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.

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 background conviction record guidelines please visit the Florida Board of Nursing information at http://floridasnursing.gov/licensing/licensed-practical-nurse-registered-nurse-by-examination/ or 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 Governing Board 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 for action.

The Governing Boards for each health occupation have 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 respective board. 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 a designated monitoring program.

Each health careers program makes independent decisions about admissions into the program and FCTC requires 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 complete the chosen program; thus, such a student may not be eligible for licensure, certification and registry in Florida.

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

For more information, please contact Florida Department of Health, Division of Medical Quality Assurance, 4052 Bald Cypress Way, Tallahassee, FL 32399, via web site at http://www.doh.state.fl.us/mqa or by contacting the Call Center at 850-488-0595.

Florida Department of Health. Division of Medical Quality Assurance 4052 Bald Cypress Bin C02 Tallahassee, FL 32399-3252
Phone: (850) 245-4125. FAX: (850) 245-4172
Web: www.doh.state.fl.us/mqa
Dear Prospective Student:

FCTC is accepting applications for the Practical Nursing program. **Classes will meet in St. Johns, Putnam and Clay Counties as designated, and several clinicals sites in St. Johns, Putnam, and Clay Counties. All students are required to attend training at all locations.** Please indicate on the first page of the application which course you are interested in day or evening. 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 in no particular order:**

1. Schedule date and time to attend orientation and take TABE test or meet eligible exemption. **$25.00**
2. Schedule date and time to take ATI TEAS test.
   - Minimum ATI TEAS AITS Score of 55% or higher
3. Complete application form and include all required documentation.
4. Submit to Registration. Application fee. **$10.00**
5. **All testing must be completed by application deadline**

   **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 or eligible exemption is required for acceptance into the program (11th 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.

**ADMISSION REQUIREMENTS**

1. Be at least 18 years of age upon completion of the program.
2. Official documentation of a high school diploma, GED or higher degree.
3. Must have a TABE score of 11th grade in reading, language, and math or eligible exemption or degree exemption.
4. Must have a Passing ATI TEAS AITS Score minimum of 55% required. (must be completed by application deadline)
   - Passing TEAS V AITS scores of 55% or higher will be accepted if taken within two years prior to program start date.
5. Level 2 Background Check regarding arrest and conviction at student’s expense. **Further instructions to follow once in program. Please be aware that some convictions may prevent you from entering the program contact 904-547-3471 with questions.**
6. Pass a mandatory drug testing if the student does not pass the drug screening, immediate dismissal from the program will occur. **Completed after entering the program please see program instructor for submission date.**
7. Must have a current AHA Health Care Provider BLS CPR Card - **must stay current throughout the program enrolled in. Obtained at student’s expense.**

**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

SELECTION CRITERIA
Student acceptance will be based upon date all admission requirements are met and program seating availability. Program seating is limited to 30 per class. The first 30 applicants who meet all admission requirements will be accepted, once 30 seats are filled any/all others meeting admission requirements will be placed on an alternate list by date admission requirements were met and will be chosen in this order.

ACCEPTANCE INTO THE PROGRAM
Once accepted you will be notified to attend the Practical Nursing Program Orientation.

You will be notified via email of acceptance into the program.

Mandatory attendance is required for the Practical Nursing Orientation. Non-attendance will make you ineligible for any seats in future classes and reapplication will be required.

If you are unable to attend orientation, your application will be re-evaluated with the next pool of applicants. If still unable to attend at your second opportunity, your application will be deactivated and you will have to reapply.

It is your responsibility to notify the nursing department of any changes in your address or phone number. This information must be submitted in writing, email is acceptable.

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”.

PROGRAM 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 program 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.

PROGRAM CURRICULUM
This program includes, but is not limited to, theoretical instruction and clinical experience in:

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

The following indicates the program structure:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Duration</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSC0003</td>
<td>90 hrs</td>
<td>Basic Healthcare Worker</td>
</tr>
<tr>
<td>HCP0121</td>
<td>75 hrs</td>
<td>Nurse Aide and Orderly (Articulated)</td>
</tr>
<tr>
<td>PRN0091</td>
<td>285 hrs</td>
<td>Practical Nurse</td>
</tr>
<tr>
<td>PRN0092</td>
<td>450 hrs</td>
<td>Practical Nurse</td>
</tr>
<tr>
<td>PRN0096</td>
<td>450 hrs</td>
<td>Practical Nurse</td>
</tr>
</tbody>
</table>

FINANCIAL AID
“FCTC encourages all students to apply for financial aid. Please visit our website at www.fctc.edu for detailed instructions & the required forms packet. Or, you can pick up the instructions & forms at any campus. You can start the application process at any time. You do not have to wait for your orientation, TABE test, or program application to be done. Applying for financial aid & determining eligibility usually takes 1-2 weeks. If you have questions, or would like additional assistance, please call 904.547.3511 or email susan.williams@stjohns.k12.fl.us

REGISTRATION
LPN App. Updated: September 2016
Registration for practical nursing program will be permitted following attendance of the mandatory 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

<table>
<thead>
<tr>
<th>Additional Fees</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Registration/TABE</td>
<td>$25.00</td>
<td>CPR Certification</td>
<td>$45.00</td>
<td>ATI TEAS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Documents</td>
<td>$350.00</td>
<td></td>
</tr>
</tbody>
</table>

For a cost breakdown Please go to [http://fctc.edu/consumer-information/cost-by-program/](http://fctc.edu/consumer-information/cost-by-program/)

NOTE: Costs are approximate and 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.

CHECKLIST FOR APPLICANT

Make one COPY of each item below and submit with application. FCTC is unable to make copies of the required documentation.

- TABE scores of 11.0 in Reading, Math and Language or eligible exemption or AA/BS Degree documentation or official transcript
- High School Diploma or GED Certificate documentation or official transcript
- Florida Driver’s License or Florida State ID
- Passing Test of Essential Academic Skills ATI TEAS Scores 55% (must be completed prior to acceptance)
- Residency Documentation
- Current AHA Health Care Provider BLS CPR Card – Must stay current throughout the program enrolled in

You will be required to submit documentation of a current physical examination and all immunizations listed below. Obtained at student’s expense.

To be completed after you are enrolled please see instructor for due date.

<table>
<thead>
<tr>
<th>Medical Information Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPD or CXR Negative Test Results (Tuberculin test)</td>
</tr>
<tr>
<td>Hepatitis B Vaccination, Declination or Titers of immunity</td>
</tr>
<tr>
<td>Influenza Vaccination current season</td>
</tr>
<tr>
<td>Measles documentation of two immunizations</td>
</tr>
<tr>
<td>Mumps documentation of two immunizations</td>
</tr>
<tr>
<td>Rubella documentation of two immunizations</td>
</tr>
<tr>
<td>Varicella immunization or physicians statement - documentation of two immunizations</td>
</tr>
<tr>
<td>Tdap (one-time administration) or Tetanus – within ten years</td>
</tr>
<tr>
<td>Current Physical Exam</td>
</tr>
</tbody>
</table>

FIRST COAST TECHNICAL COLLEGE

LPN App. Updated: September 2016
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: The Selection criteria is the basis for selection into program

______ Day Class Only  SAC_____

Classes Available:
January 2017, Day Class (Application deadline November 30, 2016)

Name: __________________________________________

Last                      First                      Full Middle                      Maiden/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: ____________________________ (Required)

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:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Have you ever been convicted of a crime, found guilty or entered a plea of no-contest to a crime other than a traffic violation?

{  } No  {  } Yes
If yes, please explain: ________________________________

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:  {  } Female  {  } Male

Race:  {  } White, Not Hispanic  {  } Black, Not Hispanic
{  } Asian/Pacific Islander  {  } Hispanic
{  } American Indian/Alaskan Native  {  } Multi-Racial
{  } Other __________________

Are you a United States citizen?  {  } Yes  {  } No

Is English your second language? {  } Yes  {  } No
FIRST COAST TECHNICAL COLLEGE
Practical Nursing Department
2980 Collins Avenue, Bldg D
St. Augustine, FL 32084-1919

TRANSCRIPT REQUEST

Student Current Legal Name: ________________________________

PLEASE RETURN THIS FORM WITH TRANSCRIPT

TO: Admissions Office

________________________________________________________

Please print clearly the name and address of the school.

________________________________________________________

Zip_________

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

Last Name__________ First Name__________ Middle Name__________ Previous Last Name__________

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 ____________________