2027 Practical Nursing Program
Guidelines for Admission and Application Packet

Submission Information

All applications must be submitted to:

Treasure Coast Technical College
Practical Nursing Program
4680 28th Court
Vero Beach, FL 32967
https://tctc.indianriverschools.org

Introduction

The Treasure Coast Technical College Practical Nursing Program is a non-profit program that functions under the umbrella of the School District of Indian River County. It is approved by two State agencies: The Florida Department of Education and the Florida State Board of Nursing. The program prepares students academically and clinically to secure state licensure as a practical nurse. The Treasure Coast Technical College is accredited by the Council for Occupational Education (COE).

Our Mission

Treasure Coast Technical College is committed to providing high-quality career and technical training opportunities that benefit students and the community.

Our Vision

To empower and educate all students with college and career readiness skills.

Practical Nurse Role Overview

Practical Nurses are trained to perform both simple and complex treatments. They help care for sick and injured people in hospitals, clinics, long-term care facilities, physicians' offices, private homes, and other similar medical settings. Practical Nurses work under the direction of physicians and registered nurses.

Practical Nursing Program Description

The Practical Nursing Program (PN) offered by the Treasure Coast Technical College is a certificate program. Earning the practical nursing certificate allows students to apply for the National Council Licensure Examination for Practical Nurses (NCLEX-PN). Students receive an outstanding foundation in nursing, including intensive classroom instruction and supervised clinical experiences in local health agencies.

PN program is a year-long program, during daytime hours, with students attending classes approximately 35 hours per week. The actual schedule of clinical experiences may vary per the assignments at cooperating healthcare facilities and may include evening hours. The Practical Nursing Program is offered at the Treasure Coast Technical College main campus.

About the Faculty

The instructors are qualified and meet the Florida Board of Nursing and Florida Department of Education requirements for teaching in a program for practical nursing students. The instructors believe that each student has the potential to learn, and they strive to accommodate individual differences and learning styles while recognizing that success will be highly dependent upon individual motivation and commitment. With guidance and direction from the instructors and clinical supervisors, the application of adult learning principles enables the student to assimilate information and apply it professionally and ethically in a patient setting.

APPLICATION CHECKLIST

Step 1: Initial Requirements – make sure you meet the requirements

Applicants must:

1. Be at least 18 years of age.
2. Visit the Practical Nursing Program website and review all information: https://tctc.indianriverschools.org.
3. Register and take the CASAS Goals Series for Reading and Math tests at Treasure Coast Technical College.
    - This is a test of basic skills and is required as an exit exam for programs exceeding 450 hours by the Florida Department of Education. *(See page 5 for exemptions)*.
    - This exam is **not** an entrance exam.
    - It is *recommended* that you take this exam before scheduling the TEAS 7 Exam unless you have an exemption. *(See page 5 for exemptions)*.
    - The cost of the CASAS Test is $20. The test may be taken up to 3 times in one year.

- Exemptions to the CASAS test per Florida Statute §1004.91. *See page 5*.

Step 2: TEAS 7 Entrance Exam (Due by October 31) – once the above requirements are met

Schedule an appointment through the front office to take the TEAS 7 Entrance Exam at the Treasure Coast Technical College. **Please see pages 24-26 of this application** for information on the TEAS 7 entrance exam or visit https://atitesting.com/teas/compare-prep for information on the exam and prep packages.

- Cost of the exam is $110 - the fee is non-refundable.
- Applicants can take the exam one time each year.

Step 3: Application Submission (after passing TEAS 7 with a score in the "proficient" range)

1. Complete, sign, and submit the Practical Nursing Program Application (included in this booklet) and a processing fee of $35 at the main office.

   Include copies of the following:

   - Driver's license.
   - High school diploma or GED.
   - Documents for Florida Residency if you have been a resident of Florida for one year or more).

2. Have official high school transcripts (with graduation posted) or GED with test scores forwarded to:

   Treasure Coast Technical College
   Practical Nursing Program
   4680 28th Court
   Vero Beach, FL 32967

3. Submit copies of any current medical certifications (e.g., CNA, MA, etc.).
4. Schedule an admissions interview with the Director of Nursing at **772-564-6253**
5. Submit **three (3) letters of recommendation** (the form is included in this booklet). Letters may be submitted in person, by email to **Leslie.Merritts@indianriverschools.org**, or by mail to the Practical Nursing Program. **All three (3) Letters of recommendation are required to be submitted no later than the time of the interview**.
6. Once you have completed the interview, you will receive a letter stating your acceptance status.

After Acceptance

Accepted applicants must:

1. Attend the mandatory scheduled orientation on **November 17, 2026**.
2. Pay the tuition deposit to hold your place in the program by **November 17, 2026**.
3. Pay fees for background check and drug screen by **November 17, 2026**.
4. Complete the background check and drug screening by **December 4, 2026**.

- Applicants who are not accepted may apply again another year. Another TEAS test will be required.

NOTE: The cost of tuition is based on residency for the state of Florida for a period of one year by the start of the program. Out-of-state tuition is significantly higher. Documentation for in-state tuition is required. If you have questions about your residency, the staff at the main office can help you determine eligibility.

Basic Skills Exam Exemptions

(Florida Statute 1004.91) – requirement for career and technical education programs.

Students who enroll in a Career and Technical Education (CTE) program of 450 credit hours or more must complete a basic skills exam for the designated program.

Each CTE program requires specific scores. These scores must be met for the student to receive a certificate of completion.

There are exemptions to this requirement (listed below). If a student meets one of the applicable exemptions below, please indicate in the appropriate section **(documentation must be provided).**

Students must meet one (or more) of the exemptions below:

- Possess a college degree at the associate of applied science level or higher.
- Demonstrate readiness for public postsecondary education (FDOE approved testing).
- Entered 9th grade in a Florida public school in the 2003-2004 school year or later, and earned a Florida standard high school diploma, graduated in 2007 or any year thereafter (passed the 2014 version).
- Serving as an active-duty member of any branch of the U.S. Armed Services.
- Enrolled in an apprenticeship program registered with the Florida Department of Education.
- Pass a state or national industry certification licensure examination identified in the State Board of Education rules and aligned to the CTE program in which the student is enrolled (at the end of the program).

  Programs that require an exam or an exemption:

  - Baking and Pastry Arts
  - HVAC/R
  - Medical Assisting
  - Patient Care Technician
  - Practical Nursing
  - Professional Culinary Arts
  - Welding Technology

Note: This exam is a State of Florida Requirement for many programs and **DOES NOT** replace the TEAS 7 Entrance Exam for Practical Nursing.

Applicant Review

Consideration for admission into the Practical Nursing Program will be based on review of all submitted documents, and entrance test scores. **No documentation will be considered after the application deadline date of October 31 preceding the year for which you are applying**. Each applicant who qualifies on the entrance exam should call to schedule an interview with the practical nursing faculty.

Program Acceptance

Primary acceptance into the program will be acknowledged by letter or email. Final acceptance into the program is based upon satisfactory results from the physical examination, drug screen, and background check.

Substance Use/Abuse Policy

Each applicant is subject to a drug screen at the time of provisional acceptance. Results must be negative for applicants to be eligible for entrance into the Practical Nursing Program. Any applicant who holds another certification or license in the healthcare field could be reported to their state board for a positive drug test. Random drug tests may be required throughout the program by the program director, or by clinical facility administration.

Class Schedule and Attendance

The students admitted to the full-time Practical Nursing Program will attend classes on an eleven-month schedule. Students attend classes and clinicals approximately 35 hours per week and can expect an additional ten or more hours of homework each week. Attendance is required at all class and clinical sessions. Classes are held Monday through Friday, 8:00 a.m. – 3:00 p.m. Clinical days and times will vary, but begin at 6:45 a.m. and end at 3:15 p.m. In addition to the scheduled class periods, students will be assigned to complete the specified number of independent assignments during the program by the faculty. Some class assignments may be scheduled online through a web-based service. Attendance and participation are required for web-based assignments. Assignment deadlines and exams are due according to the syllabus for web-based assignments. Students are expected to have access to internet services and a computer or tablet with a microphone and camera. A touchscreen is recommended. Tablets and internet in the home setting are not provided by TCTC. Tablets for use in school are provided.

Background Checks

All students who are accepted into the practical nursing program will be required to undergo a background check. Some criminal offenses may affect a student's ability to sit for the state board exams. Speak with the Director of Nursing if you have questions regarding prior offenses. **The Treasure Coast Technical College holds no responsibility if a student is unable to sit for the NCLEX-PN exam due to a prior record.** The Florida Board of Nursing will not issue a nursing license to anyone who has had a Felony conviction in the last 15 years or a previous charge of child abuse, elder abuse, or fraud. There are no exceptions.

Health Insurance

It is strongly recommended that each student sign up for a basic healthcare policy if they currently do not have one, as some clinical sites will require proof of insurance. You can sign up for a low-cost or even zero-cost policy at www.healthcare.gov **between November 1, 2026, and January 15, 2027.** (Check the healthcare.gov website frequently for possible changes in open enrollment.) The Treasure Coast Technical College is not responsible if a student is unable to experience the clinicals that are required to meet the standards of the program due to lack of a basic health insurance policy.

Treasure Coast Technical College

2027 Practical Nursing Program Application

Applicant Name: _____ _____ _____ _____
Last First Middle Maiden

Mailing Address: _____ _____ _____ _____
Number & Street City State Zip

Daytime Phone: ( ) _____ **Cell Phone:** ( ) _____

Email Address: _____

U.S. Citizen: Yes ❒ No ❒

If no, type of visa: Resident ❒ Student ❒ Alien Registration Number: _____

Emergency Contact: _____ _____
Name Relationship

_____ ( ) _____
Address Phone with Area Code

Educational History

List all schools/colleges/universities you have attended, regardless of whether credit or degree was earned. **Official Transcripts MUST be submitted for each school/college/university listed below**.

School/College/University	City	State	Academic Year From / To	Graduated	Degree Earned	Major
			/			
			/			
			/			
			/			

Employment History

Please provide a minimum of the ***most recent 5-years*** employment history. Attach additional pages if needed.

	Employer Name & Address	Dates of Employment From / To	Job Title	Nature of Duties	Reason for Leaving
Current					
	Employer Name & Address	**Dates of Employment From / To**	**Job Title**	**Nature of Duties**	**Reason for Leaving**
1st Previous					
	Employer Name & Address	**Dates of Employment From / To**	**Job Title**	**Nature of Duties**	**Reason for Leaving**
2nd Previous					
	Employer Name & Address	**Dates of Employment From / To**	**Job Title**	**Nature of Duties**	**Reason for Leaving**
3rd Previous					

Criminal History

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. (If yes, please provide details on a separate sheet. A criminal records check is required prior to acceptance into the Practical Nursing Program. A conviction may prevent a graduate from obtaining a nursing license.) **Any applicant who checks "no" and is later found to have a criminal record will automatically be disqualified from the program**. If you have questions about your background, you may speak confidentially with the Director of Nursing. The Florida Board of Nursing determines final eligibility to take the industry certification exam (NCLEX-PN), and the Treasure Coast Technical College Practical Nursing program in no way can guarantee that a student with a criminal background will be eligible. See the next page for more information.

Yes ❒ **No ❒**

Criminal History Statement - Prospective Nursing Applicant

Individuals who are considering entering the nursing profession and who may have a criminal history often ask about potential barriers to licensure following successful completion of an approved nursing program. While it would be beneficial to know this prior to deciding to enter the program, obtaining the information is not possible under current Florida law.

The Board of Nursing makes decisions about licensure based upon several questions on the licensure application and on an individual basis. The application (or background screening) that indicates a criminal history is considered a non-routine application and must be reviewed by the board staff and referred to the Board of Nursing.

Each application is reviewed on its own merits. The Board of Nursing has created guidelines for specific offenses to be cleared in the board office. The Treasure Coast Technical College staff cannot make determinations in advance as laws and rules do change over time. Violent crimes and repeat offenses are required to be presented to the Board of Nursing for review. Evidence of rehabilitation is important to the Board Members when making licensure decisions.

The only permanent barrier to licensure in Florida is not having your civil rights. Some felony convictions cause a person's civil rights to be taken away. The applicant is required to send documentation of restoration of civil rights at the time of application for licensure.

The Board may issue a license under conditions such as probation, supervision, or additional education, or the Board may deny your application. If drugs or alcohol are a concern, the Board may require the applicant to undergo an evaluation and to sign a contract with the Intervention Project for Nurses.

Clinical facilities may limit or prohibit students with criminal histories from participating in clinical experiences. Other options may not exist for the student to complete required clinical hours to obtain a nursing license; thus, such a student may not be eligible for licensure in Florida.

The licensure application requires disclosure of any criminal history and the disposition of all cases prior to Board review. Entry into the nursing education program is the prospective student's decision based upon the knowledge that he/she may, or may not, be granted a nursing license. All the above factors should be taken into consideration prior to a decision regarding a nursing career.

Applicant's Signature: _____ **Date:** _____

Print Name: _____

Mental Health History Statement - Prospective Nursing Applicant

Individuals with a history of mental health illness who are considering entering the nursing profession must be aware that this history must be disclosed on the application form from the Florida Board of Nursing for the NCLEX-PN exam. The Florida Board of Nursing may review the history of involuntary hospitalization and mental health illnesses. It is a determination of the Florida Board of Nursing, or the Board of Nursing in any other state if the individual can proceed with the application to take the NCLEX-PN licensure examination. The Treasure Coast Technical College can in no way make such a determination. The Treasure Coast Technical College is in no way responsible for any denials by the Board of Nursing in any state to allow scheduling for the NCLEX-PN licensure examination.

Applicant's Signature: _____ **Date:** _____

Print Name: _____

Core Performance Standards for Admission and Progression*

Nursing involves the provision of direct care for individuals and is characterized by the application of knowledge in the skillful performance of nursing functions. Therefore, to be considered for admission or be retained in the program after admission, all students must be able to demonstrate the following abilities.

Issues	Standard	Examples of Necessary Activities (not all inclusive)
Critical Thinking/ Coping	Critical thinking ability sufficient for clinical judgment. Ability to make fast decisions in stressful situations in a professional manner. Mental stability as evidenced by sound decision making and stable behavior.	Identify cause-effect relationships in clinical situations, develop nursing care plans and display good coping mechanisms.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.	Establish report with patient/clients and colleagues.
Communication	Communication abilities sufficient for interaction with others in verbal and written form.	Explain treatment procedures, initiate health teaching, document and interpret nursing actions and patient/client responses.
Mobility	Physical abilities are sufficient to move from room to room and maneuver in small spaces.	Move around in patient rooms, workspaces, and treatment areas; administer cardiopulmonary procedures
Motor Skills	Gross and fine motor abilities are sufficient to provide safe and effective nursing care.	Calibrate and use equipment; position patients/clients.
Hearing	Auditory ability is sufficient to monitor and assess health needs.	Hear blood pressure accurately, hear alarms, emergency signals, auscultatory sounds, and a cry for help.
Visual	Visual ability is sufficient for observation and assessment necessary in nursing care.	Observe patient/client responses. Prepare and administer medication accurately. Chart and document patient care.
Tactile	Tactile ability is sufficient for physical assessment.	Perform palpation, function of physical examination and/or those related to therapeutic intervention, e.g. sense temperature changes, assess peripheral pulses, and insert a catheter.
Strength/Stamina	Sufficient stamina to provide patient care and related responsibilities for extended periods of time (8-12 hours).	Adapt to shift work. Lift without restrictions, from standing position.

***Adapted from the Board of Directors of the Southern Council on Collegiate Education for Nursing (SCCEN) guidelines for Nursing Education programs.**

Applicant's Signature: _____ **Date:** _____

- The Treasure Coast Technical College does not discriminate against students with disabilities and will try to accommodate all students who wish to pursue a career in nursing. If an applicant has an open workers' compensation claim, our clinical affiliates will not permit the student to perform Clinicals at their facility. For this reason, a student who falls under this category will not be admitted to the practical nursing program. The applicant may apply once a physician has given notice that the claim is resolved and the case is closed.
- There is no "light duty" assignment for students for any reason, other than a brief, temporary status. Our clinical affiliates do not allow patient care for any personnel who have physician-ordered "light duty". TCTC will try to accommodate injuries, illnesses, and other unexpected situations, but there is no substitute for the clinical learning experience.
- The Florida Board of Nursing reserves the right to deny nursing school graduates to apply for the NCLEX-PN exam if the applicant has a history of psychiatric illness. Any applicant who has had a recent involuntary hospitalization for a psychiatric illness or signs of illness that indicate the student may be unable to provide safe nursing care will be denied entry to the program.

Should any of these essential functions be impossible for you to perform, it will be necessary for you to consider another program. If equipment could compensate for your non-compliance with the essential functions, it is your responsibility to purchase this equipment (e.g., electronically enhanced stethoscopes, hearing aids or other adaptive devices).

Health Requirements for Practical Nursing - Prospective Nursing Applicant

Before entrance: **On acceptance into the program, you** will receive a Health & Physical form to be completed by a health care practitioner, and you will need documentation for the following requirements:

1. Statement of good mental and physical health as attested to by a Florida licensed M.D., D.O. or A.R.N.P.
2. Records of immunizations are as follows: (There are no exemptions for immunizations, per our clinical contracts with participating facilities.)
    a. Tetanus-within the last 10 years.
    b. MMR (Measles, Mumps, Rubella - must have written verification of two immunizations after 1968 or a positive titer to show immunity.
    c. Varicella (Chickenpox): You must provide proof of 2 immunizations either by immunization records or a positive varicella titer.
    d. Influenza vaccination is required by all clinical affiliates. Our Clinical Contracts require seasonal flu immunization. **If you are not willing or able to obtain a yearly seasonal influenza immunization, you will not be able to be a participant in the Practical Nursing Program. There are no exceptions. Clinical sites do not offer exemptions to students.**
    e. Every student will be required to have a PPD tuberculin test, or a QuantiFERON-TB Gold blood test (QFT-G). For applicants who have a positive test, a yearly chest X-Ray within the last six months is required.

f. Hepatitis B Vaccination - The school highly recommends that you receive immunization against Hepatitis B. If, upon admission to the program, you choose not to be immunized for Hepatitis B, you must sign a letter documenting such for your student file.
g. For students providing titers, low titer results may require the student to receive booster immunizations.

3. The physical form requires that a physician or qualified practitioner verify that students do not take any medications that would affect patient safety or student judgment in a clinical setting. Certain medications cause impairment, even with a legitimate prescription.

4. It is strongly recommended that each student sign up for a basic healthcare policy if they currently do not have one, as some clinical sites will require proof of health insurance. You can sign up for a low-cost or even zero-cost policy at www.healthcare.gov **between the dates of November 1, 2026, and January 15, 2027.** The Treasure Coast Technical College is not responsible if a student is unable to experience the clinicals that are required to meet the standards of the program due to lack of a basic health insurance policy.

Personal Statement

I certify to the best of my knowledge that the statements made in this application and all subsequent forms are correct. I understand that withholding information or giving false information on any part of my application may make me ineligible for admission or may later subject me to dismissal. By signing and dating this application, I agree to abide by the policies and regulations of the Treasure Coast Technical College Practical Nursing Program.

Applicant's Signature - *Required* **Date**

---------- ***End of Application*** ----------

Recommendation forms

Three (3) recommendations are required before the date of your interview. If you have work history, recommendations from current or former supervisors, or from the person who is/was responsible for evaluating your performance is recommended. Some other recommendations you may wish to consider.

- **Recommendations from supervisors of volunteer work**
- **Former guidance counselors or teachers**
- **Former coaches or scout leaders**
- **One personal recommendation will be accepted, and this person should be unrelated to you. This may include friends, co-workers, or ministers and pastors**

Recommendations can be mailed, emailed, or personally delivered to Treasure Coast Technical College. *There is no fax service*.

Please use the recommendation forms on the following pages. The person recommending you must be willing to include their contact information. They may also wish to provide a formal letter of recommendation along with the form, and this is acceptable.

Email: **Leslie.Merritts@indianriverschools.org**

Mail: **Treasure Coast Technical College**
Practical Nursing Program
4680 28th Court
Vero Beach, FL 32967

RECOMMENDATION FORM – *3 are required*

PART 1 – TO BE COMPLETED BY APPLICANT

Applicant's Name: _____
Please Print

Program of Interest: **Practical Nursing**

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT:

❒ **I waive my rights of access to any information contained on this recommendation form.**

❒ **I do not waive my rights to access any information contained on this recommendation form.**

I understand that this recommendation is valid for one year from the date of its submission to Treasure Coast Technical College

_____ _____
Applicant's Signature - *Required* **Date**

PART 2 – TO BE COMPLETED BY THE APPLICANT'S REFERENCE PROVIDER – *please print*

Name: _____

Address: _____

_____

Agency or Business: _____

Position: _____

Telephone: **( )** _____ **( )** _____

Relationship to Applicant: _____

TO BE COMPLETED BY THE APPLICANT'S REFERENCE PROVIDER

The above individual is applying for admission to the Practical Nursing Program at Treasure Coast Technical College. We value your comments and ask that you give a full and candid appraisal so that fair consideration may be given to the applicant. Pease circle the appropriate number.

5 = Outstanding 4 = Good 3 = Average 2 = Fair 1 = Poor 0 = No basis for evaluation

Academic Motivation	**5**	**4**	**3**	**2**	**1**	**0**	**Ability to cope with stress**	**5**	**4**	**3**	**2**	**1**	**0**
Attitude toward Authority	**5**	**4**	**3**	**2**	**1**	**0**	**Analytical & Problem-solving ability**	**5**	**4**	**3**	**2**	**1**	**0**
Adaptability to change	**5**	**4**	**3**	**2**	**1**	**0**	**Ability to work independently**	**5**	**4**	**3**	**2**	**1**	**0**

Organizational skills	**5**	**4**	**3**	**2**	**1**	**0**	**Ability to work with people**	**5**	**4**	**3**	**2**	**1**	**0**
Integrity	**5**	**4**	**3**	**2**	**1**	**0**	**Leadership Ability**	**5**	**4**	**3**	**2**	**1**	**0**
Dependability/Reliability	**5**	**4**	**3**	**2**	**1**	**0**	**Personal Appearance**	**5**	**4**	**3**	**2**	**1**	**0**
Emotional Maturity	**5**	**4**	**3**	**2**	**1**	**0**	**Ability to communicate effectively**	**5**	**4**	**3**	**2**	**1**	**0**
Attitude toward patients	**5**	**4**	**3**	**2**	**1**	**0**	**Attitude toward peers**	**5**	**4**	**3**	**2**	**1**	**0**
Ability to follow dress code	**5**	**4**	**3**	**2**	**1**	**0**	**Ability to follow policies**	**5**	**4**	**3**	**2**	**1**	**0**

CHECK ONE (1) box for each statement below.

➢ *Recommendations from friends and family are NOT permitted.*

I have known the applicant for:

- ❒ **Less than one-year**
- ❒ **1 – 3 years**
- ❒ **3 or more years**

My relationship with the applicant is/has been:

- ❒ **Employer/Supervisor**
- ❒ **Educator**
- ❒ **Counselor**
- ❒ **Other:** _____

My statement is:

- ❒ **I recommend the applicant without reservation.**
- ❒ **I recommend the applicant with reservations. *(Please explain)*:**
- ❒ **I cannot recommend the applicant at this time. *(Please explain*):**
- ❒ **I do not know enough about the applicant to provide a recommendation.**

SUMMARY

We invite additional comments and observations about the applicant. If the applicant is already functioning as a healthcare provider, comment on the individual's technical skills and professional knowledge base.

_____

_____

REFERENCE SIGNATURE

_____

Name of Reference (Print)

_____ _____

Signature of Reference **Date**

Thank you for completing this reference form. The applicant may be considered for admission when this complete recommendation form is returned to:

Treasure Coast Technical College
Practical Nursing Program
4680 18th Court
Vero Beach, FL 32967

(PAGE 2 OF 2)

Recommendation forms

Three (3) recommendations are required before the date of your interview. If you have work history, recommendations from current or former supervisors, or from the person who is/was responsible for evaluating your performance is recommended. Some other recommendations you may wish to consider.

- **Recommendations from supervisors of volunteer work**
- **Former guidance counselors or teachers**
- **Former coaches or scout leaders**
- **One personal recommendation will be accepted, and this person should be unrelated to you. This may include friends, co-workers, or ministers and pastors**

Recommendations can be mailed, emailed, or personally delivered to Treasure Coast Technical College. *There is no fax service*.

Please use the recommendation forms on the following pages. The person recommending you must be willing to include their contact information. They may also wish to provide a formal letter of recommendation along with the form, and this is acceptable.

Email: **Leslie.Merritts@indianriverschools.org**

Mail: **Treasure Coast Technical College**
Practical Nursing Program
4680 28th Court
Vero Beach, FL 32967

RECOMMENDATION FORM – *3 are required*

PART 1 – TO BE COMPLETED BY APPLICANT

Applicant's Name: _____
Please Print

Program of Interest: **Practical Nursing**

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT:

❒ **I waive my rights of access to any information contained on this recommendation form.**

❒ **I do not waive my rights to access any information contained on this recommendation form.**

I understand that this recommendation is valid for one year from the date of its submission to Treasure Coast Technical College

_____ _____
Applicant's Signature - ***Required*** **Date**

PART 2 – TO BE COMPLETED BY THE APPLICANT'S REFERENCE PROVIDER – ***please print***

Name: _____

Address: _____

_____

Agency or Business: _____

Position: _____

Telephone: **( )** _____ **( )** _____

Relationship to Applicant: _____

TO BE COMPLETED BY THE APPLICANT'S REFERENCE PROVIDER

The above individual is applying for admission to the Practical Nursing Program at Treasure Coast Technical College. We value your comments and ask that you give a full and candid appraisal so that fair consideration may be given to the applicant. Please circle the appropriate number.

5 = Outstanding 4 = Good 3 = Average 2 = Fair 1 = Poor 0 = No basis for evaluation

Academic Motivation	**5**	**4**	**3**	**2**	**1**	**0**	**Ability to cope with stress**	**5**	**4**	**3**	**2**	**1**	**0**
Attitude toward Authority	**5**	**4**	**3**	**2**	**1**	**0**	**Analytical & Problem-solving ability**	**5**	**4**	**3**	**2**	**1**	**0**

Adaptability to change	**5**	**4**	**3**	**2**	**1**	**0**	**Ability to work independently**	**5**	**4**	**3**	**2**	**1**	**0**
Organizational skills	**5**	**4**	**3**	**2**	**1**	**0**	**Ability to work with people**	**5**	**4**	**3**	**2**	**1**	**0**
Integrity	**5**	**4**	**3**	**2**	**1**	**0**	**Leadership Ability**	**5**	**4**	**3**	**2**	**1**	**0**
Dependability/Reliability	**5**	**4**	**3**	**2**	**1**	**0**	**Personal Appearance**	**5**	**4**	**3**	**2**	**1**	**0**
Emotional Maturity	**5**	**4**	**3**	**2**	**1**	**0**	**Ability to communicate effectively**	**5**	**4**	**3**	**2**	**1**	**0**
Attitude toward patients	**5**	**4**	**3**	**2**	**1**	**0**	**Attitude toward peers**	**5**	**4**	**3**	**2**	**1**	**0**
Ability to follow dress code	**5**	**4**	**3**	**2**	**1**	**0**	**Ability to follow policies**	**5**	**4**	**3**	**2**	**1**	**0**

CHECK ONE (1) box for each statement below.

➢ *Recommendations from friends and family are NOT permitted.*

I have known the applicant for:

- ❒ **Less than one-year**
- ❒ **1 – 3 years**
- ❒ **3 or more years**

My relationship with the applicant is/has been:

- ❒ **Employer/Supervisor**
- ❒ **Educator**
- ❒ **Counselor**
- ❒ **Other:** _____

My statement is:

- ❒ **I recommend the applicant without reservation.**
- ❒ **I recommend the applicant with reservations. *(Please explain)*:**
- ❒ **I cannot recommend the applicant at this time. *(Please explain*):**
- ❒ **I do not know enough about the applicant to provide a recommendation.**

SUMMARY

We invite additional comments and observations about the applicant. If the applicant is already functioning as a healthcare provider, comment on the individual's technical skills and professional knowledge base.

_____

_____

REFERENCE SIGNATURE

_____

Name of Reference (Print)

_____ _____

Signature of Reference **Date**

Thank you for completing this reference form. The applicant may be considered for admission when the completed recommendation form is returned to:

Treasure Coast Technical College
Practical Nursing Program
4680 18th Court
Vero Beach, FL 32967

(PAGE 2 OF 2)

Recommendation forms

Three (3) recommendations are required before the date of your interview. If you have work history, recommendations from current or former supervisors, or from the person who is/was responsible for evaluating your performance is recommended. Some other recommendations you may wish to consider.

- **Recommendations from supervisors of volunteer work**
- **Former guidance counselors or teachers**
- **Former coaches, or scout leaders**
- **One personal recommendation will be accepted, and this person should be unrelated to you. This may include friends, co-workers, or ministers and pastors**

Recommendations can be mailed, emailed, or personally delivered to Treasure Coast Technical College. *There is no fax service*.

Please use the recommendation forms on the following pages. Person recommending you must be willing to include their contact information. They may also wish to provide a formal letter of recommendation along with the form, and this is acceptable.

Email: **Leslie.Merritts@indianriverschools.org**

Mail: **Treasure Coast Technical College**
Practical Nursing Program
4680 28th Court
Vero Beach, FL 32967

RECOMMENDATION FORM – *3 are required*

PART 1 – TO BE COMPLETED BY APPLICANT

Applicant's Name: _____
Please Print

Program of Interest: **Practical Nursing**

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT:

❒ **I waive my rights of access to any information contained on this recommendation form.**

❒ **I do not waive my rights to access any information contained on this recommendation form.**

I understand that this recommendation is valid for one year from the date of its submission to Treasure Coast Technical College

_____ _____
Applicant's Signature - *Required* **Date**

PART 2 – TO BE COMPLETED BY THE APPLICANT'S REFERENCE PROVIDER – *please print*

Name: _____

Address: _____

_____

Agency or Business: _____

Position: _____

Telephone: **( )** _____ **( )** _____

Relationship to Applicant: _____

TO BE COMPLETED BY THE APPLICANT'S REFERENCE PROVIDER

The above individual is applying for admission to the Practical Nursing Program at Treasure Coast Technical College. We value your comments and ask that you give a full and candid appraisal so that fair consideration may be given to the applicant. Pease circle the appropriate number.

5 = Outstanding 4 = Good 3 = Average 2 = Fair 1 = Poor 0 = No basis for evaluation

Academic Motivation	**5**	**4**	**3**	**2**	**1**	**0**	**Ability to cope with stress**	**5**	**4**	**3**	**2**	**1**	**0**
Attitude toward Authority	**5**	**4**	**3**	**2**	**1**	**0**	**Analytical & Problem-solving ability**	**5**	**4**	**3**	**2**	**1**	**0**
Adaptability to change	**5**	**4**	**3**	**2**	**1**	**0**	**Ability to work independently**	**5**	**4**	**3**	**2**	**1**	**0**

Organizational skills	**5**	**4**	**3**	**2**	**1**	**0**	**Ability to work with people**	**5**	**4**	**3**	**2**	**1**	**0**
Integrity	**5**	**4**	**3**	**2**	**1**	**0**	**Leadership Ability**	**5**	**4**	**3**	**2**	**1**	**0**
Dependability/Reliability	**5**	**4**	**3**	**2**	**1**	**0**	**Personal Appearance**	**5**	**4**	**3**	**2**	**1**	**0**
Emotional Maturity	**5**	**4**	**3**	**2**	**1**	**0**	**Ability to communicate effectively**	**5**	**4**	**3**	**2**	**1**	**0**
Attitude toward patients	**5**	**4**	**3**	**2**	**1**	**0**	**Attitude toward peers**	**5**	**4**	**3**	**2**	**1**	**0**
Ability to follow dress code	**5**	**4**	**3**	**2**	**1**	**0**	**Ability to follow policies**	**5**	**4**	**3**	**2**	**1**	**0**

CHECK ONE (1) box for each statement below.

➢ *Recommendations from friends and family are NOT permitted.*

I have known the applicant for:

- ❒ **Less than one year**
- ❒ **1 – 3 years**
- ❒ **3 or more years**

My relationship with the applicant is/has been:

- ❒ **Employer/Supervisor**
- ❒ **Educator**
- ❒ **Counselor**
- ❒ **Other:** _____

My statement is:

- ❒ **I recommend the applicant without reservations.**
- ❒ **I recommend the applicant with reservations. *(Please explain)*:**
- ❒ **I cannot recommend the applicant at this time. *(Please explain*):**
- ❒ **I do not know enough about the applicant to provide a recommendation.**

SUMMARY

We invite additional comments and observations about the applicant. If the applicant is already functioning as a healthcare provider, comment on the individual's technical skills and professional knowledge base.

_____

_____

REFERENCE SIGNATURE

_____

Name of Reference (Print)

_____ _____

Signature of Reference **Date**

Thank you for completing this reference form. The applicant may be considered for admission when the completed recommendation form is returned to:

Treasure Coast Technical College
Practical Nursing Program
4680 18th Court
Vero Beach, FL 32967

TEAS 7 Entrance Exam Information

The ATI TEAS Version 7 is comprised of four content areas: reading, math, science, and English and language usage. The TEAS 7 contains 39 reading, 34 math, 44 science, and 33 English and language usage scored items. The table below displays the breakdown of each content area into sub-content areas and the number of questions in each category, as well as time limits. As seen in the table, there are 170 total items assessed on the ATI TEAS Version 7, which includes 150 scored items and 20 unscored, pretest items.

ATI TEAS, Version 7 Content Specifications

Content Area Sub-content Area	Scored Items		Unscored Items	Total Number of Items	Time Allowed Per Content Area
	Percent	Number			
Reading	**26%**	**39**	**6**	**45**	**55 min**
Key ideas and details	10%	15			
Craft and structure	6%	9			
Integration of knowledge and ideas	10%	15			
Math	**23%**	**34**	**4**	**38**	**57 min**
Numbers and algebra	12%	18			
Measurement and data	11%	16			
Science	**29%**	**44**	**6**	**50**	**60 min**
Human anatomy and physiology	12%	18			
Biology	6%	9			
Chemistry	5%	8			
Scientific reasoning	6%	9			
English and Language Usage	**22%**	**33**	**4**	**37**	**37 min**
Conventions of standard English	8%	12			
Knowledge of language	7%	11			
Using language and vocabulary to express ideas in writing	7%	10			
Total	**100%**	**150**	**20**	**170**	**209 min**

Below is a table explaining the academic preparedness levels determined by performance based on current percentiles.

Academic Preparedness Level	Academic Preparedness Level Definition	Current Cut Scores by Percentile (Subject to change per the ATI Testing panel.)
Developmental	Developmental scores generally indicate a very low level of overall academic preparedness necessary to support learning of health sciences-related content. Students at this level will require additional preparation for most objectives assessed on ATI TEAS. (See Topics to Review section of the score report.)	Less than 41.3%
Basic	Basic scores generally indicate a low level of overall academic preparedness necessary to support learning of health sciences-related content. Students at this level are likely to require additional preparation for many objectives assessed on ATI TEAS. (See Topics to Review section of the score report.)	41.3% to 58.6%
Proficient	**Proficient scores generally indicate a moderate level of overall academic preparedness necessary to support learning of health sciences-related content. Students at this level can require additional preparation for some objectives assessed on ATI TEAS. (See Topics to Review section of the score report.)**	**58.7 % to 77.9%**
Advanced	Advanced scores generally indicate a high level of overall academic preparedness necessary to support learning of health sciences-related content. Students at this level are not likely to require additional preparation for the objectives assessed on ATI TEAS. (See Topics to Review section of the score report.)	78% to 90.6%
Exemplary	Exemplary scores generally indicate a very high level of overall academic preparedness necessary to support learning of health sciences-related content. Students at this level are not likely to require additional preparation for the objectives assessed on ATI TEAS. (See Topics to Review section of the score report.)	90.7 to 100%

Percentiles are based on overall scores nationwide. Based on the performance of all testers, the percentile is subject to slight changes**. The final report must be in the range of "Proficient" or higher regardless of the cut score**. This table is for general reference only. Ranges can be expected to remain in this general range.

ATI Testing offers packages for test preparation ranging from the purchase of a review book to full mentoring and remediation packages. Prices and details can be found at **www.atitesting.com.**

Students scoring Advanced or Exemplary may be fast-tracked through the admission process.

- No lunch break is provided