

**PENNSYLVANIA INSTITUTE OF TECHNOLOGY
PRACTICAL NURSING PROGRAM
MINIMUM ADMISSION REQUIREMENTS DECLARATION**

	Responsible person	Responsible for cost
<i>Eligibility Requirement:</i>		
• Official high school transcript or GED with scores	Candidate	Candidate
• * A GED from a state or jurisdiction other than PA or a high school diploma from a jurisdiction other than the U. S. requires a Certificate of Preliminary Education (CPE) from PA DOE.	Candidate	Candidate
• At least 17 years of age – provide documentation	Candidate	Candidate
• U. S. citizen, permanent resident, or eligible non-citizen – provide documentation	Candidate	Candidate
<i>Admission requirements:</i>		
• Pennsylvania Institute of Technology College Enrollment Application * (NOTE: Application fee is subject to change)	Candidate	Candidate \$25 nonrefundable *
• Official high school transcript, GED transcript, or PA DOE CPE	Candidate	Candidate
• Official college transcripts, if applicable	Candidate	Candidate
• Achieve satisfactory scores on pre-admission tests. ➤ ACCUPLACER Arithmetic, Reading Comprehension and sentence Skills ➤ ATI™ TEAS NOTE: Test vendor and testing fee are subject to change.	Admissions PN program director & faculty	No charge Candidate \$80 non-refundable *
• Completion of a PA Criminal & PA Child Abuse background check ➤ Non-resident of Pennsylvania must <u>also</u> submit a Criminal Record check from the state in which he/she resides	Candidate	Candidate
• FBI Background Check is required ➤ Depending on results additional background checks maybe required	Candidate	Candidate
• Completion of satisfactory drug screening	Candidate	Candidate
• Licensure in Pennsylvania (see enclosed statement)	Candidate	None
• Ability to carry out <i>Core Performance Standards</i>	Candidate	None
• Personal Health History	Candidate	None
• Physical exam by health care provider	Candidate	Candidate
• Mumps, rubella, rubeola, and varicella titers	Candidate	Candidate
• Booster vaccination(s) of mumps, rubella, rubeola, and/or varicella if titer non-reactive/non-immune with a repeat titer to verify immunity	Candidate	Candidate
• Tetanus-diphtheria booster vaccination with the last 10 years	Candidate	Candidate
• Tuberculosis screening	Candidate	Candidate
• Hepatitis B vaccination series of three (3) doses completed or in progress	Candidate	Candidate
• Seasonal influenza vaccine is required	Candidate	Candidate
• Health insurance strongly recommended	Candidate	Candidate
• Current Certification in Adult, Infant and Child Healthcare Provider Cardiopulmonary Resuscitation (CPR) (American Heart Association recommended)	Candidate	Candidate
• Liability insurance and injury insurance	P.I.T.	P.I.T.

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- I understand all submitted documents and completed forms become the property of the College and are non-returnable.
- I understand deceit in the application procedure is cause for dismissal from the program.
- I understand I must provide **official** high school transcript, GED transcript, or PA Department of Education (DOE) Certificate of Preliminary Education (CPE).
- I understand a student will not be admitted in the program with a disqualifying criminal history or child abuse clearance.
- I understand a student will not be admitted with a disqualifying result in the drug screening.
- I understand a student accepted into the program must submit a health examination form completed by a healthcare provider with immunization history including verification through blood work. I understand a student will not be admitted with a disqualifying result.
 - I understand in circumstances of student illness, injury or other health limitations, if the clinical agency does not accept me it may result in my not be accepted into the program.
 - I understand that I should give careful consideration to the mental and physical demands of the program prior to beginning the program.
- I understand I must provide documentation of current Adult, Child and Infant CPR (Healthcare Provider) certification.
- **I understand failure to provide documents or failure to meet deadlines is ground for rescinding of admission or dismissal from the program.**
- I, the undersigned:
 - Have read and understand the Practical Nursing Program **Admission Requirements**.
 - I understand that I am responsible for doing or obtaining and paying for the cost of requirements' designated to the candidate.
 - I understand that meeting the requirements is not a guarantee of admission into the program.

Signature of candidate

Date