# PEMISCOT COUNTY VOCATIONAL SCHOOL OF PRACTICAL NURSING APPLICATION PACKET CLASS # 6 2011-12

Adopted by the Pemiscot County Special School District Board of Education 11/18/2010



Initial approval by the Missouri State Board of Nursing

Approved by the Missouri State Department of Education

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We are very pleased with your interest in our School of Practical Nursing. Enclosed is an information packet and application form for the next class that will begin in the Fall 2011.

It is important to read the entire packet thoroughly. The application (pages 18-20) and fee must be fully complete and received in the School of Practical Nursing office on March 1, 2011 by 4:00 p.m. for the 2011-2012 school-year. All other components of the application process are due in the School of Practical Nursing office on April 29, 2011 by 4:00 p.m. for the 2011-2012 school year.

## The Application Process Consists of the Following Components and Criteria:

- 1. <u>Application Form</u> Please complete the application on pages 18 21 of this packet, as instructed.
- 2. <u>Application Processing/Testing Fee</u> \$60.00 non-refundable fee

In order to ensure application processing, please pay by cash or money order. NO PERSONAL CHECKS ARE ACCEPTED. You may make money orders payable to: Pemiscot County Career & Technology Center.

## 3. Official High School Transcript or GED Scores and College Transcript if applicable

## **Official transcript**

A copy of an official transcript from the high school which you graduated is required. This may be obtained by requesting your school to send the transcript to our school. The transcript must have the school seal and/or signature of a school official. It cannot be hand carried by you to our office.

**GED** – An official copy of the GED scores and certificate must be sent directly to Pemiscot County Vocational School of Practical Nursing from State Department of Education.

## **College Transcript**

If you have college credit, please request an official transcript. This may be obtained by requesting your school to send the transcript to our school. The transcript must have the school seal and/or signature of a school official. It cannot be hand carried by you to our office.

Please have school send the official transcript(s) to: Pemiscot County Vocational School of Practical Nursing 1317 West Highway 84 Hayti, MO 63851

Deadline for receipt of official transcripts is April 20, 2011.

## 4. <u>Pre-Entrance Testing:</u>

**The TEAS (Test of Essential Academic Skills)** is scheduled and administered at the Pemiscot County Vocational School of Practical Nursing, 1317 West Highway 84, Hayti, MO after the application has been completed and the application fee has been paid. A written notice will be sent to you indicating the date and time of your test. A limited number of applicants will be scheduled for each test date. <u>A picture ID is required to take the exam.</u>

The TEAS (Test of Essential Academic Skills) will consist of several sections with the Science, Reading, English, Math and Written Expression being the sections for scoring. This will be a timed test. You may use a calculator for the Math section. If you are accepted to the program and score below 60 on the Math section it will be MANDATORY that you attend tutoring sessions. The dates for tutoring will be announced at a later date.

Study Guides may be purchased for \$45.00 or rented for \$45.00 with \$40.00 returned once the study guide is returned in good condition.

#### Scheduling/Rescheduling

You will be allowed to test once (1) during the application process. The dates listed below have been scheduled for pre-entrance testing. It is your responsibility to select a date and indicate the date and time on the application. All tests are administered by appointments, it is your responsibility to reschedule your testing date if you are unable to make it the date you have scheduled.

#### The test dates are as follows:

Wednesday, February 16, 2011 Thursday, February 17, 2011 Friday, February 25, 2011 Wednesday, March 2, 2011 Thursday, March 3, 2011 Friday, March 4, 2011 Wednesday, March 9, 2011 Thursday, March 10, 2011 By scheduled appointment By scheduled appointment

## 5. Admission Criteria

Applications will be reviewed and selection made by the Admission Committee without consideration of age, marital status, sex, national origin, race, color, creed, disability, financial status, and/or religion. In accordance with the Missouri State Board of Nursing, the admission criteria shall reflect consideration of the potential to:

- 1. Complete the program
- 2. Possess necessary functional abilities; and
- 3. Meet the standards to apply for licensure as per section 335.046-2, State of Missouri Nurse Practice Act.

Selection will be based on:

- a. Completeness of application
- b. Payment of non-refundable application fee
- c. Submission of official high school transcript/GED
- d. Submission of college transcripts (if applicable)
- e. Acceptable composite score on the Test of Essential Academic Skills (TEAS)

## 6. Admission

If you are chosen for admission to the upcoming class you will be sent a letter of acceptance. At that time you will need to accept or deny your slot in the program. Once you are admitted to the School of Practical Nursing, you will be <u>required to pay a</u> <u>\$200.00 admission fee, due by May 17, 2011, to reserve a slot in the program.</u> You can make money orders payable to: Pemiscot County Career & Technology Center. If the admission fee is not paid by May 17th, your slot in the program will be given to the next person on the alternate list. No student will be admitted once more than five (5) days have passed since the established beginning date of classes for the academic year.

Note: Any student entering the school premises impaired will not be considered for admission.

## 7. Following Selection

- 1. A physical examination is required (to include up to date immunizations).
- 2. An initial drug screening is required.
- 3. Completion of math refresher course
- 4. Completion of a criminal background check is required.

## 8. Informational Session

Once the test results are received in our office and the criteria have been met, you will be notified in writing or by phone of the informational session date. <u>Attendance is</u> <u>required.</u> Please notify the Career & Technology Center as soon as possible if you are unable to attend. During the session, information about the program will be given. At this time, you have the opportunity to ask questions about the program.

## 9. English as Second Language

Applicants with English as a second language <u>(not a first language)</u> shall meet the same admission criteria as other applicants <u>AND</u> provide documentation of knowledge of English as verified by TOEFL with an acceptable score on a written or computerized test.

#### 10. Advanced Placement

Pemiscot County Vocational School of Practical Nursing does not participate in advanced placement.

## 11. Completion of the program and eligibility to take NCLEX for licensure.

Graduates of the Practical Nurse Program are eligible to apply to the Missouri State Board of Nursing for permission to take the NCLEX-PN Examination upon completion of the program. Completion of the program does not guarantee eligibility to take the NCLEX-PN Examination. See the Nurse Practice Act below.

Requirements to Apply to Take NCLEX

- 1. Complete the written application for licensure and submit it to the Missouri State Board of Nursing.
- 2. Submit a non-refundable fee, 2 x 2 photograph, and receipt of finger prints to the Missouri State Board of Nursing. (fees included in tuition)
- 3. Complete the form from the testing agency and submit the non-refundable testing fee. (fee included in tuition)
- 4. High school diploma or equivalent.
- 5. Have successfully completed the curriculum in an accredited school of practical nursing. Tuition includes all testing and fingerprinting fees for the student to take the NLCEX (ONE TIME). Any subsequent attempts will be at the cost of the student.

## 12. Nurse Practice Act

## 335.066. Denial, revocation, or suspension of license, grounds for, civil immunity for providing information.

- 1. The board may refuse to issue any certificate of registration or authority, permit or license required pursuant to sections 335.011 to 335.096 for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621, RSMo.
- 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:

(1) Use or unlawful possession of any controlled substance, as defined in chapter 195, RSMo, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by sections 335.011 to 335.096;

(2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to sections 335.011 to 335.096, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to sections 335.011 to 335.096 or in obtaining permission to take any examination given or required pursuant to sections 335.011 to 335.096;

(4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;

(5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession licensed or regulated by sections 335.011 to 335.096;

(6) Violation of, or assisting or enabling any person to violate, any provision of sections 335.011 to 335.096, or of any lawful rule or regulation adopted pursuant to sections 335.011 to 335.096;

(7) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;

(8) Disciplinary action against the holder of a license or other right to practice any profession regulated by sections 335.011 to 335.096 granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;

(9) A person is finally adjudged insane or incompetent by a court of competent jurisdiction;

(10) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by sections 335.011 to 335.096 who is not registered and currently eligible to practice pursuant to sections 335.011 to 335.096;

(11) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;

(12) Violation of any professional trust or confidence;

(13) Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;

(14) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;

(15) Placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health-related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency.

- 3. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621, RSMo. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate, or permit.
- 4. An individual whose license has been revoked shall wait one year from the date of revocation to apply for relicensure. Relicensure shall be at the discretion of the board after compliance with all the requirements of sections 335.011 to 335.096 relative to the licensing of an applicant for the first time.
- 5. The board may notify the proper licensing authority of any other state concerning the final disciplinary action determined by the board on a license in which the person whose license was suspended or revoked was also licensed of the suspension or revocation.
- 6. Any person, organization, association or corporation who reports or provides information to the board of nursing pursuant to the provisions of sections 335.011 to 335.259\* and who does so in good faith shall not be subject to an action for civil damages as a result thereof.
- (L. 1975 S.B. 108 § 12, A.L. 1981 S.B. 16, A.L. 1995 S.B. 452, A.L. 1999 H.B. 343)

\*Section 335.259 was repealed by S.B. 52 § A, 1993.

## 13. <u>Required minimal functional ability categories and representative</u> <u>activities/attributes:</u>

In addition to academic requirements, a student must satisfy performance standards. The performance standards include cognitive, sensory, affective, and psychomotor competencies. A student must, with or without reasonable accommodation, satisfy the following criteria. See functional abilities form on page 21 of this packet.

## a. Gross Motor Skills

- 1. Move within confined spaces
- 2. Sit and maintain balance
- 3. Stand and maintain balance
- 4. Reach above shoulders (e.g., IV poles)
- 5. Reach below waist (e.g., plug electrical appliance into wall outlets)
- b. Fine Motor Skills
  - 1. Pick up objects with hands
  - 2. Grasp small objects with hands (e.g., IV tubing, pencil)
  - 3. Write with pen or pencil
  - 4. Key/type (e.g., use a computer)
  - 5. Pinch/pick or otherwise work with fingers (e.g., manipulate a syringe)
  - 6. Twist (e.g., turn object/knobs using hands)
  - 7. Squeeze with finger (e.g., eye dropper)
- c. Physical Endurance
  - 1. Stand (e.g., at client side during surgical or therapeutic procedure)
  - 2. Sustain repetitive movements (e.g., CPR)
  - 3. Maintain physical tolerance (e.g., work entire shift)
- d. Physical Strength
  - 1. Push and pull 25 pounds (e.g., position clients)
  - 2. Support 25 pounds of weight (e.g., ambulate client)
  - 3. Lift 25 pounds (e.g., pick up a child, transfer client)
  - 4. Move light objects weighing up to 10 pounds (e.g., IV poles)
  - 5. Move heavy objects weighing from 11 to 50 pounds
  - 6. Defend self against combative client
  - 7. Carry equipment/supplies
  - 8. Use upper body strength (e.g., perform CPR, physically restrain a client)
  - 9. Squeeze with hands (e.g., operate fire extinguisher)
- e. Mobility
  - 1. Twist
  - 2. Bend
  - 3. Stoop/squat
  - 4. Move quickly (e.g., response to an emergency)
  - 5. Climb (e.g., ladders/stools/stairs)
  - 6. Walk
- f. Hearing
  - 1. Hear normal speaking level sounds (e.g., person-to-person report)
  - 2. Hear faint voices
  - 3. Hear faint body sounds (e.g., blood pressure sounds, assess placement of tubes)
  - 4. Hear in situations when not able to see lips (e.g., when masks are used)
  - 5. Hear auditory alarms (e.g., monitors, fire alarms, call bells)

- g. Visual
  - 1. See objects up to 20 inches away (e.g., information on a computer screen, skin conditions)
  - 2. See objects up to 20 feet away (e.g., client in a room)
  - 3. See objects more than 20 feet away (e.g., client at end of hall)
  - 4. Use depth perception
  - 5. Use peripheral vision
  - 6. Distinguish color (e.g., color codes on supplies, charts, bed)
  - 7. Distinguish color intensity (e.g., flushed skin, skin paleness)
- h. Tactile
  - 1. Feel vibrations (e.g., palpate pulses)
  - 2. Detect temperature (e.g., skin, solutions)
  - 3. Feel differences in surface characteristics (e.g., skin turgor, rashes)
  - 4. Feel differences in sizes, shapes (e.g., palpate vein, identify body landmarks)
  - 5. Detect environmental temperature (e.g., check for drafts)

#### i. Smell

- 1. Detect odors from client (e.g., foul smelling drainage, alcohol, etc.)
- 2. Detect smoke
- 3. Detect gases or noxious smells
- j. Reading
  - 1. Read and understand written documents (e.g., policies, protocols)
- k. Arithmetic Competence
  - 1. Read and understand columns of writing (e.g., flow sheet, charts)
  - 2. Read digital displays
  - 3. Read graphic printouts (e.g., EKG)
  - 4. Calibrate equipment
  - 5. Convert numbers to and/or from the Metric System
  - 6. Read graphs (e.g., vital sign sheets)
  - 7. Tell time
  - 8. Measure time (e.g., count duration of contractions, etc.)
  - 9. Count rates (e.g., drips/minute, pulse)
  - 10. Use measuring tools (e.g., thermometer)
  - 11. Read measurement marks (e.g., measurement tapes, scales, etc.)
  - 12. Add, subtract, multiply, and/or divide whole numbers
  - 13. Compute fractions (e.g., medication dosages)
  - 14. Use a calculator
  - 15. Write numbers in records
- 1. Emotional Stability
  - 1. Establish therapeutic boundaries
  - 2. Provide client with emotional support
  - 3. Adapt to changing environmental/stress
  - 4. Deal with the unexpected (e.g., client going bad, crisis)
  - 5. Focus attention on task
  - 6. Monitor own emotions
  - 7. Perform multiple responsibilities concurrently
  - 8. Handle strong emotions (e.g., grief)
- m. Analytical Thinking
  - 1. Transfer knowledge from one situation to another
  - 2. Process information
  - 3. Evaluate outcomes
  - 4. Problem solve

- 5. Prioritize tasks
- 6. Use long term memory
- 7. Use short term memory
- n. Critical Thinking
  - 1. Identify cause-effect relationships
  - 2. Plan/control activities for others
  - 3. Synthesize knowledge and skills
  - 4. Sequence information
- o. Interpersonal Skills
  - 1. Negotiate interpersonal conflict
  - 2. Respect differences in clients
  - 3. Establish rapport with clients
  - 4. Establish rapport with co-workers
- p. Communication Skills
  - 1. Teach (e.g., client/family about health care)
  - 2. Explain procedures
  - 3. Give oral reports (e.g., report on client's condition to others)
  - 4. Interact with others (e.g., health care workers)
  - 5. Speak on the telephone
  - 6. Influence people
  - 7. Direct activities of others
  - 8. Convey information through writing (e.g., progress notes)

#### 14. Student Services

#### Plan for emergency health care of nursing students

Minor first aid services are available on campus through the Pemiscot County Special School District, School Nurse. In the event of illness or accidents during the class or clinical hours, neither the school nor clinical site will assume responsibility. It is strongly recommended that all students carry individual health insurance.

#### Emergency, Injury, and/or Illness

- If a student becomes ill or injured while in the classroom or on duty at a health care facility, the student should report to the classroom/clinical instructor immediately.
- 2. Emergency care/health care will be the responsibility of the individual student. Such care will be at the expense of the student.
- 3. In the event of an emergency/illness or injury, basic first aid measures may be initiated by the program director/faculty, school nurse or appropriate health care personnel until parent, spouse, significant other or emergency services are obtained.

This service is limited to basic first aid and/or comfort and protection of the student until medical evaluation with recommendation is secured.

#### **Emergency Information Form**

All students must have, on record, emergency information containing the required information should an emergency arise. This form shall include the name of the person to notify, phone number to be reached during the day, and names and phone numbers of adult friends or relatives who would take responsibility should it be impossible for an adult student to make a decision rendering own care.

#### Health Record

A continuous health record will be kept for each student during the school year.

It will consist of:

- 1. Pre-entrance physical and drug screening.
- 2. Record of current immunizations to include MMR, Tetanus, Hepatitis B, TB testing (including chest x-ray for all positives or history of positive).
- 3. Hepatitis B declination form or vaccination record.
- 4. Emergency information form.

#### **Student Advising and Mentoring**

#### Selective Study/Mentoring

Thirty minutes twice per week is set aside, before or after school, for assistance in any

area of difficulty that the student may be experiencing (classroom, clinical, personal,

etc.).

A sign-up sheet will be kept in the program director's office. Each student must sign up by 4:30 p.m. the day before selective study days. The faculty recommends individual or small group study sessions of no more than three to five students. This time will **not** be

used as review for upcoming exams. Students are highly recommended to attend when on Academic or Clinical Probation.

#### Academic Advisement/Mentoring

The practical nursing faculty serves as academic advisors and mentors for the students. An adult counselor is also available to assist with academic guidance or personal needs. Students may seek information from program director or adult counselor regarding counseling referral sources.

#### Financial Aid Counseling

All students will have access to a financial aid advisor who will assist them with finding funding for the program.

## **Drug Policy**

Pemiscot County Special School District is a drug free environment. Arriving on school grounds in an intoxicated or drugged state at any time during the application or admissions process will automatically result in the inability to apply and be admitted to the program.

## 15. Curriculum Plan

## Semester I

Course Title	Theory Clock Hours	Clinical Clock Hours	Beginning	
Body Structure and Function	84	0	August	
Fundamentals of Nursing	120	72	August	
Personal and Vocational Concepts	32	0	August	
Nutrition and Diet Therapy	48	0	September	
Administration of Medications I	48	32	August	
Growth and Development	40	0	August	
Nursing of the Older Adult	40	32	November	
Intravenous Therapy	40	8	October	
Semester Total	452	144		
Semester II				
Course Title	Theory Clock Hours	Clinical Clock Hours	Beginning	
Administration of Medications II	56	32	January	
Nursing of Adults I	100	116	January	
Nursing of Adults II	100	116	April	
Mental Health Nursing	40	16	January	
Maternal/Newborn Nursing	48	32	March	
Nursing of Children	48	32	May	
Leadership and management	32	32	June	
Semester Total	424	376		

Total theory hours – 876 Total clinical hours – 520 Total Program hours – 1396

#### 16. **Tuition/program costs**

The \$8,700.00 tuition includes textbooks, uniforms, state board fee, lab fees, clinical bags, professional liability insurance, name pin, stethoscope, standardized testing for NCLEX-PN readiness, MOSALPN dues and convention, and a graduation pin.

Tuition	Books	Supplies/Uniforms	Other Fees	Total Program Costs
\$6500.00	6500.00         \$806.00         \$460.00         \$934.00			\$8700.00
Description		Projected Amount		
Books				
	ctical Vocational			\$35.51
		Book and Study guide		\$50.67
	Concepts and Skil			\$76.76
	undamental Conc			\$21.25
	Medical/Surgica	al Nursing		\$70.57
Mosby Diction				\$33.26
Williams, Basi				\$48.26
Caring for the				\$31.95
Growth and D				\$27.35
A & P plus SC Drug guide	ſ			\$62.48
Concept Mapp	ing			\$41.95 \$30.95
Mental Health				
Mental Health Maternal/New				\$35.50 \$81.96
NCLEX Revie				\$51.79
Calculations b				\$31.79
IV therapy	OOK			\$63.79
Total Books				\$806.00
Supplies				\$800.00
Penlight/otosc	one			\$20.00
Clinical Suppl				\$20.00
Bandage sciss				\$7.00
Gaitbelt	<i>J</i> 15			\$8.00
Stethoscope				\$50.00
	ometer Aneroid			\$35.00
Graduation pir				\$40.00
Uniforms	•			\$160.00
Name tags				\$20.00
Total Supplie	S			\$460.00
Fees				
Testing				
Application to MO State Board			\$79.00	
Drug testing			\$50.00	
NCLEX Live Review			\$380.00	
NCLEX fee			\$200.00	
Background cl	Background check			\$70.00
Lab fee				\$50.00
MOSALPN du	ies			\$20.00
Insurance				\$29.00
BLS card/mas	k			\$6.00
Graduation pic	cture			\$50.00
Total other fe				\$934.00

## 17. Financial Aid

At this time Pemiscot County Vocational School of Practical Nursing does qualify for Title IV funding which includes Pell Grants, State Grants, and subsidized Federal Student loans. See enclosed information on financial aid. For further information regarding other financial aid sources, please contact Charlene Ray at Pemiscot County Career & Technology Center, 1317 West Highway 84, Hayti, MO or you may contact her by phone at (573) 359-2201.

## 18. **Refunds of Tuition and Fees**

In the event that a student withdraws or is dismissed from school, the following refund policy shall apply to all students enrolled in the Pemiscot County Vocational School of Practical Nursing.

For the students who begin classes, 100% of the books, supplies, and fee allowances are considered expended. Tuition is the only expense that may be refunded and will be done so in accordance with the institutional refund policy.

If a student withdraws or is dismissed:	% of Tuition
Refunded	
Within the First Week of classes	90%
Within the Second Week of classes	75%
Within the Third Week of classes	50%
Within the Fourth Week of classes	
After the Fourth Week of classes	0%

## **Financial Assistance Information**

At this time Pemiscot County Vocational School of Practical Nursing Program does quality for Title IV Aid, which consists of Pell Grants, State Grants or Stafford Loans. However, individuals may qualify for other sources of financial assistance under one or more of the following programs listed below.

#### Student Financial Aid

If a student is interested applying for Federal Student Aid, you will need to apply online at <u>www.fafsa.ed.gov</u> or stop by the financial aid office to pick up a paper application. Completing your application online will ensure that your information will be processed quicker with the Department of Education. Should you have additional questions about federal student aid, please contact Charlene Ray at 573-359-2201.

#### MERS/Goodwill

This is a job training program that serves economically eligible adults who live in Cape, Dunklin, New Madrid, Mississippi, Pemiscot, or Scott counties in Missouri. Areas of financial assistance include tuition, books, fees, supplies, and mileage etc. Dunklin county residents should contact Sam Crawford at MERS/Goodwill in Kennett at 573-888-4464. Pemiscot county residents should contact Eugene Myracle at 573-333-0409.

#### Workforce Development

The Missouri Career Center may provide assistance to help American workers who become totally or partially unemployed as a result of increased imports (Trade Adjustment Act). The program assists workers to regain satisfactory employment through use of a full range of services, including training if needed, job search and relocation allowances. For more information call Michelle Winters at 573-888-4518.

#### Vocational Rehabilitation

Contact your nearest Vocational Rehabilitation Center to determine if you qualify for assistance under their guidelines. Information may be obtained by calling 573-840-9550.

#### <u>USMO</u>

If you have been paid to do work in the farming, orchards, greenhouses, cotton gins, or poultry industry in the past two years, you may qualify for tuition assistance. For further information contact Sandy Self at 573-888-5266.

#### **Displaced Homemakers Fee Waiver**

Displaced homemakers are divorced, widowed, separated, or have disabled spouses, and must prepare for paid employment. They have worked primarily without pay to care for the home and family. Displaced homemakers are generally women, but there are men who fit the definition and have been served with these funds. The tuition waivers are used to offset the cost of tuition for eligible recipients to enroll in a long-term career training program. For further information see the financial advisor at Pemiscot County Vocational School of Practical Nursing.

#### Temporary Assistance

Students who qualify under the Temporary Assistance for Needy Families should contact their case worker for possible financial assistance under the (CAP) program.

## **Scholarships**

Potential students are encouraged to contact local civic organizations and healthcare facilities about possible scholarships. Below is a list of local health care agencies offering scholarships to nursing students in return for hours worked as a nurse after graduation and licensure.

- Pemiscot County Health Systems, Hayti
- Visiting Nurse Association, New Madrid, Kennett
- Missouri Delta Medical Center, Sikeston

## **Application for Admissions**

Pemiscot County Vocational School of Practical Nursing 1317 West Highway 84 Hayti, MO 63851 (573) 359-2201

Please print or type using black ink.

First Name	Middle Name	Last Name	Maiden
Street	City	State 2	Zip Code
Social Security Numbe	er E	-mail Address	
Date of Birth: Phone Number: (	) fee o orde	se enclose a non-refundable ap f \$60.00. Please pay by cash o r. You may make money orde ble to: Pemiscot County Voca School of Prostical New	r money ers tional
Work/Cell/Message #:	()	School of Practical Nur	sing
Do you have a (Ch		eceived// Diploma, Date Received/_	/
TT 11/			
•	ning in the Armed Forces?		s application.)
If yes, what trainin	•	to attach additional pages to thi	s application.)
If yes, what training 3. What professional 4. (a.) Is English y If yes, 7 (b.) Are you a ci	ng did you receive? (You may wish	to attach additional pages to thi d? No otable score on written or compu	
<ul> <li>If yes, what training</li> <li>What professional</li> <li>(a.) Is English y</li> <li>If yes, 7</li> <li>(b.) Are you a ci</li> <li>(c.) If no, do you</li> </ul>	ng did you receive? (You may wish certifications or licenses do you ho your second language? Yes Yes TOEFL must be taken with an accept itizen of the US? Yes No u plan to gain citizenship? en convicted of a felony, misdemean	to attach additional pages to thi ld? No otable score on written or compu	iterized test.
<ul> <li>If yes, what training</li> <li>What professional</li> <li>(a.) Is English y</li> <li>If yes, 7</li> <li>(b.) Are you a cid</li> <li>(c.) If no, do you</li> <li>Have you ever beet sentence?</li></ul>	ng did you receive? (You may wish certifications or licenses do you ho your second language? Yes Yes TOEFL must be taken with an accept itizen of the US? Yes No u plan to gain citizenship? en convicted of a felony, misdemean	to attach additional pages to thi	iterized test.

7. Have you ever violated a law or ordinance regarding alcohol or drug usage?

If so, please explain\_\_\_\_\_\_

Do you have any other problems that would prevent you from providing quality medical care to patients? \_\_\_\_\_\_\_
 If so, please explain \_\_\_\_\_\_\_

9. Do you intend to apply for financial assistance?

Yes	No
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10. How do you plan to pay your tuition? (Identify all sources)\_\_\_\_\_

## Education

Level	Name	City and State	Grade Completed	Date of attendance
High School				
School				
College				
College				

G.E.D\_\_\_\_\_

Date City/State Certificate 110. Score	Date	City/State	Certificate No.	Score
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## **Work Experience**

Please list work experience starting with most recent.

Place of Employment	Dates of Employment	Type of Work or Position

#### References

Please list below three individuals, such as parent, guardian, friend, or spouse that we may contact for follow-up purposes or in case of an emergency. Please give full name, complete address and phone number.

Address	Phone
	Address

#### **Testing Dates**

Please indicate your choices for testing dates from page four of the application packet, with number one being your first choice.

Preferred testing date choice #1 \_\_\_\_\_\_ Preferred testing date choice #2 \_\_\_\_\_\_ Preferred testing date choice #3

I understand no student will be admitted once more than five (5) days have passed since the established beginning date of classes for the academic year.

The information given on this application is true and complete to the best of my knowledge.

Signature

Date

**Notice of Non-Discrimination** 

Applicants for admission and employment, students, parents of elementary and secondary school students, employees, sources of referral of applicants for admissions and employment, and all unions or professional agreements with Pemiscot County Vocational School of Practical Nursing are hereby notified that this institution does not discriminate on the basis of race, color, national origin, sex, age or handicap in admission or access to or treatment of employment in its programs and activities. Any person having inquiries concerning Pemiscot County Vocational School of Practical Nursing's compliance with the regulations implementing Title VI, Title IX, or Section 504 is directed to contact the Superintendent for Pemiscot County Special School District, 1317 West Highway 84, Hayti, Missouri, (573) 359-0021. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution's compliance with the regulations implementing Title IX, or section 504.

## HOW DID YOU HEAR ABOUT PEMISCOT COUNTY VOCATIONAL SCHOOL OF PRACTICAL NURSING?

Please check all that apply:

 Newspaper	If so, which
 Radio	If so, which
 High School Counselor	If so, which
 Career Fair or Presentation	If so, which
 Friend	If so, which
 Other	If so, which

## **Functional Abilities Statement**

Please read the list of functional abilities on pages 8 - 10 of this application packet. These are the physical and mental abilities you must be able to do, possess or be able to be taught in order to successfully complete the practical nursing program. Please read the following statement after having read the list of functional abilities and sign below if you believe this to be true.

I am able to perform, possess, or be able to be taught all of the functional abilities listed in the application packet, pages 8 - 10, in order to fulfill the program requirements.

**Student Signature** 

Date

Please use the following checklist to ensure completeness of your application.

\_\_\_\_\_ Application complete

Preferred testing dates marked

\_\_\_\_Application fee paid

Have transcripts from high schools and colleges sent to Pemiscot County Vocational School of Practical Nursing

\_\_\_\_Copy of GED (if applicable)

Sign and return functional abilities form along with application