



## KTC NURSING PROGRAMS NEW STUDENT CHECKLIST

Student Name: \_\_\_\_\_ Cohort \_\_\_\_\_

| REQUIRED BY ENROLLMENT DEADLINE (SEE WEBSITE OR CONTACT NURSING OFFICE FOR DUE DATES)  | NATCEP Certification | Practical Nursing Diploma | LPN-RN Diploma |
|--|----------------------|---------------------------|----------------|
| Registration Form  |                      |                           |                |
| Registration Fee (call 740-399-1506 to pay with credit card)   |                      |                           |                |
| Copy of high school/GED graduate transcript, diploma/certificate (Graduation required before enrollment deadline)  | Not Applicable       |                           |                |
| Work Keys Pre-Admission Testing completed within three (3) years (scheduled when paying Registration Fee)  |                      |                           |                |
| Pre-entrance Testing: Academic Preparedness Level: Basic or above on ATI-TEAS completed within eighteen (18) months  | Not Applicable       |                           | Not Applicable |
| Pre-entrance Testing: Minimum Adjusted Individual Total Score of <b>62%</b> on ATI-PN Comprehensive Predictor completed within eighteen (18) months  | Not Applicable       | Not Applicable            |                |
| Math prerequisite: Earned a C or higher in a college level Algebra course completed within two (2) years OR score of <b>100%</b> on Dosage Calculation Competency Exam within eighteen (18) months | Not Applicable       | Not Applicable            |                |
| Official transcript(s) for previous college course work (LPN program)  | Not Applicable       | Not Applicable            |                |
| Current, valid, and unrestricted NATCEP certification (STNA)   | Not Applicable       |                           | Not Applicable |
| Current, valid, and unrestricted LPN licensure in the State of Ohio (MEDS-IV)  | Not Applicable       | Not Applicable            |                |
| BCI Background Check (Must use code 4723 09)   |                      |                           |                |
| FBI Background Check (Must use code 4723 09)   |                      |                           |                |
| Financial Aide Consultation Form – call 740-393-2933 to schedule appointment   |                      |                           |                |
| REQUIREMENTS BY DOCUMENT DEADLINE (SEE WEBSITE OR CONTACT NURSING OFFICE FOR DUE DATES)  | NATCEP Certification | Practical Nursing Diploma | LPN-RN Diploma |
| * State Issued Photo Identification Card (Driver’s License, Passport, Ohio ID Card)  |                      |                           |                |
| * Proof of U.S. Residency (Social Security Card, Resident Alien Card OR Current US Passport or Naturalization Certificate)   |                      |                           |                |
| Medical Release indicating <i>full clearance</i> to perform all duties associated with program (KTC Form Required)   |                      |                           |                |
| Documentation of current COVID vaccination from approved provider  |                      |                           |                |
| Tuberculosis (Two-step, two consecutive annual One-step, Quantiferon, or T-Spot)<br>Chest X-ray <b>ONLY</b> accepted for documented history of positive TB skin test                               |                      |                           |                |
| BLS for Healthcare Provider (CPR) card (hands on class <b>NOT</b> online)  | Not Applicable       |                           |                |
| 10-panel drug screen from accredited lab completed within 6 months of Document Deadline  | Not Applicable       |                           |                |
| Tetanus (completed within 10 years)  | Not Applicable       |                           |                |
| MMR (documentation of two vaccines or titer)   | Not Applicable       |                           |                |
| Varicella (documentation of two vaccines or titer)   | Not Applicable       |                           |                |
| Hepatitis B (documentation of full ENGERIX or HEPLISAV-B injection series required)  | Not Applicable       |                           |                |
| Annual Flu Vaccination (due each year before October 30)   | Not Applicable       |                           |                |

\* A US GOVERNMENT ISSUED, PHOTO-BEARING, SIGNED, NON-EXPIRED FORM OF IDENTIFICATION and your ORIGINAL SOCIAL SECURITY CARD is required. A letter from the Social Security office cannot be accepted. Only original IDs and social security cards are accepted. No photocopies, faxes or images are allowed. Examples of the forms of US government issued, signed, photo ID’s that are acceptable are:

- Driver’s License
- State issued Identification Card
- Signed US Passport (Foreign Passports and Passport Cards are not acceptable)
- Military Identification Card (that meets all identification requirements)
- Work Authorization Card (that meets all identification requirements)
- Concealed Hand Gun Carry Permit

Applicants are encouraged to submit documents electronically or in person but must keep copies of documentation for their personal records. All documents must be received prior to the Document Deadline. Successful completion of Jump Start is required for the Practical Nursing and LPN-RN Transition Programs (see Program Calendar on website for dates). Program acceptance, based on admission requirements and available seats, is not guaranteed.

Visit [www.knoxtechnicalcenter.com](http://www.knoxtechnicalcenter.com) or call 740-399-1506 with questions.