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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.

Applicants are required to have a High School Diploma or Graduate Equivalency Diploma (GED). Additional requirements include, passing scores on all sections of the Assessment Technologies Incorporated Test of Essential Academic Skills (ATI TEAS) and a completed application, which includes professional references (as above).

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) through transfer agreements with Cape Cod Community College, Bristol Community College or Quincy College toward an Associate in Science Degree in Nursing.

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](http://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](http://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 THE PRACTICAL NURSE PROGRAM

The mission of the Practical Nurse Program at Upper Cape Cod Regional Technical School is to prepare each graduate for success on NCLEX-PN so she/he can safely practice nursing with technical competence, care holistically for individuals from diverse backgrounds, and function 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.

PRACTICAL NURSING PROGRAM OUTCOMES

At the completion of the Practical Nurse Program the graduate shall:

1. use the nursing process to problem solve human responses to illness of clients and families throughout the life span;
2. apply principles of safety to all areas of nursing practice;
3. define her/his role as a Practical Nurse within the legal and ethical parameters of nursing, as a member of the professional team, and as a member of the community;
4. communicate with the professional team, family and community to promote health and prevent illness;
5. integrate technology into clinical practice in a variety of settings;
6. incorporate client education into the nursing care plan for all clients;
7. demonstrate caring behaviors when providing care to clients and families;
8. transition into a program leading to the Associate in Science Degree in Nursing through articulation and transfer agreements or transfer to a Baccalaureate Degree Nursing Program
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 successfully pass the NCLEX-PN are prepared to practice as an 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 participate in MASSGrant or MASSAid programs.

Students must first fill out a FAFSA (Free Application for Federal Student Aid) at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) or call toll free at 800-433-3243.

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

**Financial Aid Eligibility Criteria**

1. United States citizenship or eligible non-citizen (see application for Federal Student Aid or MFAF for definition).
2. Have a valid Social Security Number (SSN). [For exceptions see:](https://studentaid.ed.gov/eligibility/basic-criteria)
3. Enrollment in Upper Cape Cod Regional Technical School’s Post Secondary programs.
4. You are not in default on a federal or state student loan program (i.e. Stafford, Perkins, PLUS, etc.) and you do not owe a refund on any other federal or state aided program.
5. You are in good academic standing and making satisfactory progress in accordance with the policies set forth in the student handbook.
6. You must be registered with the Selective Service if you are a male student.

**NOTE:** Students will not receive financial aid consideration until they have completed the enrollment process.
Financial Aid Application Procedures
Listed below are some of the documents students need to determine if they are eligible for financial aid. For more information on how to file or information regarding eligibility please go to www.fafsa.ed.gov or call toll free at 800-433-3243.

NOTE: It is the student’s responsibility to make sure that all forms are accurate and complete.
1. Free Application for Federal Student Aid (Pell Grant)
2. Signed copy of parent’s federal income tax return (required of all students under age 24).
3. Signed copy of student’s (and spouse’s, if married) federal income tax return.
4. Financial aid transcripts from all previously attended colleges/universities.
5. Official statements from the source of all non-taxable income received (i.e. AFDC, Social Security, Veteran’s benefits, Workmen’s Compensation, Child Support, etc.)
6. Verification forms.

Once a student has filed for Aid, Student Aid Reports (SARS) are sent electronically to the Business Office.

Award Notification
Students will generally be notified of financial assistance awards in June. Disbursements are made twice per year - a minimum of 30 days after the start of Term I and a minimum of 30 days after the start of Term II.

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

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.

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

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.
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 (see list of certified services below). The translated document must specify that the student completed the equivalent of secondary school with a grade evaluation of each subject the student completed.

Commonly used certified services for evaluation and translation are: North American Educational Group (NAEG) www.naeg.org, Center for Educational Documentation (CED) www.cedevaluations.com, World Education Services (WES) www.wes.org. All of these agencies evaluate and/or translate foreign education documents and require a fee. All fees are the responsibility of the applicant.

2. Candidates from in-district and out-of-district towns may apply to the program. In-district communities are Bourne, Falmouth, Marion, Sandwich, and Wareham. Residents of these communities are given preference for admission.

APPLICATION PROCESS

1. Complete the Practical Nursing Program Application for Admission with payment of the $25.00 Application fee.
2. Register for the Entrance Examination (Assessment Technologies Incorporated – ATI - Test of Essential Academic Skills – TEAS®) with payment of the $85.00 Exam fee. The ATI TEAS measures basic essential skills in the academic content areas of Reading, Mathematics, Science, and English and Language Usage.

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<thead>
<tr>
<th>CONTENT AREA</th>
<th>ADJUSTED INDIVIDUAL SCORE</th>
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</thead>
<tbody>
<tr>
<td>ATI TEAS Reading</td>
<td>61%</td>
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<tr>
<td>ATI TEAS Math</td>
<td>50%</td>
</tr>
<tr>
<td>ATI TEAS Science</td>
<td>No minimum score required</td>
</tr>
<tr>
<td>ATI TEAS English</td>
<td>53%</td>
</tr>
</tbody>
</table>

3. Achieve a passing score on all sections of ATI TEAS Entrance Exam. Applicants are allowed to retake the Entrance Exam twice ($85.00 fee for each retest). Applicants are permitted to take the ATI TEAS on three occasions during an admission cycle.
4. Upon receipt of passing scores on all sections of the ATI TEAS the applicant must complete the following:
   a. Interview with the Program Director or designee;
   b. Submit three (3) Confidential References using the form provided; other reference forms, letters, electronic mail messages, and/or telephone references are not acceptable;
   c. Acknowledge receipt of the Massachusetts Board of Registration in Nursing Licensure Policy 00-01, Determination of Good Moral Character Compliance; and
   d. Complete the UCT Criminal Offender Record Information (CORI) request form;
   e. A resume is optional.
ATI TEAS TESTING PROCEDURE

1. Complete the Application for Admission and pay the $25.00 application fee. This fee is non-transferable and non-refundable.
2. Register for the ATI TEAS exam and pay the $85.00 exam fee. This fee is non-transferable and non-refundable.
3. An Assessment Technologies Incorporated Identification Number (ATI ID) will be provided to registered applicants for the purpose of obtaining their ATI TEAS results following the exam.
4. Applicants are advised to prepare for the exam. A study guide is available through bookstores and via the internet.
5. The ATI TEAS exam is administered via pencil and paper. No scrap or scratch paper is allowed. Student may write on the ATI TEAS exam booklet.
6. Candidates should report to the Nursing and Allied Health Education Center (“The LPN Building”) Upper Cape Cod Regional Technical School, 220 Sandwich Road, Bourne, MA 02532.
7. On the day of the exam, candidates are expected to arrive no later than 15 minutes prior to the exam start time. A current and valid government issued photo identification is required to enter the exam. Once a candidate has entered the building and registered, they are not permitted to exit the building until the ATI TEAS is completed. If the candidate leaves their designated testing room for any reason before the exam is complete the results will not be processed and the fee will be forfeited.
8. Each section of the ATI TEAS is timed. Candidates may not go back to previous sections or move ahead to the next section. If candidates are found working on a test section, other than the current section being administered, the exam results will not be processed and the fee will be forfeited.
9. Electronic devices are not permitted in the testing room. It is strongly advised that all personal belongings, other than the photo identification and pencils, be locked in the candidate’s vehicle during the exam. If a candidate is found with a cell phone or other electronic devise in the testing room the exam will not be processed and the fee will be forfeited.
10. Candidates must present their photo identification and sign-out upon completing the exam.
11. Information on obtaining ATI TEAS results is available on the Program’s web page at: uctpracticalnursing.com; click on: “Applicant Information”, then “Obtaining TEAS Results”.

SELECTION PROCESS

Applications are reviewed and evaluated using the following criteria:

- ATI TEAS scores
- Academic history
- Interview
- Written responses
- Relevant work/life experience
- References (3)

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:

ADMISSION REQUIREMENTS

1. In accordance with the regulatory requirements of the Massachusetts Board of Registration in Nursing, candidates 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).
2. Health Clearance [The form is provided to the applicant upon successfully meeting the TEAS requirements].
3. Evidence of health insurance coverage effective for the duration of enrollment.
UPPER CAPE COD REGIONAL TECHNICAL SCHOOL  
DIVISION OF NURSE EDUCATION  
PRACTICAL NURSING PROGRAM  
ADMISSION APPLICATION

Which program option are you applying for?  
Select one: ☐ Full Time Days  ☐ Part Time Evening  ☐ No Preference

If you are placed on the “Wait List”, will you accept the first available seat in either option?  
☐ Yes  ☐ No

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.

<table>
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<tr>
<th>Name of Institution</th>
<th>Location (City/State)</th>
<th>Dates Attended</th>
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EMPLOYMENT INFORMATION/WORK HISTORY

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<th>Name of Employer</th>
<th>Location (City/State)</th>
<th>Dates Employed</th>
<th>Position</th>
<th>Description of Duties</th>
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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.

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<tr>
<th>Name</th>
<th>Title</th>
<th>Agency/Location</th>
<th>Relationship</th>
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**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, transcripts from other post-secondary institutions or colleges, completed TEAS exam, 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 $25.00 application fee is non-transferrable and non-refundable.*

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

Signature ___________________________ Date ___________________________

PROOF OF RESIDENCY

Residence of Bourne, Falmouth, Marion, Sandwich, and Wareham must complete a Certificate of Residency (attached) to receive the in-district tuition rate. Out-of-district applicants should disregard the Certificate.

Revised August 2017
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

TOWN SEAL
This page has been intentionally left blank.
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 known the Applicant ___________

PLEASE RATE THE APPLICANT IN THE CATEGORIES BELOW

| Initiative – thinks & acts independently; seeks assistance as needed. | Excellent | Good | Average | Needs Improvement | Weak | Clarifying Comments |
| 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 individual's 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.
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.

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<td>Commitment to learning – takes initiative to learn new skills to improve performance.</td>
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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 individual's 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:

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Your Name/Credentials/Title

Name/Location of Agency

Relationship to the Applicant

How long have you known the Applicant

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
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<td>Team Member – functions as a member of the Team.</td>
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<td>On-Time Task Completion - completes work thoroughly and on time.</td>
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<td>Honesty and Integrity – can be trusted and performs work with a high level of integrity.</td>
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<td>Attendance Patterns – can be counted on to be present at work/school and prepared for the day.</td>
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<td>Punctuality – arrives at work/school on time and ready to complete tasks.</td>
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<td>Communication Skills – communicates clearly and openly.</td>
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<td>Commitment to learning – takes initiative to learn new skills to improve performance.</td>
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</table>
What qualifications do you think this Applicant possesses that will contribute to their success in the Practical Nursing Program?

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Additional information you wish to provide in support of this individual’s application.

________________________________________________________________________________________________________________________________________________

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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.