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**NURSING ADMISSIONS TEST (TEAS) Application**

*For the Cohort Starting* ***August 2025*** *on the* ***Person County*** *Campus*

**The TEAS will be offered on the Person County campus on following dates & times:**

**Friday, January 24th @ 9:00 am**

**Tuesday, February 4th @ 9:00 am**

**Wednesday, February 5th @ 1:00 pm**

**Friday, February 14th @ 9:00 am**

**Friday, February 14th @ 1:00 pm**

**Saturday, February 22nd @ 1:00 pm**

**Tuesday, February 25th @ 9:00 am**

 **Tuesday, February 28th @ 1:00 pm**

**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 Accessibility Services 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**