Comments**

1	2	3	4	5	6	7
Inadequate		Limited skills		Good		Excellent

3. **Appearance/Grooming:** **Comments**

1	2	3	4	5	6	7
Untidy		Sometimes tidy		Clean/neat		Always well-groomed

4. **Motivation:** **Comments**

1	2	3	4	5	6	7
Poor		Fair		Good		Excellent

5. **Integrity:** **Comments**

1	2	3	4	5	6	7
Dishonest		Sometimes honest		Honest; truthful		Always honest; trustworthy

6. **Punctuality/Absenteeism:** **Comments**

1	2	3	4	5	6	7
Frequent ly late or absent		Sometimes present & punctual		Good attendance; & punctuality		Excellent attendance; Always punctual

7. Dependability/Responsibility/Maturity :

Comments

1	2	3	4	5	6	7
Immature; undependable; irresponsible		Sometimes mature; dependable; responsible		Mature; dependable; responsible		Always dependable; assumes responsibility very well; very mature

8. Problem Solving/Decision Making/Critical Thinking:

Comments

1	2	3	4	5	6	7
Inadequate		Limited skills		Good		Excellent

9. Anxiety Level:

Comments

1	2	3	4	5	6	7
Very stressed		Stress level average; somewhat anxious		Deals with stress well; no evidence of anxiety		Calm; in control in stressful, anxiety-provoking situations

10. Caring Attitude:

Comments

1	2	3	4	5	6	7
Rarely considers other's needs		Sometimes demonstrates caring behaviors		Has a positive attitude; demonstrates caring behaviors		Exceptional attitude of caring for & about others

Additional comments you may wish to make:

Choose one of the following:

- I highly recommend this applicant to the Practical Nursing Program.
- I recommend this applicant to the Practical Nursing Program.
- I do not recommend this applicant to the Practical Nursing Program.

Please answer the following questions regarding the applicant:

- Yes No Has this applicant worked as a CNA, Respiratory Therapist, EMT, Surgical Tech, Paramedic, Medical Assistant, Home Health Aide, Pharmacy Tech, or Radiography Technician at YOUR facility? (If yes, **please circle** the applicant's job title.)
- Yes No Has this applicant worked at your facility for six (6) months or more?
- Yes No Would you claim this applicant is *very good or excellent* in fulfilling his/her responsibilities?

Evaluator's signature: _____ Date: _____

Evaluator's Place of Employment: _____

Length of time you have known this applicant: _____

Capacity in which you have known this applicant: (please circle one)

Supervisor Teacher Employer RN Supervisor Other _____

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1. **Communication: Verbal & nonverbal:** **Comments**

1 2 3 4 5 6 7
 Inadequate Limited skills Good Excellent

2. **Interpersonal Relationships:** **Comments**

1 2 3 4 5 6 7
 Inadequate Limited skills Good Excellent

3. **Appearance/Grooming:** **Comments**

1 2 3 4 5 6 7
 Untidy Sometimes tidy Clean/neat Always well-groomed

4. **Motivation:** **Comments**

1 2 3 4 5 6 7
 Poor Fair Good Excellent

5. **Integrity:** **Comments**

1 2 3 4 5 6 7
 Dishonest Sometimes honest Honest; truthful Always honest; trustworthy

6. **Punctuality/Absenteeism:** **Comments**

1 2 3 4 5 6 7
 Frequently late or absent Sometimes present & punctual Good attendance; & punctuality Excellent attendance; Always punctual

7. Dependability/Responsibility/Maturity :

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