

Gadsden Center for Health Education

Practical Nursing & Patient Care Assistant

2018-2019 Admission Packet



Located At:
Gadsden Technical Institute
201 Martin Luther King, Jr., Boulevard
Quincy, FL 32351
(850) 875-2342
www.gadsdentech.org

Mission Statement

The mission of Gadsden Technical Institute is to recognize the worth and potential of each student. We are committed to providing opportunities for basic and advanced instruction in a conducive learning environment. The Center encourages academic and technical curiosity, innovation and creativity by integrating applied academic skills in all occupational areas. We strive to instill the attitudes and skills necessary to produce motivated, self-sufficient individuals who are able to function effectively in our ever-changing, complex society.

Admission Procedures

201 Martin Luther King, Jr. Boulevard
Quincy, FL 32351
Phone: (850) 875-8324
FAX: (850) 875-7297
www.gadsdentech.org

Dr. Sylvia Jackson, Director
Adult, Career, and Technical Education

Mrs. Doris Drake, BSN, RN
Practical Nursing & Patient Care Assistant Coordinator

Thank you for your interest in the Gadsden Center for Health Education, School of Practical Nursing & Patient Care Assistant Programs at Gadsden Technical Institute. It is important that you take a moment and read the following information to better understand the admission and application process for both programs:

Practical Nursing & Patient Care Assistant Requirements:

The Practical Nursing Program functions under the Career, Technical and Adult Education Program of the Gadsden County School Board. It is approved by state agencies, namely, the state Department of Education and the Florida Board of Nursing. As this program is approved by both agencies, graduates are eligible to take the National Council Licensure Examination for Practical Nurses (NCLEX-PN). Upon passing the NCLEX-PN, the Florida Board of Nursing will issue a license to practice as a Licensed Practical Nurse in Florida. Faculty members are registered nurses licensed by the state of Florida Board of Nursing. Faculty members consider students to be dedicated learners who will assume responsibility for their own learning and progress throughout the program. Clinical practice is obtained in surrounding hospitals, long term care centers, physician offices and other area healthcare facilities.

All Applicants:

1. Must have completed at least four years of high school or the equivalency thereof (GED), or a high school senior who is 18 years old or older, and has met all high school graduation requirements. (All applicants under 18 must have parent/legal guardian consent to enroll.)
2. Must be able to read, write and speak the English language.
3. Must provide a copy of an official form of identification. (Example: Driver's License, State ID)
4. Must submit an official sealed/unopened transcript from last school attended.
5. Must submit applications to both Gadsden Technical Institute (GTI) and the School of Practical Nursing. Applications are available on the schools website at www.gadsdentech.org
6. Must take the T.A.B.E. as part of the admission process.
7. Practical Nursing applicants must take the nursing entrance exam (ATI-TEAS) prior to admission. **The Patient Care Applicant is not required to take the ATI-TEAS exam.**
8. Must submit three current reference letters.
9. Must have up to date physical and immunizations.
10. Must attend mandatory new student orientation.
11. Must undergo Level II Background Screening. (This screening process will be directed by the Program's staff at a later date. No action is required by the applicant at this time.)
12. Must undergo random Drug Screening. (This screening process will be directed by the Program's staff at a later date. No action is required by the applicant at this time.)

Successful completion of the program is dependent on meeting all the requirements.

DETAILED INFORMATION OF PROGRAM REQUIREMENTS

Requirements Details:

➤ **SCREENINGS:**

A Level II criminal background screening is required once accepted into your program of choice. Students must have a clear background in order to participate in the mandatory clinical rotation, as well as to obtain licensure.

Please note that clearance of background screening by the clinical facility is not a certainty that the Florida Board of Nursing (FBON) will approve testing for licensure. Applicants are encouraged to visit the FBON website at <http://www.doh.state.fl.us/mqa/nursing/> for information regarding licensure requirements prior to beginning the application process.

Applicants must successfully complete all of the required criteria and have all relevant documentation on file with Gadsden Technical Institute and the Nursing Department by the specified deadline date on the admission packet.

Meeting the criteria for selection does not guarantee admission to the Nursing Program. Final selection will be based on the qualified applicant pool and space available.

Note: Numbers one through nine from page 1 must be completed and submitted with the application by the deadline. Late and/or incomplete packets will not be considered.

➤ **TESTING:**

The admission process includes T.A.B.E. testing. For all Practical Nursing applicants, a level 11 score must be obtained prior to completion of the program in mathematics, reading and language. For all Patient Care Assistant applicants, a level 10 is desired in all areas. A copy of your T.A.B.E. results should be submitted with your admission packet. High School seniors are not required to take T.A.B.E.

Practical Nursing Applicants must also take the nursing entrance exam (ATI-TEAS). The desired proficiency level score is a minimum of 58%. Both exams are offered at GTI. For more information on the dates and times, you may contact the school at (850-875-8324). You must register for the exams. The fee for the T.A.B.E. exam is \$15.00 and the ATI-TEAS exam is \$70.00. Fees may be paid the day of the exam. Applicants with an AA Degree or higher as verified by an official transcript are exempt from the T.A.B.E. exam.

- ❖ Study guide and / or practice test for ATI-TEAS can be purchased at www.atitesting.com
- ❖ Practice test for TEAS can be found on www.teaspracticetest.com

➤ **HEALTH REQUIREMENTS:**

Applicants are required to be in good mental and physical health and must submit proof of a recent medical evaluation (not more than 6 months old; see attached form). If after acceptance, a student's health status changes, further documentation may be required stating the student is mentally and physically able to continue the Program. Applicants are also required to provide proof of the following current immunizations:

- ☑ Tetanus, within the past 10 years (Td or Tdap).
- ☑ MMR x2 (given on or after the applicant's first birthday). Official documentation of immunity is also acceptable.
- ☑ Hepatitis B series.
- ☑ Varivax x2. Official documentation of immunity (titer results) is also acceptable.
- ☑ PPD/Tuberculin skin test within past 12 months.*
*PPD/Tuberculin skin testing is valid for one (1) year from date of administration. Students who test positive for tuberculosis must show proof of a negative chest x-ray to satisfy this requirement.
- ☑ Flu Vaccine (within 12 months is recommended).

➤ **REFERENCES:**

Applicants must submit three current reference letters: two professional references (recent employers, former teachers, counselors, etc.) and one personal reference (may not be family member).

➤ **TRANSCRIPTS:**

Applicants are required to show proof of an academic high school diploma or general equivalency diploma (GED). An official transcript (sealed/unopened) from last school attended must be submitted with admission packet.

➤ **NEW STUDENT ORIENTATION:**

After submitting a completed application to both Gadsden Technical Institute (GTI) and Gadsden Center for Health Education Nursing Department, a mandatory new student orientation will be scheduled. This orientation provides potential students with an overview of Gadsden Technical Institute (GTI) and the, specific program's code of conduct, available financial assistance, and general GTI campus information. This is also an opportunity for applicants to ask questions about the school and the nursing program.

➤ **INTERVIEW:**

After the completed admission packet has been submitted an interview with the Nursing Program Coordinator and/or designated faculty member(s) will be scheduled. All interviews will be completed before acceptance into the program.

➤ **DRUG SCREENING:**

Drug screening is not required prior to admission into the program. However, all students must submit to random drug screenings after entering the Practical Nursing Program and prior to having access to the clinical health care facilities utilized in the Program. This is a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirement demanded of all acute care.

➤ **MEDICAL CERTIFICATION:**

Points will be given to any applicant who holds a current medical certification (i.e. CPR, medical assistant, phlebotomy, etc...). Submit a photo copy of the certification with this application.

ADDITIONAL INFORMATION

LENGTH OF PROGRAM:

- ❖ Practical Nursing:
The program is divided into five (5) Terms equaling 1,350 hours, and takes approximately 11 ½ months to complete.
- ❖ Patient Care Assistant:
The program is divided into four (4) Terms equaling 290 hours, and takes approximately 6 months to complete.

COST OF PROGRAM:

- ❖ Practical Nursing:
The cost of the Practical Nursing Program is approximately \$ 7,600.00. (**Note: This amount is subject to change**). Payments are divided by the Program's Curriculum's Terms into a five-payment schedule and are due at the beginning of each Term without exception.
- ❖ Patient Care Assistant:
The cost of the Patient Care Assistant Program is approximately \$1,800.00. (**Note: This amount is subject to change**). Payments are divided into a two payment schedule.

All expenses are incurred after acceptance into Gadsden Center for Health Education at Gadsden Technical Institute with the exception of TEAS Nursing Entrance Exam and the TABE.

FINANCIAL ASSISTANCE: Financial assistance may be available. For more information contact the Job Development Counselor, Mrs. DuPont-Bradwell at 850-875-8324, Ext. 5103.

CLASS/CLINICAL TIMES:

Practical Nursing classroom hours are: 8:00 AM – 3:30 PM, Monday -Friday
Patient Care Assistant classroom hours are: 4:00 PM – 8:00 PM, Monday-Thursday
All clinical days and hours may vary from: 6:45 AM – 2:45 PM and/or 2:45 PM – 10:45 PM

ACCEPTANCE:

Applicants who have met the requirements for admission will be placed into a selection pool and chosen based on a defined point system and the number of available seats. In the event the number of eligible applicants exceeds the number of seats available and/or a tie occurs, a random lottery-type selection system will be used.

Applicants who are selected will be notified approximately two to three weeks after all interviews are completed. If an applicant is selected and does not complete the admission process, the applicant must reapply for the next school year.

APPLICATION:

Ensure documentation is clear and legible. If handwritten please print using black ink. Document N/A if a section does not apply to you. Answer all sections accurately and completely. All pages must be returned. The admission packet may be returned to the front office at Gadsden Technical Institute or mailed to:

*Gadsden Center for Health Education
Nursing Department
AT
Gadsden Technical Institute
Attn. Doris Drake, Program Coordinator
201 Martin Luther King, Jr. Blvd.
Quincy, Florida 32351*

Gadsden Center for Health Education
Practical Nursing & Patient Care Assistant
At
Gadsden Technical Institute



201 Martin Luther King Jr., Blvd. Quincy, Florida 32351* 850-875-8324 (Main)* 850-875-7297 (Fax) * www.gadsdentech.org*

Admission Application

(Print or Type)

Please Select Desired Program: Practical Nursing Patient Care Assistant

PERSONAL INFORMATION

 Last Name First Name Middle Name Maiden Name

Mailing Address: _____
 Number and Street, or P.O. Box City State Zip Code

Physical Address: _____
 Number and Street City State Zip Code

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Ethnicity: Hispanic or Latino Telephone Number(s): _____
 Not Hispanic or Latino
 I prefer not to answer

Are you: U.S. Citizen Race: American Indian / Alaskan Native
 Non-resident Alien Asian
 Permanent Resident Alien Black or African American
 Unknown or Not Reported Native Hawaiian or Other Pacific Islander
 I prefer not to answer

EDUCATION:

How did you obtain your High School Diploma? Standard High School Diploma
 GED Testing
 Home Schooled
 Other, explain: _____
 Year received: _____

Have you received any previous post-secondary education? Yes
 No

If yes, where did you attend?

Did you complete your program? Yes (if yes, year received: _____)
 No

EMPLOYMENT / EXPERIENCE

Are you currently employed in a healthcare related area?

- Yes
- No

If yes, where?

Are you still employed with the organization?

- Yes
- No

List any employment, and/or experience for the past (2) years: (Starting with current)

Dates:	Position Title:	Employer's Name, Address, and Phone

GCHE /GTI PROGRAM INTEREST AND ADDITION INFORMATION:

How did you learn about GCHE at GTI Practical Nursing or Patient Care Assistant Program?

Have you previously applied for admission or attended GCHE at GTI Practical Nursing or Patient Care Assistant Program?

- Yes
- No

If yes, please give date information?

Are you prepared to meet the financial requirements of this Program?

- Yes
- No

Explain.



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Please Select Program: Practical Nursing Patient Care Assistant

HEALTH RECORD PHYSICAL EXAMINATION

NAME: _____ AGE: _____ DOB: _____ DATE: _____

MEDICAL HISTORY

TO BE COMPLETED BY APPLICANT

Please indicate if you have a history of the following health problems and the approximate dates or age when they occurred.

DISEASE	YES	DATE/ AGE	NO
Diphtheria			
Whooping Cough			
German Measles			
Chicken Pox			
Scarlet Fever			
Anemia			
Epilepsy			
Tetanus (Lockjaw)			
Rheumatic Fever			
Measles			
Mumps			
Smallpox			
Polio			
Sickle Cell Anemia			
Seizures			
Diabetes	<i>What Treatment?</i>		

Do you have any allergies (food, drugs, etc.)? _____ Yes _____ No
If yes, name. _____

Any history of serious injuries? _____ Yes _____ No
If yes, explain. _____

Any history of major surgery? _____ Yes _____ No
If yes, explain. _____

List all medications you are currently taking and reason for taking each.

MEDICATION	REASON

PROGRAM ESSENTIAL TASKS

Health related occupations are demanding, both physically and emotionally. Before entering a program in the health field, it is important to review the following tasks which have been established. Their performance is essential for success in the program.

Mental and Emotional Requirements:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to cope with a high level of stress |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to make fast decisions under high pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to cope with the anger/fear/hostility of others in a calm manner |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to interpret audible sounds of distress |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to manage altercations |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to concentrate |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to cope with confrontation |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to handle multiple priorities in a stressful situation |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to assist with problem resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to work alone |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to demonstrate a high degree of patience |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to adapt to shift work |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to work in areas that are close and crowded |

Please explain any other significant health issues: _____

I certify by my signature that the above information is true, complete and accurate.

APPLICANT SIGNATURE

DATE

Original to be retained with Gadsden Center for Health Education, Nursing Department, at Gadsden Technical Institute.

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Please Select Program: Practical Nursing Patient Care Assistant

HEALTH RECORD

TO BE COMPLETED BY HEALTH CARE PROVIDER

NAME: _____

DATE: _____

(Documentation of the following information is required).

MEDICAL HISTORY VERIFICATION

IMMUNIZATIONS/BOOSTER	DATE(S) RECEIVED	COMMENTS/FOLLOW-UP (if applicable)
Tetanus		
MMR (Measles, Mumps, Rubella) Vaccine X2		
Hepatitis B Vaccine Series (3)		
Varivax X2 or Varicella <i>(Titer)</i>		
Flu Vaccine		
OTHER		
PPD (Tuberculin Skin Test)	Results:	
Chest X-ray (if previous positive PPD)		

***Immunization/shot record must be submitted with this physical examination

PHYSICAL EXAMINATION

		Normal	Abnormal	COMMENTS (for Abnormal)
1.	EYES: (Discharge, Strabismus, Pterygium, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
2.	EARS: (Discharge, Evidence of deafness, middle ear or mastoid disease, drums absent, perforated, dull, retracted.)	<input type="checkbox"/>	<input type="checkbox"/>	
3.	NOSE: (Obstruction, evidence of chronic sinus infection)	<input type="checkbox"/>	<input type="checkbox"/>	
4.	THROAT: (Tonsils enlarged or removed)	<input type="checkbox"/>	<input type="checkbox"/>	
5.	MOUTH: (Missing teeth, pyorrhea, caries, abnormal tongue or palate)	<input type="checkbox"/>	<input type="checkbox"/>	
6.	NECK: (Thyroid enlargement)	<input type="checkbox"/>	<input type="checkbox"/>	
7.	BREAST: (Abnormal discharges, nodules, masses)	<input type="checkbox"/>	<input type="checkbox"/>	
8.	LUNGS: (Conformation, respiratory movement, breathing sounds)	<input type="checkbox"/>	<input type="checkbox"/>	
9.	ARTERIES: (Peripheral pulsation)	<input type="checkbox"/>	<input type="checkbox"/>	
10.	HEART: (Enlargement, thrills, murmurs, rhythm)	<input type="checkbox"/>	<input type="checkbox"/>	
11.	VEINS: (Varicose, location, severity)	<input type="checkbox"/>	<input type="checkbox"/>	
12.	ABDOMEN: (Scars, masses, palpable liver or spleen, tenderness)	<input type="checkbox"/>	<input type="checkbox"/>	
13.	HERNIA: (Type, severity)	<input type="checkbox"/>	<input type="checkbox"/>	
14.	GENITALIA/MALE: (Discharge, varicocele, prostate)	<input type="checkbox"/>	<input type="checkbox"/>	

		Normal	Abnormal	COMMENTS (for Abnormal)
15.	GYNECOLOGICAL: (Significant abnormal condition, severity)	<input type="checkbox"/>	<input type="checkbox"/>	
16.	ANO-RECTAL: (Hemorrhoids, prolapse, fissure, fistula)			
17.	NERVOUS SYSTEM: (Gait, reflexes, sensation)	<input type="checkbox"/>	<input type="checkbox"/>	
18.	PSYCHIATRIC: (Mood, abnormal behavior, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
19.	SKIN: (Lesions, scars, abnormalities, extent and severity)	<input type="checkbox"/>	<input type="checkbox"/>	
20.	ORTHOPEDIC: (Congenital or acquired impairment, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
	OTHER			
21.	GOOD HEALTH HABITS	<input type="checkbox"/>	<input type="checkbox"/>	
22.	PHYSICAL HANDICAP OR LIMITATION	<input type="checkbox"/>	<input type="checkbox"/>	
23.	SEIZURE DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	
24.		(Other)		

PROGRAM ESSENTIAL TASKS

Health related occupations are demanding, both physically and emotionally. Before entering a program in the health field, it is important to review the following tasks which have been established. Their performance is essential for success in the program.

To be completed and signed by the Health Care Provider ONLY:

Physical Requirements:

- Ability to perform repetitive tasks
- Ability to walk the equivalent of five miles per day
- Ability to reach above shoulder level
- Ability to project audible verbal communications at a distance of 4 feet
- Ability to demonstrate high degree of manual dexterity
- Ability to work with chemicals and detergents
- Ability to tolerate exposure to dust and/or odors
- Ability to grip
- Ability to distinguish colors
- Ability to lift a minimum of 25 lbs. & maximum of 100 lbs.
- Ability to bend knees
- Ability to sit or stand for long periods of time
- Ability to perform CPR
- Vision within normal limits
- Hearing with normal limits

ADDITIONAL COMMENTS: _____

I have completed the physical examination, reviewed the health record and find this person to be free of communicable disease, meet the above requirements and is able to participate in the program selected above.

Signature and Title of Examiner

Date

It is my recommendation that this person not participate in the Program at this time.

Signature and Title of Examiner

Date

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Please Select Program:

Practical Nursing

Patient Care Assistant

In order to be considered for admission into the program selected above, I understand that approval is contingent upon a satisfactory physical examination and completion of the application process.

I MUST HAVE:

1. Submitted a complete admission packet and that an incomplete packet will not be considered. (All pages must be returned).
2. A Valid Driver's License or an official ID (and submit a copy).
3. The ability to drive or have reliable transportation to applicable clinical facilities.

Applicant Signature: _____

Date: _____

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