



## DeSoto County School of Practical Nursing

310 West Whidden Street, Arcadia, Florida 34266  
(863) 993-1333 FAX: (863) 993-9181

Re: Practical Nursing Program 2017/2018

Dear Applicant,

Thank you for your interest in the DeSoto County Practical Nursing Program. The School District of DeSoto County was granted permission from the Region 22 Coordinating Council and the Florida Department of Education to provide this program as part of the adult school offerings in Arcadia, Florida to meet the needs of the residents of DeSoto County.

Our program has been approved by the Florida State Board of Nursing to train 12 students each year. There is considerable competition for these training slots.

### ADDITIONAL NECESSARY INFORMATION

HIGH SCHOOL / GED or COLLEGE TRANSCRIPT is required.

All transcripts must be mailed to the Family Service Center in a sealed envelope from the school which they are requested.

### PREREQUISITES:

Because the Practical Nursing program is a bridge between the CNA program and the LPN program one of the following must occur:

- Applicant must have a valid Florida CNA license *and* have worked in the nursing field for a minimum of one year within the last year or...
- The Articulated Nursing Assistant (165 hours) program must be completed prior to being accepted into the Practical Nursing Program. The CNA license must be kept current for the duration of the LPN program.

### TESTING

**Test of Adult Basic Education (TABE), Level A**

The minimum basic skills grade level required for the completion of this program is Mathematics 11.0, Reading 11.0 and Language 11.0. This grade level number corresponds to a grade equivalent score obtained on a state designated basic skills examination, the TABE test. Students must reach the required level before receiving their certification or graduation. For an appointment to take the TABE test, call the Family Service Center – Division of Career & Adult Education at 863-993-1333. Persons who have an Associate's or Bachelor's degree are exempt from this requirement.

An **NLN Nursing Pre-test** will be given as part of the application process. Please contact the testing specialist at 863-993-1333. There will be a fee for this test which is the responsibility of the applicant.

### **Background Screen and Drug Testing**

A level 2 FBI background Screen and random drug testing is required during the course of the LPN program.

### PROOF OF FLORIDA RESIDENCY:

All applicants must provide documentation for proof of Florida Residency for Tuition Purposes. To qualify for the in-state tuition rate, two (2) forms of documentation are required as specified on the enclosed "Proof of Residency for Tuition Purposes" form.

### COST OF PROGRAM

The cost of the program is approximately \$5800.00. Financial assistance and scholarships are available for those who qualify. This program has also been approved by the Department of Veteran's Affairs as a Veteran's training program thereby granting financial assistance to our veterans, contact your VA representative for further information. You may also contact CareerSource Heartland @ 863-993-1008, Florida Farmworker @ 863-784-7043, Manatee Community Action Agency, Inc. @ 863-448-9203 or the Family Service Center @ 863-993-1333 for information on their grants and scholarships. **All arrangements must be settled before the first day of the nursing program. It is advisable to apply early as it may take up to 30 days from orientation for approval of the grant/scholarship.**

### STUDENT RESPONSIBILITIES

Attached you will find the list of student responsibilities. Make sure you can abide by these attendance rules throughout the entire school year before accepting the position.

### APPLICATION PROCESS

It is the responsibility of the student to complete the application available online or from the Family Service Center each year. Applications will not be automatically mailed out to students previously tested. These applications will be due to Family Service Center on or before Friday, March 3, 2017. Three (3) references from *persons not related to the applicant*, high school/GED and college/technical center transcripts are required as part of the application. Applicants who graduated from a high school out of state should make their request for transcripts early to insure their arrival to the Family Service Center by the March 3<sup>rd</sup> due date.

**Please have all transcripts and reference letters, mailed by the individual or schools, sent directly to the Family Service Center at 310 W. Whidden Street, Arcadia, Florida 34266.** *An application is considered incomplete unless it includes the high school/GED or college transcripts, TABE test results or verification of the exemption and the three references.*

The completed application is to be mailed or turned in to the office of Division of Career & Adult Education located at the Family Service Center. An interview for each applicant will be scheduled with the Practical Nursing instructor and advisors. This consultation is designed to determine the integrity and perseverance of each applicant. The selection process will be completed by May.

### ONCE SELECTED

*If you are selected* to participate in the Practical Nursing Program, you will need to provide the following once the acceptance letter is received:

1. Immunization records
2. Physical Exam
3. Verification of medical insurance
4. Proof of residency
5. Fingerprinting (to be done at the School District Administrative offices)
6. Arrangements for financial obligations including a valid Student Aide Report from the Office of Student Financial Aid FAFSA.

If you have any further questions, please feel free to contact me at 863 / 993-1333. I hope to see you soon and do remember...

***"An education is the opening of new doors for you!"***

Sincerely,

*Theresa Wheeler*

Theresa Wheeler  
Family Service Center

## **Student Responsibilities for Attendance and Training**

1. Make prior arrangements with the instructor for absences involving extenuating circumstances. Excused absences will be granted only then and must be substantiated with documentation in students' files.
2. For absences on the day of a class, call the instructor prior to class or as soon as possible.
3. For absences on clinical days, call the instructor and call the unit of the hospital prior to the scheduled clinical time.
4. Report to the assigned clinical area fifteen (15) minutes before scheduled clinical time.
5. If late to clinical training, report directly to the instructor upon arrival at the clinical site.
6. Obtain permission from the instructor and notify the charge nurse of the unit before leaving the clinical setting for any reason.
7. If absent due to an infectious illness or if absent three or more consecutive days because of an illness, obtain a release from a doctor before returning to class.
8. Ask for any assignments covered in the classroom during absence. Make up work will be completed on students own time and be made up as soon as possible.
9. Student will be required to pay for instructors' time for any clinical make-up time that is agreed to beyond any scheduled make-up times.
10. Non-emergency medical and dental appointments must be scheduled before or after school hours.
11. Early departures, class cut, tardiness, etc., for any portion of an hour will be counted as a full hour absence. One day is equivalent to 6.25 hours, any student who misses more than five (5) days during the fall/winter term or three (3) days during the spring/summer term will be required to withdraw from the program.

## PROOF OF RESIDENCY FOR TUITION PURPOSES

To qualify for Florida Residency Tuition Rate, students will be required to show 2 forms of ID to show proof of Florida residency. One form must come from section 1 the second form can come from either section 1 or 2. If a student can not prove Florida Residency, he/she will have to pay the out-of-state tuition rate to enroll in classes.

1. The documents must include at least one of the following:
  - a. Florida voter's registration card
  - b. Florida driver's license
  - c. State of Florida identification card
  - d. Florida vehicle registration
  - e. Proof of a permanent home in Florida which is occupied as a primary residence by the individual or the individual's parent if the individual is a dependent child.
  - f. Proof of homestead exemption
  - g. Transcripts from a Florida high school for multiple years if the Florida high school diploma or GED was earned in the last 12 months
  - h. Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12 month period.
2. The documents may include one or more of the following:
  - a. Declaration of domicile in Florida
  - b. Florida professional or occupational license
  - c. Florida incorporation
  - d. Document evidencing family ties in Florida
  - e. Proof of membership in a Florida based charitable or professional organization
  - f. 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 payment; a lease agreement and proof of 12 consecutive months of payment; or an official state, federal or court document evidencing legal ties to Florida.

## Student Disqualification Guidelines — Criminal Background

A Student will be disqualified from acceptance into any nursing program if the Student admits to, or a criminal background check reveals, a conviction or any disposition other than a finding of “not guilty” or a complete dismissal of the charges for one or more of the following generic crimes or their equivalents: The criminal background check must include all cities, counties, and states in which the Student has resided and worked at any time during the preceding ten (10) years.

Murder

Manslaughter

Carjacking

Use of a weapon in the commission of a crime

Robbery or theft (including, but not limited to, theft by falsification of financial records or embezzlement)

Passing worthless checks

Credit card fraud/fraudulent use of a credit card

Forgery

Identity theft

Burglary

Arson

Kidnapping

False Imprisonment

Home invasion

Assault

Aggravated assault

Battery

Aggravated battery

Resisting arrest with violence

Domestic violence

Any stalking offense

Rape

Sexual battery

Trespass for sexual purposes (e.g., peeping)

Lewd and lascivious behavior

Lewd and lascivious act upon a child

Lewd act in the presence of a child

Child abuse

Child abandonment

Child neglect

Any other crime involving physical violence or a crime against a child

Possession of child pornography

Sale, delivery or trafficking in child pornography

Exploitation, neglect, or abuse of a disabled adult or elderly person

Sale, delivery or trafficking in narcotics (drugs)

Felony possession of a controlled substance

Any other felony level offense involving violation of a drug abuse prevention and control law  
(including but not limited to felony level possession, sale, purchase, manufacture, or use of  
controlled substance in violation of applicable law)

Felony driving while intoxicated or under the influence of drugs or alcohol

Falsification of prescription records

Hate crimes

Terrorism

Escape or attempted escape from incarceration

A Student who admits to, or whose criminal background check reveals, a criminal conviction or any disposition other than a finding of “not guilty” or a complete dismissal of the charges relating to crimes other than those listed above is not automatically disqualified and may be considered for acceptance into any nursing program based on a case-by-case evaluation, including but not limited to, the following factors: nature of the offense(s); criminal history (pattern/recidivism); remoteness in time of the offense; relevance of offense to position being offered; age at time of offense; and evidence of rehabilitation.

# EQUAL EDUCATIONAL OPPORTUNITIES

## ASSURANCES

### SCHOOL BOARD POLICY EPS CODES: AA & JFCL NON-DISCRIMINATORY MINORITY LANGUAGE EQUITY

"National origin minority or limited English proficient students shall not be subjected to any disciplinary action because of their use of a language other than English." [FAC 6A-6.0908(3)]. If you feel you have been unfairly discriminated against and disciplined because of your use of a language other than English in the DeSoto County public schools, please notify the school principal and/or Mrs. Angela Staley, Director of ESE and Student Services at (863) 494-0261.

### VOCATIONAL EDUCATION EQUITY SCHOOL BOARD POLICY EPS CODE: AA

All vocational courses are open to all students without regard to race, color, national origin, sex or disability. If you feel you have been discriminated against in any one of these areas, please notify your principal and/or Mrs. Angela Staley, Director of ESE and Student Services at (863) 494-0261.

### AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER SCHOOL BOARD POLICY EPS CODE: AC

Unlawful Discrimination Prohibited. The DeSoto County School Board subscribes to and will comply with the Florida Educational Equity Act. The school board will ensure implementation of this Act in the following areas: treatment of students, health services, interscholastic, club and intramural athletics, student financial assistance, student employment, educational and work environment, and personnel.

No person shall, on the basis of race, color, religion, sex, national origin, disability, age or marital status, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity except as provided by law.

General Authority 230.22 FS, 228.2001 FS, DOE Rules 6A-19.01, 6A-19.10.

Dr. Angela Staley, Director of ESE and Student Services at (863) 494-0261.  
Equity Coordinator 494 N. Manatee Ave. Arcadia, FL 34266  
(863) 494-0261





Employment History for the past three (3) years including self - employment, military and unemployed periods of time.

Time Periods	Firm name & phone number (required)	Employed Years / Days	Supervisor	Duties

All applicants must submit the names of three (3) individuals *to whom they have **not** mailed the standard reference letter.* Letter of reference **should not be from relatives** and at least one should be from the most recent employer. (Please refer to the cover letter for dates the letters are due back to the Family Service Center.)

Reference	Address	Phone Number

I hereby represent that each answer to a question here in and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the questions or subject to which the answer or information relates. I understand that any incorrect, incomplete, or false statements or information furnished by me will subject me to discharge at any time. In the event that the DeSoto County School of Practical Nursing Program accepts me, I agree to comply with all of its orders, rules and regulations. I hereby authorize my former employers to give any information regarding my employment with them and in addition, to furnish any other information they may have concerning me.

I hereby authorize the release of all information from any and all law enforcement agencies where protected under the Privacy Act.

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

**TO BE COMPLETED BY APPLICANT:**

1. Have you ever been treated for any of the following problems, diseases or conditions in the past or present?

A. Indicate Yes or No to each item:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Visual Defect      | <input type="checkbox"/> Yellow Jaundice         |
| <input type="checkbox"/> (Hepatitis)         |   |  |
| <input type="checkbox"/> Tuberculosis        | <input type="checkbox"/> Varicose Veins     | <input type="checkbox"/> Skin Disorder           |
| <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Heart Trouble      | <input type="checkbox"/> Emotional/Mental Issues |
| <input type="checkbox"/> Back Injury/Trouble | <input type="checkbox"/> Hemorrhoids        | <input type="checkbox"/> Joint Problems          |
| <input type="checkbox"/> Neck Injury/Trouble | <input type="checkbox"/> Asthma, Emphysema  | <input type="checkbox"/> Hearing Defect          |
| <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Alcoholism              |
| <input type="checkbox"/> Rheumatism/Gout     | <input type="checkbox"/> Anemia             | <input type="checkbox"/> Chicken Pox             |
| <input type="checkbox"/> Bleeding Problems   | <input type="checkbox"/> Ulcers (stomach)   | <input type="checkbox"/> Rubella                 |
| <input type="checkbox"/> Severe Headaches    | <input type="checkbox"/> Drug Problems      | <input type="checkbox"/> Mumps                   |
|  | <input type="checkbox"/> Blood Pressure     |  |

B. Operations in the past: \_\_\_\_\_

Explain: \_\_\_\_\_

C. Medications: \_\_\_\_\_

D. Personal Physician: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Have you in the past, missed time from your job for any illness, injury, etc.? \_\_\_\_\_

3. Have you ever had a serious medical illness requiring hospitalization? \_\_\_\_\_

If so, explain: \_\_\_\_\_

4. Have you ever been convicted of a: misdemeanor? Yes No; of a felony? Yes No

- As a student a background check and random drug testing is required.

5. What will be your method of payment for the Practical Nursing program? \_\_\_\_\_

Please be reminded, a minimum of 30 days is required for application and approval of any grant/scholarship.

**I affirm that all answers and/or information given on this form are true and correct.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Equal Opportunity/Affirmative Action Employer: The School Board of DeSoto County does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, or genetic information in employment or the provision of services.  
Mrs. Angela Staley, Equity Coordinator – School District of DeSoto County Phone (863) 494-0261**



**SCHOOL DISTRICT OF DESOTO COUNTY  
DIVISION OF CAREER AND ADULT EDUCATION**

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Family Service Center  
310 West Whidden Street  
Arcadia, Florida 34266

**RELEASE OF INFORMATION**

I hereby grant permission to the School District of DeSoto County - Division of Career and Adult Education programs to make inquiries on my behalf to outside agencies, i.e. employers, schools / colleges, doctors, mental health agencies etc. and authorize these agencies to release information to the School District of DeSoto County - Division of Career and Adult Education.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student ID Number

## Employment Related Reference

DeSoto County School of Practical Nursing - School District of DeSoto County  
310 West Whidden Street, Arcadia, Florida 34266  
Phone: (863) 993-1333 Fax: (863) 993-9181

To: \_\_\_\_\_  
(Name of person completing the reference letter)

Date: \_\_\_\_\_

I have applied for admissions into the DeSoto County Practical Nursing Program for the 2017-2018 school year. The application process requires the completion of two (2) employment related references.

I would like to request that you take the time to complete the required form and return to:

DeSoto County School of Practical Nursing  
310 West Whidden Street, Arcadia, Florida 34266  
Attention: Nursing Application

Applicant Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

What was your relationship with the applicant? \_\_\_\_\_

If the applicant worked with you, did you directly supervise her/him? \_\_\_\_\_

What were the applicant's major job duties? \_\_\_\_\_

How well did the applicant relate to others on the job? \_\_\_\_\_

How would you evaluate the applicant's work quality and quantity (productivity)? \_\_\_\_\_

What were some of the applicant's strengths? \_\_\_\_\_

In what areas did the applicant need improvement? \_\_\_\_\_

\*How would you evaluate the applicant's work habits such as attendance, punctuality, dependability and observance of work rules? \_\_\_\_\_

What was the applicant's reason for leaving? \_\_\_\_\_

Would you rehire the applicant? \_\_\_\_\_

Other comments \_\_\_\_\_

*\* Highly Important*

Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_  
DIS-WFD-1-9-038-R12/06

## Personal Reference

DeSoto County School of Practical Nursing  
School District of DeSoto County  
310 West Whidden Street      Arcadia, Florida 34266  
Phone: (863) 993-1333      Fax: (863) 993-9181

To: \_\_\_\_\_  
(Name of person completing reference letter)

Date: \_\_\_\_\_

I have applied for admissions into the DeSoto County Practical Nursing Program for the 2017-2018 school year. The application process requires the completion of three (3) references, one of which must be a personal reference.

I would like to request that you take the time to complete the required form and return to:

DeSoto County School of Practical Nursing  
310 West Whidden Street      Arcadia, Florida 34266

Attention: Nursing Application

Applicant Name: \_\_\_\_\_

What is your relationship with the applicant? \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

What are some of the applicant's character strengths? \_\_\_\_\_

Do you consider the applicant trustworthy? Explain: \_\_\_\_\_

Does the applicant have shortcomings that would interfere with their participation in the nursing program?

Explain: \_\_\_\_\_

Does the applicant have a strong support system in family and friends? Explain: \_\_\_\_\_

Are there any circumstances that would prohibit the applicant from successfully completing the program?

Explain: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_