



TECHNICAL CERTIFICATE IN PRACTICAL NURSING (PN) APPLICATION INFORMATION CHECKLIST

Limited Access Health Programs: PSVC-PN

AUGUST ADMISSION: May 28 – June 13

JANUARY ADMISSION: Oct 1 – Oct. 15

CONTACT: 727 816-3371 or admissions@phsc.edu

IMPORTANT		
APPLYING	Applicants must submit ALL limited access program admission requirements listed below in order to be considered for review. Once an application packet is submitted, it cannot be amended.	
INCOMPLETE APPLICATIONS	Students who attempt to submit an incomplete application will not be processed and must reapply to the program and repay the limited access application fee once all requirements have been met.	
DEADLINE	Complete applications are due NO LATER THAN 4:00 PM BY THE DEADLINE DATE . If the application deadline date falls on a day the College is closed, the application will be accepted no later than 4:00 PM on the next business day.	
NO RESPONSE/ FAILURE TO ENROLL	Applicants who do not respond to an offer of admission by the date indicated on the acceptance letter or who fail to enroll for the term for which admission is offered must reapply for a future date. All official correspondence will be addressed to your PHSC student email address.	
ADMISSION TO MULTIPLE PROGRAMS	If an applicant is selected to multiple programs offered at different campuses, the student acknowledges that they will only be offered a seat at their preferred campus selected in subsection #11 below.	
#	INIT	LIMITED ACCESS PROGRAM APPLICATION REQUIREMENTS
1		PHSC application with a \$25 non-refundable fee for new students or a PHSC Readmission application for returning PHSC students not enrolled for more than 3 consecutive terms.
2		Certificate in Practical Nursing application.
3		Copy of receipt of payment of the \$25 non-refundable limited access application fee payable at college store.
4		Clear, enlarged copy of current driver's license indicating a physical mailing address (PO Box addresses will not be used for residency preference in the selection process). If a driver's license, or equivalent, does not prove Pasco or Hernando County residency, it will be processed as a non-resident (out-of-county) application.
5		Copy of current TEAS test scores with Proficient or Higher in the ATI Academic Preparedness Category . Applicants may only submit ONE valid set of scores taken within the past two years of the application submission. Scores submitted with the application will be the only ones considered.
6		Official high school transcript with graduation date indicating receipt of a standard high school diploma or an official transcript of GED scores indicating receipt of a high school equivalency diploma, if not already submitted.
7		Signed Application Information Checklist for the Technical Certificate in Practical Nursing.
ACKNOWLEDGEMENTS		
8		Graduation: If selected, I understand that I must have both an overall GPA of 2.0 and a PHSC program GPA of 2.0 in order to graduate from the selected program.
9		Tobacco Use: I understand that the use of tobacco at all PHSC campuses is prohibited and that I will refrain from all tobacco use.
10		Orientation Requirement: If selected, BLS for Health Care Providers CPR Certification (PHSC Course NCH0050) taken at PHSC or from a PHSC Training Site due at Orientation.
11		PREFERRED CAMPUS PROGRAM (select one): <div style="display: flex; justify-content: space-around;"> West Campus North/Porter Campus </div>
SELECTION PROCESS		

Applicants who meet minimum requirements as of the deadline dates will be ranked based upon TEAS test scores. Residents of Pasco and Hernando Counties will receive preference over out-of-county residents.

SIGNATURE

I certify that I have read and understand the statements above and that I am submitting all items listed under the Limited Access Program Application Requirements section.

SIGNATURE

PRINT

STUDENT ID

DATE