

Professional Nursing (LPN-RN)

2026 Cohort

Application Process

Applications accepted beginning Immediately

Application Deadline is 2:00 p.m. July 23, 2026

- Physical and immunizations will be due at Orientation

TEAS Exam (In person at RTC only) will be given July 27 or 29, 2026

Interviews will be held August 5 & 6, 2026

Orientation will be held on August 17, 2026

(only top applicants will be interviewed)

Class will begin September 1, 2026

Class will end August 27, 2027

Topics in this Packet

- General information
- Attendance policy
- Program costs
- Criminal history information
- Admission requirements
- Application process and checklist
- Selection process
- Post-selection process

GENERAL INFORMATION

The Professional Nursing (LPN to RN) program is a 900-hour program, 12-month program that begins in September and completes in August. Classroom instruction will be at RIVEROAK Technical College, located at 415 SW Pinewood Drive, Live Oak, Florida. Clinical Instruction will be at the following institutions: HCA, Suwannee County Health Department, Lake City Healthcare and Rehabilitation and Honey Lake Clinic. Other clinical facilities not mentioned may be utilized. Clinical instruction will include Nursing Transitions, Concepts of Geriatrics and Pharmacology in Nursing, Psychiatric Nursing, Medical Nursing, Surgical Nursing, Pediatric Nursing, Obstetric Nursing, and Professional Nursing.

STUDENTS WILL BE EXPECTED TO PROVIDE THEIR OWN TRANSPORTATION TO AND FROM CLINICAL SITES.

ATTENDANCE POLICY

RIVEROAK Technical College, in accordance with the State Board of Nursing, requires Professional Nursing (LPN to RN) Students to complete 900 hours of instruction and training. Excess absences (over allowed hours per handbook) for any reason, will result in the student being removed from the program. The Professional Nursing (LPN to RN) Handbook supersedes any information given in this packet.

Due to the strict attendance policy, students are urged to have back-up baby sitter and alternate means of transportation.

PROGRAM COSTS

The total cost of the program is approximately \$7,766.20 (NOTE: Cost of the program is subject to change from year to year). A deposit of approximately \$1441.70, which includes the purchase of uniforms, textbooks, and supplies will be due by end of 2nd week of class (September 16, 2026). Tuition is due each term as mandated by the State Legislature. Student must meet with the financial aid specialist to set up a payment plan for the remaining balance. This is due from students who do not qualify for the PELL grant.

Upon Completion of the program, students are required to take the state licensure exam. The NCLEX-PN cost is \$404.00 and is included in Term 3 fees.

STEP 1-ADMISSION REQUIREMENTS

- TEAS Exam (must have cumulative score of at least 60%)
- At least 18 years of age.
- Standard high school diploma or high school diploma through the GED program. Diplomas will not be accepted from non-accredited sources.
- Current, unencumbered, active Florida LPN license
- Current up to date American Heart Association Basic Life Support (BLS) certificate.
- Proof of 30-hour IV certification course.
- Proof of 1 year of LPN experience.

STEP 2-APPLICATION PROCESS AND CHECKLIST

Applications will be accepted in the RIVEROAK Technical College's Student Services office.

The Deadline for applications is 2:00 p.m. on July 23, 2026.

Mailed applications received after this date and time will not be accepted.

Applications must include the following items:

- ___ Completed RIVEROAK Technical College application form.
- ___ Submitted \$50.00 non-refundable application fee.
- ___ TEAS Exam \$75.00.
- ___ High School transcripts.
- ___ Transcripts from your Practical Nursing program.
- ___ Copy of LPN license.
- ___ Copy of 30 hr. IV certification course
- ___ Two (2) proofs of Florida residency form (see the RTC application).
- ___ Copy of Birth Certificate.
- ___ Copy of Social Security Card.
- ___ Copy(s) of certificate/transcript if needed for bonus points (**copy of license in not considered documentation**).
- ___ Employment verification on provided form.
- ___ Two reference forms on provided form.

IT IS THE APPLICANT’S RESPONSIBILITY TO PROVIDE ALL DOCUMENTATION.

STEP 3- THE SELECTION PROCESS

The Allied Health Committee will use the following criteria to determine eligibility of applicants for acceptance into the program. Documentation must be received by application deadline. Points are awarded in the following areas:

❖ 1. WORK EXPERIENCE	Maximum points: 2
Work as LPN (Must provide a letter verifying employment.)	
➤ 1 to 5 years	1 point
➤ 6 or more years	2 points
❖ 2. TEAS scores	Maximum points: 3
➤ 60%-69%	1 point
➤ 70%-79%	2 points
➤ 80% or above	3 points
❖ 3. INTERVIEW	Maximum points: 5
➤ To be scheduled in August.	
➤ Points awarded derived from panelist average.	
❖ 4. BONUS POINTS	Maximum points: 6
➤ AA Degree or BS Degree	2 Points
➤ U.S. Veteran	2 Points
➤ Reference Letters	2 points

IT IS THE APPLICANT’S RESPONSIBILITY TO PROVIDE ALL DOCUMENTATION.

STEP 3 Continued...

Applicants will be ranked according to points earned and will be notified in writing in August regarding acceptance. Do not assume you are accepted until you receive an acceptance letter. In case of a tie, the earliest application date will have priority.

- ❖ All decisions by the selection committee are final. Points assigned are non-negotiable. NOTE: Most applicants not selected are due to low point values on the TEAS or interview.
- ❖ To accept a position in the Professional (LPN to RN) Nursing program, you must attend the mandatory orientation in August and pay the required fees.

STEP 4 POST-SELECTION PROCESS

- ❖ **August- Orientation**
 - Mandatory for all selected students and alternates.
 - Deposit of \$1441.70 due by the end of 2nd week of class (September 16, 2026), excluding alternates. (If not PELL eligible)
 - The following must be submitted to the Nursing department by the first day of class:
 - **Immunization Record and Titers**
 - Varicella Titer
 - Hep B series (started and completed)
 - MMR and update Tdap
 - PPD (TB skin test) within 6 weeks of program start date
 - **Physical Examination**
 - Must have been completed within one year of entry into the program
 - **Technical Standards Form**
 - Signed by physician upon acceptance to program
 - **Level 2 background check** (\$93). Must be paid by cash, money order, or credit card. Pay RIVEROAK bookkeeper at orientation. ***Please be aware that some convictions may prevent you from entering the program. See list below.***
 - **Drug Testing** (\$50). Must pass a mandatory drug test if the student does not pass the drug screening, immediate dismissal from the program will occur. Must be paid by cash, money order, or credit card. Pay RIVEROAK bookkeeper at orientation.
 - **Health Insurance**
 - Proof of personal health insurance
 - Must be submitted on the 1st day of class

Criminal History that would deny admission or cause immediate dismissal from the program.

According to 464.018 (1) Florida Statute, the following acts constitute grounds for denial of a license or disciplinary action. Accordingly, being found guilty, regardless of adjudication, of any of the following offenses will result in denial of admission into nursing related programs or immediate dismissal from these programs:

Having been found guilty of, regardless of adjudication, or entered a plea of nolo contendere to or guilty to, any offense prohibited under 435.03 Florida Statute or under any similar statute of another jurisdiction; or having committed an act constitutes domestic violence as defined in 741.28 Florida Statutes.

<u>Chapter</u>	<u>Offenses</u>
39	Relating to child abuse, abandonment, and neglect
415	Relating to protection from abuse, neglect, and exploitation
776	A forcible felony
782	Relating to murder and homicide
784	Relating to assault, battery, and culpable negligence
787	Relating to kidnapping and false imprisonment
794	Relating to sexual battery
796	Relating to prostitution
798	Relating to lewd and lascivious behavior
800	Relating to lewdness and indecent exposure
806	Relating to arson
812	Relating to theft, robbery, and related crimes
825	Relating to aggravated abuse
826	Relating to incest
827	Relating to child abuse
847	Relating to obscene literature

NOTE: DUI convictions may also exclude a candidate from admission into nursing related programs.

IMPORTANT NOTICE: Pursuant to Section 446.0635, Florida Statutes, health care boards or the department shall refuse to issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant has been convicted, plead guilty or nolo contendere to a felony violation of:

<u>Chapter</u>	<u>Offenses</u>
409	Medicaid fraud relating to protection from abuse, neglect, and exploitation
817	Relating to fraudulent practices
893	Engaging or attempting to engage in the possession, sale, or distribution of controlled substances

MMR – 2 Doses (Measles, Mumps, and Rubella)

Vaccination Date:

Vaccination Date:

**If unable to document immunity through past vaccinations or through titer, please complete the following vaccinations:

Rubeola (Measles) 2 doses at least 30 days apart Date: _____ Date: _____

Rubella (German Measles) 1 dose Date: _____

Titer: Rubeola (Measles) Date: _____ Level: _____

Titer: Rubella (German Measles) Date: _____ Level: _____

VARICELLA (Chicken Pox)

Vaccination Dates Date: _____ Date: _____

History of chickenpox [] Yes [] No Date: _____

*Must have proof of two vaccinations or positive titer.

Titer: Date: _____ Results: _____

*If titer is negative or no proof of vaccines, 2 doses of varicella vaccine are required. Date: _____ Date: _____

TD/TDAP – (Tetanus, Diphtheria & Pertussis) (within last 10 years)

PPD – Tuberculosis Test (within past 6 weeks)

Date:

Results:

Vaccination Date:

*If TB skin test is positive, a chest X-Ray must be done. Attach results.

HEPATITIS B – 3 Doses

Date:

Date:

Date:

*Applicant may choose to have a titer completed. Vaccine recommended if titer does not show immunity.

Titer Date: _____ Results: _____

*If no immunity to Hepatitis B, signature required.

I UNDERSTAND THAT DUE TO MY OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS, I MAY BE AT RISK OF ACQUIRING HEPATITIS B VIRUS (HBV) INFECTION. HOWEVER, I DECLINE THE HEPATITIS B VACCINATION AT THIS TIME. I UNDERSTAND THAT BY DECLINING THIS VACCINE, I CONTINUE TO BE AT RISK OF ACQUIRING HEPATITIS B, A SERIOUS AND POTENTIALLY LIFE-THREATENING DISEASE.

Student Signature (If declining)

Date

I certify that the above tests and/or vaccinations were performed in this office or laboratory, or have been verified from immunization or medical records.

Physician or Nurse Practitioner

Date

Phone



Professional Nursing (LPN to RN) Employment Verification Form

Applicant Last Name: _____ Applicant First Name: _____

Date of Birth: ___/___/___

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please check the following and sign:

I grant permission for disclosure of the following information.

I waive my right to see the information on the form.

Applicant Signature: _____ Date signed: ___/___/___

Please have employers you have an had for the last year to complete the Employment Verification Form and return in sealed envelope. If you have any questions, please call 386-647-4233.

Facility Name: _____

Facility Address: _____ City: _____ Zip: _____

Type of Facility: _____

Person Completing Form and Title: _____

Contact Information: Phone: _____ Email: _____

First Day Worked: ___/___/___ AND Last Day Worked: ___/___/___ Or ___ Presently Employed

Eligible for Rehire: ___ yes OR ___ no

Number of days tardy or absent from work in last 90 days: _____

Were there any disciplinary concerns while applicant was employed? (please describe)

Please attach additional page if needed.

This information is true to the best of my knowledge.

Employer Signature: _____ Date: _____

Print Name and Title: _____



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

Applicant Last Name: _____ Applicant First Name: _____

Please check the following and sign:

____ I grant permission for disclosure of the following information.

____ I waive my right to see the information disclosed on the form.

Applicant Signature: _____ Date Signed: ____/____/____

Please have reference fill out the Reference Form and return in a sealed envelope. For questions, please call 386-647-4233.

Reference First Name: _____ Last Name: _____

Contact Information- Phone: _____ Email: _____

Facility: _____ Title: _____

Relationship to applicant? _____ How long have you known applicant? _____

Please describe the applicant as a nurse in terms of employability? (Attendance, skills, following procedures and protocol, interaction with patients)

Describe a time you have seen applicant go above and beyond for their patient.

Describe one weakness or area of focus that applicant could grow in as a nurse.

Do you have any concerns with applicant as a nurse? (please describe)

Would you recommend this applicant for a fast-paced RN program? (please circle one of the following)

- 1- No reservations. Believe applicant will do great.
- 2- Some reservations but believe they can be successful.
- 3- Serious concerns if applicant will be successful.

This information is true to the best of my knowledge.

Reference signature: _____ Date: __/__/__



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

Applicant Last Name: _____ Applicant First Name: _____

Please check the following and sign:

____ I grant permission for disclosure of the following information.

____ I waive my right to see the information disclosed on the form.

Applicant Signature: _____ Date Signed: ____/____/____

Please have reference fill out the Reference Form and return in a sealed envelope. For questions, please call 386-647-4233.

Reference First Name: _____ Last Name: _____

Contact Information- Phone: _____ Email: _____

Facility: _____ Title: _____

Relationship to applicant? _____ How long have you known applicant? _____

Please describe the applicant as a nurse in terms of employability? (Attendance, skills, following procedures and protocol, interaction with patients)

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