UPPER CAPE COD REGIONAL TECHNICAL SCHOOL Division of Nurse Education

PRACTICAL NURSE PROGRAM

APPLICATION FOR ADMISSION



Robert A. Dutch, 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 This page has been intentionally left blank.

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 Test of Essential Academic Skills (TEAS Version V) 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

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 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 student 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 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 participate in MASSGrant or MASSAid programs.

Students must first fill out a FAFSA (Free Application for Federal Student Aid) at 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 regulations 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 <u>some</u> 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 <u>www.fafsa.ed.gov</u> 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.

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.

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

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

Complete the Practical Nursing Program Application for Admission with payment of the \$85.00 Application fee. This
fee includes the applicant's registration for the Entrance Examination (Assessment Technologies Incorporated – ATI –
Test of Essential Academic Skills – TEAS®). The TEAS measures basic essential skills in the academic content areas of
Reading, Mathematics, and English and Language Usage.

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

- 2. Achieve a passing score on all sections of TEAS Entrance Exam. Applicants are allowed to retake the Entrance Exam twice (\$85.00 fee for each retest). Applicants are permitted to take the TEAS on three occasions during an admission cycle.
- 3. Upon receipt of passing scores on all sections of the TEAS the applicant must complete the following:
 - a. Interview with the Program Director or designee;
 - b. Submit three (3) Letters of Recommendation (a form will be provided);
 - 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.

TEAS V TESTING PROCEDURE

- 1. The \$85.00 Application fee, which includes one TEAS exam, fee is non-transferable and non-refundable. Registered candidates will be provided an ATI Identification Number (ATI ID).
- 2. Applicants are advised to prepare for the exam. A study guide is available through bookstores and via the internet. Interested candidates may also choose to register for the TEAS preparation courses offered through Upper Cape Cod Regional Technical School Adult and Continuing Education [http://www.uppercapetech.cc].
- 3. The TEAS exam is administered via pencil and paper. No scrap or scratch paper is allowed. Student may write on the TEAS exam booklet.
- 4. 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.
- 5. On the day of the exam, candidates are expected to arrive no later the 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 TEAS is completed. If the candidate leaves their designated testing room for any reason before the exam is compete the results will not be processed and the fee will be forfeited.
- 6. Each section of the 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 process and the fee will be forfeited.
- 7. 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.
- 8. Candidates must present their photo identification and sign-out upon completing the exam. Information on obtaining TEAS results using the ATI ID will provided to the candidate as they exit the test site.
- 9. Only TEAS V scores achieved at Upper Cape Cod Regional Technical School will be considered for review.

SELECTION PROCESS

Applications are reviewed and evaluated using the following criteria:

- TEAS V 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, 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).
- 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.
- 4. Current Professional Level CPR Certification (<u>must be American Heart Association (Healthcare Provider) OR American Red Cross Professional Rescuer</u>.

Date recei	ved

UPPER CAPE COD REGIONAL TECHNICAL SCHOOL DIVISION OF NURSE EDUCAITON PRACTICAL NURSING PROGRAM

ADMISSION APPLICATION

GENERAL INFORMATION

Person to notify in the event of an emergency (Name/Relationship/Contact Phone Are you a United States Citizen? (Check one) EDUCATION HISTORY [If different, what was your name?	Zip Code
City/Town State Mailing Address (if different than above) Preferred Phone Alternative Phone E-mail Address Person to notify in the event of an emergency (Name/Relationship/Contact Phone Are you a United States Citizen? (Check one) □Yes □No – please explain EDUCATION HISTORY [If different, what was your name? High School Attended Name City/Town Dates of Attendance Year Graduated DR State-issued High School Equivalency Certificate (GED) Date	Zip Code
Mailing Address (if different than above)	Zip Code
Preferred Phone Alternative Phone E-mail Address Person to notify in the event of an emergency (Name/Relationship/Contact Phone Are you a United States Citizen? (Check one) EDUCATION HISTORY [If different, what was your name? High School Attended Name	e Number)
Person to notify in the event of an emergency (Name/Relationship/Contact Phone Are you a United States Citizen? (Check one) EDUCATION HISTORY [If different, what was your name?	e Number)
Are you a United States Citizen? (Check one) EDUCATION HISTORY [If different, what was your name? High School Attended Name City/Town Dates of Attendance Year Graduated OR State-issued High School Equivalency Certificate (GED) Date	
High School Attended Name City/Town Dates of Attendance Year Graduated OR State-issued High School Equivalency Certificate (GED) Date	
High School Attended Name City/Town Dates of Attendance Year Graduated OR State-issued High School Equivalency Certificate (GED) Date	_
High School Attended Name City/Town Dates of Attendance Year Graduated OR State-issued High School Equivalency Certificate (GED) Date	_
Name City/Town Dates of Attendance Year Graduated OR State-issued High School Equivalency Certificate (GED) Date	1
Name City/Town Dates of Attendance Year Graduated OR State-issued High School Equivalency Certificate (GED) Date	
Dates of Attendance Year Graduated OR State-issued High School Equivalency Certificate (GED) Date	
OR State-issued High School Equivalency Certificate (GED) Date	State
Post Secondary/College Education (if applicable). Please identify any institution th Students seeking to transfer courses are required to provide an official transcript.	
Name of Institution Location (City/State) Dates Attended N	Major Degree or Certificate

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

EMPLOYMENT INFORMATION/WORK HISTORY

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

REFERENCES

Provide the name of three persons, <u>not relatives</u>, 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, 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 doc understand my \$85.00 fee is non-transferrable and non-refundable.	cuments required to support of this Application. I
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 July 2014

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)		
ta a sasta a a a f				
is a resident of	(Town)	, Massachusetts on	(Date)	
				Signed
				Title
TOWN SEAL				

This page has been intentionally left blank.

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

CONFIDENTIAL REFERENCE

APPLICANT NAME (PLEASE PRINT)	
• •	tical Nursing Program and has provided your name as a reference. Your I not be shared with the applicant. This reference form will be used by 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 <u>trusted</u> 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 qualification Program?	ns do you think this Applicant possesses that will contribute to their success in the Practical Nursing
Additional inform	ation 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

PLEASE MAIL REFERENCE FORM DIRECTLY TO:

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

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

CONFIDENTIAL REFERENCE

APPLICANT NAME (PLEASE PRINT)	
• •	ctical Nursing Program and has provided your name as a reference. Your will not be shared with the applicant. This reference form will be used by the he 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 <u>trusted</u> 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 qualificatio Program?	ns do you think this Applicant possesses that will contribute to their success in the Practical Nursing
Additional inform	nation you wish to provide in support of this individuals application.
Please check one	of the following:
ricase effect offe	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

PLEASE MAIL REFERENCE FORM DIRECTLY TO:

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

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

CONFIDENTIAL REFERENCE

APPLICANT NAME (PLEASE PRINT)						
• •	cal Nursing Program and has provided your name as a reference. Your not be shared with the applicant. This reference form will be used by 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 <u>trusted</u> 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 qualificatio Program?	ns do you think this Applicant possesses that will contribute to their success in the Practical Nursing
Additional inform	nation you wish to provide in support of this individuals application.
Please check one	of the following:
ricase effect offe	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

PLEASE MAIL REFERENCE FORM DIRECTLY TO:

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