

### To Prospective Nursing 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.

The only permanent barrier to licensure in Florida is not having our civil rights. Some felony convictions cause a person's civil rights to be taken away. **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. For further information please contact Florida Department of Health, Division of Medical Quality Assurance, 4052 Bald Cypress Way, Tallahassee, FL 32399 (850-245-4125).**

The Board of Nursing makes decisions about licensure based upon a number of questions on the application and on an individual basis. 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.

Each applicant is reviewed on its own merits. 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. Violent crimes and repeat offenders are required to be presented to the Board of Nursing for review. Evidence of rehabilitation is important to the Board Members when making licensure decisions.

The Board may issue a license under conditions such as probation, supervision, or additional education, or the Board may deny your 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.

# FIRST COAST TECHNICAL COLLEGE PRACTICAL NURSING PROGRAM

Dear Prospective Student:

FCTC is now accepting applications for the Practical Nursing program. There are two daytime Practical Nursing courses scheduled each year. Two evening courses are held approximately every 18 months, one at the St. Augustine Campus and one at the Putnam County Campus. **Classes will meet in both Palatka and St. Augustine, and several clinicals sites in St. Johns, Duval, 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 |
| Drug Screening Test Fee  | \$65.00 |
| 4. 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 Health Occupations Office,  
Administrative Assistant in Building D, Room 103.**

**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.

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
HCP011	75 hrs	Nurse Aide and Orderly (Articulated)
PRN0091	300 hrs	Practical Nurse
PRN0092	300 hrs	Practical Nurse
PRN0093	300 hrs	Practical Nurse
PRN0095	285 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	\$	555.00
Registration/TABE	\$	20.00	Stethoscope (TBA)		
Background check	\$	65.00	Watch w/second hand	\$	20.00
Critical Thinking Assessment Test	\$	40.00	Uniforms and Shoes (TBA)		
Drug Screening Test	\$	65.00	Cap 'n Pinning Fee		\$226.00
NCLEX Licensure Exam	\$	405.00			

COURSE NUMBER	COURSE NAME	ESTIMATED COST
HSC0003	Basic Health Care Worker	\$300.00
HCP0121	Articulated Nurse Aide/Orderly	\$300.00
PRN0091	Practical Nurse	\$885.00
PRN0092	Practical Nurse	\$953.00
PRN0093	Practical Nurse	\$885.00
PRN0095	Practical Nurse	\$909.00

**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)
- ( ) 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

Applying for class beginning: (Select ONE only)

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

\_\_\_\_ July 2010 Day Class-SAC (Application deadline May 06, 2010)

\_\_\_\_ Aug 2010 Evening Class-SAC (Application deadline June 10, 2010)

\_\_\_\_ Dec 2010 Day Class-SAC (Application deadline Sept. 30, 2010)

\_\_\_\_ Feb 2011 Evening Class-PCC (Application deadline Nov 18, 2010)

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

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

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

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

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



# 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

\_\_\_\_\_  
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



## INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK FOR HEALTH OCCUPATIONS CLINICAL EDUCATION PROGRAM

### First Coast Technical College

The hospitals associated with our clinical education program require background checks on incoming students to ensure the safety of the patients treated by students in the program. You will be required to order your background check in sufficient time for it to be reviewed by the hospital prior to starting your clinical rotation. A background check typically takes 3 normal business days to complete.

The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. Your order must be placed online through StudentCheck.

Go to [www.PreCheck.com](http://www.PreCheck.com) and click on the StudentCheck link and then click the Student button.

Complete all required fields and hit Continue to enter your payment information. The payment of \$48.50 (plus state tax for students living in Texas) 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. For your records, you will be provided a receipt and confirmation page of your background check order placed through PreCheck, Inc.

PreCheck will not use your information for any other purposes other than a background check. Your credit will not be investigated, and your name will not be given out to any businesses.

If you need assistance, please contact PreCheck at [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com).

#### FREQUENTLY ASKED QUESTIONS:

- How long does the report take to complete? Most reports are completed within 3 business weekdays.
- Do I get a copy of the report? No. Only the hospitals or school in the program have access to the reports. However, you can order a copy of your report for an additional fee at the time you place your order.
- Does PreCheck need every street address where I have lived over the past 7 years? No. Just the city and state.
- 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.
- I have a criminal record. What should I do? Disclose the crime on your application.
- **NOTE: THIS FORM IS TO BE PROCESSED AFTER YOU RECEIVE YOUR LETTER OF ACCEPTANCE INTO THE PRACTICAL NURSING PROGRAM AT FIRST COAST TECHNICAL COLLEGE.**

## 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>
_____	<b>0-1</b>	<b><u>Resident of St. Johns, Putnam or Clay County:</u></b> Not required.
_____	<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 / Advanced Medical Terminology 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>13</b>	<b><u>Total Points:</u></b> _____