



Nursing
Program

Associate Degree Nursing Program

Application Packet

200 S. 14th, Parsons, KS 67657

620-820-1263

Fall 2026



Admission Criteria

Selection into the Associate Degree Nursing Program is based on the following criteria:

- The GPA is calculated on completed prerequisites and general education courses by the end of the fall semester that are required by the Associate Degree Nursing Program Curriculum only.
- Proficiency or higher level on the Test of Essential Academic Skills (TEAS) score.
- Three (3) confidential references, one of which should be a current or former employer.
- Completion or in process of prerequisite coursework.

Application Deadline: Wednesday, March 4, 2026

All applications must be submitted to the LCC Nursing Program Specialist's Office by 4:30 p.m. by the deadline date. Deadlines are firm, except in the case where the college is closed. If that occurs, applications will be due on the next business day by 4:30 p.m. It is the applicant's responsibility to ensure the completeness of their application.

Generic Applicant File Checklist

- ☐ Meet with a ADN Program Advisor
- ☐ Prerequisites: English Composition I, Anatomy & Physiology, College Algebra, and General Psychology.
- ☐ Official transcripts for high school and **All** college(s) Except LCC
- ☐ One (1) of the following minimum reading competency scores: ACT Reading, (17), or Accuplacer Sentence, Structure, (75), or Accuplacer Next Gen Writing, (263), or TEAS Reading, (59%).
- ☐ Application and essay. (No Google Docs)
- ☐ Three (3) References. (Forms included)
- ☐ Proficient TEAS Exam Score.
- ☐ Background Check. **
- ☐ Active Certified Nurse Aid Certificate (CNA)
- ☐ If applicable, demonstration of English language proficiency

Articulating LPN Applicant File Checklist

- ☐ Meet with an ADN Program Advisor
- ☐ Completion of all Level I General Education Courses.**
- ☐ Official transcript from practical nurse program.
- ☐ Copy of current Kansas recognized LPN license without disciplinary actions.**
- ☐ Documentation of current IV Certification**
- ☐ LPN Assessment exam.
- ☐ Dosage Calculation exam.
- ☐ 3 credit Health Assessment Course**

** or proof of being in process

Upon Acceptance and Before Enrollment into the Associate Degree Nursing Program: (Not to be submitted with the application)

Satisfactory clinical clearance of up-to-date immunization records to comply with clinical affiliation agreements for patient safety include: TB skin test results, MMR (2) or titer, Varicella (2) or titer, Tetanus (within 10 years), Hepatitis B (3) or waiver, 10 Panel Drug Screen, and BLS/CPR certification for healthcare providers (No online CPR or Red Cross will be accepted), and medical insurance. Recommended vaccines: influenza (flu) or and SARS-CoV-2 (COVID-19).

Clinical Clearance Placement Requirements:

Clinical affiliation agreements will not permit students in the clinical area without current immunizations for patient safety.

Required:

- ☐ LCC Student Health Record for Healthcare Programs Physical Examination Form
- ☐ Essential Technical Standards Functional Abilities
- ☐ Acknowledgment Regarding Injury or Exposure
- ☐ Proof of Medical Insurance
- ☐ BLS/CPR Certification (Infant, Child, and Adult)
- No Online Course or Red Cross Accepted**
- ☐ TB: 2-Step Skin Test, or TB Gold, or TSpot Blood Test
- ☐ Tdap, (Tetanus within 10 years)

- ☐ Varicella (2) or Titer showing Immunity
- ☐ MMR (2) or Titer Showing Immunity
- ☐ 10 Panel Drug Screen
- ☐ Hepatitis B (3) or Signed Decline Hep B Waiver

Recommended:

- ☐ Influenza (flu)
- ☐ SARS-CoV-2 (COVID-19)

Application Information

Please read the application and its contents carefully. Incomplete applications are not reviewed by the Nurse Faculty Admissions Committee or considered for the application process. Follow the link to locate [Program Information Packet](#) for more about the Associate Degree Nursing Program.

Associate Degree Nursing (ADN): A program that generally prepares individuals in the knowledge, techniques, and procedures for promoting health, providing care for sick, disabled, infirmed, or other individuals or groups. Includes instruction in the administration of medication and treatments, assisting a physician during treatments and examinations, referring patients to physicians and other health care specialists, and planning education for health maintenance.

Background Checks: **Applicants who are under the age of 18 need to have parental signature forms signed and sent to PreCheck. Do not complete the last page of the application. Contact the Nursing Program Specialist, 620-820-1263 or email, nursing@labette.edu.**

Background questions: *"Have you ever been charged or convicted of a misdemeanor?" "Have you ever been charged or convicted with a felony?"*

The profession of nursing is held to extremely high standards of trustworthiness. This question is promoting transparency, honesty and integrity of program applicants. Be advised that if you have had interactions with individuals of authority in relation to traffic violations, licensing, seat belt violations, or other such occurrences you as the applicant should check "yes" and explain your circumstances. Applicants who have had any of these violations will need to provide official documentation from the agency that issued the violation with your application. Applicants who check "No" on the application question, and the background check comes back anything but clear, the application will be withdrawn from the application pool. If you are unsure how to answer the question, please consult with your advisor or nurse faculty member.

For more information, please read the Program Information Packet, *"Disciplinary Actions According to KSBN"* for background check information.

References: References must have the applicant's personal signature. Three (3) reference forms are included with the application. If more than three references are submitted by the applicant, the first three (3) that arrive in the Program Specialist's Office will be used. References submitted without names will be discarded. It is the applicant's responsibility to ensure all required references have been received by the Nursing Program Specialist.

Both sections of the Articulating LPN Clinical Reference Forms are to be completed by a Practical Nurse Instructor, RN, APRN, or Physician who can confirm their skills. References can be scanned to a PDF file and emailed. **No** Jpegs, due to readability are accepted.

Prerequisites and General Education Courses: **Prerequisites:** Anatomy and Physiology (5 cr.), College Algebra, English Comp I, and General Psychology. Prerequisites need to be in process or complete by the spring semester of the application process. **General Education:** Pathophysiology, Developmental Psychology, English Comp II or Speech, and Microbiology (5 cr.). Recommended completion prior to admission to promote student success and can be in process during the application process. A minimum of 11 credits of completed prerequisites and general education courses at the end of the fall semester preceding the application deadline, are used for the application GPA. In process courses will not count towards a GPA.

TEAS Entrance Examination: Applicants are required to obtain a proficient score on the Test of Essential Academic Skills (TEAS) Exam. The TEAS Exam can be taken (3) three times during the application cycle. Study guides are available through ATI Testing (www.atitesting.com) or contact the Student Success Center for available copies to check out. TEAS Exam dates are available on the LCC [Nursing page](#). The TEAS fee is **non-refundable** and needs to be paid at the time of scheduling. Missed exams will be rescheduled and paid again. To schedule the TEAS exam, contact the Health Science Specialist, 620-820-1157, Nursing Program Specialist, 620-820-1263, or email teas@labette.edu.

Deadlines: Applicants are responsible to ensure that all of the application contents are in the Nursing Program Specialist's Office by the application deadline. Any documentation submitted after the deadline will not be included in the application. Students applying to the Associate Degree Nursing Program are admitted to the college on the same basis as other students. Admission to the College does not ensure admission into the nursing program. Admission to the Associate Degree Nursing Program does not ensure graduation and graduation does not ensure licensure.

Transcripts: Official transcripts from high school and **all other** colleges/universities must be sent to the Admissions Office in order to be applied towards a degree or certificate. Transcripts will only be accepted officially from the college/university by mail or electronically.

Reading Competency: Applicants must present placement scores for one (1) of the following: ACT Reading (17), or Accuplacer Sentence Skills (75), or Accuplacer Next Generation English Writing (263) or TEAS Reading (59).

Students interested in the nursing program can be admitted to the College on the same basis as other students, but admission to the College does not ensure admission into the nursing program. Admission to the nursing program does not ensure graduation and graduation does not ensure licensure. Acceptance into the Associate Degree Nursing Program is based on the criteria established by the Nurse Faculty Organization.



Nursing
Program

Associate Degree Nursing Program Application Fall 2026



Name: _____ LCC Student ID#: _____
Last First Middle Maiden

Aliases/AKA _____ Home Phone: _____

Mailing Address: _____ Cell Phone: _____
Street/PO BOX City State Zip

Physical Address: _____ Work Phone: _____
Street (NO PO BOX) City State Zip

E-Mail Address: _____

EMERGENCY CONTACT Name: _____ Relationship: _____
Address: _____ Phone: _____
Street City State Zip
Employer: _____ Phone: _____

EDUCATIONAL BACKGROUND
Are you a high school graduate? ☐ Yes ☐ No If no, do you have a high school equivalent (GED)?
☐ Yes ☐ No

High School: _____ Graduation Year: _____

College (s): _____

Degree(s)
Earned: _____

Have you ever attended or applied to any nursing program? ☐ Yes ☐ No

Dates Attended: _____

Reason for leaving: _____

Articulating LPN's LPN license #: _____ Exp. Date: _____

IV Therapy Certified: ☐ Yes ☐ No
IV Certification **must** show on a Kansas recognized LPN license or be in process of an IV Certification course during application process. Documentation must be provided.

WORK EXPERIENCE (within last three years)

Type of Work	Name of Employer	Location	Date Employed		Reason for Leaving
			From	To	

Have you ever been cited for Academic Dishonesty? ☐ Yes ☐ No

Check "YES" on the above question if you have been cited and charges have been dismissed.

Please refer to the Program Information Packet for details on Academic Dishonesty.

If yes, explain: (A separate sheet of paper may be submitted with application. Submit documentation of the charges or convictions with the application.)

Have you ever been charged or convicted of a misdemeanor ☐ Yes ☐ No

Have you ever been charged or convicted of a felony? ☐ Yes ☐ No

If "NO" is checked and the background results received states anything other than "Clear" the applicant will not be included in the application process.

If yes, explain: (A separate sheet of paper may be submitted with application. Submit documentation of the charges or convictions with the application.)

Please note: The Kansas State Board of Nursing has the power to deny, revoke, limit or suspend any license to practice nursing as a licensed practical nurse or a registered professional nurse that is issued or applied for if the applicant or licensee is found after a hearing:

1. To have been guilty of a felony or to have been guilty of a misdemeanor involving illegal drug offense unless the applicant or licensee establishes sufficient rehabilitation to warrant public trust except notwithstanding KSA 74-120, no license, certificate of qualification or authorization to practice nursing as a licensed professional nurse or licensed practical nurse shall be granted to a person with a felony conviction for crime against persons.
2. To be unable to practice with skill and safety due to current abuse of drugs or alcohol.

<https://ksbn.kansas.gov>

It is the policy of Labette Community College not to discriminate on the basis of age, race, religion, color, sex, physical handicaps, national origin, or ancestry in its admission. A statement of race and financial status is used only for statistical information required on state and federal forms.

Applicants are advised that disclosure of their social security number, date of birth, and information regarding conviction of crimes/infractions is required information for state board applications but is not used to determine a student's eligibility into the nursing program.

The applications of students listing crimes/infractions will be reviewed by the Kansas State Board of Nursing's Investigative Committee and may affect the approval of the application by the Board of Nursing.

I verify that I understand that according to Kansas Nurse Practice Act (65-1120), individuals may not be permitted to be licensed if found guilty of a felony, habitual drug use, mental incompetence or unprofessional conduct.

I certify that I have read and understand the Associate Degree Nursing Program Information Packet, and that all the information contained in this application is true and correct to the best of my knowledge. If any information contained herein is found to have been falsified, this application will be withdrawn and applicant will be withdrawn from the application process.

Signature: _____

Date: _____

TO COMPLY WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974 (FERPA)

No copies from the student file will be released once received in the Nursing Program office.

Students are encouraged to keep copies of all materials submitted to the program for their personal records.

Labette Community College
Associate Degree Nursing Program
Application Essay Questions
Include this page with your application

Using the topics below and a black or blue pen, provide a **handwritten** 100-word maximum essay, describing your opinion on the following question:

1. ***“What do you see as the responsibilities of the Professional Nurse in today’s work force and why have you chosen this as an academic degree and/or career path?”***

2. **Have you ever had an unpleasant experience working with people in an employee/employer relationship?** Yes_____ No_____

If yes, please explain below. A separate sheet of paper can be used if necessary. Turn in with application.

Labette Community College
Associate Degree Nursing Program
Prospective Student Nurse Reference Form
Fall 2026 Application

Applicant Printed Name _____

Applicant: Please provide signature below and give this reference form to a current/former employer or individual familiar with your academic abilities to complete and return to the Associate Degree Nursing Program.

I _____, waive my right to view this reference form.
(Program Applicant Signature)

Referee: The student listed above is applying for admission to the Associate Degree Nursing Program. Applicants to the program are required to submit references as part of the application process. You are asked to make an honest appraisal of the applicant. This reference is confidential.

On a scale of one (1) to five (5), with one (1) being the lowest possible rating and five (5) being the highest, please rate the applicant named above. If you cannot rate the applicant in all areas, please notify them so they can name another reference.

Prospective Student Reference Form can be scanned to a **PDF file** and emailed sherrys@labette.edu or directly mailed in a sealed envelope to Associate Degree Nursing Program, 200 South 14th Street, Parsons, KS 67357.

	<i>Poor</i>		<i>Average</i>		<i>Excellent</i>
PERSONAL QUALITIES	1	2	3	4	5
Professional Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Stressful Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your relationship to the Applicant:

(Family members will not be accepted.)

Employer

☐

Co-Worker

☐

Teacher

☐

Other

☐

Would you endorse this applicant as a candidate for a collaborative healthcare team?

☐ Yes

☐ No

Is this applicant an individual who would promote a culture of safety?

☐ Yes

☐ No

If you had the opportunity to employ this individual, would you do so?

☐ Yes

☐ No

Please provide additional comments about the applicant on a separate paper.

Referee Printed

Name and Credentials: _____

Date: _____

Referee Signature: _____

Phone: _____

Title/Occupational: _____

Address: _____
Street City State Zip Code

Note: If the applicant is a Licensed Practical Nurse (LPN) who is applying for admission to the program, please also complete the Articulating LPN Clinical Reference Form.

Labette Community College
Associate Degree Nursing Program
Articulating LPN Clinical Reference Form

This form needs be completed **ONLY if Applicant is currently a LICENSED PRACTICAL NURSE (LPN)** and applying to the RN Level of the Associate Degree Nursing Program. This reference form must be completed by Practical Nurse Faculty, LPN, RN, APRN, or Physician who can confirm the applicant's skills.

	Yes	No
Prepares and administers medication accurately.	<input type="checkbox"/>	<input type="checkbox"/>
Administers treatment and nursing care with safety.	<input type="checkbox"/>	<input type="checkbox"/>
Performs basic nursing skills and techniques accurately.	<input type="checkbox"/>	<input type="checkbox"/>
Maintains patient confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>
Please explain "NO answers:		
Additional comments about this Articulating LPN applicant.		

Labette Community College
Associate Degree Nursing Program
Prospective Student Nurse Reference Form
Fall 2026 Application

Applicant Printed Name _____

Applicant: Please provide signature below and give this reference form to a current/former employer or individual familiar with your academic abilities to complete and return to the Associate Degree Nursing Program.

I _____, waive my right to view this reference form.
(Program Applicant Signature)

Referee: The student listed above is applying for admission to the Associate Degree Nursing Program. Applicants to the program are required to submit references as part of the application process. You are asked to make an honest appraisal of the applicant. This reference is confidential.

On a scale of one (1) to five (5), with one (1) being the lowest possible rating and five (5) being the highest, please rate the applicant named above. If you cannot rate the applicant in all areas, please notify them so they can name another reference.

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	<i>Poor</i>		<i>Average</i>		<i>Excellent</i>
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Professional Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Stressful Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your relationship to the Applicant:

(Family members will not be accepted.)

Employer

☐

Co-Worker

☐

Teacher

☐

Other

☐

Would you endorse this applicant as a candidate for a collaborative healthcare team?

☐ Yes

☐ No

Is this applicant an individual who would promote a culture of safety?

☐ Yes

☐ No

If you had the opportunity to employ this individual, would you do so?

☐ Yes

☐ No

Please provide additional comments about the applicant on a separate paper.

Referee Printed

Name and Credentials: _____ **Date:** _____

Referee Signature: _____ **Phone:** _____

Title/Occupational: _____

Address: _____
Street City State Zip Code

Note: If the applicant is a Licensed Practical Nurse (LPN) who is applying for admission to the program, please also complete the Articulating LPN Clinical Reference Form.

Labette Community College
Associate Degree Nursing Program
Articulating LPN Clinical Reference Form

This form needs be completed **ONLY if Applicant is currently a LICENSED PRACTICAL NURSE (LPN)** and applying to the RN Level of the Associate Degree Nursing Program. This reference form must be completed by Practical Nurse Faculty, LPN, RN, APRN, or Physician who can confirm the applicant's skills.

	Yes	No
Prepares and administers medication accurately.	<input type="checkbox"/>	<input type="checkbox"/>
Administers treatment and nursing care with safety.	<input type="checkbox"/>	<input type="checkbox"/>
Performs basic nursing skills and techniques accurately.	<input type="checkbox"/>	<input type="checkbox"/>
Maintains patient confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>
Please explain "NO answers:		
Additional comments about this Articulating LPN applicant.		

Labette Community College
Associate Degree Nursing Program
Prospective Student Nurse Reference Form
Fall 2026 Application

Applicant Printed Name _____

Applicant: Please provide signature below and give this reference form to a current/former employer or individual familiar with your academic abilities to complete and return to the Associate Degree Nursing Program.

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(Program Applicant Signature)

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Prospective Student Reference Form can be scanned to a **PDF file** and emailed sherrys@labette.edu or directly mailed in a sealed envelope to Associate Degree Nursing Program, 200 South 14th Street, Parsons, KS 67357.

	<i>Poor</i>		<i>Average</i>		<i>Excellent</i>
PERSONAL QUALITIES	1	2	3	4	5
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Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Response to Stressful Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your relationship to the Applicant:

(Family members will not be accepted.)

Employer

☐

Co-Worker

☐

Teacher

☐

Other

☐

Would you endorse this applicant as a candidate for a collaborative healthcare team?

☐ Yes

☐ No

Is this applicant an individual who would promote a culture of safety?

☐ Yes

☐ No

If you had the opportunity to employ this individual, would you do so?

☐ Yes

☐ No

Please provide additional comments about the applicant on a separate paper.

Referee Printed

Name and Credentials:

Date:

Referee Signature:

Phone:

Title/Occupational:

Address:

Street

City

State

Zip Code

Note: If the applicant is a Licensed Practical Nurse (LPN) who is applying for admission to the program, please also complete the Articulating LPN Clinical Reference Form.

Labette Community College
Associate Degree Nursing Program
Articulating LPN Clinical Reference Form

This form needs be completed **ONLY if Applicant is currently a LICENSED PRACTICAL NURSE (LPN)** and applying to the RN Level of the Associate Degree Nursing Program. This reference form must be completed by Practical Nurse Faculty, LPN, RN, APRN, or Physician who can confirm the applicant's skills.

	Yes	No
Prepares and administers medication accurately.	<input type="checkbox"/>	<input type="checkbox"/>
Administers treatment and nursing care with safety.	<input type="checkbox"/>	<input type="checkbox"/>
Performs basic nursing skills and techniques accurately.	<input type="checkbox"/>	<input type="checkbox"/>
Maintains patient confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>
Please explain "NO answers:		
Additional comments about this Articulating LPN applicant.		

Labette Community College (LCC)
Procedure 3.20 Criminal Background Check
Permission and Release Form
Health Science Students

Health Science Program applicants are expected to truthfully and accurately share any information related to their criminal history--**information collected by criminal justice agencies concerning individuals, and arising from the initiation of a criminal proceeding, consisting of identifiable descriptions, dates and notations of arrests, indictments, information or other formal criminal charges and any dispositions arising therefrom**--as part of the application and enrollment process. Current students are expected to notify their respective program director if any change in their criminal history occurs while enrolled in an LCC Health Science Program.

Please review the disclosure statement included in the program application packet and sign below indicating the following:

1. I have truthfully and accurately reported my criminal history and pending charges (if any) to the Associate Degree Nursing Program Director.
2. I understand that my criminal history may impact progression in the Associate Degree Nursing Program, and/or ability to be licensed/certified in my field of study.
3. I agree to notify the Associate Degree Nursing Program Director if a change in my criminal history occurs while attending the Associate Degree Nursing Program.
4. The Associate Degree Nursing Program for which I am applying has informed me of the state licensure/certification requirements for that program.

I, _____, have read and understand that completing a criminal background check is required as part of the application process for the Associate Degree Nursing Program, and to participate in education courses that include clinical placement.

I authorize Labette Community College to release the results of any criminal background check to any site where I may be placed for any legitimate educational purpose and I waive my privacy rights under the Family Educational Rights and Privacy Act (FERPA) and consent to a background check for this limited purpose.

I hereby release Labette Community College from any liability in the event:

- I am not cleared for placement by the clinical sites and therefore, cannot continue in the program.
- I am unable to obtain the necessary credits to continue in the program due to a criminal charge or conviction that occurred after being accepted into the program.
- I am unable to obtain licensure/certification in my field of study due to adverse results on a criminal background check.
- I fail to notify the Associate Degree Nursing Program Director if a change in my criminal history occurs while attending the LCC Program.

I understand that I cannot be guaranteed placement at a clinical site and if I cannot complete the clinical requirements, I will not be able to graduate from the program.

Print Name: _____

Signature: _____

Date: _____

Please submit this signed form as part of your application to the LCC Health Science Program.
Contact the Health Science Program Director for information and direction to the appropriate agency for questions regarding criminal history and licensure/certification

Revised: 5/13/19, 6/16/25 (ss)



LABETTE COMMUNITY COLLEGE NSG EDUCATION STUDENT INSTRUCTIONS

STOP:

Applicants who are under the age of 18 please email nursing@labette.edu for background check forms. Do not follow the online instructions.

Background checks are required to ensure the safety of patients treated by students in the clinical education program. The reports are typically completed within 3-5 business days; however, you must submit your order in sufficient time for the report to be reviewed by the program coordinator or associated clinical site prior to starting the rotation. The background check is conducted by PreCheck, Inc., a firm specializing in the healthcare industry.

GETTING STARTED

Follow this link to [MyStudentCheck](#)

If you are unable to access the link, you may type in the web address located at the bottom of this page.

- Confirm the school name matches: **Labette Community College Nsg Education**
 - Select your program from the drop down menu, and then select background check.
 - Log in with your username and password. If you do not have an existing profile, please create a new account.
 - Enter the required information, provide authorization, and continue to enter payment information.
 - If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com.
 - You will be provided with a receipt and confirmation page when your order is placed.
-

PRICING

Background Check **\$55.11**

Applicable state sales tax will be collected based on your residential location.

FREQUENTLY ASKED QUESTIONS

1. What does PreCheck do with my information?

Your information will only be used for the services ordered. Your credit will not be investigated and your name will not be given out to any businesses.

2. I selected the wrong school, program or incorrect information.

Please email StudentCheck@PreCheck.com with the details.

3. Do I get a copy of the background report?

Yes, go to www.mystudentcheck.com, log in, and select Check Status.

4. I was denied entry into a program because of information on the report, who can I contact?

Call PreCheck's Adverse Action hotline at 800-203-1654.