



Registered Nursing Required Admission Form

LATC student ID (if applicable) _____

Full Name _____ middle initial _____

Former last names (list all) _____

Current address: _____

city _____ state _____ zip code _____

Last four digits of SS number _____

Current email address _____

Current Phone Number (include area code) _____

LPN school attended _____ Year graduated: _____

Have you attended a different registered nursing program in the past? _____ If yes, please provide a letter of recommendation from the school in which you attended.

Do you have a current unencumbered LPN license? Yes No License # _____
(Include a copy with your application)

Have you ever had any restrictions on your LPN license? _____ if yes, please explain.

Have you ever been convicted of a felony? _____ if yes, please explain

With this application, please submit:

1. A copy of current LPN license
2. A copy of current CPR card
3. All official transcripts if attended a school other than LATC, including high school.
4. TEAS scores if attended a school other than LATC. If a TEAS was not completed, please contact Amber.Schleusner@lakeareatech.edu
5. ATI Comprehensive Predictor scores. If the ATI Predictor was not taken, please contact Amber.Schleusner@lakeareatech.edu
6. A letter of recommendation from a current or past employer in a health field or a current or former faculty member.
7. A letter of enlightenment with an explanation of how the student plans to be successful in the RN Program.
8. The work experience form (A). All students complete.

Any questions on the application process can be directed to Amber Schleusner, Program Director
Amber.Schleusner@lakeareatech.edu

***After admission, the following will be required:**

Physical Examination	The physical must be signed by a medical professional and be dated within the past 12 months. Please use the form provided
Measles, Mumps & Rubella (MMR)	Submit 2 vaccines for Measles, Mumps, and Rubella (MMR). Series in process is not acceptable.
Varicella (Chicken Pox)	One of the following is required: a) positive antibody titer (lab report or physician verification of results required) - If the titer is negative, you will be responsible for obtaining a booster and a repeat titer and providing proof of the series of two shots.
Hepatitis B	One of the following is required: a) positive antibody titer (lab report or physician verification of results required) - If titer is negative, you will be responsible for obtaining a booster and a repeat titer. OR b) declination signed by a healthcare provider
Tetanus, Diphtheria, & Pertussis (Tdap)	Submit a Tdap booster administered within the past 10 years. The date of renewal will be set 10 years from the administered date. A declination or waiver is not acceptable.
Influenza	a) Documentation of flu shot administered during the current flu season (September-March). The flu shot documentation must indicate that the vaccination you received was from a batch for the current flu season. b) Additional vaccines may be required due to the recent pandemic.
Tuberculosis (TB)	One of the following is required: a) Negative two-step skin test (1-3 weeks apart) plus all subsequent annual one-step skin tests, the most recent test must be administered within the past 12 months OR b) If positive results, provide physician clearance documented on letterhead dated within the past 12 months c) The renewal will be set for 1 year. Upon renewal one of the following is required: Negative one-step skin test OR If positive results, provide physician clearance documented on letterhead. d) Negative QuantiFERON- TB Gold blood test documented by healthcare provider.

Mailing address: Lake Area Technical College Registered Nursing Program
PO Box 730
1201 Arrow Avenue
Watertown, SD 57201

**Lake Area Technical College
Registered Nursing Program
Enlightenment Letter for Admission**

Instructions: Please write at least three paragraphs explaining your reason for expanding to the RN role and how you will be successful in the RN program.

A large, empty rectangular box with a thin black border, intended for the student to write their enlightenment letter. The box occupies most of the page below the instructions.

Lake Area Technical College
Registered Nursing Program

Verification of Employment

Form A

Applicant: Please complete the first section of this form and then forward to your employer or former employer. This form may be duplicated for additional employment verifications. Return the completed form with your application to the Lake Area Technical College Nursing Program.

Please print:

First Name	Middle Name	Last Name

_____ I am a current LPN student.

_____ I have been employed as a LPN since graduation from a LPN school.

_____ I have worked _____ hours/week at the stated facility below as a LPN.

_____ I had not worked or been employed as an LPN since graduating from LPN school.

Signature of student _____

Name of place of employment _____

Address: _____

Information below needs to be completed by the employer:

I, the undersigned, declare and affirm that, according to our records and to the best of my knowledge and belief, the information provided above for purpose of admission into the LATC Registered Nursing Program is true and correct.

Signature of Agency Representative and Title _____

(Who can verify/confirm number of hours employed)

Date _____

Telephone: _____

Email: _____

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