



PRACTICAL NURSE
2019-2020 School Year

**APPLICATION
FOR ADMISSION**

“Training to Succeed”

For Enrollment Information Please Contact:

Pontotoc Technology Center

601 W. 33rd, Ada, OK 74820

(580) 310-2260 -- FAX (580) 310-2286

www.pontotoctech.edu



@PontotocTech

Pontotoc Technology Center does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. For questions concerning this policy contact:

Director of Information Systems
601 West 33rd Street
Ada OK 74820
580-310-2200

Small Business Management Coordinator
601 West 33rd Street
Ada OK 74820
580-310-2200

Revised 11/18

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Dear Applicant,

Thank you for your interest in Pontotoc Technology Center and specifically our Practical Nurse Program. Our mission statement is "Training to Succeed." There are specific steps and requirements to complete in order to be considered for admission to the Practical Nurse Program. These are all included in this Application Packet. Meeting the stated requirements does not guarantee admission to the Practical Nurse Program. Once all the testing information has been completed, the informative session has been conducted, and applicant rating forms are scored, each applicant will receive notification by mail of acceptance or denial.

Prospective students are encouraged to complete the FAFSA as soon as possible in order to begin the process of applying for financial aid. The website is: www.fafsa.ed.gov.

Admissions & Enrollment

There are two options for entrance testing:

- **ACT:** If you have taken the ACT within the last 5 years and scored a 19 or above as the overall score, then you must present an OFFICIAL ACT COPY or the ACT score must be documented on the official high school transcript when you submit your application. Scores below 19 will not be accepted. The deadline for the application and copy of ACT is **February 21, 2019**. Residual ACT scores are accepted.
- **TABE:** Schedule the (TABE) test when you submit your application. You may do this by calling Brent Balch at **(580) 310-2271** or e-mail brbalch@pontotoctech.edu. Dates for testing are listed below. After you have tested, you will be notified by e-mail within 2 weeks. You may retake the test based upon your grade equivalency scores. Components of TABE testing & minimum scores are the following:

- Reading – 12.0
- Applied Math (calculator allowed) – 10.0

Applicants who obtain the following scores can retest:

- Reading 11.0-11.9
- Applied Math 9.0-9.9

For practice questions go to www.testpreview.com/tabe_practice.htm or <http://www.mometrix.com/academy/tabe-practice-test/>. If you have any questions regarding your test scores and/or the process, you may contact the Brent Balch at (580) 310-2271 or the student services counselor at (580) 310-2264.

TABE TESTING DATES

DAYTIME DATES:

Tuesday, 1/29/19 (9:00am-12:05pm)
Tuesday, 2/05/19 (9:00am-12:05pm)
Tuesday, 2/12/19 (9:00am-12:05pm)
Tuesday, 2/19/19 (9:00am-1:00pm)

EVENING DATES:

Thursday, 1/31/19 (5:00pm-8:10pm)
Thursday, 2/07/19 (5:00pm-8:10pm)
Thursday, 2/14/19 (5:00pm-8:10pm)
Thursday, 2/21/19 (5:00pm-8:10pm)

RETEST DATE:

Tuesday, 2/26/19– (three sessions) – 9:00am-12:05pm
1:30pm-4:30pm
5:00pm-8:10pm

Practical Nurse Program at a Glance

How long is the program?

- Approximately 11½ months long
- Follows most of the regular school holidays and breaks
- Classes begin in mid-July and will end June 30
- Total program hours are 1,463

What are our class hours?

- Classes run Monday through Friday.
- Class hours are 7:55 a.m. to 3:05 p.m. Times are altered if needed to attend a workshop or field trip, etc. You will be notified of any time changes.
- Once clinical rotations start, times may be adjusted to fit the clinical settings, but in most cases, this will be 2 days a week from approximately 7:00 a.m. to 4:00 p.m.

What are the hours for the nursing office?

- 8:00 am to 3:30 pm

What can I wear to class?

- The student is expected to follow the guidelines in the Practical Nurse Handbook. Scrubs of your choice will be worn during school hours. Clinical scrubs provided in the program costs will be worn during clinical hours.
- Some days are designated as professional days and the student will be expected to dress appropriately.

How is the class selected?

- Selection is based on a point system including test scores, any college courses taken, certifications held, information in your completed file, and the written interview.
- A sample Applicant Rubric /Selection Criteria form is included in this packet.

How much does it cost to attend?

- The total cost of the program is approximately \$8,000.00.
- The cost includes: tuition, uniforms, testing and licensure fees, graduation supplies, lab kit, clinical supplies, all books, tablet, etc.
- Financial Aid is available for those who qualify. **Contact the Financial Aid Office at (580) 310-2223 or jawilliams@pontototech.edu.**
 - Federal Pell Grant
 - Federal Supplemental Education Opportunity Grant (FSEOG)
 - OK Tuition Aid Grant (OTAG)
 - Chickasaw Nation
 - Choctaw Nation
 - Creek Nation
 - OK Vocational Rehabilitation
 - WiOA (Big 5)
 - OK Promise
 - Scholarships
 - VA
 - Career Tech Scholarship

APPLICATION PROCESS – THREE STAGES

Stage One – Application for Admission and Testing (DEADLINE: February 21, 2019 @ 3:00pm)	
	Complete the <i>Application for Admission</i> located at the back of this packet. Incomplete applications will not be considered.
	Bring to the Practical Nurse office: <ul style="list-style-type: none"> ○ Completed Application for Admission <li style="padding-left: 40px;">AND either #1 or #2 below 1. Official ACT copy of your ACT scores or official high school diploma documenting ACT score <li style="padding-left: 40px;">OR 2. Schedule to take the pre-entrance test (TABE) by calling Brent Balch @ 580-310-2271 or e-mail brbalch@pontotoctech.edu. TABE testing begins 1/29/19 and ends 2/21/19 (see schedule in this packet.)
	Take TABE test if applicable (See TABE information sheet for further details) Final testing date: Tuesday, February 21, 2019.
	Within two weeks of TABE test, you will receive one of the following: <ul style="list-style-type: none"> ○ Letter to proceed to Stage Two – Carefully follow the instructions on the fingerprint form which will be included in the letter. This should be done ASAP because results may take up to 6 weeks. ○ Letter stating your need to retest. (Retest date February 26, 2019) ○ Letter of denial to proceed
Stage Two: The Informative Session/Interview (April 16, 9:30am & April 17, 6:00pm)	
	Submit the items listed below at the Informative Session. Failure to provide the items listed may result in the applicant not being considered. <ul style="list-style-type: none"> ○ An official copy of your high school transcript, GED or state recognized high school equivalency test scores and certificate ○ Official college transcript(s) (if applicable) ○ Verification of citizenship or qualified alien status. (See information from Oklahoma Board of Nursing provided in this packet). ○ State Bureau of Investigation background check, including fingerprint search ○ CPR certification for adult, child, and infant through the American Heart Association or the American Red Cross. This can be obtained online and the skills portion completed in the Business & Industry Services at Pontotoc Technology Center (580-310-2248). This certification must be current at the beginning of the program and carry you through the completion of the program. ○ Copy of state issued birth certificate
	It is highly recommended that you bring your support system with you to the informative session. Please do not bring children. Please dress professionally for the informative session.
	After the informative sessions, all applications will be scored according to the selection rubric (sample attached). Each applicant will be notified by letter of acceptance or denial into the PN program within 2 weeks of the final informative session.
Stage Three – Acceptance to the Practical Nurse Program (DEADLINE: June 15, 2019)	
	Upon receipt of the acceptance letter, please submit the following to the Practical Nursing office: <ul style="list-style-type: none"> ○ \$150.00 non-refundable Registration Fee (applied toward tuition) ○ Completed Physical Examination form (mailed to you with your acceptance letter)

IMMUNIZATION GUIDELINES

DOCUMENTATION MUST BE SUBMITTED AT THE INFORMATIVE SESSION

IMMUNIZATION	EVIDENCE OF IMMUNITY
Tuberculin PPD Skin Test	<ul style="list-style-type: none"> • Documentation of latest PPD skin test. • PPD skin tests will be given at PTC early in the school year. The date of the latest PPD skin test is necessary to determine whether a one-step or two-step is needed.
MMR (measles, mumps, rubella) HEPATITIS B (HBV) VARICELLA (Chicken Pox)	<ul style="list-style-type: none"> • Evidence of a positive blood test indicating immunity (titer). Provide blood test results. • If any of the 5 tests are negative or equivocal an immunization must be obtained and documentation supplied at the informative session.
INFLUENZA (Flu Vaccine)	<p>Students must obtain the flu vaccine in order to attend clinical rotations. This will be done during the month of October, 2019.</p>
tdap (tetanus, diphtheria & pertussis)	<ul style="list-style-type: none"> • Documentation of tdap in the past 10 years
<p align="center">Students who suspect they may be pregnant or who are pregnant must consult a physician regarding the advisability of immunizations.</p>	

SAMPLE APPLICANT RUBRIC FORM/SELECTION CRITERIA

NAME OF APPLICANT:								
ENTRANCE REQUIREMENTS	SUPERIOR RATING	GOOD RATING	FAIR RATING		SUPERIOR 2 points	GOOD 1 point	FAIR 0 points	
Employment Background: (provide written documentation such as a letter from employer)	Employment in health field > 1 year	Employment in health field <1 year	No past Employment in health field					
Post-Secondary Education	30+ hours with GPA 3.0 or >	15-29 hrs. with GPA 3.0 or >	GPA less than 3.0					
Health related post-secondary courses (A&P, Microbiology, Chemistry, Nutrition) *NOT for advanced standing-for admission points only	Completed 3 + courses	Completed 1-2 courses	Completed 0 courses					
References: (Employer, teacher, counselor)	3 positive References	1-2 positive References	0 positive Reference					
Written Skills: Ability to write legibly, spell correctly, use correct grammar, punctuation, & convey thoughts clearly & concisely. (see Written Interview Questionnaire)	< 5 errors	5-7 errors	>7 errors					
Documentation: <ul style="list-style-type: none"> • official HS transcript, GED • official college transcript (if applicable) • verification of citizenship or birth certificate • OSBI background check • CPR (acceptable dates) 	Submitted all required documents		Did not submit all required documents					
Evidence of Immunizations/titers: <ul style="list-style-type: none"> • MMR - titer • Hepatitis B - titer • Varicella - titer • tdap – doc. within past 10 years • TB (documentation of latest TB) 	Yes		No					
Support System in Attendance	Yes		No					
Follows Instructions: <ul style="list-style-type: none"> • appropriate professional dress • did not bring children • on time for informative session 	Yes		No					
APPLICANT CHARACTERISTICS	INTERVIEW SKILLS				SUPERIOR 3-points	GOOD 2-points	FAIR 1-point	
Character	Possess self-confidence, optimism, flexibility, integrity and a caring attitude.							
Commitment	Ability to make needed time commitment to school hours with work schedule and family responsibilities as shown by support person participation in informative session.							
Motivation	Ability to talk about self, nursing and motivation for a career in healthcare Knowledgeable about PTC – able to talk about specific criteria Can inspire confidence in ability to become a nurse.							
Communication Skills	Ability to express self orally using appropriate language skills, good eye contact, shook hands & introduced self.							
Comments/Notes:								

Total Points: _____



Pontotoc Technology Center

Practical Nurse

APPLICATION FOR ADMISSION

Applicants are selected in accordance with nondiscriminatory practices. We use a self-managed application in which the applicant submits all transcripts and other required documents to the school in a complete packet by the deadline.

DEADLINE: February 21, 2019 @ 3:00pm

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. TYPE OF PRINT LEGIBLY WITH BLACK INK.

USE FULL LEGAL NAME (NO INITIALS)			
First Name	Middle Name (no initials)	Last Name	
Home Address: Street	City	State	Zip Code
Mailing Address (if different from above)	City	State	Zip Code
Email Address:			
Home Phone	Cell Phone	Daytime Phone	Contact Phone
CITIZENSHIP STATUS			
Effective November 1, 2007, applicants for licensure/certification by examination or endorsement, for Re-instatement, 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 citizenship status. <input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I am U.S. national <input type="checkbox"/> I am a legal permanent resident alien <input type="checkbox"/> I am a qualified alien	
FINANCIAL ASSISTANCE		PREVIOUS APPLICATION	
Will you be requesting financial aid? <input type="checkbox"/> NO <input type="checkbox"/> YES		Have you previously applied for admission? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, what year?	
EDUCATIONAL BACKGROUND : List all schools attended and include degrees, diplomas or certificates received.			
SECONDARY EDUCATION:			
Date: From/To	Name of Institution	City & State	Date of High School Graduation (month & year)
If you did not graduate, what is the highest grade you completed?		Date of GED Test (month/day/year)	GED Score:

EDUCATIONAL BACKGROUND – CONTINUED**POST-SECONDARY EDUCATION:** *List formal education beyond high school and provide "official" transcript(s).*

Date: From/To	Name of Institution	City & State	Major	Diploma, Cert./Degree, # of Credits Earned

ORGANIZATIONAL MEMBERSHIP, AWARDS, HONORS

List participation in high school/college organizations and/or offices held in organizations. List awards won. List any extracurricular activities and scholastic honors received.

EMPLOYMENT: *List work experience beginning with the most recent.*

Date: From/To	Employer's Name & Supervisor	Position Held	City & State	Phone

COMMUNITY SERVICE/VOLUNTEER WORK/ADDITIONAL DATA

List any information regarding community service or volunteer work you are or have been involved with that you feel may be helpful to us in considering the application. Use space below to provide any other information you desire concerning work experience, qualifications, accomplishments, etc. You may attach an additional page if necessary.

BOARD OF NURSING STATEMENT

The Pontotoc Technology Center 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 submission of an application for licensure, a criminal history records search, and evidence of citizenship or qualified alien status [59 O.S. §§567.5 & 567.6]. 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 authority to deny a license, recognition or certificate; issue a license, recognition or certificate with conditions and/or an administrative penalty; or to issue and otherwise discipline a license, recognition or certificate to an individual with a history of criminal background, disciplinary action on any professional or occupational 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].

REFERENCES: **Please do not use family members or friends.**

References are an important part of the selection process and should be from **past or present employers, counselors, supervisors, or teachers**. It is your responsibility to complete this section accurately. Reference forms are attached and it is the responsibility of the applicant to send or deliver a reference form to each of the persons listed below. The reference person will mail the completed reference form to **Pontotoc Technology Center, 601 W 33rd St, Ada, OK 74820, Attention: Nursing Department** for review. We recommend that you personally speak to your references and explain the importance of returning the completed form timely. It is the applicant's responsibility to ensure that the references have been sent to the above address and received by the nursing office.

REFERENCE #1 - Name of Company/ Business	Name of Reference & Position/Title	Relationship to Applicant
Mailing Address	City, State & Zip Code	
REFERENCE #2 - Name of Company/ Business	Name of Reference & Position/Title	Relationship to Applicant
Mailing Address	City, State & Zip Code	
REFERENCE #3 - Name of Company/ Business	Name of Reference & Position/Title	Relationship to Applicant
Mailing Address	City, State & Zip Code	



Pontotoc Technology Center

Confidential Personal Reference Report

References should be from past or present employers, co-workers, counselors and teachers. **Please do not use friends or relatives.**

Release of Information: I give my permission to release information to the Pontotoc Technology Center concerning my qualifications for entrance into the Practical Nursing Program.

Signature of Applicant)

Date

1. My acquaintance with _____ has been as:
(Name of Applicant)

Employer: _____ Co-Worker: _____ Counselor: _____ Teacher: _____ Other: _____

2. How long have you known applicant? _____

3. Rating of the applicant: (Check **one** column for **each** descriptive term.)

Rating	Outstanding	Above Average	Average	Below Average	Do Not Know
Decision Making Skills					
Concern for Others					
Cooperation/Team Work					
Initiative					
Dependability					
Quality of Work					
Attendance					
Adherence to Rules/Policies & Procedures					
Ability to Perform Duties with little Interference of Personal Issues					

4. What qualities or characteristics does the applicant have that you believe would contribute to his/her success as a practical nurse?

5. What qualities or characteristics does the applicant have that you believe would interfere with his/her success as a practical nurse?

6. Comments: _____

Print Name: _____

Signature: _____ Title: _____

Address: _____ Phone: _____

Please mail to: Pontotoc Technology Center
Practical Nursing Program
601 West 33rd Street
Ada, Ok 74820



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Initiative					
Dependability					
Quality of Work					
Attendance					
Adherence to Rules/Policies & Procedures					
Ability to Perform Duties with little Interference of Personal Issues					

4. What qualities or characteristics does the applicant have that you believe would contribute to his/her success as a practical nurse?

5. What qualities or characteristics does the applicant have that you believe would interfere with his/her success as a practical nurse?

6. Comments: _____

Print Name: _____

Signature: _____ Title: _____

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Employer: _____ Co-Worker: _____ Counselor: _____ Teacher: _____ Other: _____

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Initiative					
Dependability					
Quality of Work					
Attendance					
Adherence to Rules/Policies & Procedures					
Ability to Perform Duties with little Interference of Personal Issues					

4. What qualities or characteristics does the applicant have that you believe would contribute to his/her success as a practical nurse?

5. What qualities or characteristics does the applicant have that you believe would interfere with his/her success as a practical nurse?

6. Comments: _____

Print Name: _____

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