

Ogden-Weber Applied Technology College

PRACTICAL NURSING PROGRAM APPLICATION CHECKLIST

Application Guidelines:

Complete the following checklist. It is your responsibility as the applicant to ensure that all items are completed.

The completed application packet can be mailed to: 200 N Washington Blvd, ATTN: Cashier, Ogden, Utah 84404 or be submitted in person to the cashier's window Monday through Thursday, 9:00 a.m. - 3:00 p.m., Friday, 9:00 a.m. – 12:00 p.m. **THE REQUESTED DOCUMENTS MUST BE POSTMARKED ON OR BEFORE MARCH 1 FOR FALL ADMISSION.**

Turn in the application packet only when all of the information/forms are completed and included in the packet.

Please note that any missing information/forms not included in the packet will render your file incomplete, and you will not be considered as a possible candidate for this program.

Please initial or place N/A in each of the following boxes and sign and date on page 2. Include this checklist as part of your application.

- ___ I have fully completed, signed, dated, and returned the **OWATC Application Form**.
- ___ I have fully read, signed, dated, and returned the **OWATC PNP Disclaimer**.
- ___ I understand my requirement to submit a satisfactory National Criminal Background Check and Sex Offender Check. After acceptance into the program, this requirement also applies to the top ten alternates.
- ___ I have submitted all current **official transcripts, received** either by mail or in person in a sealed official envelope, by the application deadline. **OFFICIAL TRANSCRIPTS FROM THE ORIGINAL SCHOOL ARE REQUIRED EVEN IF THE CREDITS HAVE BEEN TRANSFERRED AND SHOW UP ON ANOTHER COLLEGE TRANSCRIPT.** Unofficial transcripts, not web page printouts, will only be accepted with proof of official transcript request.
- ___ I understand that in order to receive application points and credit for prerequisite courses, that these courses must be completed with a grade of "C" or better.
- ___ I have submitted a copy of my **High School Diploma or High School Transcript or GED Certificate of Proficiency**. This is required to verify high school completion.
- ___ I have a **cumulative Grade Point Average of 2.5 or higher**.
- ___ I have submitted *Current Nursing Assistant Certification from the State of Utah or Current Notice of Nursing Assistant Certification Renewal from the State of Utah* **OR** must submit proof of current enrollment in CNA course. Certification must be received prior to beginning the PN Program. **Contact the CNA Utah Registry (801)547-9947 for any questions.**

_____ I have submitted **verification of work or volunteer experience for all direct patient healthcare.**

Please provide a letter from a Human Resources representative or supervisor with your job title, job description, and dates of employment on company letterhead.

_____ I have included **three completed OWATC reference forms.** Each reference form must be completed *IN FULL* by either a current or past supervisor or instructor, not co-workers. **Please select evaluators that can respond to all criteria on the reference form. Otherwise, you will only receive points for the categories scored. ALL REFERENCE FORMS MUST BE SUBMITTED WITH THE APPLICATION PACKET.** References must include your name on the front of the envelope and must be signed across the envelope seal from the person completing the reference. **(Use OWATC reference forms only, references on any other forms will be disqualified).**

_____ I am submitting **transcripts from another state,** and I have provided a **course description** for each course so it can be determined if transfer credit can be given. I understand that I only need to submit course descriptions for the prerequisite courses I want to transfer. Please complete the information below for prerequisite courses **only.**

Example:

Intermediate Algebra 105 course taken at University of Calif. should transfer for Math 1010

_____ course taken at _____ request transfer for _____

_____ course taken at _____ request transfer for _____

_____ I understand that ***IF*** OWATC will not accept my out-of-state **prerequisite courses** for transfer credit, that I will need to retake those courses. (Please contact an OWATC counselor prior to application deadline if you have questions on course transfers).

_____ I have paid or enclosed the **\$20.00 application fee** payable to OWATC. Payments can also be paid at the cashier's window in person (Monday through Thursday, 9:00 a.m. - 3:00 p.m., Friday, 9:00 a.m. - 12:00 p.m.) The receipt must be included in the application packet. I understand the application fee is non-refundable and used to process my application. Applications without a receipt of payment will be disqualified.

_____ I have completed, initialed, or placed N/A on every line of the **application checklist and submitted all forms requested.** I understand that failure to provide the above information by the application deadline will render my file incomplete and disqualified.

If you have any questions regarding the application packet, please call (801)627-8321.

Signature of Applicant

Date