



REGISTERED  
NURSING  
PROGRAM

## Spring 2021 Nursing Program Application

Dear Nursing Program Applicant:

The application filing period for Spring 2021 is from September 14th through October 30<sup>th</sup>. A completed application includes the three (3) page application, official sealed transcripts from all colleges attended, supplemental documents as outlined in the application, and all TEAS test results (including results from all previous attempts if applicable). To be considered for admission a completed application must be post marked no later than October 30<sup>th</sup>, 2020.

Since 2008, all academically qualified applicants (based on the Chancellor's Validation Study Criteria) evaluated by the LACC counselor must achieve a "cut-score" of **80%** or above. Qualified applicants must take the Test of Essential Academic Skills (**TEAS**) prior to Final Deadline. Students must achieve a score of **62.0%** overall or higher on the **ATI TEAS** test on his/her first attempt to qualify for admission. Acceptance is based on an assessment of academic qualifications as well as the result of the **ATI TEAS** test. **Please request a ATI TEAS official transcript from ATI's website to be sent to Los Angeles City College, which must be received by our office no later than the final deadline of October 30, 2020. Students taking the ATI TEAS exam at LA City College do not need to order this transcript.**

The Nursing Admission, Retention and Remediation Committee (ARR) will review all complete application files (including, but not limited to, official transcripts, passing TEAS transcripts, essays, etc.) during November 2020. We utilize an approved lottery method to select qualified students along with a selected number of qualified alternates. **You will be notified as to your lottery result if selected via email during December, 2020.**

Please mail your completed application in one envelope with your name, contact information, whether you are reapplying, and information session date attended printed on the outside no later than October 30, 2020. **(Only complete applications will be considered)**

The following page is a *Nursing Program Cost* sheet with **lists of estimated fees** to expect for the nursing program. *Financial aid is available for qualified students. Please see the Financial Aid Office for additional information.*

Los Angeles City College  
Attn: Nursing Department  
855 N. Vermont Ave  
Los Angeles, CA 90029

We are operating remotely due to COVID 19: Please send your inquiries to  
[lacc-nursing@lacitycollege.edu](mailto:lacc-nursing@lacitycollege.edu)

NOTE: You must have one set of official sealed transcripts from each college attended in your application. Your application must be post marked no later than October 30<sup>th</sup>, 2020.

**Remember:** It is the student's responsibility to ensure that the application packet is complete with all necessary documents prior to the final deadline for the review by the ARR Committee. ***Please send your COMPLETE application and official/sealed transcripts to our mailing address above. Incomplete &/or late applications will not be processed.***

We look forward to receiving your complete application and wish you the best in your pursuit of a nursing career.

Sincerely,

Dr. Christiana Baskaran, PhD, MSN, RN  
Program Director  
LACC Nursing Department

ARR Committee  
Nursing Faculty  
LACC Nursing Department

Below are lists of **estimated fees** to expect as a student of the nursing program.

*Financial aid is available for qualified students. Please see the Financial Aid Office for additional information.*

<b>Costs as Applicant of Nursing Program</b>	
Official Transcripts from all colleges attended ( <i>price varies by college</i> )	\$4-\$10/each
ATI TEAS Exam	<i>varies by location</i>
ATI TEAS Transcript	\$85
ATI TEAS Online Practice Test	\$42
ATI TEAS Study Guide	\$46
<b>Costs as Incoming Student of Nursing Program</b>	
Physical Examination, including lab work and infectious disease titers	\$100-\$250
Immunizations, including Hep-B	\$100-\$200
TB test and/or chest x-ray	\$25-\$150
CPR American Heart Association: Basic Life Support (" <i>C</i> " level) Health Care Provider	\$50-\$75
Background Check and Drug Screen <sup>2</sup>	\$200
Malpractice Insurance	\$20-\$25
Fire Safety Class	\$30
<b>First Year Costs as Student of Nursing Program</b>	
Tuition Fee \$46/unit ( <i>average units per semester: 12; average units per year: 24</i> )	\$1104 <sup>1</sup>
2 uniforms, jacket, patch, pin	\$120-\$200
1 pair of white leather shoes	\$80
Bandage scissors, stethoscope	\$100
Watch with sweep second hand	\$50
Books, course syllabi	\$1,200
Background Check and Drug Screen <sup>2</sup> ( <i>\$80 per semester</i> )	\$160
Skills Kit	\$100
ATI	\$800
Student Health Fees	\$25
Student Body Fees ( <i>optional</i> )	\$20
C.N.S.A. Membership ( <i>optional</i> )	\$25
LACC Parking Fee	\$54
Some hospitals may charge parking for nursing students.	TBA
<b>Second Year Costs as Student of Nursing Program</b>	
Tuition Fee \$46/unit ( <i>average units per semester: 12; average units per year: 24</i> )	\$1104 <sup>1</sup>
Books, Course Syllabi	\$750
Background Check and Drug Screen <sup>2</sup> ( <i>\$100 per semester</i> )	\$200
Influenza vaccine and TB test	\$25-\$75
ATI	\$800
Malpractice Insurance	\$20-\$25
Student Health Fees	\$25
Student Body Fees ( <i>optional</i> )	\$20
C.N.S.A. Membership ( <i>optional</i> )	\$25
LACC Parking Fee	\$54
Some hospitals may charge parking for nursing students.	TBA
<b>APPROXIMATE TOTAL COST of TWO-YEAR NURSING PROGRAM</b>	<b>\$8109 *</b>
At the completion of the program, there will also be additional fees for graduation that will include Board of Registered Nursing state licensure, fingerprinting, National Examination testing (NCLEX), graduation gown and the School of Nursing pin.	

<sup>1</sup> Non-resident students pay approximately \$282/unit. Foreign students pay approximately \$328/unit. Fees may increase pending state budget resolution.

<sup>2</sup> Background Check and Drug Screen must be clear every semester in order to remain in the LACC Nursing Program.

\* All fees/costs used to estimate total are approximate and subject to change at any time.

**Los Angeles City College Registered Nursing Program**  
APPLICATION for SPRING 2021 (If you are reapplying check here )

**Office Use Only**  
Forwarded To Committee  
 YES  NO: \_\_\_\_\_

Print Clearly & Do Not Leave Blanks. *If Not Applicable, please write N/A in the pertaining section.* Please Read the Entire Application Carefully

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

List ALL Previous Names Used: \_\_\_\_\_

Social Security Number \_\_\_\_\_ LACCD Student ID # 88-XXX-XXXX \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) ( )  M  F

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birthdate MM/DD/YY \_\_\_\_\_ Sex\* \_\_\_\_\_ Ethnicity \_\_\_\_\_  
\*For Statistical Purposes Only

**Criminal background check & drug testing are required. Do you have any background violation(s)?**  Yes  No

S=Single; M=Married; D=Divorced; W=Widowed

US Citizen:  Yes  No If No, Indicate Status: \_\_\_\_\_ Circle One: S M D W

US Veteran:  Yes  No If Yes, please include copy of discharge. Marital Status\* \_\_\_\_\_ # of children\* \_\_\_\_\_

Foreign Language(s) Spoken\* : \_\_\_\_\_

LVN:  Yes  No LVN License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Graduated:  Yes  No \_\_\_\_\_  
School Name, US City, US State or Foreign Country \_\_\_\_\_ Grad Year \_\_\_\_\_

GED Examination: \_\_\_\_\_ Passed:  Yes  No  
Location \_\_\_\_\_ Score \_\_\_\_\_ Date Taken \_\_\_\_\_

College Degree: \_\_\_\_\_ Degree Received & Major \_\_\_\_\_ Grad Date \_\_\_\_\_  
Name, City, State (or Foreign Country) \_\_\_\_\_

**If you have ever been enrolled or accepted in any R.N. nursing program, please state and contact Nursing Department ASAP:**

College: \_\_\_\_\_ Year(s): \_\_\_\_\_ Director: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Courses Completed: \_\_\_\_\_ Reason for withdrawal: \_\_\_\_\_

**Work History** Current or Last Position Title and Where? \_\_\_\_\_ # of Months or Years: \_\_\_\_\_

Describe duties: \_\_\_\_\_ Is this position unpaid? \_\_\_\_\_ Hours per week: \_\_\_\_\_

Yes  No Current job?  Yes  No

**Emergency Contact Information** Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Relative that doesn't live with you: Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

I, (print full name) \_\_\_\_\_, understand that any omission(s) and/or information stated on my

three-page LACC nursing program application found to be inaccurate and/or fraudulent may be cause for immediate dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** Submission of Incomplete Applications Will NOT Be Accepted. It is the student's responsibility to understand the application on his/her own and to submit a complete application. Please read the entire application carefully.

**DO NOT USE ANY STAPLES FOR YOUR APPLICATION – Please Paperclip – THANK YOU.**

**Essay**

Please type a double-spaced 300-word essay. Please include your full name, date, and signature on each page of your essay. Describe why you wish to be considered for the LACC Registered Nursing Program. Include any healthcare and/or pre-nursing experience and anything else you would like the Admission Committee to know about your desire to be a Registered Nurse.

**Documentation Required for Verification & for Applicant File**

Please submit copies and originals of the below listed documents with your application. Original documents will be verified by Nursing Staff. Applications without document copies and originals to verify will not be processed.

▶ **LACC Nursing Dept. does NOT make photocopies for applicants.** ◀

Those marked below with an asterisk \* need only be submitted if applicable. Please Read Carefully.

- Copy these three on ONE PAGE
- California ID or Driver's License
  - Social Security Card
  - Student ID\* Applicable only if you attended a college within the L.A. Community College District
  - Name Change Document\* For Example: US citizenship papers, marriage certificates, etc.
  - High School (H.S.) Diploma or GED Certificate\* (if applicable)  
 H.S./GED documentation is **NOT** necessary **IF** a College Degree is stated on a submitted official college transcript. If the H.S. diploma is unavailable, the official and sealed H.S. transcript must be received no later than October 30<sup>th</sup>.
  - LVN License\* (if applicable)

ONLY ONE SET OF TRANSCRIPTS FROM EACH COLLEGE ATTENDED IS REQUIRED. PLEASE VERIFY WITH NURSING STAFF WHEN SUBMITTING APPLICATION.

❖ **Official Transcripts**

If not submitted already, the most current official, sealed transcripts must be mailed to the Nursing Department post marked by October 30, 2020.

❖ **Foreign Country Official Transcripts or Diplomas**

Foreign transcripts or foreign diplomas must first be evaluated by a US Foreign Evaluation Agency. If not submitted already, the *evaluated* transcript or diploma must be mailed to the Nursing Department post marked by October 30, 2020.

Please List ALL Colleges &/or Universities Attended:

1. _____	5. _____	9. _____
2. _____	6. _____	10. _____
3. _____	7. _____	11. _____
4. _____	8. _____	12. _____

Please list Any/ALL Nursing Programs Attended:

1. _____	2. _____	3. _____
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## Los Angeles City College Registered Nursing Program

APPLICATION for SPRING 2021

Full Name: \_\_\_\_\_

Social Security: \_\_\_\_\_

**Print Clearly & Do Not Leave Blanks. If Not Applicable, please write N/A in the pertaining section.**

Required Course	Course Number/ Name	Units	Grade	College/City	Year	Repeated? No. of Times	OFFICE USE ONLY Reviewer: _____
Human Anatomy 1*							
Human Physiology 1*							
Chemistry 60/65							
Psychology 1*							
Psychology 41*							
English Composition 101*							
Microbiology 1 or 20							
Math 125* or higher							
Sociology 1 or Anthropology 102*							
Communication Studies 101*							

If you are unsure which class is applicable for the next two courses, it is OK to leave this blank.

Social Sciences							
Humanities							

\* or equivalent course for those marked with an asterisk. Equivalent courses would be those that were approved by the Nursing Counselor in order to qualify for selection into the Nursing Program.

### \*\*\* Complete Below ONLY IF You Have Taken Nursing Courses at Another College \*\*\*

RN Course or equivalent	Units	Grade	College/City	Year	Repeated? No. of Times	OFFICE USE ONLY Reviewer: _____
Nursing Foundations/ Pharmacology						
Adult Nursing						
Maternal-Newborn Nursing						
Pediatric Nursing						
Mental Health Nursing						
Nursing Leadership/Management						
Nursing Process						
Other: _____						

I, (print full name) \_\_\_\_\_, certify that all information provided in connection with my

application is true, correct, and complete. I understand that providing false information or omitting required information is fraud and grounds for denial of enrollment or immediate expulsion from the Nursing Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

