Dear Prospective Nursing Student,

The faculty and staff of the Division of Nursing and Allied Health welcome your interest in our Practical Nursing (PN) program. This packet will help guide you through the application process.

The PN program is approved by the Kansas State Board of Nursing. It is a two-semester, fast-paced program that requires several prerequisites in science and general education courses. There is one entry date per year in August. Individuals will complete academic and clinical courses to earn a certificate in Practical Nursing. The PN graduate is then eligible to take the NCLEX-PN licensing exam; successful completion enables the graduate to practice as a Licensed Practical Nurse (LPN).

Applicants must meet the requirements of the college and of the Division of Nursing and Allied Health for admission to Manhattan Area Technical College and the Practical Nursing program.

This program also serves as the first year, or level, of the Associate Degree Nursing (prepares for NCLEX-RN testing) at the college. Practical Nursing students must meet a 3.0 GPA requirement for acceptance directly into the second year (level). Please also note that electronic devices (laptops or tablets) are required for the second level. Program requirements exclude use of Apple or Android devices. The ADN Admission packet has more specific information about device specifications.

Please review the content of this packet to get an overview of the admissions process. This is information that is critical for a successful application—please read the entire packet carefully. I encourage you to make an initial appointment by contacting the admissions office at 785-320-4560, for information about college admissions and the Practical Nursing program. The college website at www.manhattantech.edu also provides additional information about our programs.

Sincerely,

Rebecca Claus, MSN, RN
Chair, Division of Nursing and Allied Health

NOTICE: Applicants to the nursing program should be aware that certain criminal convictions would deny or restrict access to a Kansas nursing license. Specific information about these convictions is identified in Kansas Law (KSA-65-1120). Please check with the Chair of the Division of Nursing at MATC or the Kansas State Board of Nursing (785-296-4325) if you have questions.
PRACTICAL NURSING CURRICULUM

Prerequisites—must be completed before program admission deadline of March 1.
   CNA certificate (Certified Nurse Aid)
   BSC 125 Anatomy and Physiology 5 credits (prerequisites exist for this course)
   CIS 100 Software Application 3 credits
   NTR 105 Nutrition 3 credits
   PSY 125 Human Growth and Development 3 credits

The following courses are taken after being admitted to the program:

Fall Semester
   NUR 102 Medication Math 1 credit
   NUR 107 KSPN Foundations of Nursing 4 credits
   NUR 108 KSPN Foundations of Nursing Clinical 2 credits
   NUR 111 KSPN Pharmacology 3 credits
   NUR 117 KSPN Medical-Surgical Nursing I 4 credits
   NUR 118 KSPN Medical-Surgical Nursing I Clinical 3 credits

Spring Semester
   NUR 133 Personal and Career Orientation 1 credit
   NUR 134 KSPN Mental Health Nursing 2 credits
   NUR 136 KSPN Gerontology Nursing 2 credits
   NUR 137 KSPN Medical-Surgical Nursing II 4 credits
   NUR 138 KSPN Medical-Surgical Nursing II Clinical 3 credits
   NUR 170 KSPN Maternal Child Nursing 2 credits
   NUR 171 KSPN Maternal Child Nursing 1 credit

Note: All prerequisite coursework and CNA certificate are offered at Manhattan Area Technical College. For CNA, check our website www.manhattantech.edu, for the course schedule.
TIMELINE FOR PRACTICAL NURSING APPLICANTS

6-12 months before application deadline:
✓ Apply for entrance to MATC
✓ Submit official high school transcripts to MATC
✓ Submit official transcripts from other colleges to MATC
✓ Begin prerequisites (see previous page)
✓ Complete Certified Nurses Aid (CNA) certificate (see below for out of state CNA)
✓ Complete advising appointment, 785-587-2800 to schedule.
✓ Complete Test of Essential Academic Skills (TEAS) test (given at MATC)
✓ Begin Hepatitis B series if needed (see immunization checklist)

1-6 months before application deadline:
✓ Complete prerequisites
✓ Submit official transcripts for any additional off-campus coursework
✓ Submit nursing application/immunization checklist with complete record of immunizations
✓ Complete advising appointment by December 1 if not already completed.
✓ **NOTE:** only applicants who have completed the advising appointment by this deadline are eligible to submit the final application (found in this packet) by the March 1 deadline.
✓ Complete second TEAS test attempt if necessary

Additional information

✓ All college transcripts must be received directly from the institution that issued them. MATC can only transfer credit directly from the original transcript.
✓ Prerequisites exist for some courses. Check catalog requirements and contact your advisor for more information.
✓ COMPASS testing may be required to determine where you place in math. Consult your advisor for more information, and check well in advance of the semester when you plan to enroll in a math course.
✓ The TEAS test registration is online. The dates and registration are found at www.atitesting.com. Cost of the exam is $71 through June 30, 2016. You must register before testing.
✓ Study guides for the TEAS may be helpful. The ATI version is available on their website. Generic ones are also available at bookstores. Look for Nursing Entrance Exams.
✓ Limit to two TEAS attempts per year.
✓ Persons who hold an active CNA license from another state have an option to test in Kansas to receive a Kansas license. Contact the Kansas Department of Aging and Disability Services (KDADS) at 785-296-6877 to receive more information about this option. Active certificates can be printed from the KDADS website at: www.ksnurseaidregistry.org.
NURSING PROGRAM APPLICATION & IMMUNIZATION CHECKLIST
DUE by March 1st

*Attach copy of immunization records

Personal Data

Student ID #: ________________ Date of Birth _____/_____/______

Name: ______________________ /________________ /________________ /________________________

Last  First       Middle       Maiden

Address: ______________________ City ______________________ State ____________ Zip ______

Home Phone (_____) _____________ - _____________ Work or Mobile Phone (____) __- _____________

Email address: _______________________________

NOTE: It is essential to follow all of the directions below.
The following is the list of immunizations that are a part of the application process. Please use the checklist to make sure that all items have been completed, and attach all immunization records. Please place the information in the order listed on the checklist, highlight the areas on your records that reflect the vaccine or titer and turn it in after all information is present. Take time to fill out the checklist in every area.

1. ___MMR documentation
   a. Titer date __________  OR
   b. First vaccine date __________  c. Second vaccine date __________

2. ___Chicken pox titer or vaccination (Varicella) REMEMBER—WE WILL NOT ACCEPT HISTORY OF CHICKENPOX DISEASE INSTEAD OF THE REQUIREMENTS LISTED.
   a. Titer date __________  OR
   b. First Vaccine Date __________
   c. Second Vaccine date __________

3. ___Tetanus less than 10 years old. Date of last tetanus __________

4. ___Hepatitis B series. Dates of vaccine dosages or titer
   a. #1 __________ #2 __________ #3 __________ OR
   b. Titer date __________

I verify that all of the above information is complete and correct.

_________________________________________  __________________________
Student Name  Date
ACCEPTANCE PROCESS

Applicants will be notified in writing of their acceptance, or placement on the alternate list. (NOTE: Only applicants who have met all deadlines and have a complete packet receive this communication.) Applicants must respond in writing, indicating their plan to accept or decline enrollment in the nursing program by the date designated in the notification letter. In addition, a $100 deposit must be paid when accepting a seat in the program. The deposit will be non-refundable, but it will be applied toward program tuition and fees at the start of classes.

Failure to respond will result in forfeiture of a seat in the Practical Nursing Program.

REAPPLICATION

Applicants who are not selected for admission must reapply for the next class by the application deadline (applicants will only need to reapply to the nursing program; a college application are held for three years.) Reapplication includes a new submission of immunization records along with the final application. No documents submitted to application will be retained, except for official transcripts.

ENTRANCE PROCESS

STUDENT RESPONSIBILITIES

After acceptance, students will be required to complete a health history and physical, submit proof of TB skin test (one or two may be needed), and provide evidence of Healthcare Provider Level BLS certification from American Heart Association that will be active throughout the nursing program. Students will also be required to complete a background check. Flu shots are seasonal and the nursing program will ask for this to be completed. Specific information about the above requirements will be provided at orientation, which is usually scheduled 6-8 weeks before the first day of classes, and will need to be completed by the first day of classes.

Deadline for health history and physical and TB skin test(s), license verification, and American Heart Association Healthcare Provider BLS is the first day of class.

Contact the Division of Nursing and Allied Health if you have questions related to the above requirements at 785-320-4507.
Manhattan Area Technical College-Practical Nursing  
Admissions Rubric

**Applicant Name _____________________**  
**Date____________________**

**MATC ID# ________________**

If the number of qualified candidates exceeds the number of seats available, admission to the program will be competitive based upon ranking according to this rubric.

<table>
<thead>
<tr>
<th>Points</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPA A&amp;P</td>
<td></td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>GPA Human Development/Nutrition/Software Applications</td>
<td></td>
<td>2.5 or below</td>
<td>3.0</td>
<td>3.5</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Math Requirement-Provide **ONE** of the following:

- Beginning Algebra  
  - B  
  - A
- OR Intermediate Algebra  
  - C  
  - B  
  - A  
- OR College Algebra  
  - C  
  - B  
  - A

Another option for math scores are:

- ACT Math  
  - 16-18  
  - 19-21  
  - 22-25  
  - 26 & above
- OR COMPASS math score  
  - Pre-Algebra 31-39+  
  - Algebra 0-40  
  - College Algebra 46-59  
  - 60+

- TEAS overall score  
  - Basic  
  - Proficient  
  - Advanced
- TEAS Mathematics  
  - 60-69  
  - 70-79  
  - 80-89  
  - 90-100
- CNA experience (documented)  
  - 6 months to 1 year  
  - 1 year to 3 years  
  - 3 years to five years  
  - Over 5 years

**Total scores**

Any tie breaker will be based upon TEAS V test score

Students must score at least one point in each area to be considered for admission excluding healthcare experience. **Healthcare experience is NOT a mandatory requirement.**
EMPLOYMENT VERIFICATION FORM
PRACTICAL NURSING PROGRAM

Applicants: please provide this form to any past or present employer who can verify that you have had experience as a CNA.

Employers: Applicants for the Practical Nursing program at Manhattan Area Technical College are required to hold an active CNA certificate in the state of Kansas. Applicants who can verify health care experience at the CNA level are eligible for additional points in the selection process. We would appreciate your completion of this form to verify the applicant’s CNA experience.

Applicant Name _________________________________

Employer Name _________________________________

Position held by applicant _______________________ Dates of employment_______________

Hours worked per week ______________________________

Job Responsibilities: __________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Person completing form (signature) ______________________ Title __________________ Date ______________

Print name (person completing form) _________________________________

Contact Phone Number________________________________________

This form may be faxed or mailed by the employer to:
MATC Practical Nursing Admissions
Manhattan Area Technical College
3136 Dickens Avenue
Manhattan, KS 66503

FAX 785-587-2804

For office use:
Employment verified by: ____________________________
Date_________________________