



REGISTERED
NURSING
PROGRAM

Spring 2023 Nursing Program Application

Dear Nursing Program Applicant:

The application filing period for Spring 2023 is from **August 29th through October 7, 2022**. A completed application includes the three (3) page application, official sealed transcripts from all colleges attended, supplemental documents as outlined in the application, and all TEAS test results (including results from all previous attempts if applicable). To be considered for admission a completed application must be dropped off to the Nursing Department no later than **October 7, 2022 by 2:00 pm.**

Since 2008, all academically qualified applicants (based on the Chancellor's Validation Study Criteria) evaluated by the LACC counselor must achieve a "cut-score" of **80%** or above. Qualified applicants must take the Test of Essential Academic Skills (**TEAS**) prior to Final Deadline. Students must achieve a score of **62.0%** overall or higher on the **ATI TEAS** test on his/her first attempt to qualify for admission. Acceptance is based on an assessment of academic qualifications as well as the result of the **ATI TEAS** test. **Please request a ATI TEAS official transcript from ATI's website to be sent to Los Angeles City College, which must be received by our office no later than the final deadline of October 7, 2022 at 2pm. Students taking the ATI TEAS exam at LA City College do not need to order this transcript.**

The Nursing Admission, Retention and Remediation Committee (ARR) will review all complete applications packets (including, but not limited to, official transcripts, passing TEAS transcripts, essays, etc.) during October 2022. We utilize an approved lottery method to select qualified students along with a selected number of qualified alternates. You will be notified as to your lottery result if selected via email during **November 2022**.

Please drop off your completed application packet in one envelope with your name, contact information, whether you are reapplying, and information session date attended printed on the outside no later than **October 7, 2022 by 2:00 pm** to the **Nursing Department**. (Only complete applications will be considered)

The following page is a *Nursing Program Cost* sheet with **lists of estimated fees** to expect for the nursing program. *Financial aid is available for qualified students. Please see the Financial Aid Office for additional information.*

Los Angeles City College
Nursing Department SCI TECH 218
855 N. Vermont Ave
Los Angeles, CA 90029

We are in-person/virtual due to COVID 19: Please send your inquiries to
lacc-nursing@lacitycollege.edu

NOTE: You must enclose one set of official sealed transcripts from each college attended in your application. Your application must be dropped off to the Nursing Department no later than **October 7, 2022 by 2:00pm.**

Remember: It is the student's responsibility to ensure that the application packet is complete with all necessary documents prior to the final deadline for the review by the ARR Committee. **Please drop off your COMPLETE application and official/sealed transcripts to our Nursing Department above. Incomplete &/or late applications will not be processed.**

We look forward to receiving your complete application and wish you the best in your pursuit of a nursing career.

Sincerely,

Dr. Christiana Baskaran, PhD, MSN, RN
Program Director
LACC Nursing Department

ARR Committee
Nursing Faculty
LACC Nursing Department

Below are lists of **estimated fees** to expect as a student of the nursing program.

Financial aid is available for qualified students. Please see the Financial Aid Office for additional information.

Costs as Applicant of Nursing Program	
Official Transcripts from all colleges attended (<i>price varies by college</i>)	\$4-\$10/each
ATI TEAS Exam	<i>varies by location</i>
ATI TEAS Transcript	\$85
ATI TEAS Online Practice Test	\$42
ATI TEAS Study Guide	\$46
Costs as Incoming Student of Nursing Program	
Physical Examination, including lab work and infectious disease titers	\$100-\$250
Immunizations, including Hep-B	\$100-\$200
TB test and/or chest x-ray	\$25-\$150
CPR American Heart Association: Basic Life Support (“C” level) Health Care Provider	\$50-\$75
Background Check and Drug Screen ²	\$200
Malpractice Insurance	\$20-\$25
Fire Safety Class	\$30
First Year Costs as Student of Nursing Program	
Tuition Fee \$46/unit (<i>average units per semester: 12; average units per year: 24</i>)	\$1104 ¹
2 uniforms, jacket, patch, pin	\$120-\$200
1 pair of white leather shoes	\$80
Bandage scissors, stethoscope	\$100
Watch with sweep second hand	\$50
Books, course syllabi	\$1,200
Background Check and Drug Screen ² (<i>\$80 per semester</i>)	\$160
Skills Kit	\$100
ATI	\$1000
Student Health Fees	\$25
Student Body Fees (<i>optional</i>)	\$20
C.N.S.A. Membership (<i>optional</i>)	\$25
LACC Parking Fee	\$54
Some hospitals may charge parking for nursing students.	TBA
Second Year Costs as Student of Nursing Program	
Tuition Fee \$46/unit (<i>average units per semester: 12; average units per year: 24</i>)	\$1104 ¹
Books, Course Syllabi	\$750
Background Check and Drug Screen ² (<i>\$100 per semester</i>)	\$200
Influenza vaccine and TB test	\$25-\$75
ATI	\$1000
Malpractice Insurance	\$20-\$25
Student Health Fees	\$25
Student Body Fees (<i>optional</i>)	\$20
C.N.S.A. Membership (<i>optional</i>)	\$25
LACC Parking Fee	\$54
Some hospitals may charge parking for nursing students.	TBA
APPROXIMATE TOTAL COST of TWO-YEAR NURSING PROGRAM	\$8509 *
At the completion of the program, there will also be additional fees for graduation that will include Board of Registered Nursing state licensure, fingerprinting, National Examination testing (NCLEX), graduation gown and the School of Nursing pin.	

¹ Non-resident students pay approximately \$282/unit. Foreign students pay approximately \$328/unit. Fees may increase pending state budget resolution.

² Background Check and Drug Screen must be clear every semester in order to remain in the LACC Nursing Program.

* All fees/costs used to estimate total are approximate and subject to change at any time.

Los Angeles City College Registered Nursing Program
APPLICATION for Spring 2023 (If you are reapplying check here)

Office Use Only
Forwarded To Committee
 YES NO: _____

Print Clearly & Do Not Leave Blanks. If Not Applicable, please write N/A in the pertaining section. Please Read the Entire Application Carefully

Last Name _____ **First Name** _____ **Middle Name** _____

List ALL Previous Names Used: _____

Social Security Number _____ **LACCD Student ID # 88-XXX-XXXX** _____ **Email Address** _____

Home Address _____ **City** _____ **State** _____ **Zip Code** _____

() () M F

Home Phone _____ **Cell Phone** _____ **Birthdate** _____ **Sex*** _____ **Ethnicity** _____
MM/DD/YY *For Statistical Purposes Only

Criminal background check & drug testing are required. Do you have any background violation(s)? Yes No

S= Single; M= Married; D= Divorced; W= Widowed

US Citizen: Yes No If No, Indicate Status: _____ Circle One: S M D W

US Veteran: Yes No If Yes, please include copy of discharge. Marital Status* _____ # of children* _____

Foreign Language(s) Spoken : _____

LVN: Yes No **LVN License No.:** _____ **Expiration Date:** _____

High School Attended: _____ **Graduated:** Yes No _____
School Name, US City, US State or Foreign Country Grad Year

GED Examination: _____ **Passed:** Yes No
Location _____ Score _____ Date Taken _____

College Degree: _____ **Degree Received & Major** _____ **Grad Date** _____
Name, City, State (or Foreign Country)

If you have ever been enrolled or accepted in any R.N. nursing program, please state and contact Nursing Department ASAP:

College: _____ Year(s): _____ Director: _____

Complete Address: _____ Phone No.: _____

Courses Completed: _____ Reason for withdrawal: _____

Work History Current or Last Position Title and Where? _____ # of Months or Years: _____

Describe duties: _____ Is this position unpaid? Yes No Hours per week: _____
Current job? Yes No

Emergency Contact Information Name: _____ Relation to you: _____
Day Phone Number: _____ Evening Phone Number: _____
Relative that doesn't live with you: Name: _____ Relation to you: _____
Day Phone Number: _____ Evening Phone Number: _____

I, (print full name) _____, understand that any omission(s) and/or information stated on my three-page LACC nursing program application found to be inaccurate and/or fraudulent may be cause for immediate dismissal.

Signature: _____ Date: _____

PLEASE NOTE: Submission of Incomplete Applications Will NOT Be Accepted. It is the student's responsibility to understand the application on his/her own and to submit a complete application. Please read the entire application carefully.

DO NOT USE ANY STAPLES FOR YOUR APPLICATION – Please Paperclip – THANK YOU.

Essay

Please type a double-spaced 300-word essay. Please include your full name, date, and signature on each page of your essay. Describe why you wish to be considered for the LACC Registered Nursing Program. Include any healthcare and/or pre-nursing experience and anything else you would like the Admission Committee to know about your desire to be a Registered Nurse.

Documentation Required for Verification & for Applicant File

Please submit copies of the below listed documents with your application. Applications without document copies will not be processed.

▶ LACC Nursing Dept. does NOT make photocopies for applicants. ◀

*Those marked below with an asterisk * need only be submitted if applicable. Please Read Carefully.*

- Copy these three on ONE PAGE**
- California ID or Driver's License**
 - Social Security Card**
 - Student ID*** *Applicable only if you attended a college within the L.A. Community College District*
 - Name Change Document*** *For Example: US citizenship papers, marriage certificates, etc.*
 - High School (H.S.) Diploma or GED Certificate*** *(if applicable)*
*H.S./GED documentation is **NOT** necessary **IF** a College Degree is stated on a submitted official college transcript. If the H.S. diploma is unavailable, an official and sealed H.S. transcript can be used instead and must be included in your application packet.*
 - LVN License*** *(if applicable)*

ONLY ONE SET OF TRANSCRIPTS FROM EACH COLLEGE ATTENDED IS REQUIRED. PLEASE VERIFY WITH NURSING STAFF WHEN SUBMITTING APPLICATION.

❖ **Official Transcripts**

Your complete application must include, the most **current official sealed transcripts from ALL colleges attended.** Transcripts must be dropped off to the Nursing Department no later than **October 7, 2022 by 2:00pm.**

❖ **Foreign Country Official Transcripts or Diplomas**

Foreign transcripts or foreign diplomas must first be evaluated by an approved US Foreign Evaluation Agency. The evaluated transcript must be included in your application packet, which must be submitted to the Nursing Department no later than **October 7, 2022 by 2:00pm.**

Please List ALL Colleges &/or Universities Attended:

- | | | |
|----------|----------|-----------|
| 1. _____ | 5. _____ | 9. _____ |
| 2. _____ | 6. _____ | 10. _____ |
| 3. _____ | 7. _____ | 11. _____ |
| 4. _____ | 8. _____ | 12. _____ |

Please list Any/ALL Nursing Programs Attended:

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
|----------|----------|----------|

Los Angeles City College Registered Nursing Program
APPLICATION for Spring 2023

Full Name: _____

Social Security: _____

Print Clearly & Do Not Leave Blanks. If Not Applicable, please write N/A in the pertaining section.

Required Course	Course Number/ Name	Units	Grade	College/City	Year	Repeated? No. of Times	OFFICE USE ONLY Reviewer: _____
Human Anatomy 1*							
Human Physiology 1*							
Chemistry 51, 60, or 65							
Psychology 1*							
Psychology 41*							
English Composition 101*							
Microbiology 1 or 20							
Math 125* or higher							

If you are unsure which class is applicable for the next two courses, it is OK to leave this blank.

Social Sciences (co-req)							
Humanities (co-req)							
Sociology 1 (co-req)							
Communication Studies 101 or 121 (co-req)							

* or equivalent course for those marked with an asterisk. Equivalent courses would be those that were approved by the Nursing Counselor in order to qualify for selection into the Nursing Program.

***** Complete Below ONLY IF You Have Taken Nursing Courses at Another College *****

RN Course or equivalent	Units	Grade	College/City	Year	Repeated? No. of Times	OFFICE USE ONLY Reviewer: _____
Nursing Foundations/ Pharmacology						
Adult Nursing						
Maternal-Newborn Nursing						
Pediatric Nursing						
Mental Health Nursing						
Nursing Leadership/Management						
Nursing Process						
Other: _____						

I, (print full name) _____, certify that all information provided in connection with my

application is true, correct, and complete. I understand that providing false information or omitting required information is fraud and grounds for denial of enrollment or immediate expulsion from the Nursing Program.

Signature: _____

Date: _____