



4500 Steilacoom Blvd SW
Lakewood WA 98499

www.cptc.edu

Practical Nurse Application

Welcome. We appreciate your interest in our Practical Nurse Program. The application process consists of several requirements prior to admission – please read the entire packet. *Admission policies are subject to change.* Applicants are accepted under the terms in place at the time the application is received. The student is advised to keep up to date on any changes that might affect his/her qualifications for acceptance.

PROGRAM OVERVIEW

The Practical Nursing Pathway prepares the student for employment as an entry-level practical nurse. Following successful completion of the pathway, the graduate is eligible to apply for licensure as a licensed practical nurse. The LPN provides basic client care under the supervision of a registered nurse, physician, or other health care professional. LPN's are employed by hospitals, long-term care facilities, and in outpatient settings. The LPN performs basic client care, administers medications, performs skilled nursing procedures, and documents in the client record.

During the program the student receives instruction in varied areas of nursing practice including basic nursing concepts and skills along with medical-surgical, geriatric, maternal-infant, and mental health nursing. During laboratory classes the student practices nursing skills, some of which are learned by practicing on classmates (i.e. bathing, injections, blood draws). The student also participates in a variety of clinical experiences that allow him/her to apply theoretical knowledge to client care. During this clinical experience, the student is expected to demonstrate competence in providing safe patient care.

PROGRAM OPTIONS

The Practical Nursing Program begins each fall and spring quarter. The program takes 4 quarters to complete. Classroom hours are 8 A.M. to 3:30 P.M. Monday through Friday for the first 2 quarters, with a 5-week clinical experience during the second quarter. During the 3rd and 4th quarters, the student is at a clinical site Tuesday through Friday and in the classroom on Monday. Clinical experiences may be scheduled during day, evening, or weekend hours and may begin as early as 5:45 A.M. or end as late as 11:00 P.M.

HEALTH DECLARATION

It is essential that nursing students be able to perform a number of physical activities during the clinical portion of the program. This will include lifting/transferring patients, observation/assessment of clients using the physical senses, standing for long periods, performing bending activities, and executing movements required to provide care for patients in all health care settings. The clinical experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties that impact patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should carefully consider the mental and physical demands of the program prior to making application.

WE DO NOT HAVE A DEADLINE FOR APPLICATIONS. WE ARE FIRST COME FIRST SERVED. ONCE AN APPLICATION IS RECEIVED AND CONSIDERED COMPLETE, YOU WILL BE SENT AN ACCEPTANCE LETTER AND PLACED ON THE WAIT LIST. OUR WAIT LIST IS TYPICALLY ONE YEAR FROM THE TIME OF APPLICATION.

ANY APPLICATION MISSING REQUIRED DOCUMENTATION WILL BE RETURNED.

THE ADMISSION PROCESS

Admission into this program will involve many requirements and copies of ***all*** documentation prior to your submitting the packet. Application packets missing any required documentation will be returned. Applications must be turned into the Cashier's office in building 17 along with payment of fees. If you have questions, please call the Nursing Department at 253-589-6013.

1. **Completed Clover Park Technical College LPN Application Form:** Complete and include in the application packet.
2. **WSP Student Authorization for Release of Background Information Form:** Background checks are mandated by the clinical facilities. The student must receive a "No Record on File" report from the Washington State Patrol, related to Crimes Against Persons, to participate in the clinical aspect of the program. Sign and return the Student Authorization for Release of Background Information form with your packet giving permission for CPTC staff to complete a background check.
3. **Proof of High School Completion or GED:** Either is required to be admitted into the pathway. A copy of high school transcript – does not need to be official – (diploma or college transcript will not suffice) or a copy of your GED is required for admission.
4. **First Aid Course:** The card must be current during your attendance in the program. Include a copy of both sides of your card with application.
5. **CPR FOR THE HEALTHCARE PROVIDER** training that includes adults, infants, and children under the guidelines of the American Red Cross OR the American Heart Association **ONLY**. The card must be current during your attendance in the program. Include a copy of both sides of your card with the application. Online CPR courses are not accepted.
6. **Health/Accident Insurance:** Clinical facilities require this insurance. Call our Advising Office at 253.589-5548 for a low cost insurance offered to students. Please submit a copy of your insurance card. You may also sign a note stating that you "will have insurance when school starts".
7. **Prerequisite Academic Courses:** College level courses in the following classes must be successfully completed with a B (3.0) or higher prior to submitting the application.
 - ENGL& 101 English Composition
 - PSYC& 100 General Psychology
 - MAT 108 Math for Health Occupations - OR - MATH& 141 Pre-calculus -OR- MATH& 146 Intro to Statistics
 - BIOL 118 Anatomy and Physiology (no Lab) -OR- BIOL& 241 Anatomy and Physiology I w/lab **AND** BIOL& 242 Anatomy and Physiology I w/lab (must have BOTH 241 & 242)

A Request for Transfer Credit form is included (see page 6). Submit this form and request official college transcripts to CPTC Student Records Office for evaluation. After credit is approved, the Evaluation Transfer Report will be mailed to you. This form MUST accompany your application packet.

8. **Immunizations:** Complete and submit documentation of the required immunizations. Immunization requirements are based on the CDC recommendations for health care workers.

Required immunizations include:

- Hepatitis B series **and** positive titer;
- Two MMR immunizations **or** one immunization and positive titers for measles, mumps and rubella;
- Tetanus or Td within the last 10 years
- Varicella immunization or titer showing immunity;
- H1n1 immunization **WHEN AVAILABLE**
- Seasonal Influenza immunization **WHEN AVAILABLE**
- 2 step TB Test or Quantiferum Gold TB test or 3 year history of TB testing with an employer.
(A recent **two step TB test** is REQUIRED unless you have a documented annual TB test history with an employer for a minimum of 3 years. (A 2-step TB test is 2 separate tests with 2 separate readings done 1-3 weeks apart. (A positive TB test requires a chest x-ray.)

*****NOTE: ALL Immunizations must be documented by an official form printed from the doctor, clinic or pharmacy which includes immunization and date. We also will accept the Washington State Immunization booklet ONLY IF the immunizations have been stamped by the clinic or doctor. All documentation of titers must include the type of titer, date and the results.**

9. **Non-refundable Admissions fee \$140.00** (which includes \$130.00 LPN Application/College Admissions fee and a \$10 Washington Patrol Background check fee.) **ALL FEES ARE SUBJECT TO CHANGE.**

Submit **completed** application materials to the CPTC Cashier's Office with the **non-refundable \$140.00** Application/College Admissions/WSP fee. All boxes should be checked and corresponding documentation attached prior to submittal of application. Any application that is **incomplete** will be returned.

The applicant who meets all requirements will receive an acceptance letter from the Nursing Department within 6-8 weeks from the time of his/her application is submitted and will be notified regarding their approximate start date in the program and when to register and pay tuition/fees. Applicants who have been notified of an approximate start date and choose not to attend at that time will have their file returned.

Applications are considered active up to two years from the date of acceptance into the program. If the applicant has declined his/her start date and has not started in the program within two years from the date of acceptance in the program, his/her application packet will be returned to them. If the applicant wishes to reapply to the program the applicant will then need to submit a new application and pay application fees.

*******PLEASE NOTE – Beginning with the Fall 2011 class, student must provide documentation of an unencumbered, active Washington State NA-C license.**

NAME _____ SID _____

PRACTICAL NURSE CHECKLIST

	REQUIREMENT	FILL IN DATE EFFECTIVE	RESULTS SCORES OR OTHER INFO	ATTACHMENT REQUIRED WITH APPLICATION
	Completed CPTC Application Form			Complete form.
	Washington State Patrol Student Authorization for Release of Background Information			Form included, to be signed and submitted authorizing CPTC to do a background check
	High School Transcript <u>or</u> GED certificate			Copy of High School Transcript or copy of GED certificate. (Diploma not accepted)
	First Aid Training			Copy of current First Aid card
	HEALTHCARE PROVIDER CPR			Copy of both sides of current CPR card
	Health/Accident Insurance or statement that you will have insurance when school starts			Copy of insurance card.
	Current Washington Nursing Assistant Certification			Printout of certification from DOH
Prerequisite Academic Courses: Completed prior to applying to the program with a B (3.0) or higher.				
	ENGL& 101 English Composition			Copy of transfer credit verification OR of CPTC transcript from www.cptc.edu
	PSYC& 100 General Psychology			Copy of transfer credit verification OR of CPTC transcript from www.cptc.edu
	MAT 108 Math for Health Occupations or MATH& 141 Precalculus or MATH& 146 Introduction to Statistics			Copy of transfer credit verification OR of CPTC transcript from www.cptc.edu
	BIOL 118 Anatomy and Physiology (no Lab) or BIOL& 241 Anatomy and Physiology I w/lab AND BIOL& 242 Anatomy and Physiology I w/lab			Copy of transfer credit verification OR of CPTC transcript from www.cptc.edu
8. Immunizations: Submit copies of immunization records – originals records will not be accepted.				
	Hepatitis B series <u>plus</u> positive Hepatitis B titer: 1 st immunization date: 2 nd immunization date: 3 rd immunization date Titer date & Results:			Documented proof of series immunizations. Positive titer required to apply to the program. Complete Hepatitis B series takes about 7 months.
	MMR immunization: 1 st MMR date: 2 nd MMR date: Titer results & dates:			Documentation of 2 immunizations or positive titers for measles (rubeola), mumps, and Rubella.
	Tetanus immunization within the past 10 years.			Documentation of immunization.
	TB Testing: 2-step test REQUIRED if you do not have a 3 year history of annual testing and results from your employer OR Quantiferum Gold test OR recent chest x-ray			Completion of attached form. TB testing is required annually. If a positive reading, recent chest x-ray report must be submitted.
	Varicella immunization or positive Titer			Documentation of immunization or titer OR positive titer.
	H1N1 immunization when available:			Documentation of immunization
	Seasonal influenza immunization when available:			Documentation of immunization
9.	Non-refundable fees Admissions, application & WSP Background fees			Submit completed application materials to the CPTC Cashier's Office and pay all fees.

Student Authorization for Release of Background Information

Instructions: Please read the following authorization carefully, fill in your full name and sign at the bottom of the page providing permission for Clover Park Technical College to conduct a personal background check.

Please Print Clearly. All Fields Must Be Completed.

Social Security # _____ Student ID # _____

Drivers License or ID # _____ State of License _____

Gender (circle one) M F Date of Birth _____ Race _____

Name _____
Last First MI

OTHER NAMES YOU HAVE BEEN KNOWN BY:

Name _____
Last First MI

Name _____
Last First MI

Name _____
Last First MI

I hereby authorize Clover Park Technical College to collect and processes any and all necessary background check information including but not limited to: Washington State Patrol background check, DSHS background check, OIG and GSA Excluded Providers Database check, and immunization records which may be required to secure my placement in an affiliated clinical education site* permitting me to participate in my training course. I understand my enrollment with Clover Park Technical College in my clinical education site for my clinical courses in any of the Health and Human Services programs is contingent upon a favorable background check as described above (see RCW 43.43.832).

Furthermore, I authorize Clover Park Technical College to keep in secured files copies of such information and to release it, if necessary, to any affiliated clinical education site requesting such information in order to finalize my externship placement/capstone course with those facilities.

Applicant Signature

Date

*An affiliated clinical education site is any business or agency that the college has signed a contract with to define roles and responsibilities in providing a clinical education experience to the students. Some affiliated clinical education sites require more documentation of student history than others. A list of current affiliated clinical education sites is available from the Clinical Placement Coordinator. Your social security number is confidential and, under a federal law called the Family Education Rights Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.

**CLOVER PARK TECHNICAL COLLEGE
REQUEST FOR TRANSFER OF CREDIT**

Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposed of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.

Social Security/Student ID	Social Security Number	Student ID Number	Phone Number
Student Name	Last Name	First Name	Middle Initial
Previous Last Name	Last Name	Last Name	First Name
Address	Street		Apt.
	City	State	Zip Code
Program Title			Start Date

This form is for transfer of college level academic cores (example: Mathematics, Human Anatomy/ Physiology). Any other applicable courses will be sent by Student Records to the program instructor for program evaluation.

Please identify the colleges which you have previously attended. You will need to contact each college or institution directly and request an official transcript be sent to:

**Beve Custard, Credentials Evaluator
c/o Clover Park Technical College
4500 Steilacoom Blvd SW
Lakewood WA 98499-4098**

College name where credits were earned:	Date Official Transcript Rec'd
Transfer College 1	
Transfer College 2	
Transfer College 3	
High School	
Military	
Other	

Questions/ Comments:

If you have any questions about transferability of credit, please call (253) 589-6003.

CLOVER PARK TECHNICAL COLLEGE
Nursing Programs
TB SKIN TEST FORM

Last Name: _____ First Name _____ Student ID _____

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STEP 1: PPD skin test was given on _____ / _____
Month/Date/Year Site of PPD

Administered by: _____
Signature / Title / Date

***Test must be read 48-72 hours after initiated. If no induration palpated, please write "0".

RESULT: _____ mm induration.

Test read and verify by: _____
Signature / Title / Date

=====

STEP 2: Second test to be initiated no earlier than 7 days after first test and no later than 3 weeks.

PPD skin test was given on _____ / _____
Month/Date/Year Site of PPD

Administered by: _____
Signature / Title / Date

***Test must be read 48-72 hours after initiated. If no induration palpated, please write "0".

RESULT: _____ mm induration.

Test read and verify by: _____
Signature / Title / Date

=====

Last known negative: _____ BCG Vaccination: No ___ Yes ___ Date _____

Previous treatment for TB: No ___ Yes ___

CHEST X-RAY: required if TB test is positive or previously positive (Please attach copy of report)

Chest X-Ray Date: _____ Result: _____
Month/Date/Year Normal or Abnormal

Student Authorization: I give my consent that the information on this form may be shared with teaching and administrative staff in appropriate cases.

Signature of student: _____

Clinic / Health Center Authorization: I certify that the above information is complete and accurate.

(Name, address and phone number of clinic or office where form completed)