TECHNICAL STANDARDS & SUMMARY
REGISTERED NURSE

Student Name _____ Date _____

Previous name in school (if applicable) _____

Graduate of Southeast Tech LPN Program?

    ☐ Yes: Graduation Date _____   ☐ No: Name of School _____

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

☐ Application for admission

☐ Official transcripts as required

☐ Background check and drug screen (If your background check was done through Verified Credentials within the last 3 years, you will just need to complete a recheck)

☐ A copy of your LPN license from South Dakota or Nursing Compact state

☐ Two reference forms – at least one completed by an LPN supervisor

☐ Documentation form to verify required work experience or current employment as an LPN

☐ RN AAS Program Prerequisite Form (Need to pass all prerequisites with a C or better)

In addition, I understand I may be required to pass the NACE exam. To register for this exam, contact the Testing Center at 605-367-6014. I understand 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 a patient's status and notify other medical personnel when necessary

• Occasionally sit, stoop, kneel and crouch or crawl

Source: www.bls.gov and local job descriptions

Review & Sign the next page

Background Check & Drug Screen Disclosure Statement

1. I understand and acknowledge, as a requirement for my desired program, I must successfully pass a drug screening, criminal background check, or both, at my own expense by the date given to me by Southeast Tech.

2. I understand failure to pass the drug screening, background check, or both, by this date may result in my immediate termination from the program.

3. I understand the results of a drug screening, criminal background check or both may affect my eligibility to continue in the program. Furthermore, I understand that the results of a drug screening, background check, or both, may also affect my eligibility to attend a clinical or internship site and/or my eligibility to take specific courses in my program.

4. I understand the results of a drug screening, criminal background check, or both, may affect my eligibility to take a board/certification exam or gain employment in my desired program career field.

5. I understand any incident reported on my criminal background check may require additional expense and documentation submission for certification exam approval prior to the start of core program courses.

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

Name _____

Signature _____ Date _____