

## PRACTICAL NURSING PROGRAM

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To Prospective Health Career Applicant:

Individuals who are considering entering the health care profession and who may have a criminal history often ask about potential barriers to licensure, certification and registry following successful completion of an approved course.

This is the only permanent barrier to licensure in Florida. **As of July 1, 2009 any felony drug conviction or Medicaid/Medicare fraud will prohibit the eligibility of license, certification or registry in Florida for 15 (fifteen) years after the end of the probation period. Also, some felony convictions cause a person's civil rights to be taken away. For further information please contact Florida Department of Health, Division of Medical Quality Assurance, 4052 Bald Cypress Way, Tallahassee, FL 32399 (850-245-4125).**

For all other cases, the Board of Nursing makes decisions about licensure on an individual basis based upon the answers to questions on the application. The application (or the background screening) that indicates a criminal history is considered a non-routine application and must be reviewed by the board staff and possibly referred to the Board of Nursing for action.

The Board of Nursing has created guidelines for specific offenses to be cleared in the board office; however, the staff cannot make determinations in advance as laws and rules do change over time. Cases of applicants that have committed violent crimes or are repeat offenders are required to be reviewed by the Board of Nursing. Evidence of rehabilitation is important to the Board Members when making licensure decisions. In these cases, the Board may issue a license under conditions such as probation, supervision, or additional education, or simply deny the application. If drugs or alcohol are a concern, the board may require the applicant to undergo an evaluation and to sign a contract with the Intervention Project for Nurses (800-840-2720).

Each nursing program makes independent decisions about admissions into the program and may require a criminal background screening as part of that process. Clinical facilities may limit or prohibit students with criminal histories from participating in clinical experiences. Other options may not exist for the student to complete required clinical hours in order to obtain a nursing degree; thus, such a student may not be eligible for licensure in Florida.

The licensure application requires disclosure of any criminal history and the disposition of all cases prior to board review. Entry into the nursing education program is the prospective student's decision based upon the knowledge that he/she may, or may not, be granted a nursing license. All of the above factors should be taken into consideration prior to making a decision about a nursing career.

For more information, obtain the Florida Nurse Practice Act and Rules of the Board of Nursing, along with an information packet, via web site at <http://www.doh.state.fl.us/mqa> or by contacting the Call Center at 850-488-0595.

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Florida Department of Health. Board of Nursing 4052 Bald Cypress Bin C02 Tallahassee, FL 32399-3252

Phone: (850) 245-4125 . FAX: (850) 245-4172

Web: [www.doh.state.fl.us/mqa](http://www.doh.state.fl.us/mqa) . E-mail: [MQA\\_Nursing@doh.state.fl.us](mailto:MQA_Nursing@doh.state.fl.us)

# FIRST COAST TECHNICAL COLLEGE PRACTICAL NURSING PROGRAM

Dear Prospective Student:

FCTC is now accepting applications for the Practical Nursing program. Full time day and part-time evening classes are available. **Classes will meet in St. Augustine and Putnam as designated, and several clinicals sites in St. Johns, Putnam, and Clay Counties. All students are required to attend training at all locations; an evening clinical rotation is required per Florida Board of Nursing as an "alternative shift" experience.** Please indicate on the first page of the application which course you are interested in. Please know it is the student's responsibility to arrange for transportation. The course is 1350 hours in length.

**In order to be eligible for this course you will need to meet the following prerequisites and complete the following steps:**

- |   |         |
|---|---------|
| 1. Schedule date and time to attend orientation and take TABE test.                                 | \$20.00 |
| 2. Complete application form and include all required documentation.                                |         |
| 3. Submit to Registration. Application fee.   | \$10.00 |
| Schedule Critical Thinking Assessment Entrance Test.<br>(must be completed by application deadline) | \$40.00 |

**Note: All fees are nonrefundable/nontransferable and subject to change.**

**APPLICATIONS MUST BE COMPLETE and SUBMITTED IN PERSON.**

**PLEASE DO NOT MAIL YOUR APPLICATION!**

**Submit completed applications to Registration Office**

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

TABE tests are scheduled regularly. A **passing score** is required for acceptance into the program (**11<sup>th</sup> grade level in Reading, Math and Language**). TABE scores are valid for two years. If you do not have recent TABE scores on record with First Coast Technical College, please register for the test in registration.

## **In-State Tuition**

To qualify as a Florida resident for tuition purposes, a student must have established legal residence in Florida and must have **MAINTAINED** legal residence in Florida for at least **12 MONTHS IMMEDIATELY PRIOR TO THE FIRST DAY OF CLASS**. Evidence of Florida residency may include two of the following documents from Tier 1 or one from Tier 1 and one from Tier 2 (cannot have two from Tier 2) with **APPLICABLE ESTABLISHMENT DATES**:

### **Tier 1 – Must have at least one of the following documents**

1. A Florida voter's registration card
2. A Florida driver's license
3. A State of Florida identification card
4. A Florida vehicle registration
5. Proof of a permanent home in Florida which is occupied as a primary residence
6. Proof of a homestead exemption in Florida
7. Transcripts from a Florida high school for multiple years if the Florida high school diploma or GED was earned within the last 12 months
8. Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period

### **Tier 2 – May include one of the following documents**

1. A declaration of domicile in Florida (1 year after date filed)
2. A Florida professional or occupational license
3. Florida incorporation
4. A document evidencing family ties in Florida
5. Proof of membership in a Florida-based charitable or professional organization
6. Any other documentation that supports the student's request for resident status, including, but not limited to, utility bills and proof of 12 consecutive months of payments; or an official state, federal, or court document evidencing legal ties to Florida

Once the application process is completed, if accepted you will be notified to attend the Practical Nursing Program Orientation. A letter will be mailed regarding acceptance into the program approximately three weeks after the deadline date.

**Mandatory attendance is required for the Practical Nursing Orientation. Non-attendance will make you ineligible for any slots in future classes. Reapplication will be required.**

Mandatory drug testing is required at the student's expense. This screening must be completed prior to the start of clinical experience. If the student does not pass the drug screening, immediate dismissal from the program will occur.

### **SELECTION CRITERIA**

Student selection will be based on a point system and date application was submitted. Points can be accrued in the following areas:

- Residence within tri-county area (St. Johns, Putnam, & Clay) (current within 2 months)
- Current certification or licensure for CNA, EMT, or Paramedic
- Health related course completion within 2 years – Health Core, Medical Terminology, Patient Care Technician, or Medical Assisting.
- Critical Thinking Assessment score (a passing score of 50 is required; if a passing score is not achieved, you must wait three (3) months prior to retesting)
- TABE test results **OR** college degree

**See back page of application for specific point criteria. Please attach copies of required documentation with application**

### **ACCEPTANCE INTO THE PROGRAM**

If you are unable to attend when accepted, your application will be re-evaluated using the point system with the next pool of applicants, with your written request. You may increase your point ranking by submitting newly acquired qualifying criteria. If still unable to attend, your application will be deactivated and you will have to reapply. It is your responsibility to notify the school of any changes in your address or phone number. **This information must be submitted in writing.**

### **AUXILIARY AID**

This school provides auxiliary aids and services for persons with disabilities. If you need assistance during the course of your study, please contact your counselor in Building "A".

### **COURSE DESCRIPTION**

The purpose of this program is to provide students the opportunity to prepare for entry-level positions in practical nursing and to provide the community with competent, knowledgeable caregivers. Emphasis is placed on the student's developing an understanding of the physical, emotional and spiritual needs of each individual so that their healthcare needs can be met successfully. Class meeting times will be discussed during the Practical Nursing Program Orientation. The course is made up of classroom and clinical instruction provided by the local hospitals and nursing homes. Students are required to arrange their own transportation to and from class or clinical areas.

### **COURSE CURRICULUM**

This course includes, but is not limited to, theoretical instruction and clinical experience in:

Medical Nursing	Pharmacology and administration of medications
Surgical Nursing	Human growth and development
Obstetric Nursing	Body structure and function
Pediatric Nursing	Interpersonal relationship skills
Geriatric Nursing	Acute and long-term care situations
Nutrition	Vocational role and function
Mental health concepts	Personal, family and community health concepts
Legal aspects of practice	Emergency care
Bloodborne diseases.	

### **The following indicates the program structure:**

HSC0003	90 hrs	Basic Healthcare Worker
HCP0121	75 hrs	Nurse Aide and Orderly (Articulated)
PRN0091	285 hrs	Practical Nurse
PRN0092	450 hrs	Practical Nurse
PRN0096	450 hrs	Practical Nurse

## **FINANCIAL AID**

If notified to begin class, you may elect to apply for financial aid. Application processing takes approximately four to six weeks. It is your responsibility to contact the financial aid office at Palatka: (386) 326-9000, St. Augustine: (904) 547-3511. More information about initial expenses will be shared in the orientation held about one month before class begins.

## **REGISTRATION**

Registration for practical nursing class will be permitted following acceptance to the program and attendance to the practical nursing orientation. If you do not attend the orientation without making other arrangements in advance, an alternate will automatically be chosen in your place.

## **ESTIMATED COURSE FEES AND SUPPLIES**

### **Additional Fee**

Application	\$ 10.00	Books	\$ 500.00
Registration/TABE	\$ 20.00	Stethoscope	\$ 142.00
Background check	\$ 103.00	Watch w/second hand	\$ 20.00
Critical Thinking Assessment Test	\$ 40.00	Uniforms and Shoes	\$ 300.00
Drug Screening Test	\$ 65.00	Cap 'n Pinning Fee	\$ 226.00
NCLEX Licensure Exam	\$ 405.00		

<b>COURSE NUMBER</b>	<b>COURSE NAME</b>	<b>ESTIMATED COST</b>
HSC0003	Basic Health Care Worker	\$300.00
HCP0121	Articulated Nurse Aide/Orderly	\$300.00
PRN0091	Practical Nurse	\$700.00
PRN0092	Practical Nurse	\$1,100.00
PRN0096	Practical Nurse	\$1,100.00

### **ESTIMATED TOTAL COST OF PROGRAM: \$5,500.00**

**NOTE: Costs are provided to assist you with a personal cost budget, and are approximate prices, which may vary at any time.** Sales Tax is not included in estimates. If an agency is paying for your books or clothing, you must present approved voucher and payment receipt to receive items.

**\*\*\*\*\* ALL PRICES SUBJECT TO CHANGE\*\*\*\*\***

## **CHECKLIST FOR APPLICANT**

**Prior to submitting application, make one COPY of each item below and ATTACH to application. FCTC is unable to make copies of the required documentation.**

- ( ) TABE scores of 11.0 in Reading, Math and Language or AA/BS Degree with official transcript and Orientation
- ( ) High School Diploma with official transcript or GED Certificate
- ( ) Birth Certificate or Naturalization Certificate
- ( ) Passport or Permanent Resident Card (if not US citizen)
- ( ) Florida Driver's License
- ( ) Proof of Resident (Electric bill current within 2 months – **this applies to point system only – not residency requirements for tuition purposes**)
- ( ) Certification of Health Core Program Completion within 2 years in Florida (only needed to increase points-NOT REQUIRED)
- ( ) State License or Certificate (only needed to increase points-NOT REQUIRED)
- ( ) Critical Thinking Assessment (must be completed by application deadline)

# FIRST COAST TECHNICAL COLLEGE

2980 COLLINS AVENUE  
ST. AUGUSTINE FL 32084-1919  
(904) 824-4401

## PRACTICAL NURSING APPLICATION

**NOTE: All fees are non-refundable/non-transferable and subject to change.** All fees must accompany submission of this form. Application Fee \$10.00

RCPT. # \_\_\_\_\_

DATE.# \_\_\_\_\_

Initials. \_\_\_\_\_

**Applying for class: (Select ONE only)**

**Please note: Selection criteria are the basis for selection into program**

\_\_\_\_\_ Day Class Only

\_\_\_\_\_ Evening Class Only- { } St. Augustine { } Putnam County Interlachen

\_\_\_\_\_ Either Class - Day or Evening

### Current Classes Available:

Dec 2011 Day Class-SAC – (Application deadline Sept. 30, 2011)

Jan 2012 Evening Class – SAC (Application deadline Oct. 31, 2011)

Oct 2011 Evening Class – Putnam County Interlachen (Application deadline Sept. 1, 2011)

July 2012 Day Class – SAC – (Application deadline April 30, 2012)

Name: \_\_\_\_\_  
Last First Middle Maiden Name/Other Names

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Apt/Unit Number City County State Zip

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Circle Highest Grade Completed: 8 9 10 11 12 College: 1 2 3 4 yrs Graduate Level

Prior Medical Training: { } Yes { } No If yes, please provide name of school, city and state

Type of Program: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Reason for Leaving Program: \_\_\_\_\_

List courses taken since high school:

_____	_____
_____	_____
_____	_____

I verify that all information contained in this application is true and correct. I authorize the First Coast Technical College to contact former employers and educational institutes in this application, and further authorize these employers and educational institutes to release information to officials of First Coast Technical College concerning my performance and progress while under their employ or enrolled in their program(s).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**The following information is not used in the eligibility process.**

Applicant's Sex:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Race:	<input type="checkbox"/> White, Not Hispanic	<input type="checkbox"/> Black, Not Hispanic
	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Multi-Racial
	<input type="checkbox"/> Other _____	
Are you a United States citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is English your second language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

# FIRST COAST TECHNICAL COLLEGE

Practical Nursing Department  
2980 Collins Avenue, Bldg D  
St. Augustine, FL 32084-1919

## TRANSCRIPT REQUEST

PLEASE RETURN THIS FORM WITH TRANSCRIPT

TO: Admissions Office

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

**Please print clearly the name and address of the school.**

I was last enrolled at your institution during the \_\_\_\_\_ school year.

\_\_\_\_\_

Last Name	First Name	Middle Name	Previous Last Name
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\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date of Birth

Please forward a copy of my official transcript/proof of high school graduation to the above school for the Practical Nursing Program. **Please return this form with transcript.**

If you have any questions, you can contact me at:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

# StudentCheck

Look beyond grade point averages.

## INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK, AND FINGERPRINTING FOR A CLINICAL EDUCATION PROGRAM

### FIRST COAST TECHNICAL COLLEGE BACKGROUND CHECK & FINGERPRINTING

#### DO NOT SUBMIT FOR YOUR BACKGROUND CHECK UNTIL YOU HAVE BEEN ACCEPTED INTO A HEALTH CAREERS PROGRAM

Background checks and drug screening are required on incoming students to insure the safety of the patients treated by students in the clinical education program. Fingerprinting is required for a Florida-specific screening which was mandated as part of House Bill 7069, and required by Florida's Agency for Health Care Administration of applicable types of facilities where you will complete clinical work. This is in addition to the Student background check through PreCheck's StudentCheck solution. You will be required to order your background check as well as register and submit fingerprints in sufficient time to allow for items to be reviewed by the program coordinator or associated hospital prior to starting your clinical rotation. A background check typically takes 3-5 normal business days to complete. Fingerprinting collection, dissemination and results take on average 3 days. The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. PreCheck will not use your information for any other purposes other than the services ordered. Your credit will not be investigated, and your name will not be given out to any businesses. The fingerprint collection is handled by Cogent Systems, and you can find more information and a link to their registration page by going to [www.mystudentcheck.com](http://www.mystudentcheck.com) and selecting the "Student Fingerprinting" link.

#### PreCheck Student Background Check Ordering Instructions:

1. For the student background check go to [www.mystudentcheck.com](http://www.mystudentcheck.com) and select your School and Program from the drop down menus for School and Program.
2. Complete all required fields as prompted and hit Continue to enter your payment information. The payment can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. **Texas** residents will pay **\$53.58** and **New Mexico** residents will pay **\$53.09**. Residents in **all other states** will pay **\$49.50**. For your records, you will be provided a receipt and confirmation page of background check through PreCheck, Inc.

#### Fingerprint Ordering Instructions:

1. Once you've ordered your background check through [www.mystudentcheck.com](http://www.mystudentcheck.com), or if you **only** need fingerprinting, please click on the Student Fingerprinting link near the top of the screen when viewing [www.mystudentcheck.com](http://www.mystudentcheck.com). You will be taken to a page with brief information about the process, and offered a link to go directly to Cogent Systems registration page. You may also just go directly to [www.cogentid.com](http://www.cogentid.com), and click on the FL area link, then the AHCA link, and review the Registration Procedures section.
2. Click on Register Online when you are ready to register for your fingerprints. You will enter basic information, and will also be required to provide the AHCA License Number of the clinical site who is requiring your fingerprints. If you do not know the AHCA number, or one is not listed below, please contact your school or the clinical site requesting that you submit fingerprints.

**Please enter AHCA License Number:** 35961021 – You must choose Nursing Home as facility and choose RN/LPN/CNA

3. You will be prompted for payment information. The cost of the fingerprint search and collection is **\$54.25**. Once you've submitted your information you will be provided a Registration Number and the

ability to look up Cogent's fingerprinting sites. You must take your Registration Number with you to the site.

4. Once you've visited the site and your results have been processed, they will be returned directly to the clinical site that requires the fingerprinting search.

#### **FREQUENTLY ASKED QUESTIONS REGARDING PRECHECK'S BACKGROUND CHECK/STUDENTCHECK:**

- Does PreCheck need every street address where I have lived over the past 7 years? No. Just the city and state.
- I selected the wrong school, program, or need to correct some other information entered on [www.mystudentcheck.com](http://www.mystudentcheck.com), what do I do? Please email [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com), with the details.
- How long does the background check take to complete? Most reports are completed within 3-5 business weekdays.
- Do I get a copy of the PreCheck background report? Yes. Log into [www.mystudentcheck.com](http://www.mystudentcheck.com) and click on "Check Status", and enter your SSN and DOB. If your report is complete, you may click on the application number to download and print a copy. This does not apply to the fingerprint results supplied to your Clinical Site by Florida's Agency for Health Care Administration.
- I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call? Call PreCheck's Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.

If you need further assistance, with the background check or drug screening services, please contact PreCheck at [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com) . You may also review Cogent Systems' Frequently Asked Questions at [www.cogentid.com/fl/index\\_ahca.htm](http://www.cogentid.com/fl/index_ahca.htm)

## Selection Criteria for Applicants

The applicant must complete the following to be considered for acceptance.

Complete Application on file  
FCTC Orientation  
Passing TABE Test **OR** college degree  
Critical Thinking Assessment Test  
Attend Practical Nursing Orientation (upon class selection)

<u>Points</u>	<u>Possible Points</u>	<u>Category</u>
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_____	<b>0-1</b>	<b><u>Resident of St. Johns, Putnam or Clay County:</u></b> Not required. (This applies to the point system only – not residency requirements for tuition purposes)
_____	<b>0-2</b>	<b><u>Application Longevity Point:</u></b> When Applicable 1-point Six Months on waiting list 2-points One Year on waiting list
_____	<b>0-3</b>	<b><u>Current Certification/Licensure:</u></b> Not Required. 1-point CNA / EMT 1-point Paramedic 1-point Medical Assisting
_____	<b>0-3</b>	<b><u>DOE Approved Course Completion With Official Transcript:</u></b> <b>Completed within 2 yrs with 80% or higher. Not Required.</b> 1-point Health Core / Medical Terminology/Patient Care Assistant/Nursing Assistant 2-points Patient Care Technician 3-points Medical Assisting
_____	<b>0-3</b>	<b><u>Critical Thinking Assessment Test Results:</u></b> Score must be 50 or above for entrance into program. <b>Required</b> 3-points 84 – 100 2-points 67 – 83 1-point 50 – 66
_____	<b>0-3</b>	<b><u>TABE or Degree:</u></b> Placement scores must be at Level 11 or above for entrance into program. <b>Required</b> 3-points Exempt ... BS/BA <b>OR</b> AA/AS ... EMT/Paramedic 2-points 12.1 – 12.9 1-point 11.0 – 12.0
_____	<b>15</b>	<b><u>Total Points:</u></b> _____