

Professional Nursing (LPN–RN) Program Checklist

Deadline: _____

Send Application Documentation to: jonesl@walton.k12.fl.us

General Application Requirements

- ☐ Completed online General Application: www.ECTC.edu
- ☐ Official High School Transcript – must be sent directly from the school attended
- ☐ Official College Transcript(s) - must be sent directly from each school attended
 - ☐ Basic Skills Exam (if required-based on transcripts) - \$30.00 non-refundable fee
- ☐ Residency Paperwork (Florida or Alabama) - parent info required if under 24, unmarried, no dependents: <https://www.ectc.edu/o/ectc/page/applications-residency-forms>
 - ☐ Two (2) Forms of Florida Residency Documentation
- ☐ 2026–2027 FAFSA Completed (www.studentaid.gov)

Program Specific Requirements

- ☐ TEAS Exam (must be taken within the last 2 years) - \$70.00 non-refundable fee
- ☐ Copy of Practical Nursing (LPN) License (include number, issue date, expiration date)
- ☐ IV Therapy Certification Transcript (include dates and provider name/location)
- ☐ American Heart Association Basic Life Support (BLS) Card (include expiration date)
- ☐ Employment Verification Form
- ☐ Experience Documentation Form
- ☐ Two (2) References



Email to: jonesl@walton.k12.fl.us

LPN License

It is mandatory that each student show proof of a Florida LPN License as a requirement of the program. Students are expected to present an unencumbered state of Florida LPN licensure with issued date as well as expiration date.

Professional Nursing (LPN-RN) Employment Verification Form



761 N. 20th Street DeFuniak Springs, FL 32433 www.ectc.edu

Complete and E-mail form to jonesl@walton.k12.fl.us as part of your application.

Applicant First Name: _____ Applicant Last Name: _____

Date of Birth: ____/____/____ Street Address: _____

City: _____ State: _____ Zip Code: _____

☐ I grant permission for disclosure of this information.

☐ I waive my right to see the information in this Employment Verification Form.

Applicant Signature: _____ Date signed: ____/____/____

Please have a current medical employer send the Employment Verification Form directly to ECTC at the email or address above, Attention: LPN-RN Admissions

Please PRINT your responses.

Employer (Facility) Name: _____

Employer Street Address: _____ City: _____ Zip: _____

Type of Facility: ☐ Acute ☐ Long-Term Care (LTC) ☐ Assisted Living (ALF) ☐ Rehab ☐ Clinic ☐ Other

Person Completing Form – First Name: _____ Last Name: _____

Contact Information – Phone: _____ Email: _____

Relationship to Applicant: ☐ Current Employer ☐ Supervisor/Management ☐ Human Resources

Please provide the following regarding the applicant's employability:

First day worked: ____/____/____ AND Last day worked: ____/____/____ or ☐ Presently employed.

Eligible for rehire at your facility: ☐ Yes ☐ No

Number of days tardy or absent in the last 90 days _____.

Are there any disciplinary concerns about the applicant on file? (please describe)

Use an additional sheet for any further information.

This information is true to the best of my knowledge.

Employer Verification Signature: _____ Date signed: ____/____/____

Print Name: _____ Position/Title: _____



Professional Nursing (LPN-RN) Experience Documentation Form

Complete and return form to jonesl@walton.k12.fl.us as part of your application.

First Name: _____ Last Name: _____ Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please PRINT your responses.

Please document all current experience and employment as an LPN in any state; any employment as a healthcare worker or LPN in the last 5 years; or any volunteer experience in healthcare starting from most recent to oldest (use back side of paper if more space is needed):

Position	Facility - Department	Address	Start Date (MO/YR)	End Date (MO/YR)
<i>Sample – Staff LPN</i>	<i>ABC Hospital – 4 West PCU</i>	<i>761 N. 20th Street DeFuniak Springs, FL 32433</i>	<i>09/2026</i>	<i>present</i>

This information is true to the best of my knowledge.

Applicant Signature: _____

Date signed: ____/____/____



Professional Nursing (LPN-RN) Reference Form (2 required)

761 N. 20th Street DeFuniak Springs, FL 32433 (Attention: LPN-RN Program)

Send to: Mrs. Lisa Jones, jonesl@walton.k12.fl.us (Subject: LPN-RN Program)

Applicant First Name: _____ Applicant Last Name: _____

Date of Birth: ____/____/____ Street Address _____

City: _____ State: _____ Zip Code: _____

☐ I grant permission for disclosure of this information.

☐ I waive my right to see the information in this recommendation.

Applicant Signature: _____ Date signed: ____/____/____

Please have references send the Form directly to ECTC at the email or address above

Attention: Professional Nursing LPN-RN Admissions

For graduates from the previous five (5) years, one reference must be from the Health Science Director, Department Chair, or Nursing Instructor. The other reference must be from an employer.

Please PRINT your responses.

Reference First Name: _____ Last Name: _____

Contact Information – Phone: _____ Email: _____

Facility: _____ How long have you known the applicant? _____

☐ Current Employer/Supervisor/HR ☐ Previous HS Department Chair, Director, or Nursing Instructor

Please indicate with a mark on each line, where the applicant would fall between each of the following word pairs:

←	Apathetic	Interested	→
←	Tardy	Punctual	→
←	Shy	Outgoing	→
←	Easy-going	Detail-oriented	→
←	Needs direction	Self-directed	→
←	Follower	Innovator	→
←	Status quo	Advocate	→

Please indicate two of the applicant's star qualities and two focus areas and why:

Star qualities: _____

Focus areas: _____

Please provide the following regarding the applicant's employability:

Number of days tardy or absent in the last 90 days _____.

Number of patients cared for in a typical shift _____.

Are there any concerns about the applicant following facility policies and procedures?

Use an additional sheet for any further information.

*** = I have NO Reservations – this applicant would do great!

** = The applicant would do well with some reservations.

* = I have serious concerns if the applicant would be successful
and would not recommend at this time.

Please provide a Star Rating using the guide above (1-3) _____

This information is true to the best of my knowledge.

Reference Signature: _____

Date signed: ____/____/____

Print Name: _____ Position/Title: _____



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Date signed: ____/____/____

Print Name: _____ Position/Title: _____