



PRACTICAL NURSE
2020-2021 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

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Dear Applicant,

Thank you for your interest in Pontotoc Technology Center and specifically our Practical Nurse Program. There are specific steps and requirements to complete in order to be considered for admission into 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 and interviews have been conducted, and applicant rating forms are scored, each applicant will receive notification by e-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. Please **do not wait** until the application process is completed. The website is: www.fafsa.ed.gov.

If you have a history of a criminal conviction, please go to www.nursing.ok.gov and review “Instructions and Petition to Request Initial Determination of Eligibility for Licensure or Certification for Individuals with History of Criminal Conviction”.

Admissions & Enrollment

There are two options for entrance testing:

1. **ACT:** If you have taken the ACT **within the past 5 years and scored a 19 or above in Reading & Math**, 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 a copy of ACT is **April 1, 2020**. Residual ACT scores are accepted.

OR

2. **TABE:** Schedule the (TABE) test when you submit the application. Call Brent Balch at **(580) 310-2271** or e-mail brbalch@pontotoctech.edu to schedule. The testing dates begin 1/14/20 and end 3/31/20. TABE tests are only scheduled once a week on Tuesdays. After you have tested, you will be notified by e-mail within 2 weeks. Applicants may retake the TABE test based upon the grade equivalency scores. Components of TABE testing & minimum scores are as follows:

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

Applicants who obtain the following scores are eligible to 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 Brent Balch at (580) 310-2271 or the student services counselor at (580) 310-2264.

Practical Nurse Program at a Glance

How long is the program?

- Approximately 11½ months long
- Follows 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 begin, 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 3:00 p.m.

What are the hours for the nursing office?

- 7:30 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. Pewter gray clinical scrubs 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, college courses taken, certifications held, information in your completed file, and the written and oral 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 the following: tuition, testing and licensure fees, graduation supplies, lab kit, clinical supplies, 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 TABE Testing (DEADLINE: April 1, 2020)	
	<ol style="list-style-type: none"> 1. Complete the <i>Application for Admission</i> online at pontotoctech.edu and email the application to mwhittington@pontotoctech.edu. Incomplete applications will not be considered. 2. Call the Justice Center at 580-332-5755 to schedule an appointment for fingerprints. The cost of fingerprinting is \$15.00 cash or money order. Request a receipt and keep for documentation. 3. Complete the “OSBI Criminal History Record Information Request” form on the PTC website. READ THE INSTRUCTIONS CAREFULLY. The form is partially completed. Please enter the rest of the needed information and mail the OSBI form and the fingerprint card to the OSBI address listed on the form. OSBI will mail PTC the results. The cost is \$23. Please confirm that the form is COMPLETE prior to mailing. Keep a copy for your files. NOTE: Fingerprint Card MUST be mailed or hand delivered to OSBI at the address listed on the form.
	<p>Email: mwhittington@pontotoctech.edu:</p> <ol style="list-style-type: none"> 1. Application for Admission AND either (a) or (b) below <ol style="list-style-type: none"> a. Official ACT copy of your ACT scores or official high school diploma documenting ACT score OR b. Schedule to take the pre-entrance test (TABE) by calling Brent Balch @ 580-310-2271 or e-mail brbalch@pontotoctech.edu. There is no cost. Please bring a picture ID. TABE testing begins 1/14/20 and ends 3/31/20 each Tuesday only. 2. Receipt for OSBI fingerprints and a copy of OSBI Background Check form that was faxed to OSBI (please mark out credit card information).
	<p>Take TABE test if applicable (See TABE information sheet for further details) Final testing date: Tuesday, March 31, 2020.</p>
	<p>Upon receipt and review of the background check and TABE test results, applicants will receive one of the following by email:</p> <ol style="list-style-type: none"> 1. Letter to proceed to Stage Two (follow instructions in Stage Two below) 2. Letter stating the need to retest 3. Letter of denial to proceed
Stage Two: Submit the following items no later than May 1, 2020 to: mwhittington@pontotoctech.edu . Failure to email the items listed may result in the applicant not being considered.	
	<ol style="list-style-type: none"> 1. An official copy of your high school transcript, GED or state recognized high school equivalency test scores and certificate 2. Official college transcript(s) (if applicable) 3. Verification of citizenship: state issued birth certificate or qualified alien status. (See information from Oklahoma Board of Nursing provided in this packet). 4. CPR certification for the healthcare professional through the American Heart Association. CPR may be obtained online @ www.americanheart.org 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 (June 2021). 5. Immunization documents as specified in this packet 6. Obtain physical exam (form provided with acceptance letter email). Please ensure that the physician’s office is aware that the form is due to the Nursing office no later than May 1, 2020. 7. The Informative Session/Interview (May 21, 9:00am & 1:00pm, May 22, 9:00am & 1:00pm). Please call & reserve space for the session you will be attending (580-310-2260). There are a limited number of seats for each session. <ol style="list-style-type: none"> a. It is highly recommended that you bring your support system with you to the Informative Session. b. Please do not bring children. Attire should be professional. c. During the Informative Session, students will be interviewed by the faculty. After all interviews have been completed, applications will be scored according to the selection rubric (sample attached). An acceptance or denial letter will be emailed to each applicant by May 29, 2020.
Stage Three – Acceptance to the Practical Nurse Program (DEADLINE: June 15, 2020)	
	<p>Upon receipt of the acceptance email, please submit the following:</p> <ol style="list-style-type: none"> 1. \$150.00 non-refundable Registration Fee (applied toward tuition). Submit this to the Registration Desk at Entrance A. 2. Drug Testing Form (received with acceptance letter). Sign & email to: mwhittington@pontotoctech.edu 3. If you have had Long Term Care, a transcript is required for Advanced Standing. Please complete the Advanced Standing Request form & email it along with the transcript to: mwhittington@pontotoctech.edu.

IMMUNIZATION GUIDELINES

Documentation MUST be submitted by May 1, 2020

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)	Documentation of immunity by either : <ul style="list-style-type: none"> A. Evidence of two (2) vaccines at least 4 weeks apart after the age of 12 months old <li style="text-align: center;">or B. Evidence of a positive blood test indicating immunity (titer)
HEPATITIS B (HBV)	Documentation of immunity by either : <ul style="list-style-type: none"> A. Evidence of three (3) vaccines given over a 6-month period <li style="text-align: center;">or B. Evidence of a positive blood test indicating immunity (titer) <li style="text-align: center;">or C. Completion of a waiver indicating unwillingness to undergo Hepatitis B vaccination
VARICELLA (Chicken Pox)	Documentation of immunity by either : <ul style="list-style-type: none"> A. Evidence of two (2) varicella vaccines given at least 28 days apart <li style="text-align: center;">or B. Evidence of a positive blood test indicating immunity (titer)
INFLUENZA (Flu Vaccine)	Documentation of immunity by either : <ul style="list-style-type: none"> A. Evidence of one (1) vaccine annually in the fall (typically will be due in September or October) <li style="text-align: center;">or B. Documentation from healthcare provider that vaccination is contraindicated
Tdap (tetanus, diphtheria, pertussis)	Documentation of immunity by one-time dose of Tdap + Td every 10 years thereafter.
Students who suspect they may be pregnant or who are pregnant must consult a physician regarding the advisability of immunizations.	

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	GPA 3.5 or >	GPA 3.0 to 3.4	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 or 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 • Hepatitis B • Varicella • 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 • punctual 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, shakes hands & introduces 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: Wednesday, April 1, 2020 @ 3:00pm

The application must be typed. Incomplete applications will not be processed.

USE FULL LEGAL NAME (NO INITIALS)			
First Name		Middle Name (no initials)	Last Name
Home Address: Street		City	State
Mailing Address (if different from above)		City	State
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 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,

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	Supervisor's Name	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. Potential applicants to state-approved education programs, with a criminal history, may obtain an initial determination of eligibility for licensure or certification from the Oklahoma Board of Nursing for a fee. The initial determination of eligibility for licensure petition can be accessed at <http://nursing.ok.gov/initialdeterm.pdf>.

REFERENCES: (Friends & co-workers should not be utilized as references)

References are an important part of the selection process and should be from **past or present employers, counselors, supervisors, or teachers**. **The Nursing Office will e-mail reference forms to each of the references listed below. The reference forms will be completed online and e-mailed to the nursing office for review.**

REFERENCE #1 - Name	Name of Company/Business	Position/Title
Relationship to Applicant	Work E-mail address	
REFERENCE #2 - Name	Name of Company/Business	Position/Title
Relationship to Applicant	Work E-mail address	
REFERENCE #3 - Name	Name of Company/Business	Position/Title
Relationship to Applicant	Work E-mail address	