The American workforce needs have changed drastically over the course of history in our country. This creates a constant need for highly trained individuals in numerous areas that must be met. Lively Technical Center strives constantly to provide the training to meet these needs. It is our hope that we provide the training, skills and knowledge that will make you successful in the workplace. Lively Technical Center welcomes you.

Lively Technical Center’s Mission is to provide career oriented education to the community.

The Accrediting Commission of the Council on Occupational Education, 7840 Roswell Road, Building 300, Suite 325, Atlanta, Georgia 30350; 770.396.3898.

AdvancED Florida (SACSCASI) University of West Florida, 11000 University Parkway, Pensacola, FL 32514 800.865.9068


**Any academic requirement, course or program offering, business policy, fee, and/or information contained in this publication are subject to change or revocation without notice.
No person shall on the basis of sex (including transgender, gender nonconforming and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability or genetic information be denied employment, receipt of services, access to or participation in school activities or programs if qualified to receive such services, or otherwise be discriminated against or placed in a hostile environment in any educational program or activity including those receiving federal financial assistance, except as provided by law. No person shall deny equal access or a fair opportunity to meet to, or discriminate against, any group officially affiliated with the Boy Scouts of America, or any other youth group listed in Title 36 of the United States Code as a patriotic society.

Lack of English language skills will not be a barrier to admission and participation. The district may assess each student's ability to benefit from specific programs through placement tests and counseling, and, if necessary, will provide services or referrals to better prepare students for successful participation.
Crusoe-Holifield Practical Nursing Program
Application Packet

PROGRAM DESCRIPTION:
The Crusoe-Holifield Practical Nursing Program is designed to prepare students for successful passage of the NCLEX-PN and future employment as a Licensed Practical Nurse. Clinical experiences are included as an integral part of this program. The program is approved by the Florida State Board of Nursing.

<table>
<thead>
<tr>
<th>PROGRAM BEGINS</th>
<th>Fall Semester: August (Day/Night Program) <strong>Classes begin on August 1, 2018</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM LENGTH</td>
<td>Day Program: Career in a year</td>
</tr>
<tr>
<td></td>
<td>Evening Program: Four semesters</td>
</tr>
<tr>
<td>PROGRAM HOURS</td>
<td><strong>Day Program/Classroom (30 hrs.)</strong></td>
</tr>
<tr>
<td></td>
<td>Monday – Thursday: 8am-3pm</td>
</tr>
<tr>
<td></td>
<td>Friday: 8am-12pm</td>
</tr>
<tr>
<td></td>
<td><strong>Evening Program/Classroom (hours will vary)</strong></td>
</tr>
<tr>
<td></td>
<td>Monday–Thursday: 6pm-10pm</td>
</tr>
<tr>
<td>Day Program Clinical Days:</td>
<td>Monday-Friday: 6:45am - 3:15pm</td>
</tr>
<tr>
<td>Evening Program Clinical Days:</td>
<td>Monday-Thursday: 6pm-10pm</td>
</tr>
<tr>
<td></td>
<td>Saturday: 6:45am-3:15pm (approximately 1 Saturday per month)</td>
</tr>
<tr>
<td>PROGRAM LOCATION</td>
<td>Lively Technical Center Health Education Department, Building 15</td>
</tr>
<tr>
<td></td>
<td>500 North Appleyard Drive</td>
</tr>
<tr>
<td></td>
<td>Tallahassee, FL 32304</td>
</tr>
<tr>
<td></td>
<td>(850) 487-7449</td>
</tr>
<tr>
<td></td>
<td>(Clinical locations vary)</td>
</tr>
</tbody>
</table>

*Clinical will begin after students have completed PRN0098 - PN Foundations (1 of 2). This will be approximately 6 weeks into the semester for Day students and approximately 9 weeks into the semester for Night Time students. Clinical rotation will follow each completed course for both day and evening programs (instructors will provide clinical schedules).

*Times and dates may vary*
GENERAL REQUIREMENTS

Applicants seeking admission to the Practical Nursing Program must:

• Be at least 18 years of age at projected time of program completion.
• Have a high school diploma or equivalent.
• Pass random drug screenings throughout the program. Students with positive drug screen results will be withdrawn from the program.

To apply for acceptance into the PN Program students must:

1. Complete the Lively Student Online Application. (This application is required for all Lively students) This application can be completed at: https://lively.focusschoolsoftware.com/focus/apply
2. Complete the PN Application Packet (see below)

The PN Application Packet must include:

• Health Education Student Information Sheet. The Student Information Sheet is available as an interactive PDF here. A printed copy must be submitted with the application packet.
• Three current reference letters:
  O Two professional references (recent employers, former teachers, counselors, etc.)
  O One personal reference (may not be family member)
• ATI -TEAS Test Official Results (see below for acceptable scores). Test results can be uploaded via the Lively Student Online Application or submitted with the application packet.
• TABE Test Official Results or exemption (see below for more information)
• Student Health Assessment Form signed by a healthcare provider. This can be uploaded via the Lively Student Online Application or submitted with the application packet.
• Official High School Transcript
• Receipt of payment for a Level 2 criminal background to Leon County Schools. This must be completed prior to submitting the application, at the student’s expense*. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background.

*No refunds will be issued.

TESTING INFORMATION – REQUIRED TESTS & SCORE INFORMATION

State Board Rule 6A-10.040, FAC states the following: "Students who are enrolled in a postsecondary vocational certificate program shall complete a basic skills examination." LTC uses the Tests of Adult Basic Education (TABE) to meet this state requirement for programs over 450 clock hours. Student may be exempt from TABE Testing please see below, or speak to an advisor in Student Services to see if you meet the criteria for an exemption.

TEST OF ADULT BASIC EDUCATION (TABE), LEVEL A

TABE exit requirements for the Practical Nursing Program are 11.0 in Reading, Language and Total Math. TABE scores are valid for two (2) years. If you do not meet your exit scores, you will need to enroll in AAAE at a cost of $30 per semester. The AAAE instructor evaluates your test scores and an individualized learning plan is designed for you based on your TABE results. Students work individually, at their own pace, and seek the assistance of an instructor when needed.

You may be exempt from the TABE testing if you:

• Possess a college degree at the associate in applied science level or higher.
- Demonstrate readiness for public postsecondary education pursuant to F.S. 1008.30 (See acceptable exemptions list in Student Services)
- Earned a standard Florida public high school diploma (Student entered 9th grade in the 2003-2004 school year or any year thereafter) or earned a GED in 2014 or any year thereafter.
- Student serves as an active duty member of any branch of the United States Armed Services
- Passed a state or national industry certification or licensure examination identified in State Board of Education rules and aligned to the career education program, which they enroll.
- Proof of exemption status is required. Please see an advisor for further details in Student Services.

**ATI-TEAS (ASSESSMENT TECHNOLOGY INSTITUTE - TEST OF ESSENTIAL ACADEMIC SKILLS)**

Applicants must take the ATI-TEAS Nursing Entrance Exam. The current required proficiency level for the PN program is 55.0 with a minimum score of 50 in both Math and Reading. ATI-TEAS scores are valid for two (2) years. Three retakes are permissible in a 12-month period; applicants are encouraged to test early. There is an $80.00 fee for this exam. Applicants must go to the Registration window in Building 8 to pay for the exam then report to the Testing Center. Study guides are available for purchase in the LTC Bookstore. Once accepted, students will also be required to take ATI Standardized NCLEX-PN Testing Preparation Exams throughout the Program.

For more information, please contact The Testing Center: 850-487-7467

Regular Hours of Operation: Monday-Thursday, 8:00am-4:00pm and Friday 8:00am-2:00pm
Summer Hours of Operation: Monday-Thursday, 8:00am-5:00pm

**HEALTH REQUIREMENTS**

Applicants are required to complete a Student Health Assessment Record by a Healthcare Provider (not more than 6 months old. If, after acceptance, a student’s health status changes, further documentation may be required stating the student is physically able to continue the program. As stated on the Student Health Assessment Form, applicants are required to provide proof of the following current immunizations:

- Tetanus, within the past 10 years (Td or Tdap)
- MMR x2 (given on or after the applicant’s first birthday). Official documentation of immunity is also acceptable.
- Hepatitis B series. Official documentation of immunity is also acceptable.
- Varivax x2
- PPD/Tuberculin skin test within past 12 months. PPD/Tuberculin skin testing is valid for one (1) year from date of administration. Students will be required to maintain current PPD/Tuberculin skin testing throughout the duration of the program. Students who test positive for tuberculosis must show proof of a negative chest x-ray taken within the past year to satisfy this requirement.

**ORIENTATION**

After being accepted into the LTC Practical Nursing Program, applicants will be notified about attending a mandatory orientation. The date(s) and time(s) of this meeting will be given to all accepted students within their acceptance letter. For further information, please contact the Health Education Department at 850-487-7449.

**CRIMINAL BACKGROUND CHECK**

All applicants must undergo a Level 2 criminal background through Leon County Schools. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background.

**DRUG SCREENING**

Drug screening is not required prior to admission into the program. However, all students must submit to and pass two random drug screenings after entering the Practical Nursing Program and prior to having access to the clinical
health care facilities utilized in the Program. This is a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirement demanded of all acute care facilities in Florida. Students who do not pass a random drug screening will be withdrawn from the program.

**DISABILITY SUPPORT SERVICES**

If you have question regarding adult students with disabilities and accommodations, please contact LTC Student Services in Building 9 or at 850-487-7473.

**FINANCIAL AID**

Financial Aid is available for this program based on eligibility. Qualifying students may be awarded a Federal Pell Grant based on their current FAFSA submission provided through the Federal Student Aid, U.S Department of Education. Lively does not provide loans. Third party loans and other personal financial arrangements are a personal decision of the student and not handled at Lively Technical Center. Additionally, Lively accepts other funding options (Florida Prepaid, CareerSource, VA, etc.). The Financial Aid Office is located in Student Services, Building 9, phone number 850-487-7431 or 850-487-7421 and/or via email at LTCFinAid@leonschools.net. Please direct all financial aid questions directly to their office.

**ACCEPTANCE INTO PROGRAM / REGISTRATION**

Meeting the criteria for selection does not guarantee admission to the Crusoe-Holifield Practical Nursing Program. Final selection will be based on the qualified applicant pool and space available.

Applicants who have met the requirements for placement will be placed into a ranking system and scheduled for an interview with the Practical Nursing Faculty. Applicants will be chosen based on the number of available slots. Accepted students will then need to complete the LTC registration process through Student Services. Once approved applicants have completed their LTC registration process and the LTC PN program has reached its capacity, the program selection and registration will be closed. If any additional slots become available, prospective students will be contacted by the LTC Health Education Department. Students will be notified and given the opportunity to be placed on a waiting list or explore other program options.

Applicants who are selected will be notified within thirty (30) days of interview process. If an applicant is selected and does not complete the registration process, the applicant must reapply.

*Late and/or incomplete packets will not be considered.*

The Florida Board of Nursing is responsible for protecting the public. In carrying out this responsibility, the Board of Nursing reserves the right to deny licensure to anyone who has been convicted of a crime other than minor traffic violations. Pursuant to Section 456.0635, Florida Statutes, the Florida Board of Nursing shall refuse to issue a license, certification or registration and shall refuse to admit a candidate for examination if the applicant has been:

- Convicted or plead guilty or nolo contender (no Contest) to a felony violation regardless of adjudication of chapters 409, 817 or 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.S. ss 1395-1396, unless the sentence and any probation or pleas ended more than 15 years prior to the application.
- Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent five years).
- Terminated for cause by any other State Medicaid Program or the Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent five years).

**Upon notification of admission, you are required to complete the following prior to the start of the program course:**

- Physical health exam and a record of immunizations from a licensed physician or nurse practitioner (form to be provided upon notification of admission).
- Florida Department of Law Enforcement fingerprinting to be scheduled before classes begin.
- Drug screen, information provided upon notification of admission.
Lively Health Education Student Information Sheet

PERSONAL INFORMATION

Date ___________  

Date of Birth _______________________________  Place of Birth ______________________________________

Last Name ___________________________  First Name ___________________________  MI ________

Address ___________________________________  City/State ___________________________  Zip ______

Home # (   ) _____________________  Work # (   ) _____________________  Cell # (   ) _____________________

Email Address __________________________________________

Emergency Contact ___________________________________________       Phone# (   ) ___________________

EDUCATION

High School ___________________________________ City/State __________________________

Highest grade completed ___________ Year _____________       Circle one:  High School Diploma  GED

Previous Nursing School ___________________ City/State __________________________

College ________________________ Degree awarded ____________ City/State __________________________

Military ________________________________________________________________________________

Education as Certified Nursing Assistant, Patient Care Assistant, Patient Care Technician or Medical Assistant

Name of School __________________________

Certification Awarded      Yes   No       Date the Certificate was awarded __________________________

EMPLOYMENT RECORD

Present ___________________________ Title/Position ___________________________ 

Dates of Employment:  From _________ to _________

Previous ___________________________ Title/Position ___________________________

Dates of Employment:  From _________ to _________

Previous ___________________________ Title/Position ___________________________

Dates of Employment:  From _________ to _________

The information on this application is true and factual.

Signature: __________________________________________       Date: __________________________
Please answer the following questions.

Why have you chosen to pursue nursing as a career?
____________________________________________________________________________
____________________________________________________________________________
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What qualities do you believe you possess that will enable you to perform effectively as a student and later as a practicing nurse?
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____________________________________________________________________________
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How can nursing address and improve global healthcare needs?
LTC Practical Nursing Program
Student Health Record

Your health care provider must complete this form. Any falsification of this record will result in immediate dismissal from the program (if accepted).

NAME (please print): ____________________________________________________________________________

Last                                                         First                                        MI

DATE OF BIRTH: ____/_____/_____     Male ___     Female ___

Verified by: ____________________________________________

Name of Physician’s Office/Health Center                        Physician’s Signature/Nurse Signature

Address of Office

Date

1. MMR (Need proof of two MMR vaccines or one mumps, two measles, and one rubella. Any person born before 1/1/57 will need proof of rubella immunization or positive titer.)
   Date of MMR #1: ___________________    Date of MMR #2: ___________________
   OR
   Antibody titers:
   Mumps titer date: ______________    Results: Immunity/Not immune
   Rubeola titer date: ______________    Results: Immunity/Not immune
   Rubella titer date: _______________    Results: Immunity/Not immune
   If not immune, will require MMR x2.

2. Tetanus (Td or Tdap with the last ten years):    Date: _______________

3. Hepatitis B series:

   ____________  ____________  ____________  
   Hepatitis B #1 date    Hepatitis B #2 date    Hepatitis B #3 date
   OR
   Antibody titer date: _______________    Results: Immunity/Not immune

4. Varicella: History of having Chicken Pox is not accepted.
   Date of 1st dose: _______________    Date of 2nd dose: _______________
   OR
   Varicella titer date: __________ Results: ______ (Lab value)

5. PPD (TB Skin Test):    Date taken: _______________
   Results: □ Positive     □ Negative
   Chest x-ray, if positive PPD:    Date: _______________    Results: _______________

Verified by:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________