

# SOUTHEAST TECHNICAL INSTITUTE

2320 N. Career Avenue, Sioux Falls, SD 57107

## RN AAS

### Technical Standards and Program Student Summary Form

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Graduate of STI LPN Program? (Circle one) YES (graduation date \_\_\_\_\_) NO

Previous name in school \_\_\_\_\_

As an applicant to the RN AAS Program, I have submitted the following necessary items to be considered for acceptance:

- Application to STI
- Official transcripts have been sent to STI as needed
- Background check and drug screen
- Copy of LPN License from South Dakota or Nursing Compact state
- Reference form from work supervisor
- Documentation form verifying required work experience or current employment as an LPN
- RN AAS Program Prerequisite Form
- In addition, I understand the process and fees for scheduling the required LPN Step Test.
- I understand that to become a Registered Nurse, I must pass the required course work and pass the NCLEX-RN examination before obtaining an RN License.

I further understand that Registered Nurses are expected to have the ability to:

- Constantly stand and walk, use hands and fingers to handle and feel; reach with hands and arms
- Regularly talk and hear
- Regularly lift and/or move 50 pounds
- Regularly have high degree of manual dexterity for fine motor skills and reaching
- Regularly communicate effectively via speech, reading and writing
- Regularly use high degree of hand-eye coordination to manipulate equipment, while simultaneously inputting data into a machine or working with a patient
- Frequently explain to patients their plan of care or procedures
- Frequently notice changes regarding patient's status, and notify other medical personnel when necessary
- Occasionally sit and stoop, kneel, crouch or crawl

\*Source: [www.bls.gov](http://www.bls.gov) and local job descriptions

By signing below I am acknowledging I have read the above information and understand the general physical requirements, working conditions and job duties typically associated with a Registered Nurse. I understand that this information is general in nature and that actual conditions and job duties may vary.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_