KIRKSVILLE AREA TECHNICAL CENTER
PRACTICAL NURSING PROGRAM
2026-2027 APPLICATION

1. **APPLICATION & FEE**
   Complete and submit a KATC Practical Nursing Application along with a $40 application fee (cash, check or money order made payable to Kirksville R-III School District). Read all statements carefully. The application should be completed in its entirety. Some forms may require a signature and date.

✶ A **FAFSA** is required for the **2026-2027** academic year and may be completed online at www.fafsa.ed.gov. Kirksville Area Technical Center is **School Code #014698**.

2. **FAMILY CARE SAFETY REGISTRY**
   Register with the Missouri Department of Health & Senior Services Family Care Safety Registry online or by mail. If you are already in the registry, you do **NOT** need to register again; however, please make sure all information is current with the registry. A one-time fee, paid directly to FCSR by the applicant, applies for new registrations.

   If you wish to register online, go to https://healthapps.dhss.mo.gov/BSEES/Main.aspx
   You will need to select "VOLUNTARY" for the registration type and "NO EMPLOYER BECAUSE YOU ARE A STUDENT." A fee of $15.55 must be paid by credit card at the time of the online registration.

   If you are registering by mail, include a copy of your social security card, payment of $15.00, and the completed Worker Registration form. Information regarding the FCSR is included.

   Applicants who answer "Yes" to the criminal background question or has a "finding" returned from DHSS Family Care Safety Registry will be reviewed at committee.

3. **THE FOLLOWING ITEMS ARE REQUIRED TO COMPLETE THE APPLICATION:**

   - **Official Transcripts:** Request OFFICIAL high school transcripts (with graduation date) or a copy of high school equivalency (with scores) as well as OFFICIAL transcripts from all post-secondary institutions attended. Transcripts sent via email through a 3rd party processor will be accepted. They may be emailed to kmiley@kirksville.k12.mo.us. Emailed transcripts from personal emails or faxed transcripts WILL NOT BE ACCEPTED. **It is the responsibility of the student to check on the status of their transcripts by contacting the KATC office at 660-665-2865.**

   - **Test Scores:** A score report from the TEAS 7 are required. Your paid application fee covers one TEAS 7 exam. See General Information packet for more information. (ELL ONLY: See additional testing requirements)

   - **Anatomy Course: Completion of a 4-credit hour college level Human Anatomy course with a laboratory component with a grade of "C" or higher is required for admission to the program and must be completed PRIOR to starting the program.** OFFICIAL transcript showing completion of this course is required. The Anatomy must meet the approval of Moberly Area Community College in order to be enrolled in Physiology in the fall.

4. **THE FOLLOWING ITEMS ARE NOT REQUIRED TO COMPLETE THE APPLICATION, BUT ARE REQUIRED TO EARN ADDITIONAL POINTS:**

   - **Healthcare Experience:** Provide a letter from your employer(s) stating job title and dates of employment. Must have 2+ years of healthcare experience to earn points.

   - **Healthcare Certifications:** Provide copies of any current healthcare certification to earn one point. If you have a current CCMA certificate, you will earn 3 points.

Please be reminded that these are minimum application criteria for the Practical Nursing program and does not guarantee admission.

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****Deadline for ALL application materials is May 1st.**

PERSONAL INFORMATION

Date of Application_____

Legal Name_____
LAST FIRST MIDDLE MAIDEN

Other Names_____

Home Address_____
STREET CITY STATE ZIP

Home Phone_____ Cell Phone_____

Email Address_____ Date of Birth_____

Social Security #: _____ **Are you a US Citizen? Yes No**
(Required for Financial Aid)

Is English your primary language spoken? Yes No

Ethnic Origin:
____American Indian or Alaskan Native
____Asian
____Black or African American
____Native Hawaiian or Other Pacific Islander
____White
____Hispanic or Latino
____Other (Please specify:_____)
____Prefer not to answer

Sex:
____Male
____Female
____Prefer not to answer

How did you hear about Kirksville Area Technical Center's Practical Nursing Program? Check all that apply.
____Friend/Relative (If so, who? _____)
____Prior KHS/KATC Graduate
____KATC Website
____KATC Facebook Page
____High School Counselor
____Employer
____Other

SECONDARY EDUCATION

High School Name_____

Address (Including City, State, Zip) _____

Dates of Attendance _____ Date of Graduation_____

☐ I received my high school equivalency Date Received: _____ State: _____

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POST-SECONDARY EDUCATION

☐ I have not received any post-secondary education.

Name of School #1 _____

Address (Including City, State, Zip) _____

Dates of Attendance_____ **Did you graduate? Yes No**

Certificate or Degree Received_____

Name of School #2 _____

Address (Including City, State, Zip) _____

Dates of Attendance_____ **Did you graduate? Yes No**

Certificate or Degree Received_____

PN COURSEWORK

Have you completed, or are currently taking, a 4-credit hour college level anatomy course with a lab? Yes No

If yes, where did you take the class? _____ What grade did you receive? _____

Have you completed, or are currently taking, a 4-credit hour college level physiology course with a lab? Yes No

If yes, where did you take the class? _____ What grade did you receive? _____

Have you completed, or are currently taking, a 3-credit hour college level Geriatrics and the Lifespan course? Yes No

If yes, where did you take the class? _____ What grade did you receive? _____

EMPLOYMENT

List the *most recent* place of employment first.

☐ I have never been employed.

Employer #1_____

Address (Including City, State, Zip) _____

Dates Employed _____Position/Title_____

Reason for Leaving _____

Employer #2_____

Address (Including City, State, Zip) _____

Dates Employed _____Position/Title_____

Reason for Leaving _____

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HEALTHCARE CERTIFICATIONS/EXPERIENCE

Do you have any **CURRENT** healthcare certifications? Please list all certifications & years the certificate is valid.

Certification:_____ Years Valid:_____

Certification:_____ Years Valid:_____

Certification:_____ Years Valid:_____

Certification:_____ Years Valid:_____

Certification:_____ Years Valid:_____

Do you have a **CURRENT** CCMA certification? **Yes** **No**

REFERENCES

Please fill out the information below for 3 **PROFESSIONAL** references. **Do not list friends or family members**. References will be emailed an online reference form to complete and submit.

1. Name:_____ Title:_____
   Email Address:_____ Phone Number:_____
2. Name:_____ Title:_____
   Email Address:_____ Phone Number:_____
3. Name:_____ Title:_____
   Email Address:_____ Phone Number:_____

LEGAL INFORMATION

Have you been convicted, been imprisoned, been on probation, or been on parole? (Include felonies, firearms or explosives, misdemeanors, and all other offenses.) You must answer "yes" if you received a Suspended Imposition of Sentence.

Yes **No**

If you answered "Yes" please attach an additional sheet listing all offenses, dates of offense, legal outcome and a copy of any legal documentation on the offense.

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2026-2027 FINANCIAL AID CHECKLIST

NAME_____PHONE NUMBER_____

EMAIL ADDRESS_____

Are you an eligible A+ student? **Yes** **No**

If yes, have you used A+ eligibility at another school? **Yes** **No**

Are you eligible for VA Benefits? **Yes** **No**

INITIAL next to each statement below and return with your application form.

_____ My 2026-2027 FAFSA is completed.

_____ I entered KATC's school code, **014698**, on my 2026-2027 FAFSA application.

_____ I do not owe a refund for any Title IV financial aid received (Pell Grant, Direct Student Loan, etc.) from any institution.

_____ I am not in default on any student loan from any institution.

_____ I understand I am responsible for the tuition of the Practical Nurse Program even if I do not complete the program.

_____ I understand all financial arrangements must be in place PRIOR to the beginning of the program.

_____ I understand I must be making Satisfactory Academic Progress before any financial aid can be disbursed.

_____ I understand that all financial aid received will first go toward tuition. I understand my school balance must be zero before I receive any funds for living expenses.

_____ _____

Applicant's Signature Date

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2026-2027 RELEASE OF INFORMATION FORM

Full Name:_____

Maiden/Alias Name(s):_____

Address:_____

City:_____State:_____Zip:_____

Social Security #:_____Date of Birth:_____

Place of Birth:_____

I authorize Kirksville Area Technical Center to request and obtain a copy of my criminal background screenings as provided in section 610.120 RSMo by making an inquiry to the following sources: Family Care Safety Registry which screens for: state criminal history and sex offender registry records with the MO State Highway Patrol, Child Abuse/Neglect records maintained by the MO Department of Social Services, the Employee Disqualification List maintained by the MO Department of Health and Senior Services, the Employee Disqualification Registry maintained by the MO Department of Health and Senior Services, and Foster Parent Records maintained by the MO Department of Social Services. I also authorize Kirksville Area Technical Center to request and obtain a copy of my drug screen results, an Office of the Inspector General's List of Excluded Individuals/Entities (OIG) check, and CNA Registry check. I realize additional background screenings may be requested by the clinical sites affiliated with Kirksville Area Technical Center. I further authorize Kirksville Area Technical Center to provide the necessary documentation of all the above stated data and self-reported information to individual clinical affiliates. This information is to verify my eligibility to participate in the clinical experience.

_____ _____

Applicant's Signature Date

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