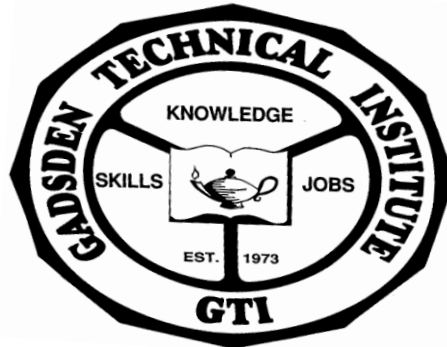


The School Board of Gadsden County



201 Martin Luther King, Jr., Boulevard
Quincy, FL 32351

Gadsden Center for Health Education School of Practical Nursing

ADMISSION PACKET

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



GADSDEN CENTER FOR HEALTH EDUCATION SCHOOL OF PRACTICAL NURSING

201 Martin Luther King, Jr. Boulevard

Quincy, FL 32351

Phone: (850) 875-8324

FAX: (850) 875-7297

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

*Shelia Atkins, BSN, RN
Nursing Program Coordinator*

Thank you for your interest in Gadsden Center for Health Education School of Practical Nursing. It is important that you take a moment and read the following information to better understand the application and admission process.

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.

REQUIREMENTS:

1. Must be at least 18 years old to be admitted to the school of practical nursing or at least 16 years old if a high school student to attend both Gadsden Technical Institute (GTI) and the school of practical nursing per completion of academic requirements. Contact the school for more information on high school student admission. (All applicants under 18 must have parent/legal guardian consent to enroll.)
2. Must have completed at least four years of high school or the equivalency thereof (GED).
3. Must be able to read, write and speak the English language.
4. Must provide official identification. (Example: Driver's License, State ID)
5. Must submit an official transcript from last school attended (sealed/unopened).
6. 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
7. Must take the T.A.B.E. as part of the admission process.
8. Must take the nursing entrance exam (TEAS –V) prior to admission.

9. Must submit three current reference letters.
10. Must have up to date immunizations.
11. Must attend mandatory new student orientation.
12. Must undergo Level II Background Screening at the applicant's expense. 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.
13. Must undergo random Drug Screening. The cost of the screening is \$75.00 and is due upon notification of acceptance into the Nursing Program. 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.

1. SCREENINGS:

A Level II criminal background screening is required prior to enrollment at the applicant's expense. 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 the Gadsden Technical Institute and the School of Practical Nursing by 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: #4 through #10 above must be completed and submitted with the application by the deadline. Late and/or incomplete packets will not be considered.

2. TESTING:

The admission process includes T.A.B.E. testing. A level 11 score must be obtained prior to completion of the program in mathematics, reading and language. A copy of your T.A.B.E. results should be submitted with your admission packet. T.A.B.E. results are valid up to one (1) year of testing. The exam is offered at GTI. For more information on the dates and times, you may inquire at the school's front desk (850-875-8324). The cost of this exam is \$15.00 and may be paid the day of the exam. Applicants with an AA Degree or higher verified by official transcript are exempt from the exam.

Applicants must also take the nursing entrance exam (TEAS –V). The desired proficiency level score is a minimum of 58%. This exam is offered at Gadsden Center for Health Education School of Practical Nursing. Dates and times are included in admission packet. You must call to register for the exam (850-875-8324, Ext. 5111 or Ext. 5108). The fee for the exam is \$55.00. Applicants with a Bachelor Degree or higher verified by official transcript are exempt from the exam. Additional testing site locations are available upon request. Results must be submitted with your application.

1. Study guide for TEAS can be purchased at atitesting.com

2. Practice test for TEAS can be found on testprepreview.com

Version V - Prepare for the Test of Essential Academic Skills (TEAS® V) with the TEAS V study manual and online practice assessments (form A and B) specific to TEAS version V. It works - on average students that use ATI TEAS prep materials score higher on their exam.



\$99.00

3. 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).

4. 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).

5. 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.

6. NEW STUDENT ORIENTATION

After submitting a completed application to both Gadsden Technical Institute (GTI) and Gadsden Center for Health Education School Practical Nursing, a mandatory new student orientation will be scheduled. This orientation provides potential students with an overview of Gadsden Technical Institute (GTI) and the School Practical Nursing, 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 nursing program.

7. INTERVIEW

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

8. 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.

ADDITIONAL INFORMATION

LENGTH OF PROGRAM: The program is divided into five (5) Terms equaling 1,366 hours, and is approximately 11 ½ months.

COST OF PROGRAM: The cost of the Practical Nursing Program is approximately \$ 6,500.00. (**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.

All expenses are incurred after acceptance into Gadsden Center for Health Education School of Practical Nursing 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, Ms. DuPont at 850-875-8324, Ext. 5103.

CLASS/CLINICAL TIMES: Classroom Hours are: 8:00 AM – 3:30 PM, Monday -Friday
Clinical Hours are: 6:45 AM – 2:45 PM and/or 2:45 PM – 10:45 PM (days and times may possibly vary)

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-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 school's front office or mailed to:

Gadsden Center for Health Education
School of Practical Nursing
Attn. Shelia Atkins, Program Coordinator
201 Martin Luther King, Jr. Blvd.
Quincy, Florida 32351

The School Board of Gadsden County



Circle One: Below 8th 9th 10th 11th 12th Above 12th

What is the name of the last school attended? _____

Are you currently employed in a healthcare related area? _____YES _____NO
If so, where? _____

List full and part-time work experiences for the past 2 years:

Dates:		Position Title	Employer's Name, Address, Phone #
From	To		

How did you learn about Gadsden Technical Institute Practical Nursing Program? _____

Have you previously applied for admission to this Practical Nursing Program? _____YES _____NO
If yes, Date _____

Are you prepared to meet the financial requirements of this Program? _____YES _____NO
If no, explain _____

Upon completion of approved areas of study and/or completion of this Program you will be eligible for certification/employment in an allied health field. A certifying agency may/will conduct a background screening of your past and present life experiences and/or conduct. Please answer the following questions in order that the faculty may assist with this process as indicated.

Have you ever been investigated by the Department of Children and Families (DCF) or the Department of Professional Regulations? _____YES _____NO If yes, explain. _____
(May use additional sheet if needed)

Have you ever been arrested for anything regardless of adjudication? _____YES _____NO
If yes, explain _____

(May use additional sheet if needed)

Do you take/use any drugs/medication which may alter logical thinking? _____YES _____NO
If yes, explain _____

_____ (May use additional sheet if needed)

The School Board of Gadsden County



Gadsden Center for Health Education
School of Practical Nursing
201 Martin Luther King, Jr., Boulevard
Quincy, FL 32351

HEALTH RECORD PHYSICAL EXAMINATION

(Updated February/2014)

**GADSDEN CENTER FOR HEALTH EDUCATION
SCHOOL OF PRACTICAL NURSING**

201 Martin Luther King Jr., Blvd.
Quincy, Florida 32351

HEALTH RECORD

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

PRACTICAL NURSING 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 by Gadsden Center for Health Education

**GADSDEN CENTER FOR HEALTH EDUCATION
 SCHOOL OF PRACTICAL NURSING**

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)		

PHYSICAL EXAMINATION

		<input checked="" type="checkbox"/> NORMAL		COMMENTS
		YES	NO	
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"/>	
15.	GYNECOLOGICAL: (Significant abnormal condition, severity)	<input type="checkbox"/>	<input type="checkbox"/>	
		<input checked="" type="checkbox"/> NORMAL		COMMENTS
		YES	NO	
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"/>	

PRACTICAL NURSING 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 Nursing Program.

Signature and Title of Examiner

Date

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

Signature and Title of Examiner

Date

The School Board of Gadsden County



GADSDEN CENTER FOR HEALTH EDUCATION SCHOOL OF PRACTICAL NURSING

201 Martin Luther King, Jr., Boulevard
Quincy, FL 32351

In order to be considered for admission, I understand that approval is contingent on satisfactory physical examination, background and drug screening. And, as an applicant to Gadsden Center for Health Education School of Practical Nursing,

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: _____