



Nursing

NURSING ADMISSIONS TEST (TEAS) Application

For the Cohort Starting **January 2025** on the **Caswell County** Campus

The TEAS will be offered at PCC on the following dates & times.

- Thursday, July 25th: 9:00 am (Caswell) Wed., August 21st: 9:00 am (Person)
- Thursday, July 25th: 1:00 pm (Caswell) Wed., August 21st: 1:00 pm (Person)
- Tuesday, July 30th: 9:00 am (Person) Friday, August 30th: 9:00 am (Person)
- Tuesday, July 30th: 1:00 pm (Person) Sat., August 31st: 1:00 pm (Caswell)

Application to Test Form

Student Name: _____ Student ID#: _____

Email Address: _____ Telephone Number: _____

Requested Test Date: _____ Requested Test Time: _____

Please complete this section and confirm eligibility prior to submitting application to test.

- My official transcripts support that I have shown proficiency in math, reading, and writing by placing into ENG 111 and MAT 143 or 152 without the co-requisite course.
- I understand that if I have earned a “D” or “F” in a required course for the ADN program, the course must be repeated prior to entering the PCC Nursing program and earn a grade of “C” or better.
- I am prepared to take the PCC Nursing Admissions Test (TEAS), understand that I can only take the test three times in a 6-month period, and must have at least a two-week remediation period between attempts.
- I understand that the highest overall TEAS score within the 6-month period before the PCC ADN Admissions application deadline will be used for consideration.
- I understand that the \$70 testing fee is non-refundable and will need to be paid with a debit/credit card at the time of testing.
- I understand that if I qualify for testing accommodations based on a disability, I must request accommodations with the PCC Disabilities Coordinator in the PCC Student Development Office prior to scheduling the TEAS and I will notify the Director of the PCC Nursing program.
- I understand that I will not be allowed to take the TEAS without TWO forms of identification (one of which MUST be a government-issued photo ID).

Student Signature: _____ Date: _____

Please submit completed application to the PCC Director of Nursing Programs at Darrick.Woods@piedmontcc.edu