Dear Applicant:

Thank you for your interest in enrolling in the Practical Nursing Program (PNP). A career as an LPN is personally rewarding. You can work in wide variety of workplace opportunities, make a livable wage, and know you are making a difference in others lives. The LPN is in high demand due to needs of the aging population and growth of the health care field.

Enclosed is an admission application. Consider attending a Program Information seminar on the second and fourth Monday of each month from 3:30 pm – 4:30 pm to learn more about the Program and admission test. Reserve your seat at least one day in advance. No cost to attend! Check out the PNP website for detailed information about the Program www.franklincountylpn.org

Send completed application with a $90.00 check or money order payable to FCCTC-PNP. The non-refundable fee includes the scheduled admission test session and Criminal History Record (PA Act 34 Clearance). Expect a letter within one week with an admission test date and time. Take the PSB aptitude test (computerized, takes about 3 hours), complete a personal interview (dress professionally), and register for financial aid (if desired – bring Social Security number).

**Not available on the scheduled day and time?** Call the Program at least 24 hours prior to the testing appointment to reschedule to avoid a rescheduling fee of $40 (non-refundable).

Admission to the PNP is competitive and based on testing scores, personal interview, high school transcript grades/GED scores, a PA Act 34 Clearance that meets standards for licensure in Pennsylvania and clinical eligibility. Call for additional requirements if you did not attend High School in PA or do not live in PA. When the admission process is complete, the qualified applicant will be offered a seat in the first available class. The applicant must complete additional requirements (cost to student) to start the Program. These are outlined on the PNP website, brochure, and explained at the interview.

Costs to attend the program include tuition and an acceptance/supplies/technology fee (not refundable). See the PNP website or call for current rates and additional clinical preparation costs.

Receive a diploma and school pin at graduation when requirements are met. Graduates apply for licensure and the national licensing exam (NCLEX-PN) for Practical Nursing. The Program does not guarantee eligibility for licensure. This is determined by the State Board of Nursing. Achieving a State License entitles the graduate to use the title “Licensed Practical Nurse”, or “LPN”. A license to practice in other states requires licensure application by endorsement.

Office hours: Monday through Thursday - 8:00 a.m. to 3:30 p.m., Friday until 12 noon.

Sincerely,

Janyce L. Collier, MSN, RN, CNE
Nurse Administrator

JLC:mk Enclosures
FRANKLIN COUNTY CAREER AND TECHNOLOGY CENTER
PRACTICAL NURSING PROGRAM

ESSENTIAL COMPONENTS OF PRACTICAL NURSING

The applicant will attest that he/she meets the essential components to enter into the program and maintain enrollment at the time of the interview conducted on the day of the Aptitude Test.

1. Communications: Must read and write English at a proficient level.
   Must comprehend and speak fluent English.

2. Visual: With aid of corrective lenses if needed:
   Must read labels on Pharmacy prepared medications, and on standard unit dose packages.
   Must be able to identify marking on standard syringes.
   Must be able to read markings on sphygmomanometer.

3. Hearing: With use of hearing aid and/or amplified stethoscope, if needed, must be able to: (after instruction)
   Hear blood pressure readings + or − 2mm/hg
   Hear apical pulse + or − 2 beats
   Hear and identify various breath sounds.
   Hear bowel sounds.
   Hear directives with the speakers mouth covered with a surgical/isolation mask.
   Hear call bells and equipment alarms.
   Hear amplified phone.

4. Manual Dexterity: Must be able to: (after instruction)
   Safely manipulate needles and syringes.
   Open suture packages.
   Don surgical gloves.
   Open unit dose medications.

5. Physical Stamina: Must be able to:
   Stand, without sitting, for 2 hours.
   Walk up 1 flight of stairs and down 2 flights.
   Lift 50 lbs. on a regular basis.
   Work continuously in clinical with a 15 min. break in the am, 30 min. lunch break, and 15 min. break in the pm.
   Push and maneuver a stretcher and wheel chair containing adults of various sizes.
   Participate in clinical experience without restrictions

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Practical Nursing Program Admission Application

PA State Law Mandate: As mandated by the Pennsylvania Practical Nurse Law of 1956, and amended January 1986, an individual must be licensed in Pennsylvania to practice as a Licensed Practical Nurse. According to the amendment (S.B. 1117), “The Board shall not issue a license or certificate to an applicant who has been convicted of a felonious act prohibited by the act of April 14, 1972, (P.L. 233, No. 64) known as “The Controlled Substance, Drug, Device and Cosmetic Act”, or convicted of a felony relating to a controlled substance in a court of law of the United States or any other state, territory or country.” The Board may refuse the licensee who:

1. Has committed fraud or deceit in the practice of practical nursing or in securing his or her admission to such practice or to practical nursing school.
2. Has been convicted or has pleaded guilty or entered a plea of nolo contendere or has been found guilty by a judge or jury of a felony or a crime of moral turpitude in the courts of this Commonwealth, the United States, or any other state, territory, or country, or has received probation without verdict, disposition in lieu of trial or an Accelerated Rehabilitative Disposition in the disposition of felony charges, or has been dishonorably discharged or has been discharged under circumstances amounting to dishonorable discharge from the military forces of the United States or of any other country.
3. Is addicted to alcohol or is addicted to hallucinogenic or narcotic drugs or other drugs which tend to impair judgment or coordination, so long as such dependence shall continue, or if he or she has become mentally incompetent.

I hereby certify that the foregoing statements are true, and I understand that any omission or false statement may be cause for rejection of my application.

Signature __________________________ Date __________

APPLICATION FEE and ADDITIONAL DOCUMENTS REQUIRED - PLEASE READ

Application Fee – Ninety dollars ($90.00), non-refundable, must be included with application. Check or money order payable to FCCTC-PNP. Accept cash or credit card (3% convenience fee added – card must be presented to office for scan). Application is valid for one year from date of signature.

High School Transcript - request official transcript from last high school attended to be sent to the Practical Nursing Program, 2463 Loop Road, Chambersburg, PA 17202. Students currently in high school must also have final high school transcript reflecting graduation sent to the PNP prior to starting Program.

GED - Provide a copy of the Pennsylvania GED certificate and the official scores. Out-of-state GED or foreign-educated applicants, call the PNP for information regarding state regulations and additional documents.

Pre-Entrance Questionnaire – complete/submit on test day. See letter from PNP with scheduled test date/time.

Out of State Background Check - Applicants who have not lived in PA in the last two years must request a state background clearance where previously lived. Submit results to PNP office to continue admission process.

Based on findings from searches below, the PNP reserves the right to cancel the Admission Process.

-Criminal History Record (Pennsylvania Act 34 Clearance)
-OGIC Exclusions Database https://exclusions.ogic.hhs.gov/
-Sex Offender Megan’s Law – https://www.pameganslaw.state.pa.us
-System for Award Management (SAM) – http://www.sam.gov/portal/SAM/#1

It is the policy of the Franklin County Career and Technology Center not to discriminate on the basis of race, age, color, religion, sex, handicap or national origin in its admissions, educational programs, activities or employment policies as required by Title VI of the Civil Rights Act of 1964, Title IX of the 1972 Educational Amendments and Section 504 of the Rehabilitation Act of 1973.

WE ARE AN EQUAL OPPORTUNITY EDUCATIONAL INSTITUTION

Revised 03/01/13, 06/24/16, 3/21/17, 6/24/17, 2/18
PERSONAL INFORMATION

Name ____________________________________________________________
PRINT Last First Middle

Address __________________________________________________________
Street City County State Zip

Phone Number (include area code) __________________________ Email address (req) _________________________

Have you applied to or been admitted to this Practical Nursing Program before? _____ Yes _____ No
If yes, indicate what year ______________________________

The program requires that you have daily access to a computer and internet. I understand. _____ Yes _____ No

What is the primary language you speak in your home? ______________________________
If your primary language is not English, submit TOEFL scores to demonstrate proficiency in speaking, writing, and comprehending English. For information - http://www.ets.org/toefl

EDUCATION
High School Attended __________________________ Graduation Date __________________________
If High School is not in PA, must also submit a PDE Certificate of Preliminary Education. High school located outside USA? Contact NACES http://www.naces.org/ for US grade and credit equivalency evaluation.

If you did not graduate from High School, do you have a GED? _____ Yes _____ No

Post-Secondary Education (list school/colleges, year attended, primary focus of study)

EMPLOYMENT INFORMATION - List current or most recent job first.
Place of Employment __________ City, State __________ Dates of Employment __________

CONDUCT
Have you ever been terminated from your employment for misconduct or poor attendance? Yes ____ No ____
Have you ever been convicted of a crime in any state in the United States? _____ Yes _____ No ____

NAME
When applying to the Pennsylvania State Board of Nursing for licensure, the applicant is required to submit his/her legal name, including maiden name or other names previously used, if applicable. In the event the State Board of Nursing deems it necessary, the name may be used to conduct a legal trace. The Practical Nursing Program requests the following information:
- Have you ever been known by any other name? _____ Yes _____ No
If yes, provide explanation: ____________________________________________________________________________

Signature ____________________________________________________________________________