



NORTHEAST TECH

Practical Nursing

**2017-2018
Application Packet**

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ABOUT THE PROGRAM

TRADITIONAL FORMAT

AFTON CAMPUS

The traditional format is a lecture-based, full-time day program utilizing an instructor led classroom instruction. Twenty-four (24) students are admitted each July with completion in 12 months.

Students attend classes Monday thru Friday from 8:30am – 3:30pm.

Students attend clinical rotations at a variety of clinical sites 2 to 3 days each week.

INDIVIDUALIZED FORMAT

CLAREMORE, KANSAS AND PRYOR CAMPUSES

The individualized format is designed for the independent learner. Instructors facilitate the self-directed learning and are available for questions, discussions and laboratory demonstrations. There are no classroom lectures. Students are admitted 3 to 4 times a year with a 15 month completion.

Students are required to be in class or clinical a minimum of 20 hours per week.

Students attend clinical rotations at a variety of clinical sites 2 to 3 days each week.

ENROLLMENT DEADLINES VARY – CONTACT THE PN DEPARTMENT FOR MORE INFORMATION

Classroom Hours

Claremore Campus

Monday thru Friday from 8:30am – 3:30pm

Kansas Campus

Monday thru Friday from 8:30am – 3:30pm

Pryor Campus

Monday and Thursday from 8:30am – 6:00pm

Tuesday, Wednesday and Friday 8:30am – 3:30pm

Tuition: (includes tuition, textbooks, supplies, graduation & licensure fees)

In-District \$5,400

Out-of-District \$7,800

ADMISSION REQUIREMENTS

Applications for the Practical Nursing Program will not be accepted until the requirements listed have been completed in their entirety.

- Completed Application for Admission
- Official High School or GED Transcript
- Official College/Career Tech transcripts from each institution attended (if applicable)
- Documentation of attendance at a PN Program Prospective Student Orientation
- Entrance Test Results (TABE 9/10 version A or ACT)
- Medical Terminology course with a grade of at least a "C" within the last 5 years
- Copy of current Long Term Care Assistant (CNA) certification
- Copies of current state or national health certifications/registrations (if applicable, e.g.; CMA, EMT, Phlebotomy, etc)
- Verification of English language competence (TOEFL) (if applicable)
Official TOEFL Total Scores: 530 on paper-based test **or** 197 on computer-based test
- Documentation explaining arrests/convictions (if applicable)

ADVANCED STANDING

Admission with advanced standing for students from LPN or RN Programs may be allowed as long as said student completes at least 50% of the PN Program at NT. Advanced standing may be given for course work that is no more than 4 years old, with a grade of "C" or better. If course work was completed **more** than four years prior to the PN Program application date, the prospective student must pass written and/or skills competency exams with a grade of at least an 80% in order to receive advanced standing for courses required in the PN Program.

If you have questions regarding the admission process, contact numbers are as follows:

Afton – DeMaris Helmick, demaris.helmick@netech.edu	918-257-8324
Claremore – Annette Barker, annette.barker@netech.edu	918-342-8066
Kansas - Dedra Edwards, dedra.edwards@netech.edu	918-868-3535
Pryor – Sarah Thompson, sarah.thompson@netech.edu	918-825-5555

NORTHEAST TECH – PRACTICAL NURSING PROGRAM **INSTRUCTIONS FOR APPLICATION FOR ADMISSION**

Thank you for the interest you have expressed in the Practical Nursing Program. This information packet will assist you in making application for admission to the PN Program.

Please pay attention to details and follow instructions carefully. Return paperwork, as directed, to the appropriate campus. Meeting the stated requirements **DOES NOT GUARANTEE** admission to the PN Program.

- Step 1:** All applicants must have a high school diploma or GED. **OFFICIAL TRANSCRIPTS** must be provided. Copies of diplomas or certificates will not be accepted.
- Step 2:** **COMPLETE** the application for admission. Applications for the Practical Nursing Program may be turned in at any time throughout the year to the PN Secretary at the campus of your choice. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**
- Step 3:** All applicants must **SCHEDULE** a date with the Adult Education Office to take the TABE entrance test before submitting the completed application packet. **Please Note: The Nursing Department does not schedule this test.** There is a testing fee of \$35 cash (non-refundable) payable at the time of scheduling. Please report to the testing office at least 15 minutes prior to the scheduled exam time. The test will take approximately 3 hours and includes Math and Reading. **A score of at least 10.0 on both Reading and Math is required before an application can be submitted.** If you do not score at least a 10.0 or if you are not satisfied with your scores, a second TABE test may be rescheduled. **ACT scores of 17 or higher in BOTH Math and Reading subtests may be submitted in place of the TABE test.**
- Step 4:** Return the **COMPLETED** application packet with all supporting documentation, to the PN secretary at the campus of your choice. Applicants may request that their applications be considered at more than one NT campus with the understanding that they are expected to remain at the campus where they begin the PN Program. A minimum of 18 points is required for admission consideration.
- Step 5:** **International Applicants.** All international applicants (regardless of U.S. Citizenship) for whom English is a second language (English Language Learners – ELL) must present evidence of proficiency in the English language. A **TOEFL** test is required for admission in addition to taking the TABE. These tests are used to assess placement. You may obtain information about the test by writing to: TOEFL, Box 899, Princeton, NJ 08541, U.S.A., or by accessing the TOEFL website, www.toefl.org. Submit a copy of your TOEFL results with your NT PN Application Packet.

Note: The following exceptions apply to the English proficiency requirement:

Students from Australia, New Zealand, the British Isles, and the English speaking provinces of Canada are exempt.

Students who have earned a baccalaureate degree from a regionally accredited United States college or university and students who have earned a GED or a high school diploma from a United States high school with passing scores are exempt from having to take the TOEFL.

- Step 6:** The applicant receives a telephone call from NT offering a position in the PN Program contingent on the remaining criteria. It is the applicant's responsibility to notify the PN Secretary of changes in phone numbers and addresses. Acceptance packets will be sent by email or regular mail with directions for completing additional requirements.

Step 7: CONDITIONAL ACCEPTANCE – students must complete the required items by the specified deadlines or they will not be allowed to start the program and will be returned to the applicant pool.

1. **Negative** Drug Screen (Directions provided in acceptance packet)
2. Background Check (Directions provided in acceptance packet)
3. Completed Financial Arrangements (Award letters, purchase orders, payment plans, etc.)
4. Current CPR Certification(American Heart Association BLS)
5. Current TB skin test, QuantiFERON tb blood test or chest xray (for positive results)
6. MMR (measles, mumps, rubella -- series of 2 injections)
7. Tdap and if it is greater than 10 years, a Td booster.
8. Flu Shot (current flu season)
9. Rubella titer (Evidence of positive **blood test** indicating immunity)
10. Varicella titer (Evidence of positive **blood test** indicating immunity)
11. Hepatitis A (series of 2 injections or signed waiver)
12. Hepatitis B (series of 3 injections or signed waiver)
13. Proof of Citizenship (Birth Certificate, Passport, I-94, etc.)

APPLICANT POOL GUIDELINES (WAITING LIST)

Points are given to each application for Health Care Experience or Training, College or Career Tech Hours, and Entrance Test Scores. Applicants are added to the applicant pool (waiting list) based on total points received. A minimum of 18 points is required to be added to the applicant pool.

The applicant's position in the applicant pool will move according to the score achieved by each additional applicant or any additional information the applicant adds to the application file.

Applicants with the highest scores will be called first to fill any PN Program openings. Tie breakers will be by date received, then TABE scores.

If an applicant initially declines a position in the PN Program, or fails to meet admission criteria, the application, at the applicant's request, may be returned to the application pool one time only. If the applicant declines a second opportunity to fill an opening or fails to meet admission criteria, the application will be removed from the application pool. The applicant will be required to submit a new application in order to be placed back into the applicant pool.

The exception to this rule will be if the applicant's pre-admission urine drug screen is found to be positive for alcohol or any illicit chemical substance or the metabolites thereof, using the cutoff standards or levels determined by the State Board of Health for drug or alcohol testing of students. Should this occur, the initial test result will be subject to confirmation by a second & different test of the same sample. The second test will use the gas chromatography/mass spectroscopy technique or an equivalent scientifically accepted method of equal or greater accuracy as approved by the rules of the State Board of Health, at the cutoff levels determined by the Board rules.

- **If the applicant makes no attempt to increase his/her score over a 12 month period, their application will be removed from the application pool.**
- **Incomplete applications will not be considered.**

- It is the applicant's responsibility to submit all transcripts and other required documentation to the school in one complete packet.

PN PROGRAM PROSPECTIVE STUDENT ORIENTATION SCHEDULE
This is a revised schedule to begin in 2018

AFTON CAMPUS	CLAREMORE CAMPUS	CENTRAL OFFICE	2018 ORIENTATION DATES
DeMaris Helmick demaris.helmick@netech.edu 19901 S. Hwy 69 P.O. Box 219 Afton, OK 74331 918-257-8324 Fax: 918-257-4342	Annette Barker annette.barker@netech.edu 1901 N. Hwy 88 Claremore, OK 74017 918-342-8066 Fax: 918-342-9066	Janet Trimble janet.trimble@netech.edu 511 South Elliott Street PO Box 487 Pryor, OK 74362 918-825-7040 Fax: 918-825-3176	February 2, 2018 March 2, 2018 April 6, 2018 May 4, 2018 June 8, 2018 July 6, 2018 August 10, 2018
1st Friday of January 2018 ONLY 2:00p.m. to 3:00p.m.	2nd Friday of: January 2018 ONLY 9:00 AM to 10:00 AM	1st Friday of: February-March-April- May-July-September- October-November- December 2nd Friday of: June & August 10:30 AM to 11:30 AM	September 7, 2018 October 5, 2018 November 2, 2018 December 7, 2018

Prospective applicants must attend the Orientation on one of the scheduled dates. PLEASE CALL THE CENTRAL OFFICE LISTED ABOVE TO CONFIRM ORIENTATION MEETING DATES AND TIMES PRIOR TO YOUR ATTENDANCE.

(MEETINGS MAY BE CANCELLED DUE TO SCHOOL CLOSINGS.)

ACCREDITATIONS

The Northeast Tech Practical Nursing Program is accredited by the Oklahoma Department of Career and Technology Education, 1500 West Seventh Ave, Stillwater, OK 74074, Phone: 405-377-2000; Fax: 405-743-5541. www.okcareertech.org

The Northeast Tech Practical Nursing Program is approved by the Oklahoma Board of Nursing, 2915 N. Classen Blvd., Suite 524, Oklahoma City, OK 73106, Phone: 405-962-1800; Fax: 405-962-1821. www.state.ok.us/nursing

Northeast Tech is accredited by the Oklahoma State Department of Education, 2500 North Lincoln Boulevard, Oklahoma City, Oklahoma 73105-4599, Phone: 405-521-3301; Fax:405-521-6205. www.sde.state.ok.us

OKLAHOMA BOARD OF NURSING LICENSURE GUIDELINES

The Northeast Tech is approved by the Oklahoma Board of Nursing. Graduates of this state-approved Program are eligible to apply to write the National Council Licensure Examination (NCLEX) for practical nurses. Applicants for Oklahoma licensure must meet all state and federal requirements to hold an Oklahoma license to practice nursing. In addition to completing a state-approved nursing education program that meets educational requirements and successfully passing the licensure examination, requirements include be 18 years of age, submission of an application for licensure, a criminal history records search, and evidence of citizenship or qualified alien status. To be granted a license, an applicant must have the legal right to be in the United States (United States Code Chapter 8, Section 1621). In addition, Oklahoma law only allows a license to be issued to U.S. citizens, U.S. nationals, and legal permanent resident aliens.

Other qualified aliens may be issued a temporary license that is valid until the expiration of their visa status, or if there is no expiration date, for one year.

Applicants who are qualified aliens must present to the Board office, **in person**, valid documentary evidence of:

1. A valid, unexpired immigrant or nonimmigrant visa status for admission into the United States;
2. A pending or approved application for asylum in the United States;
3. Admission into the United States in refugee status;
4. A pending or approved application for temporary protected status in the United States;
5. Approved deferred action status; or
6. A pending application for adjustment of status to legal permanent resident status or conditional resident status.

The Board has the right to deny a license to an individual with a history of criminal background, disciplinary action on another health-related license or certification, or judicial declaration of mental incompetence [59 O.S. §567.8]. These cases are considered on an individual basis at the time application for licensure is made, with the exception of felony convictions.

***An individual with a felony conviction cannot apply for licensure for at least five years after completion of all sentencing terms, including probation and suspended sentences, unless a presidential or gubernatorial pardon is received [59 O.S. §567.5 & 567.6].**

FINANCIAL AID

A free application is available on-line to apply for the Federal Pell Grant (FAFSA). When you apply for the Pell Grant online, your information is sent to the Oklahoma state level. This information is used to see if you might qualify for OTAG (Oklahoma Tuition Aid Grant). You should complete the FAFSA application as soon as possible due to limited funds in some of the programs. Please apply even if you think you will not be eligible. Most scholarships are based on information provided on the Federal Application. Other outside agencies such as WIA, Cherokee Nation, Vocational Rehabilitation Services, etc., request that you apply for the Federal Pell Grant, and submit proof of acceptance or denial before awarding any of their funds.

- The grants range from approximately \$200 to \$5,800
- The amount is based on the calculations done by the U.S. Department of Education from the information you provide on the Federal application.

The Department of Education requires applicants to apply online. The web site is www.fafsa.gov. Directions are given to walk you through the process. If you do not have on-line access, you may come to the Financial Aid Office and use a computer for applying. The applicant will need his/her income tax return for information requested when he/she applies.

Northeast Tech does not participate in any student loan programs.

For more information, contact the Financial Aid Department at your local campus.

NT School Code for FAFSA: 012473

Debbie Baumert, District Financial Aid Officer Central Office 918-825-7040 511 S. Elliot St. Pryor, OK 74362-0825 debbie.baumert@netech.edu	Afton Campus 918-257-8324 Nicole Tye, Financial Aid Secretary nicole.tye@netech.edu Claremore Campus 918-342-8066 Annette Barker, Financial Aid Secretary annette.barker@netech.edu Kansas Campus 918-868-3535 Dedra Edwards, Financial Aid Secretary dedra.edwards@netech.edu Pryor Campus 918-825-5555 Darlia Stimpson, Financial Aid Secretary darlia.stimpson@netech.edu
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PRACTICAL NURSING (PN)
APPLICATION
www.netech.edu



For Office Use Only
Date Received: _____
By: _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
COMPLETE APPLICATIONS MAY BE SUBMITTED TO THE NURSING SECRETARY

Name: _____
(First) (Middle No Initials) (Maiden -if applicable) (Last)

Mailing Address: _____
(Street, Route, or Box No.) (City) (State) (Zip)

Telephone: _____
(Area Code and Number) (Cell Phone Number)

E-Mail Address _____ Date of Birth* _____

Social Security Number* _____
*Optional

PERSON TO CONTACT IN CASE OF EMERGENCY.

Name: _____

Mailing Address: _____ Telephone: _____

EDUCATION

Date of High School Graduation: _____ Name and Address of High School: _____

Date of GED: _____ If you did not graduate, what is the highest grade you completed: 8 9 10 11

(Official High School Transcript or Official GED Documentation Must Be Submitted with Application)

Name and address of college attended: _____

College years completed (circle one): 1 2 3 4 (Official College Transcript Required to Receive Ranking Points)

Effective November 1, 2007, applicants for licensure/certification by examination or endorsement, for reinstatement, and for renewal must provide verification of citizenship or qualified alien status as a requirement for licensure. HB 1804, The Oklahoma Taxpayer and Citizen Protection Act of 2007, requires all state agencies to cooperate with federal immigration authorities in the enforcement of federal immigration laws. Questions about your immigration status should be directed to the Bureau of Citizenship and Immigration Services (BCIS) at 1-800-375-5283

Please check the appropriate box below to indicate your citizenship status:

- I am a U.S. citizen
I am U.S. national
I am a legal permanent resident alien
I am a qualified alien

EMPLOYMENT: Begin with current employer. Be sure to include start and ending dates. Include an additional page if needed.

Employer: _____ Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Employer: _____ Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Employer: _____ Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

CRIMINAL HISTORY AND IMPORTANT INFORMATION from the OKLAHOMA BOARD OF NURSING

Effective November 1, 2003, a candidate for a license to practice as a registered nurse or licensed practical nurse shall submit to the Oklahoma Board of Nursing "certified written evidence that the applicant has never been convicted in this state, the United States or another state of any felony, unless five (5) years have elapsed since the date of the criminal conviction or the termination of any probation or other requirements imposed on the applicant by the sentencing court, whichever shall last occur, or a presidential or gubernatorial pardon for the criminal offense has been received" [59 O.S. §567.5]. Therefore, applicants for licensure in Oklahoma with one or more felony convictions cannot apply for licensure for at least five years after completion of all sentencing terms, including probation and suspended sentences, unless a presidential or gubernatorial pardon is received.

THE FOLLOWING INFORMATION IS REQUIRED BY THE OKLAHOMA BOARD OF NURSING FOR ALL APPLICANTS SEEKING ADMISSION INTO THE NURSING PROFESSION.

1. Have you ever been arrested for any offense in any state, territory, or country, including expunged offenses, with the exception of minor traffic violations? (Minor traffic violations do not include DUI.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever been convicted of any offense in any state, territory, or country, including expunged offenses, with the exception of minor traffic violations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever received a deferred sentence for any offense in any state, territory or country, including expunged offenses?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever been convicted of a felony in any state, territory, or country?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever had disciplinary action taken against your nursing license or certificate; any health-related license or certificate; or any application for a nursing or health-related license or certificate in any state, territory or country?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever been judicially declared incompetent in any state, territory, or country?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered "yes" to question #1, #2, #3 or #4: Please submit a letter of description and certified copies of Information Sheet, Charges, Judgment and Sentence, or a certified copy of the Order of Expungement.

If you answered "yes" to question #5: Please submit a letter of description and certified copies of the charges/complaints, findings of fact, and orders to the Board.

If you answered "yes" to question #6: Please submit a letter of description and a certified copy of the Court Order.

STATEMENT OF UNDERSTANDING

Please read each of the following statements and place your initials by each one to indicate that you understand and agree to the terms stated, then sign and date this form at the bottom.

_____ I authorize NT to disclose educational information to current or prospective employers until documentation is received withdrawing this consent.

_____ I understand NT may use my picture for publication and/or educational purposes.

_____ I understand that I will not be compensated in any manner for this use.

_____ I understand NT **does not** carry Accident Insurance on students. This verifies I have insurance to my satisfaction and do hereby release the teacher and the school of liability because of accident or injury. I also give permission to the school officials to secure emergency medical treatment from qualified personnel, and I assume full responsibility for payment of such treatment.

_____ I understand I will be responsible for purchasing a package through NT to have a Federal Background Check and Drug Test performed when accepted.

_____ I understand my Criminal History Background Check results may be shared with any clinical facilities that may be utilized during my education.

_____ I understand that NT complies with the Oklahoma Board of Nursing relative to felony convictions and application for licensure (refer to the "Criminal History" section above.) Based upon a history of arrest and/or convictions, students may be unable to perform clinical at certain facilities, which may hinder or prevent their ability to complete the Program.

_____ I understand that truthfulness is a condition of enrollment at Northeast Tech.

_____ I certify that all information I have supplied at part of my Practical Nursing Application is complete and correct to the best of my knowledge.

_____ I understand that omissions or deliberate misinformation will disqualify my application and, if accepted, would serve as grounds for dismissal.

_____ I consent to have NT contact the people listed in my Practical Nursing Application for additional information and references. Furthermore, I authorize these individual and my past employers and educators to provide truthful information regarding my qualifications for employment and previous work and education. I hereby waive any and all liability and limitation against any persons including past employers, educators and references, provided the information they supply is honest and truthful.

Printed Name of Applicant

Signature of Applicant

Date

There will be no discrimination in any NT Campus facilities because of race, color, sex, pregnancy, gender, gender expression or identity, national origin, religion, disability, veteran status, sexual orientation, age, or genetic information in its programs, services, activities and employment. Inquiries concerning application of this policy may be referred to:
Northeast Tech; Attn: Deputy Superintendent; PO Box 487; Pryor, OK 74362-0487; (918) 825-7040.