

Please mail completed application packet to

RN First Quarter Entrance OR RN Program Advance Placement (School Transfer) or (LPN License Holders)
 Skagit Valley College
 Attn: Nursing Admissions
 2405 East College Way
 Mount Vernon, WA 98273

Application for First Quarter Registered Nursing

- Apply to Skagit Valley College if you have never been an SVC student or if you have not attended in the last 2 years. <https://www.skagit.edu/admissions/getting-started/>
- Required only if you wish to have courses evaluated for transfer to SVC from other academic institutions.**
 - Request for non-SVC courses Transcript Evaluation Submitted to Enrollment Services with Official Transcript (<http://www.mysvc.skagit.edu/imageuploads/repository866.pdf>) See website for deadline submission dates. www.skagit.edu/nursing
- Copy of SVC **"What-if" report** (Degree Audit) for the Associate in Nursing degree showing grades and completion of all prerequisites (be sure to click on "Expand All"). For directions on how to print this visit www.skagit.edu/nursing look for How to run a degree audit/progress tracker in ctLink.
 - All prerequisite courses must be complete and final grades must be posted on your official transcript and Progress Tracker.
- Official **ATI TEAS Scores**, no older than 3 years, submitted to Skagit Valley College (SVC) directly from ATI. Students that take the exam at SVC will automatically have their scores available to SVC. A TEAS taken at another institution or testing facility will require you to order an official transcript be sent to SVC through the ATI website. Fee will apply. The TEAS cannot be taken more than twice in one academic year (July 1 - Jun 30).
- Copy of **licensing documentation** and **Work/Volunteer Experience Form** as defined on the Skagit Valley College Registered Nursing Admission Points Score Sheet. Your license must be active at the time of submission. **No expired or pending licenses will be accepted.**
- Copy of active **American Heart Association Basic Life Support (BLS)** card. **This is the only card that will be accepted.**
- Signed and Dated Application

Application for Advance Placement (Transfer from other Nursing Programs) *Entry any quarter if seat is open and upon approval by Dean of Nursing and Allied Health*.

- All prerequisites required for entry into the Full-Time First Quarter RN program are met
- Syllabi of courses taken at other academic institutions
 - Letter of good standing from Program Director or most current instructor of current or last nursing program attended stating eligibility for reentry into the previous program.
 - Signed Contact Permission Form

Application for Advance Placement (LPN License Holder) | Same requirements as first quarter RN, except for license. *Entry any quarter if seat is open.

- Copy of completed Work Experience Form for work as an LPN
- Copy of valid Washington Licensed Practical Nurse (LPN)
 - Your license must be active at the time of submission. **No expired or pending licenses will be accepted.**

You may have someone review your application materials but ultimately it is your responsibility to ensure your packet is complete. You may not turn anything in after the initial packet has been received by Skagit Valley College.

My signature below acknowledges that I have reviewed the information presented on this form and I declare that to the best of my knowledge it is true, accurate, and correct as stated.

Signature

Date

Registered Nursing Program Application Form

Check www.skagit.edu/nursing for application submission deadlines

Not all applications are open every quarter

Only Complete Packets Will Be Considered

Student ID Number: _____ -- _____ -- _____

Name: _____
Last First Middle Previous Last Name

Address: _____
Street Email
City State Zip Phone 1: _____

Date of Birth: _____ Phone 2: _____

Entry Level:

- _____ First Year, First Quarter RN Program, Mount Vernon Campus
- _____ First Year, First Quarter RN Program, Whidbey Island Campus
- _____ Advance Placement - Transfer from another nursing program, start quarter/year based on previous education.
- _____ Advanced Placement - LPN License Holder, 2nd Year RN Program

TEAS
Please fill in the following TEAS information which indicates the score you would like to use:

Name You Tested Under: _____ Date: ____/____/____

Location: _____

*Note: if you took your TEAS at an institution other than SVC, you must request the scores to be sent to SVC through the ATI website. ATI will charge you a fee for this service.

All applicants must have the ability to pass a multiple state, multiple zip code criminal background check and drug screen / illegal substance check.

My signature below acknowledges that I have reviewed the information presented on this form and I declare that to the best of my knowledge it is true, accurate, and correct as stated.

Signature

Date