Name_____Maiden_____HACCiD_____
Phone_____

Practical Nursing Certificate – 3270

Effective Spring 2008 (43 credits)

Health Careers (HC)

SELECTIVE PROGRAM: This checksheet lists the requirements for the Certificate in Practical Nursing from HACC. Entry into this program is not guaranteed with admission to the College; specific admissions criteria must be met. See Health Careers website (www.hacc.edu/healthcareers), e-mail healthcareers@hacc.edu or call (717) 780-1988 for specific program entry requirements.

Address:_____

High School/GED: _____Graduation Date:_____Current GPA:_____

Prior college/nursing courses and dates_____College Transcript in PN file or requested

INFORMATION PROVIDED:

____ Role of LPN
____ Program Review
____ HS Transcript/GED: submitted to Nsg Dept
____ Essential Qualifications/Signature Page
____ Time Commitments
____ Educational Plan
____ Student Responsibility for Deadlines
____ Application procedure
____ Admission Criteria & Prohib Off
____ Curriculum Code
____ Degree

Developmental Courses as determined through College Placement Testing* and Prerequisites:

* Please note: 0-level courses do not transfer and do not count toward graduation requirements; however, they are required to enter college level courses.

____ Any ENGL ESL classes
____ ENGL 001
____ ENGL 002
____ ENGL 003
____ ENGL 050
____ ENGL 051
____ FS 107
____ Math 010
____ Math 020
____ Other

Practical Nursing Requirements:

REQUIRED GENERAL EDUCATION COURSES

COURSE	SEMESTER	GRADE
English 101	_____	_____
Psychology 101	_____	_____
Sociology 201	_____	_____
Biology 100 or 221**	_____	_____
Biology 111 or 121**	_____	_____

REQUIRED MAJOR COURSEWORK

COURSE	SEMESTER	GRADE
Nursing 100	_____	_____
Nursing 101	_____	_____
Nursing 102	_____	_____

**Biology 121/221 require HS Biology and Chemistry prerequisites or HACC equivalents

Spring (year)	Summer (year)	Fall (year)
Spring (year)	**Summer (year)**	**Fall (year)**
Spring (year)	**Summer (year)**	**Fall (year)**

☑ I understand that this plan does not guarantee admission to any of the allied health clinical programs.
☑ I understand that the contents of this plan are essential to my completion of program requirements.
☑ If I choose to make changes in this plan, it is my responsibility to inform my counselor or advisor. Failure to do so may jeopardize progress in my program.

Proposed year of application_____

Contact Information:

Gettysburg Campus	Harrisburg Campus	Lancaster Campus	Lebanon Campus	York Campus
Dianne Brooks	Counselors	Counselors	Debra Schneider	Katherine Chronister
G101C	B101	RM212	D104	Y102
717-337-3855	717-780-1124	717-358-2988	717-270-4222	717-718-9328 x3560

Students entering this major are required to meet with a pre-practical nursing campus advisor.

Student signature_____Advisor signature_____Date_____

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