

PRACTICAL NURSING



The following items are **required** for your application to be considered complete:

- Copy of a valid driver's license
- Copy of Vehicle Registration
- Copy of Social Security card (name must match the name on driver's license)
- Copy of high school diploma or GED diploma
- Official, sealed high school transcripts
 - If you have your GED, official sealed high school transcripts are still required even if incomplete.
- Official college transcripts (if applicable)
- Copy of college diploma (if applicable)
- Essay telling why you are interested in the Practical Nursing program and what you know about the Practical Nursing profession. The content of your essay will be considered during the application review process.
- Two (2) completed Professional Recommendation Forms (**Cannot be related to you; No family members, friends, boyfriends, etc.**) Must be completed on the MTC form.
- List **ALL** previous employment dating back 5 years.
- Completion of ATI TEAS test registration and exam (Fee: \$60.00 **non-refundable, schedule in Student Services.) **You will be required to prepay for this exam. A minimum overall score of 55 is required to be considered.** Additional consideration will be given to Marion Technical College graduates, Marion County residents, recent Marion County High School graduates including HOSA Program completers.
- Read, sign and date technical standards form
- Must attend ONE (1) Information Session: August 21st, September 18th, October 9th, and November 13th, 2017. All Information Sessions are on Monday nights at 6:00 P.M.
- Complete the "My Career Shines" Assessment in Student Services
- **NOTE: When turning in the application all requirements must be completed before consideration will be granted.**

PRACTICAL NURSING

The following will be required **IF** you are accepted into the Practical Nursing Program:

- TABE Test – This test is not required for admission, however, due to the demands of program is it highly recommended to be completed by orientation. To schedule a testing appointment, please contact Student Services at (352)671-4134.
 - If you have earned an AA Degree or higher, the TABE test may be omitted.
 - If you have taken the CPT, PERT, ACT, or SAT within two years of the program start date, you may also be exempt from the TABE test.
- **MUST** bring in confirmation page of your background check from an approved vendor.
(information will be given with acceptance packet)
- Required Immunizations:
 - Measles Mumps Rubella (MMR), if born after 1957; Varicella Zoster Vaccine series (Chicken Pox) or Varicella Titer; Tetanus; TB Skin Test (PPD); Flu (Mandatory in the Fall)
 - Hepatitis B vaccine series is highly recommended. A Declination Form must be signed if a student chooses not to receive the vaccine.
 - Proof of immunizations will be due by the first week of school including the first dose of Hep B and Varicella.
 - A Varicella Titer is **required** to show immunity if you had the disease in the past or if you are unable to provide documentation that you received the vaccine.
 - If your TB Skin Test comes back positive, we will need a copy of your results from the chest X-Ray.(X-ray must be within one year)
- Physical Examination Form (form will be given with acceptance packet)

ATI TEAS Test Information

1. The TEAS test costs \$60 and must be paid before any prospective student may take the exam.
2. This fee is non-refundable.
3. All prospective students need to create a Username and Password through atitesting.com prior to their testing date.
4. The TEAS test is approximately 3 ½ hours long, but it works at each person's own pace however it is timed, so they may finish sooner than that.
5. The TEAS test covers Reading, Language, Math and Science and it is strongly recommended that they study for this test. Especially the Math and Science sections.
6. They can purchase a study guide from ATI on their website (atitesting.com). They can also check any bookstores such as Barnes and Noble for the ATI TEAS Sixth Edition.
7. Test takers are permitted to use a calculator located on the ATI testing site on certain portions of the test. A handheld calculator is not permitted. You are only permitted to use the scratch paper provided by the proctor.
8. Test results will be provided the following business day. You may NOT call for your test results. You MUST come in to the school in order to receive your scores.
9. Wallets, cell phones, calculators, etc. are not allowed in the testing room and/or need to be turned off and put away.



TECHNICAL STANDARDS

Health Science

Students who are accepted into the Health Science Programs are required to be able to perform the following tasks:

- Walk the equivalent of five (5) miles a day.
- Grip, reach above shoulder level, bend at the knee, squat, stoop and crawl.
- Sit, stand for prolonged periods of time.
- Perform CPR/First Aid
- Lift a minimum of 50 lbs.
- Manipulate small objects dexterously.
- Tolerate exposure to dust, fumes, chemicals, detergents, body fluids, and latex.
- Distinguish colors.
- See objects as small as 1 mm.
- Hear subtle sounds, such as heart or lung sounds.
- Withstand varied environmental conditions, such as heat, cold, and moisture.
- Cope with a high level of stress.
- Prioritize and make decisions fast under pressure.
- Cope with anger, fear, hostility and/or confrontation in a calm manner.
- Cope with death and dying.
- Concentrate.
- Be flexible and self-directed.
- Be able to use critical thinking in order to solve problems.
- Demonstrate a high degree of patience and confidentiality.
- Communicate both verbally and in writing.

Applicant Sign: _____ Print Name: _____

Date: _____

Marion County Public Schools

1014 SW 7th Road, Ocala, Florida 34471 • tel.352.671.7219 • fax 352.671.7221 • website: www.MarionTC.edu

Equal Opportunity Schools



In your own words, please use the following section to tell us why you are interested in the Practical Nursing Program, as well as what you know about the Practical Nursing profession.

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

Equal Opportunity Schools



PRACTICAL NURSING
Previous Employment and Education

Please list below all previous employment dating back 5 years. **(Starting with the most recent)**(You may use a separate piece of paper if needed.):

- **Name of Company:** _____ **Position:** _____
Dates Employed: From: _____ **To:** _____
Job Responsibilities:

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Dates Employed: From: _____ **To:** _____
Job Responsibilities:

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Dates Employed: From: _____ **To:** _____
Job Responsibilities:

- **Name of Company:** _____ **Position:** _____
Dates Employed: From: _____ **To:** _____
Job Responsibilities:

Please list below any or all educational experiences you have had in relation to the Healthcare field (starting with the most recent.) (You may use a separate piece of paper if needed.):

- **Name of Institution:** _____
Program Name: _____
What content did you learn or experiences did you gain?

Return To: Marion Technical College
Practical Nursing Program
1014 S.W. 7th Road
Ocala, FL 34471

RECOMMENDATION FORM

Applicant: _____

Please Print

Signature*

(*By my signature, I authorize the person below to answer the following questions to the best of their ability and submit this form to MCSPPR).

NOT TO BE COMPLETED BY FRIENDS OR FAMILY. ONLY PROFESSIONAL REFERENCES PLEASE. FORM MUST BE RETURNED DIRECTLY TO THE PRACTICAL NURSING PROGRAM OFFICE BY THE PERSON COMPLETING IT. DEADLINE _____!

- 1) How do you know this individual? _____ # of years _____
- 2) Do you feel this individual would adapt and excel in a healthcare environment that is highly technological and highly patient ? ____ Yes ____ No ____ Not Sure Explain: _____

- 3) I have observed the following attributes in this individual (only check those that apply):

____ Cheerfulness	____ Self-Motivation	____ Good Attendance	____ Critical Thinking
____ Maturity	____ Self-Confidence	____ Team Player	____ Problem Solving
____ Dependability	____ Initiative	____ Multi-Tasking	____ Effective
____ Honesty	____ Punctual	____ Time Management	____ Communication
- 4) What do you feel is this individual's greatest strength? Why? _____

- 5) What do you feel is this individual's greatest weakness? Why? _____

- 5) Give an example of how this individual demonstrated perseverance to achieve a goal or accomplish something important. _____

- 6) In what ways could this individual improve to be better prepared for a rigorous professional educational program and demanding healthcare career? _____

- 7) Additional comments: _____

Signature (person making recommendation): _____

Print Name _____ Title/Credential _____ Date _____

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Print Name _____ Title/Credential _____ Date _____