UPPER CAPE COD REGIONAL TECHNICAL SCHOOL
Division of Nurse Education

PRACTICAL NURSE PROGRAM

APPLICATION FOR ADMISSION

2022-2023

Roger Forget, Superintendent
Judith M. Pelletier, MSN, RN, CNE, Director, Practical Nurse Program

Upper Cape Cod Regional Technical School
220 Sandwich Road
Bourne, Massachusetts 02532
(508) 759-7711

Updated/Final 09Sept21

PROGRAM DESCRIPTION

The Practical Nurse Program of studies includes classroom theory, simulation laboratory practice, and clinical instruction. In addition to the clinical nursing courses students complete academic requirements in Anatomy and Physiology, Nutrition, Pharmacology, and Vocational Trends in Nursing. Clinical experiences are provided at nursing homes, hospitals and other health care facilities both on and off Cape Cod. Both grades and attendance are critical to satisfactorily completing the program objectives.

Upon completion of the Practical Nurse Program, graduates are eligible to take the state licensure exam (NCLEX-PN). Employment opportunities exist on and off-Cape in a variety of settings including but not limited to: nursing homes, physician's offices, out-patient health centers, some hospitals, and hospice, among others. Students who choose to continue their education may enter Associate Degree Nursing Programs (LPN to ADN) or Baccalaureate Degree Nursing Programs (LPN to BSN).

ACCREDITATION AND APPROVALS

The Practical Nurse Program is fully approved by the:

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Board of Registration in Nursing
239 Causeway Street
Boston, MA 02114
Telephone: 617-973-0800
www.mass.gov/dph/boards/rn

Upper Cape Cod Regional Technical School's Practical Nurse Program is accredited by the:

Commission on Occupational Education (COE)
840 Roswell Road
Building 300, Suite 325
Atlanta, GA 30350
Telephone: 800-917-2081
www.council.org

All documents describing MA Board of Registration in Nursing approval and/or COE accreditation are available for review by contacting the PN Program Director in writing. The Director will facilitate the review process in a convenient and mutually agreed upon manner.

MISSION OF UPPER CAPE COD REGIONAL TECHNICAL SCHOOL

The mission of Upper Cape Cod Regional Technical School is to foster a lifelong commitment to learning, community, personal responsibility and career growth within a diverse student population of 21st century learners through the integration of academic and technical proficiency, while preparing student to be effective members of a global society.

MISSION OF THE PRACTICAL NURSE PROGRAM

The mission of the Practical Nurse Program is to prepare each graduate for safe, entry level nursing practice, caring holistically for individuals from diverse backgrounds, demonstrating technical competence, while functioning as an integral member of the health care team with a commitment to educational advancement and life-long learning.

PHILOSOPHY OF THE PRACTICAL NURSE PROGRAM

Upper Cape Cod Regional Technical School and the nursing faculty are committed to the development of safe, caring, self-reliant, responsible, life-long learners capable of successfully competing in a rapidly changing technological world. The administration and nursing faculty seek to educate the post high school student by preparing nursing graduates who can problem solve, think critically, lead healthy lives, behave ethically, and assume the responsibilities inherent in the role of the beginning Licensed Practical Nurse.

Practical nurse education prepares entry-level graduates to work collaboratively with other health care providers to ensure continuity of care in a variety of health care settings. Practical nurse education prepares graduates who are capable of practicing nursing in a rapidly changing health care environment. The faculty believes that treating human beings as individuals with dignity and self-worth is a key factor in the education of students, and therefore, the care of patients (clients). Environment encompasses all elements external to and interacting with the individual to influence her/his state of health and highest level of functioning.

Health is perceived as a state of optimal physiological, emotional, intellectual, social and spiritual well-being. Health is dynamic and unique to each individual. Nursing is the treatment of human responses of clients, and it is through the nursing process that the nurse is able to assist the client to achieve optimal wellness. Nursing is an applied discipline that integrates the biopsychosocial sciences into the care of clients.

The faculty believes that the practical nurse is a vital part of the health care team and she/he understands that the organizing framework for the practice of nursing is the nursing process. In using the nursing process, the practical nurse utilizes the concepts of assessment, planning, implementation and evaluation. The practical nurse participates in safe application of the nursing process in a variety of health care settings.

The faculty believes that learning takes place from simple to complex throughout the life span in an atmosphere of caring, involvement, participation, teamwork, and support. The faculty facilitates student learning and believes that this approach enables each individual student to safely practice in a legally and ethically responsible manner.

END OF PROGRAM STUDENT LEARNING OUTCOMES

Upon completion of the Practical Nurse Program, the graduate:

1. Applies the *nursing process* to provide *client centered care* across the *continuum*.
2. Provides *safe* and effective nursing care integrating current *evidenced-based practice*.
3. Collaborates with the *interprofessional team* incorporating appropriate technology and informatics, maintaining *integrity of information*.
4. Demonstrates clinical competence in the *role of practical nurse* in accordance with ethical, legal, and professional standards.

DEFINITIONS

Client is the individual, family, or group, which includes significant others and populations. [2017 NCLEX-PN Detailed Test Plan]

Client centered care recognizes the client or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for client preferences, values, and needs. [Adapted from QSEN, 2007]

Clinical competence is the knowledge, and the use of affective, cognitive, and psychomotor skills, required for the delivery of safe nursing care in accordance with accepted standards of nursing practice. [MA BORN 244 CMR 10.00, proposed new regulation]

Continuum of care covers the delivery of healthcare over a period of time with care provided from birth to end of life, for all levels and stages of care varying for each client depending on their unique needs. [Adapted from Healthcare Information Management Systems Society, 2014]

Evidenced-based practice integrates the best current evidence with clinical expertise in the provision of care. [Adapted from QSEN, 2016]

Integrity of information insures information transmission between clients and providers is secure and protected, following all legal, ethical, and organizational policies to protect and maintain confidentiality. [Adapted from Technology Information Guiding Educational Reform, 2009]

Interprofessional Team is composed of two or more disciplines that collaborate to achieve quality client care. [Adapted from NLN CNEA, 2016]

Nursing Process is a scientific approach to client care that includes assessment, identification of client problem(s), planning, implementation, and evaluation of care provided.

Role of the practical nurse means the performance for compensation of authorized acts of nursing which utilize specialized knowledge and skills and which meet the health needs of people in a variety of settings under the direction of qualified health professionals. [NALPN, 2015]

Safe care is the provision of healthcare services in a manner that minimizes the risk of harm to clients and providers. [Adapted from NLN, 2010]

At the completion of the program, graduates are eligible to write the National Council of State Boards of Nursing Licensure Examination for Practical Nurses (NCLEX-PN®). Graduates who meet the objectives of the Upper Cape Cod Regional Technical School's Practical Nurse Program and achieve a passing score on NCLEX-PN are prepared to practice as entry level Licensed Practical Nurses.

STUDENT FINANCIAL AID

Financial awards are made when personal and family resources are not sufficient to pay educational expenses. The difference between the total cost of education (tuition, books, fees, transportation and living expenses) and the total family or personal contribution is expressed as financial need. The Office for Civil Rights (OCR) enforces five federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, sex, disability and age in programs or activities that receive federal financial assistance from the Department of Education (ED). Discrimination on the bases of race, color and national origin is prohibited by Title VI of the *Civil Rights Act of 1964;* sex discrimination is prohibited by Title IX of the Education Amendments of 1972; discrimination on the basis of disability is prohibited by *Section 504 of the Rehabilitation Act of 1973* and Title II of the *Americans with Disabilities Act of 1990* (Title II prohibits discrimination

on the basis of disability by public entities, whether or not they receive federal financial assistance); and age discrimination is prohibited by the *Age Discrimination Act of 1975*.

Financial Aid is available to those who qualify. UCT has been approved by the United States Department of Education for the following programs for financial assistance. The programs listed below are available to eligible students to help meet the cost of their education. The term "Title IV" refers to the Federal Financial Aid programs authorized under the Higher Education Act of 1965 awarded on the basis of financial need and includes the following programs:

- Federal Pell Grant
- Subsidized Direct Loan

The Title IV programs that are not awarded on the basis of financial need are part of the Federal Family Education Loan program which includes:

- Unsubsidized Direct Loan
- Parent Loan for Undergraduate Students (Direct PLUS Program)

UCT does not currently participate in *MASSGrant* or *MASSAid* programs.

Students must first fill out a FAFSA (Free Application for Federal Student Aid) at www.fafsa.ed.gov

Students may be eligible to apply for financial assistance through other government or employer sponsored programs.

Confidentiality

All information provided to the Business Office is regarded as confidential and cannot be released without the written consent of the student applicant.

Detailed information about Financial Aid is available in the UCT Financial Aid Handbook.

PRACTICAL NURSING PROGRAM ADMISSION POLICY

All documents that relate to admission or transfer become the property of Upper Cape Cod Regional Technical School and will not be returned. Applicants are strongly advised to keep a copy of their application and copies of all materials submitted in support of the application.

ELIGIBILITY

1. In accordance with the regulatory requirements of the Massachusetts Board of Registration in Nursing, candidate for admission must provide satisfactory evidence of secondary school graduation, or its equivalent, (ref: 244 CMR 6.04(3)(a)1).
    a. Applicants must provide Official Transcript from a regionally accredited high school **OR** a state-issued High School Equivalency Certificate (GED) with test results.
    b. Applicants whose high school transcript is in a language other than English must submit a certified translation. The translated document must specify that the student completed the equivalent of secondary school with a grade evaluation of each subject the student completed.

    A list agencies can be found at: https://www.doe.mass.edu/licensure/academic-prek12/teacher/foreign-degree-and-credit-equivalency.html or https://www.naces.org/members. The evaluation and/or translation of foreign education documents requires a fee that is the responsibility of the applicant. Documents from agencies that are not listed will not be accepted.

2. In accordance with the regulatory requirements of the Massachusetts Board of Registration in Nursing, candidate for admission must provide satisfactory evidence of compliance with the immunization requirements specified by the Massachusetts Department of Public Health (ref: 244 CMR 6.04(3)(a)1).

3. Candidates from in-district and out-of-district towns may apply to the program. In-district communities are Bourne, Falmouth, Marion, Sandwich, and Wareham. Residence of in-district towns must complete a *Certificate of Residency* (included with this application) to receive the in-district tuition rate. Out-of-district applicants should disregard the Certificate.

APPLICATION PROCESS

1. Complete the *Practical Nursing Program Application for Admission* with payment of the NON-REFUNDABLE Application fee of $50.00. Cash or Money Orders; NO Personal Checks.
2. Provide satisfactory evidence of secondary school graduation (see: ELIGIBILITY – above)
3. Complete the Entrance Examination (Assessment Technologies Incorporated – ATI - Test of Essential Academic Skills – TEAS®). The TEAS exam is to be taken at an authorized testing center [www.atitesting.com/teas/register]. Results must be received directly from the authorized testing agency where the exam was completed or obtained directly from the ATI web site by the staff of the UCT Practical Nurse Program.

   The TEAS measures basic essential skills in the academic content areas of Reading, Mathematics, and English and Language Usage. Applicants are permitted to take the TEAS on three occasions during an admission cycle.

CONTENT AREA	ADJUSTED INDIVIDUAL SCORE
TEAS VI Reading	61%
TEAS VI Math	50%
TEAS VI English	53%

4. Upon receipt of the Application, evidence of secondary school graduation, and passing scores on all sections of the TEAS the applicant must complete the following:
   a. Submit three (3) Confidential References (the forms are provided with this application);
   b. Acknowledge receipt of the Massachusetts Board of Registration in Nursing Licensure Policy 00-01, Determination of Good Moral Character Compliance; and
   c. Complete the UCT Criminal Offender Record Information (CORI) request form.
   d. Submit the signed Health Clearance form; Positive Titers demonstrating immunity to: Hepatitis B, Measles, Mumps, Rubella, and Varicella [documentation of illness and/or immunization dates does not meet this requirement]; and a Tdap within 10 years of application.
   e. Full-time applicants 21 years of age or younger must provide evidence of 1 dose of MenACWY (formerly MCV4) on or after their 16th birthday.
   f. Interview with the Program Director or designee*; at the time of interview the applicant is required to provide written responses to several questions; the responses are evaluated for completeness, coherency, spelling, and grammar. *The purpose of the interview is to review the application file and discuss the expectations of the Program. The interview is NOT used for determining admission to the Program.*

ADMISSION REQUIREMENTS

Applications are reviewed and evaluated using the following criteria:

- Completed Program application (inclusive of the written responses completed at time of interview and the 3 references)
- Satisfactory evidence of secondary school graduation, or its equivalent
- Required TEAS VI scores for TEAS completed **after July 1, 2021**
- Health/Immunization compliance
- Criminal Offender Record Information (CORI) review

Upon receipt of the acceptance letter the student is required to make a $1000.00 refundable deposit (cash or money order) and complete the following for admission to the program:

ADDITIONAL REQUIREMENTS

1. Evidence of health insurance coverage effective for the duration of enrollment.
2. American Heart Association Basic Life Support (BLS) certification
3. Payment of tuition 2 weeks prior to the scheduled start of classes.

TUITION REFUND POLICY*

- If a student withdraws from the Practical Nurse Program on or before the first day of class, student will receive a full tuition refund minus a $100.00 records processing fee;
- If a student withdraws at any time between the second class day and the end of the second week of classes, she/he will receive a 50% tuition refund minus a $100.00 records processing fee.
- No refund will be issued after 4:00PM on the Friday at the end of the second week of classes.
- In the event the Division of Nurse Education cancels any class, the student's tuition, fees, and other charges will be fully refunded.

*Specific dates will be provided to students upon acceptance to the program in accordance with the academic calendar effective for the year of admission.

WITHDRAWAL OF ADMISSION TO THE PROGRAM

The Massachusetts Board of Registration in Nursing protects the health, safety and welfare of the citizens of the Commonwealth by licensing qualified Licensed Practical Nurses who possesses the knowledge, skills and abilities needed to provide safe, competent nursing care. The Board publishes and regularly updates the *Good Moral Character Licensure Requirement Information Sheet* [found at: https://www.mass.gov/service-details/good-moral-character-requirements-for-nursing-licensure]. Each applicant for initial nurse licensure by examination must comply with the "Good Moral Character" requirement specified at G.L. c. 112, secs. 74, 74A, 76, and 80B. Each initial applicant has the burden to demonstrate compliance with the *Licensure Policy 00-01: Determination of Good Moral Character Compliance*.

UCT reserves the right to withdraw the awarding of Program admission to any individual should the Program or the administration of UCT become aware of any individual's action that relates to:

- Nature or disposition of a criminal charge,
- An arrest,
- A pre-trial proceeding,
- Other judicial proceedings,
- Sentencing,
- Incarceration,
- Rehabilitation, and/or
- Release.

COURSE EXEMPTION

A student may request an exemption to non-clinical nursing courses. A request for a course exemption must be accompanied by documents to support the request. For example, the course exemption may be requested by the student that has a college degree in a field relevant to the course content.

ADVANCED PLACEMENT

Individuals may apply to enter the program at the beginning of Term II (Medical, Surgical, & Psychiatric Nursing) provided they can supply satisfactory proof of completion of all the Term I course content with a grade of "B-" or better within the past two years if the student is not currently matriculated in a nursing education program. For currently matriculated transfer students, course content may be older than two years. An original transcript of grades is required and detailed course descriptions are required. The Term I courses are: Anatomy and Physiology, Fundamentals of Nursing*, Vocational Trends in Nursing, Introduction to Pharmacology, and Nutrition. Entrance into the program will be

determined on a space available basis. Applicants eligible for Advanced Placement are not required to complete the admission exam [TEAS]. Individuals may not transfer into the program at any time after Term II.

[*In the event it is necessary to consider multiple clinical courses to determine eligibility based on content, skills lab, and clinical hours, Fundamentals of Nursing must have been completed with a "B-" or better and the additional course (for example, Medical Surgical nursing) must have been completed with a "C+" or better to meet the necessary hours requirement.]

Cumulative averages do not transfer with students. The grade for approved transfer course/clock hours will be noted on the UCT transcripts as Transfer Credit. A new cumulative grade begins with the commencement of a student's career at UCT and reflects only work completed as a UCT student.

Applicants seeking advanced placement are required to have 2 of their 3 references be provided by a staff or faculty member from their prior nursing program.

ADVANCED PLACEMENT or TRANSFER OF MILITARY EDUCATION, TRAINING OR SERVICE FOR A MILITARY HEALTH CARE OCCUPATION

Applicants who have military health care education, training, or service may be eligible for advanced placement or transfer of previously completed course credit.

Due to the variety of opportunities for military health care occupation education, training, or service can vary, each applicant will be considered on a case-by-case basis. Materials that will be required to determine advance placement or transfer include, but may not be limited to: Transcripts; Course descriptions; Skills checklists; and/or Evaluations.

TRANSFER CREDIT FOR NON-CLINICAL NURSING COURSES

A student who has completed Anatomy and Physiology I and Anatomy and Physiology II, Nutrition, and/or Introduction to Pharmacology, from another regionally accredited post-secondary institution – one recognized by the US Department of Education - within the past **two years**, inclusive of Honors Anatomy and Physiology and /or Honors Nutrition completed at UCT, and has obtained a grade of "B-" (80% or greater) or better may be eligible for transfer credit. To obtain transfer credit the student must provide the program director with:

1. an official transcript documenting completion of the equivalent course within the past two years with a grade of "B-" (80%) or better;
2. a description of the course (catalog, syllabus or similar documentation) which demonstrates the course(s) for which the student is seeking transfer credit is equivalent to the course offered at UCT in content and hours;
3. additional materials that the program director may request.

Students will be notified by the program director when transfer credit is awarded. If the student is eligible for Title IV Financial Aid, the exemption credit may impact the amount of the student's award.

CLINICAL AGENCY REQUIREMENTS

Clinical agencies may require specific immunizations and/or titers and/or tuberculosis screening in addition to the requirements of the MA DPH. Students who are documented non-responders are required to sign a waiver acknowledging they are at risk for exposure to the Hepatitis B virus. Students who have tested positive for Tuberculosis in the past will be required to complete a Tuberculosis Screening Questionnaire on an annual basis.

Other clinical agency requirements include, but may not be limited to: providing personal identification information, including a Social Security Number (SSN) for secure access to the facility's electronic health records; completion of a confidentiality agreement; participation in a facility orientation; purchasing a facility specific identification badge; and/or submitting to agency specific background checks.

CPR CERTIFICATION REQUIREMENT

Students are required to obtain and maintain ***American Heart Association – Basic Life Support (BLS) Provider*** Cardio Pulmonary Resuscitation (CPR) Certification and maintain certification throughout the duration of the Program.

HEALTH INSURANCE

All students are required to carry personal health insurance while they are enrolled in the Practical Nurse Program.

CRIMINAL OFFENSE RECORD INFORMATION (CORI)

What is CORI? C.O.R.I. is Criminal Offender Record Information, which consists of records and data in any communicable form compiled by a Massachusetts criminal justice agency about an identifiable individual that relate to:

- Nature or disposition of a criminal charge,
- An arrest,
- A pre-trial proceeding,
- Other judicial proceedings,
- Sentencing,
- Incarceration,
- Rehabilitation,
- Release

Does not include juvenile history, except for charges on which a juvenile was adjudicated as an adult.

The Massachusetts Board of Registration in Nursing protects the health, safety and welfare of the citizens of the Commonwealth by licensing qualified Licensed Practical Nurses who possesses the knowledge, skills and abilities needed to provide safe, competent nursing care. The Board publishes and regularly updates the Good Moral Character Licensure Requirement information; for details to: https://www.mass.gov/service-details/good-moral-character-requirements-for-nursing-licensure. Each applicant for initial nurse licensure by examination must comply with the "Good Moral Character" requirement specified at G.L. c. 112, secs. 74, 74A, 76, and 80B. Each initial applicant has the burden to demonstrate compliance with the *Licensure Policy 00-01: Determination of Good Moral Character Compliance*.

In compliance with school and clinical agency requirements, Upper Cape Cod Regional Technical School and/or the clinical agency in which the student is assigned to provide patient care, will conduct a CORI (Criminal Offender Record Information) check. Students will be required to submit to a CORI. Upper Cape Tech and/or the clinical agency will send the student's signed completed CORI request form to the Criminal History Systems Board to be checked.

The outcome of the CORI may impact the student's ability to participate in the clinical experience. Since graduation requires completion of concurrent clinical and academic hours, the student would not be able to successfully graduate from the program.

FINGERPRINTING

Upon acceptance to the UCT PN Program the individual will be provided information on the process to submit to a fingerprint-based state and national criminal record check. The cost of the State Applicant Fingerprint Identification System (SAFIS) is $35.00.

The outcome of the SAFIS may impact the student's ability to participate in the clinical experience. Since graduation requires completion of concurrent clinical and academic hours, the student would not be able to successfully graduate from the program.

SCREENING FOR SUBSTANCES OF ABUSE

Screening for substances of abuse are randomly conducted without advance notice to all enrolled students a minimum of one time during their enrollment.

The student who comes to school or to a clinical facility in the possession of or under the influence of alcohol/drugs presents a threat to the safety and welfare of all and will be treated as an impaired person. Any student who has been prescribed a narcotic or other medication which they have reason to believe could impair their ability to function should inform the Director prior to participating in program activities. The Program respects the privacy of its students and will work cooperatively with any student who is taking such medication and his/her healthcare provider to ensure such medications will not interfere with the student's ability to perform safely, without risk to the student or others.

ACCOMMODATIONS DUE TO A DISABILITY

The student with a disability must be able to meet the essential eligibility requirements for licensure as a Licensed Practical Nurse in Massachusetts. These requirements, as specified in Massachusetts General Law Chapter 112, ss. 74 and 74A, include graduation form a Board-approved nursing education program, achievement of a pass grade on the National Council Licensure Examination (NCLEX®), and demonstration of compliance with the good moral character licensure requirement.

Reasonable examination modifications will be provided to eligible students. Any accommodations provided must maintain the psychometric nature and security of any examination. Exam modifications, which fundamentally alter the nature or security of examinations, are not permitted.

A student has no obligation to inform the director, faculty, and/or facilitators that he or she has a disability; however, if the student wants an academic accommodation or if a student wants other disability-related services, the student must identify himself or herself as having a disability. The disclosure of a disability is always voluntary. For example, a student who has a disability that does not require services may choose not disclose his or her disability. However, should a student choose not to disclose a disability, having not received accommodations may not later be used as a basis for a grade appeal or grievance.

For additional information, please see, *Students with Disabilities Preparing for Postsecondary Education: Know Your Rights and Responsibilities,* U.S. Department of Education, 2001, at: http://www2.ed.gov/about/offices/list/ocr/transition.html.

A guideline for submitting a request for accommodations is available upon request from the Program Director.

EQUAL EDUCATION OPPORTUNITY

In accordance with Chapter 282 of the Acts of 1993, General Laws Chapter 76, Section 5, the Practical Nursing Program hereby provides notice that it does not discriminate in admission or employment in any of its educational programs or activities on the basis of race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age, uniform military or veteran status, and/or economic or homeless status. Enforcement of this law advances efforts to ensure that all students can attend school in a safe, supportive environment that is conducive to serious learning. This law makes it clear that all aspects of public school education must be fully open and available to members of both sexes and minority groups. No school may exclude a student from any course, activity, service or resource available in that public school on account of race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age, uniform military or veteran status, and/or economic or homeless status

Students with disabilities may voluntarily self-identify for the purpose of requesting reasonable accommodations during the application and admissions process. Please contact the Program Director with any questions or for assistance with making such requests.

Date received

UPPER CAPE COD REGIONAL TECHNICAL SCHOOL
PRACTICAL NURSING PROGRAM

ADMISSION APPLICATION

Select the Program Option you are applying to **and** submit the $50.00 Application Fee, Cash or Money Order. NO Personal Checks. Applications received without the fee will NOT be processed.

☐ ***Full-Time Option Fall 2022*** ☐ ***Part-Time Option Fall 2022*** ☐ ***Nantucket Cohort 2022***

Are you seeking advanced placement from another Nursing Program? ☐ No ☐ Yes – Program? _____

Have you applied to UCT Practical Nursing Program in the past? ☐ No ☐ Yes – When? _____

GENERAL INFORMATION

Name _____
Last First Middle Maiden

Date of Birth _____ Place of Birth _____

Local Address _____

City/Town _____ State _____ Zip Code _____

Mailing Address (if different than above) _____

Preferred Phone _____ Alternative Phone _____

E-mail Address _____

Are you a United States Citizen? (Check one) ☐Yes ☐No – please explain _____

Are you fluent in a language other than English? (Check one) ☐Yes ☐No What language? _____

Are you Active Military or a Veteran of the United States Armed Forces? (Check one) ☐Yes ☐No

EDUCATION HISTORY [If different, what was your name? _____]

High School Attended _____
Name City/Town State

Dates of Attendance _____ Year Graduated_____

OR State-issued High School Equivalency Certificate (GED) Date _____

Post Secondary/College Education (if applicable). Please identify any institution that you attend post high school. Students seeking to transfer courses are required to provide an official transcript.

Name of Institution	Location (City/State)	Dates Attended	Major	Degree or Certificate

EMPLOYMENT INFORMATION/WORK HISTORY

Name of Employer	Location (City/State)	Dates Employed	Position	Description of Duties

REFERENCES

Provide the name of three persons, not relatives, who have known you and will provide a reference. An employer, teacher, nurse or other professional should be included. Please provide each of these individuals a Reference Form (attached) which is to be mailed directly to the Program Director.

Name	Title	Agency/Location	Relationship

Equal Educational Opportunity

Upper Cape Cod Regional Technical School and the Division of Nurse Education's Practical Nurse Program admits students and makes available to them school advantages, privileges, and courses of study without regard to race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age, uniform military or veteran status, and/or economic or homeless status.

Upper Cape Cod Regional Technical School (UCT) has a published admission policy, inclusive of eligibility, process, procedures, and requirements. This application form must be completed and submitted to UCT. In addition to this Application, other criteria for admission include satisfactory evidence of secondary school graduation, or its equivalent, completed TEAS exam, compliance with Health/Immunization requirements, CORI, and an interview with the Program Director or designee.

ACKNOWLEDGEMENT

- *I understand I am responsible for provided any and all additional documents required to support of this Application. I understand my $50.00 application fee is non-transferrable and non-refundable.*
- *I have read and fully understand the Program requirements and polices that accompany the application.*
- *I understand that failure to meet the Health and Immunization requirements will exclude me from consideration for admission to the Program.*
- *I understand that I may be required to obtain selected vaccinations as required by the clinical agencies affiliated with the Program. This will include, but not be limited to, the COVID and influenza vaccines.*
- *I understand that lack of applications and/or lack of qualified applicants may result in the cancellation of the **Part-Time Option**.*

I certify the information I have provided is complete and accurate.

Signature _____ Date _____

TITER and IMMUNIZATION REQUIREMENTS

This page is to be signed and submitted with the application for admission.

In accordance with the regulatory requirements of the Massachusetts Board of Registration in Nursing, the candidate for admission (*the applicant*) must provide satisfactory evidence of compliance with the immunization requirements specified by the Massachusetts Department of Public Health (ref: 244 CMR 6.04(3)(a)1) for Health Care Personnel [Reviewed March 2019 and found at: https://www.mass.gov/files/documents/2018/07/02/guidelines-adult.pdf] and Massachusetts DPH Immunization of Students Before Admission to School (ref: 105 CMR 220.000) [https://www.northeastern.edu/uhcs/wp-content/uploads/2019/07/guidelines-ma-school-requirements.pdf].

Certain clinical agencies have immunization requirements that exceed those of the MA Department of Public Health and as a result the Program cannot make any exceptions. Failure to provide all required documentation may exclude the PN student from clinical practice and participation in the Program.

- **Hepatitis B, Measles, Mumps, Rubella, and Varicella [Required for admission]**
  A lab report (on lab letterhead and obtained from the lab performing the test, NOT documentation from a medical record) that documents that the student has sufficient antibody protection against Hepatitis B, measles, mumps, rubella, and varicella. Dates of immunizations, without these titers, will not be accepted.
- **Tdap/TD [Required for admission]**
  Documentation of ADULT pertussis-containing vaccine within 10 years of time of application to the Program. If the 10 year duration of the vaccine will lapse at any time during Program enrollment, the applicant is required to receive the immunization prior to admission to the program.
- **Meningoccal (MenACWY) [Required for admission]**
  ONLY those applicants that are 21 years of age or younger and given on or after the applicant's 16th birthday.
- **Tuberculosis Screening [Required to attend clinical]**
  A tuberculosis test is required within 2 months of the start of the Program. In accordance with the policy of the MA DPH Tuberculosis Program, a history of BCG immunization does not exempt the student from TB screening requirement. A negative chest X-Ray and clinical evaluation is required for those with a history of positive PPD.
- **Influenza Vaccination [Required to attend clinical]**
  Mandatory influenza vaccination is required by all clinical facilities. The flu vaccine is due annually on or before October 15th.
- **COVID Vaccination [Required to attend clinical]**
  Specific details will be provided in accordance with state, regulatory, and clinical agency requirements.

Acceptance to the Program is contingent upon submission of complete and verifiable documentation demonstrating compliance with the immunization requirements.

Applicant's acknowledgement of the UCT PN Program Health and Immunization Requirements

I have read and fully understand the mandatory Program requirements outlined above. I understand the failure to meet these requirements exclude me from consideration for admission to the Program.

Applicant Signature: _____ Date: _____

Printed Name: _____

DISCLAIMER: The above are subject to change in accordance with the requirements of the Massachusetts Department of Public Health and/or the Massachusetts Board of Registration in Nursing.

REVISED 09Sept2021

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CERTIFICATE OF RESIDENCY – IN-DISTRICT STUDENTS ONLY

Please have the Town Clerk complete the following information. NOTE: A person is considered a resident if he/she has established a domicile in one of the five towns: **Bourne, Falmouth, Marion, Sandwich or Wareham**, and maintained the same for a period of not less than six months prior to the date of this application; further, that the individual intends to continue to maintain it as such.

This certificate must be completed by the Town Clerk and stamped with the original town seal in the space indicated below the statement.

STATEMENT OF TOWN CLERK

This will certify that _____
(Name)

is a resident of _____, Massachusetts on _____
(Town) (Date)

_____
Signature

_____
Title

_____
Date

TOWN SEAL

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UPPER CAPE COD REGIONAL TECHNICAL SCHOOL
DIVISION OF NURSE EDUCATION
PRACTICAL NURSE PROGRAM

CONFIDENTIAL REFERENCE

APPLICANT NAME (PLEASE PRINT) _____

The above individual has applied to the Practical Nursing Program and has provided your name as a reference. Your comments will be held in confidence and will not be shared with the applicant. This reference form will be used by the Program Director or designee to evaluate the applicant's aptitude for the program.

Your Name/Credentials/Title _____

Name/Location of Agency _____

Relationship to the Applicant _____ How long have you know the Applicant_____

PLEASE RATE THE APPLICANT IN THE CATEGORIES BELOW

	Excellent	Good	Average	Needs Improvement	Weak	Clarifying Comments
Initiative *– thinks & acts independently; seeks assistance as needed.*						
Reliability *– can be counted on to get the job done.*						
Team Member *– functions as a member of the Team.*						
On-Time Task Completion *- completes work thoroughly and on time.*						
Honesty and Integrity *– can be trusted and performs work with a high level of integrity.*						
Attendance Patterns *– can be counted on to be present at work/school and prepared for the day.*						
Punctuality *– arrives at work/school on time and ready to complete tasks.*						
Communication Skills *– communicates clearly and openly.*						
Commitment to learning *– takes initiative to learn new skills to improve performance.*						

What qualifications do you think this Applicant possesses that will contribute to their success in the Practical Nursing Program?

_____

_____

_____

_____

Additional information you wish to provide in support of this individuals application.

_____

_____

_____

_____

Please check one of the following:

- _____I give this applicant my highest recommendation without reservation.
- _____I recommend this applicant.
- _____I recommend this applicant but have some reservations.
- _____I do not recommend this applicant **at this time.**
- _____I do not recommend this applicant.

Signature _____ Date _____

APPLICANT: It is recommended you provide the person you are requesting the reference from, a stamped envelope addressed to:

Judith M. Pelletier, MSN, RN, CNE, Director
Practical Nurse Program
Upper Cape Cod Regional Technical School
220 Sandwich Road
Bourne, MA 02532

REFERENCES RECEIVED FROM THE APPLICANT WILL NOT BE ACCEPTED.

REFERENCES MUST BE RECEIVED BY MAIL IN A SEALED ENVELOPE TO BE CONSIDERED VALID.

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PRACTICAL NURSING PROGRAM

HEALTH CLEARANCE

Name of PN Student: _____ Date of Birth: _____

ALL HEALTH DOCUMENTS ARE RETAINED IN A LOCKED FILE CABINET INSIDE A LOCKED CLOSET.

For the protection of students, patients, faculty, and other personnel, individuals accepted to the Practical Nursing (PN) Program must provide ***documented proof of compliance with the titer and immunization requirements*** *(see reveres side).*

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

This is to verify that _____, was examined by me on _____.

Summary of findings:

☐ Well student; no conditions identified that would limit the ability to participate in the PN program and safely perform nursing activities.

☐ Conditions have been identified that would limit the ability participate in the PN program and perform nursing activities. The identified condition(s) does not pose a risk to safe nursing practice. *Please identify condition, limitations, rationale for, and duration of the specific limitations.*

By signing below, I find her/him be free of any health impairment which is of potential risk to students, patients, faculty, and other personnel and which might interfere with the safe performance of her/his nursing student responsibilities, with or without reasonable accommodation. Habituation or addiction to depressants, stimulants, narcotics, alcohol, or other drugs or substances that may alter the individual's behavior has been considered in this evaluation.

Signature* of Examining Health Care Provider: _____

(*Stamp is NOT acceptable in place of signature) Date: _____

Stamp, copy of letterhead, or business card may be used for the following required information:

Print or type name

Office or Agency

Address

Telephone number

STUDENT: Please retain a copy of this document for your records.

UPPER CAPE COD REGIONAL TECHNICAL SCHOOL
PRACTICAL NURSING PROGRAM

TITER and IMMUNIZATION REQUIREMENTS

***Health Care Provider*: The following titers and immunizations are required for admission. NO EXCECEPTION will be made. Dates of immunizations and/or documentation of disease DOES NOT meet the requirement for TITERS.**

In accordance with the regulatory requirements of the Massachusetts Board of Registration in Nursing, the candidate for admission (*the applicant*) must provide satisfactory evidence of compliance with the immunization requirements specified by the Massachusetts Department of Public Health (ref: 244 CMR 6.04(3)(a)1) for Health Care Personnel [Reviewed August 2021] and found at: https://www.mass.gov/doc/adult-occupational-immunizations-massachusetts-recommendations-and-requirements/download and Massachusetts DPH Immunization of Students Before Admission to School (ref: 105 CMR 220.000)/

Certain clinical agencies have immunization requirements that exceed those of the MA Department of Public Health and as a result the Program cannot make any exceptions. Failure to provide all required documentation may exclude the PN student from clinical practice and participation in the Program.

- **Hepatitis B, Measles, Mumps, Rubella, and Varicella [Required for admission]**
  A lab report (on lab letterhead and obtained from the lab performing the test, NOT documentation from a medical record) that documents that the student has sufficient antibody protection against Hepatitis B, measles, mumps, rubella, and varicella. Dates of immunizations, without these titers, will not be accepted.

- **Tdap/TD [Required for admission]**
  Documentation of ADULT pertussis-containing vaccine within 10 years of time of application to the Program. If the 10 year duration of the vaccine will lapse at any time during Program enrollment, the applicant is required to receive the immunization prior to admission to the program.

- **Meningoccal (MenACWY) [Required for admission]**
  ONLY those applicants that are 21 years of age or younger and given on or after the applicant's 16th birthday.

- **Tuberculosis Screening [Required to attend clinical]**
  A tuberculosis test is required within 2 months of the start of the Program. In accordance with the policy of the MA DPH Tuberculosis Program, a history of BCG immunization does not exempt the student from TB screening requirement. A negative chest X-Ray and clinical evaluation is required for those with a history of positive PPD.

- **Influenza Vaccination [Required to attend clinical]**
  Mandatory influenza vaccination is required by all clinical facilities. The flu vaccine is due annually on or before October 15th.

- **COVID Vaccination [Required to attend clinical]**
  Specific details will be provided in accordance with state, regulatory, and clinical agency requirements.

Acceptance to the Program is contingent upon submission of complete and verifiable documentation demonstrating compliance with the immunization requirements.

DISCLAIMER: The above are subject to change in accordance with the requirements of the Massachusetts Department of Public Health and/or the Massachusetts Board of Registration in Nursing.