



ICC Practical Nursing Program Application

Itasca Community College
1851 East Highway 169
Grand Rapids, MN 55744
1-800-996-6422 or 218-322-2320
Fax 218-322-2325

Full Legal Name _____

Address _____

ICC Student Tech ID # or STAR ID _____

Current Phone _____ **E-mail** _____

Application to ICC and the ICC Practical Nursing Program

Student must apply and be accepted to ICC and the Practical Nursing Program. Nursing applications may be submitted starting September 1 and there is a priority deadline of February 28 each year for the following fall semester start. Applications received on or before February 28 are given priority status, contingent upon successful completion of all pre-program requirements. All applicants will be placed in a D2L Application Portal "course" that provides further information and allows for tracking of progress. Watch for instructions e-mailed to your ICC e-mail account. If there are more priority applicants than available space, the criteria of TEAS test score (percentage) ranking highest to lowest, will be applied. A minimum score of 50 is required on the TEAS test. (See Program Planner.) Students will be notified by letter of their provisional acceptance.

Applicants beyond capacity will be placed on a waiting list in ranked position, as alternates. If the program and sections are not filled, applicants will be accepted on an ongoing basis until the program has reached capacity or June 30, whichever comes first. After June 30, students will only be accepted on a case by case basis by the program director.

Accepted students and alternates will be notified of a mandatory May meeting to review requirements that need to be completed over the summer, including MN Dept. of Health Background Study and Health-Immunization requirements for clinical.

What year do you plan to take your core Nursing Courses (Semester I and II) _____

Which clinical model are you requesting? (Information about the clinical models can be found on the ICC web site.)

Please rank your preference below 1st, 2nd, and 3rd.

If an option is not acceptable for you indicate **"No"**, however this may limit your ability to progress due to group size.

_____ **Ground** (Weekly -Weekday Clinical)

_____ **Distance – Alternate** (Most Skills & Clinical Block Scheduled - Predominantly on Weekends)

_____ **Rainy River** (Skills Performance and Weekly- Weekday Clinical at International Falls MN)

Please list all colleges you have previously attended:

You must request all out of state, private and/or non MNSCU official college transcripts to be sent directly to ICC Records Office.

Please return this form to the address above, Attention: Nursing Admissions.

Signature: _____ **Date:** _____

Itasca Community College is an affirmative action, equal opportunity employer and educator. This document is available in alternative formats to individuals with disabilities. Consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service. If you require an accommodation for a disability, please contact: Ann Vidovic – 14 Backes Center 218-322-2433 or ann.vidovic@itascacc.edu

Office Use Only - Received Date/Time: _____ **Initials:** _____ **Letter/Type Sent:** _____