



CLINICAL NURSING PROGRAM APPLICATION

Academic Year Entrance: 2023-2024

Date _____ Campus (*Martin or Parsons Center*) _____

As an applicant, I have thoroughly read and understand the annual clinical requirements for acceptance/continuance in UTM's Nursing Program. These requirements include:

- Background Check
- Drug Screen
- Hepatitis B vaccination
- Influenza vaccination (required during flu season)
- Covid-19 vaccination (as required by clinical facilities)
- MMR vaccination
- TDAP vaccination (TD booster only, if not received within last 10 years)
- Tuberculosis screening
- Varicella vaccination
- Medical Insurance
- Professional Liability Insurance
- Physical
- CPR certification (AHA Basic Life Support for Health Care Providers)

Applicant signature (required) _____

Last Name _____ First Name _____

Preferred Name _____ UTM email _____

Student ID # _____ Cumulative GPA _____

DOB _____ Gender (circle one) Male Female Non-binary Prefer not to say

Home Phone _____ Cell Phone _____

Permanent Address _____

High School Graduation or GED Exam Date _____ Composite ACT score _____

Have you ever been arrested or convicted for a felony offense? YES NO

If arrested or convicted, please explain: _____

Have you previously applied to UTM's Nursing Program? YES NO

If yes, when did you apply? _____

Are you currently enrolled in the UTM ROTC program? YES NO

Educational Institution currently attending _____

Since high school, have you been enrolled in any other Nursing program? YES NO

If you answered yes to the previous question, please complete the information below:

Educational Institution 1 _____

Dates Attended _____

Degree Earned _____

Reason for leaving _____

Please attach Letter of Good Standing from Educational Institution 1.

Educational Institution 2 _____

Dates Attended _____

Degree Earned _____

Reason for leaving _____

Please attach Letter of Good Standing from Educational Institution 2.

***Please attach copy of ALL transcripts from all higher ed institutions you have attended
(UTM transcript copies can be obtained through Banner Self-Service)***

Do you have any licenses or certifications? YES NO

License/certification 1 _____

Granting Agency _____

License/certification number _____

Expiration Date _____

Please provide a copy of license/certification 1

License/certification 2 _____

Granting Agency _____

License/certification number _____

Expiration Date _____

Please provide a copy of license/certification 2

Please list pre-req term/institution of completion, including any pre-req course completed through Dual Enrollment. If incomplete, please list the expected semester/institution of completion. If course was repeated, please list term/institution where course was completed.

ZOOL 251/251L _____

Repeated _____

ZOOL 352/352L _____

Repeated _____

MBIO 251/251L _____

Repeated _____

PSYC 101 _____

Repeated _____

MATH 140 **OR** MATH 100 + 110 _____

Repeated _____

Have you taken MATH 210? YES NO

Have you taken CFS 211? YES NO

Have you taken PSYC 313? YES NO

ATI/TEAS Exam Score _____

Please provide copy of ATI/TEAS exam results (exam scheduling details on pg. 4)

I need to submit my TOEFL score: YES NO

TOEFL score _____

Please provide copy of TOEFL score if applicable

Please scan/send a copy of your completed application and all required documents to:

Martin campus applicants

ksaldana@utm.edu

Parsons Center applicants

kfishe20@utm.edu

Alternatively, you may submit (either by mail or in person) your completed application and all required documents to:

Department of Nursing – Attn: Karen Saldana
The University of Tennessee at Martin
136 Gooch Hall
538 University Street
Martin, TN 38238

Nursing Pre-Entrance Exam (ATI/TEAS):

1. Students register through RegisterBlast for a testing appointment at the [UT Martin Testing Center](#). The proctor fee is \$38.50.
2. Students [create an account with ATI](#) prior to test date. (Choose U of Tn Martin as institution)
3. Students will pay the TEAS test fee on the test date; students must bring debit or credit card to the test center. The TEAS test fee must be rendered using a credit or debit card. Be sure to fill in the correct billing address associated with the card or the system will not accept payment. This fee is approximately \$72 with taxes.

The total cost to take ATI's TEAS nursing pre-entrance exam will be \$110.50. If students have questions, they can email TestingCenter@utm.edu.