INSTRUCTIONS FOR MAKING APPLICATION TO ENTER THE PRACTICAL NURSING PROGRAM

Application may be made to KATC any time during the year. **Deadline to apply for the fall class is May 1** (applications must be on file by this date to be considered for the fall class). Please follow the steps below.

A. Obtain information about the program from KATC. Decide you want to pursue a career as a Practical Nurse which requires 11 months to complete the program.

B. Fill out the application form **completely. PLEASE TYPE OR PRINT CLEARLY.**

C. Attach a $40.00 check or money order to the application form to cover administrative fees and testing. Make the check or money order payable to Kirksville R-III Schools.

D. Read Functional Abilities form and return notarized form with application.

E. Read Missouri Nursing Practice Act 335.046.2, RSMo and 335.066, RSMo in the General Information Bulletin and return notarized form.

F. Submit Missouri State Highway Patrol Background Check.

G. Read Latex-Sensitized Policy and return signed form with application.

H. Complete Financial Aid Checklist and return signed form with application.

I. Complete Advanced Placement forms for the Geriatrics and the Lifespan and Physiology courses, if applicable.

J. Mail your completed application form and fee to: Deb Slattery, MSN, RN
KATC/Practical Nursing Program
1103 South Cottage Grove
Kirksville, MO 63501

K. Contact your high school and request an official copy of your transcript be sent to the above address.

L. Have any official college transcripts and/or other educational course transcripts/ certificates sent to the above address.

M. If you have a High School Equivalency rather than a high school diploma, send a copy of your test scores to the above address. A high school diploma or High School Equivalency is a requirement for Practical Nursing Program admission.

N. The three (3) attached reference forms must be completed and returned to KATC, **BEFORE** the May 1st deadline. You must use the provided forms. **ONLY** the forms provided with this packet will be accepted as references. These should be from school counselors, teachers, employers, not personal friends or family members.
0. Completion of college level Anatomy course with a laboratory component with a minimum of a “C.” It is desirable for applicants to have already completed an Anatomy course. However, students who have not completed Anatomy may be conditionally accepted via accelerated acceptance or committee acceptance pending completion of Anatomy by August 1.

ENGLISH AS A SECOND LANGUAGE: Any applicant who speaks English as a second language will need to meet the general admission requirements as other students.

You will be contacted by letter to set a date and time for the pre-admission test. After you have received your letter, contact Karla Truitt at 660-665-2865 to arrange testing date. The COMPASS Test is given as the pre-admission test. The test is basic writing, reading, and algebra.

If you received an ACT score of 19 or above in the past five years, you will not need to take the COMPASS Test. Please submit a copy of your ACT scores.

Applicants meeting accelerated acceptance criteria will be accepted for the next class. Accelerated acceptance criteria includes exemplary test scores and three excellent references. The applicants who fail to meet this standard, but passed the minimum test score requirements will go to the selection committee which meets in mid-May. All applicants will be notified of the committee’s decision by the end of May.

Alternates will be notified as openings occur in the program, but no student will be admitted after five class days have elapsed.

If you have additional questions, please feel free to contact the Practical Nursing Program at Kirksville Area Technical Center at 660-665-2865.

Revised: 09/15
KIRKSVILLE AREA TECHNICAL CENTER
1103 SOUTH COTTAGE GROVE
KIRKSVILLE, MO 63501

PRACTICAL NURSING PROGRAM APPLICATION

Office Use Only: Application: Fees:
Transcript: H.S. College Anatomy (C) Physiology (C) Human Lifespan (C)
Functional Abilities: Criminal Background Check:
References: #1 #2 #3

Section 335.066 RsMo Latex-Sensitized Policy Financial Aid Checklist

NAME:______________________________________________________________________________________

Last First Middle All Other Names

HOME ADDRESS:__________________________________________PHONE:__________________________

Street/Route/Box City State Zip

E-MAIL ADDRESS__________________________________________

DATE OF BIRTH:_______________________________________LAST 4 DIGITS OF SS#:____________________

HIGH SCHOOL ATTENDED:_______________________ADDRESS:____________________________________

H.S. DIPLOMA: HIGH SCHOOL EQUIVALENCY: DATE OBTAINED:_____________

OTHER EDUCATION (College, Vocational Training, etc. Include Dates and Institutions Attended):
__________________________________________________________________________________________

__________________________________________________________________________________________

Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any
crime (excluding traffic violations)?  YES  NO (If yes, please attach a brief statement)

Have you ever been convicted, adjudged guilty by a court, pled nolo contendere to any traffic offense
resulting from or related to the use of drugs or alcohol?  YES  NO (If yes, please attach a
brief statement)

If yes, please read Missouri Nurse Practice Act 335.006 on General Information pages in this packet
and contact Practical Nursing Administrator for counseling appointment.

EXPERIENCE: List places of employment; list MOST recent employment first:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Address</th>
<th>Dates (From-To)</th>
<th>Position/Title</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Describe briefly your reasons for wanting a Practical Nursing education:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________  ________________________________
Signature                                      Date

Revised: 09/15
KIRKSVILLE AREA TECHNICAL CENTER
PRACTICAL NURSING PROGRAM
FUNCTIONAL ABILITIES

The functional abilities necessary to acquire or demonstrate competence in a discipline as complex as nursing and needed for successful admission and continuance by candidates for the Practical Nursing Certificate at Kirksville Area Technical Center include but are not limited to the following abilities:

**Gross Motor Skills**
move within confined spaces
sit and maintain balance
stand and maintain balance
reach above shoulders (IV’s)
reach below waist (plug-ins)

**Fine Motor Skills**
pick up objects with hands
grasp small objects with hands
write with pen or pencil
key/types (use a computer)
pinch/pick or otherwise work with fingers

twist (turn knobs with hands)
squeeze with fingers (eye dropper)

**Physical Endurance**
stand (at client side during procedure)
sustain repetitive movements (CPR)
maintain physical tolerance (work entire shift)

**Physical Strength**
push and pull 25 pounds (position patient)

lift 25 pounds (transfers)
move light objects up to 10 pounds
move heavy objects up to 50 pounds
defend self against combative client
carry equipment/supplies
use upper body strength (CPR, restraining a client)
squeeze with hands (fire extinguisher)

**Mobility**
twist
bend
stoop/squat
move quickly
climb (ladders, stools, stairs)
walk

**Visual**
see objects up to 20 inches away
see objects more than 20 feet away
see objects up to 20 feet away
hear faint noises
hear faint body sounds (BP)
hear in situations not able to see lips (when using masks)
hear auditory alarms

**Hearing**
hear normal speaking level
hear faint noises

hear faint body sounds (BP)
hear in situations not able to see lips
use depth perception
use peripheral vision
distinguish color
distinguish color intensity

**Tactile**
feel vibrations (pulses)
detect temperature
feel differences in surface characteristics (skin turgor)
feel differences in size and shapes (veins)
detect environmental temperature

**Smell**
detect odors from client
detect smoke
detect gases or noxious smells

**Arithmetic Competence**
read and understand columns of writing (flow sheets)

**Reading**
read and understand written document

**Critical Thinking Skill**
identify cause/effect relationship
plan/control activities for others
synthesize knowledge and skills
sequence information

**Emotional Stability**
establish therapeutic boundaries
provide client with emotional support
read digital displays
read graphic printouts (I&O’s)
calibrate equipment
convert numbers to/from metric
read graphs (vitals sign sheet)
tell time
measure time (duration)
count rates (pulse rate)
use measuring tools (thermometer)
read measurement marks (scales)
add, subtract, multiply, divide
compute fractions (medication dosage)
use a calculator
write numbers in records

Communication Skills
teach client, family
explain procedures
give oral fluids
interact with others
speak on the telephone
influence people
direct activities of others
convey information through writing
(progress notes)

Analytical Thinking
transfer knowledge from one situation
to another
process information
evaluate outcomes
problem solve
prioritize tasks
use long and short term memory

Interpersonal Skills
negotiate interpersonal conflict
respect differences in clients
establish rapport with clients
establish rapport with co-workers

develop strong emotions
read graphs (vitals sign sheet)
perform multiple responsibilities
concurrently

I have read and understood this section on functional abilities necessary for nursing practice.

_________________________________________ Name ____________________________ Date ____________________________

State of ___________________________

County of ___________________________

On this __________ day of __________ in the year _________________, before me, the undersigned notary public, personally appeared ____________________, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

__________________________________________ Notary

My commission expires: ______________________ Reviewed: 09/13
ACCREDITATION:

The Practical Nursing program at Kirksville Area Technical Center (KATC) is fully approved by the Missouri State Board of Nursing and approved by the Department of Elementary and Secondary Education. Kirksville Area Technical Center is a Candidate for Accreditation by the Commission of the Council on Occupational Education.

Upon successful completion of the program, graduates are eligible to apply to take the National Council of Licensing Examination for Practical Nurses (NCLEX-PN). The State of Missouri Nurse Practice Act, Section 335.066 provides additional criteria for eligibility to apply for licensure as a practical nurse. **Successful completion of the program does not guarantee eligibility to take the licensing examination.** Satisfactory performance on this exam will qualify the student for licensure as a practical nurse. **The State Board of Nursing may deny you the privilege of sitting for the exam if you have been convicted of a crime.**

MISSOURI NURSING PRACTICE ACT 335.046.2

LICENSE, APPLICATION FOR –QUALIFICATION FOR, FEE—HEARING OR DENIAL OF LICENSE

2. An applicant for license to practice as a licensed practical nurse shall submit to the board a written application on forms furnished to the applicant. The original application shall contain the applicant’s statements showing the applicant’s education and other such pertinent information as the board may require. Such applicant shall be of good moral character, and have completed at least two years of high school, or its equivalent as established by the state board of education, and have successfully completed a basic prescribed curriculum in a state-accredited or approved school of nursing, earned a nursing degree, certificate or diploma and completed a course approved by the board on the role of the practical nurse. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing same, subject to the penalties of making a false affidavit or declaration. Applicants from non-English speaking countries shall be required to submit evidence of their proficiency in the English language. The applicant must be approved by the board and shall pass an examination as required by the board. The board may require by rule as a requirement for licensure that each applicant shall pass an oral or practical examination. Upon successfully passing the examination, the board may issue to the applicant a license to practice as a licensed practical nurse. The applicant for a license to practice licensed practical nursing shall pay a fee in such amount as may be set by the board. The fee shall be uniform for all applicants. Applicants from foreign countries shall be licensed as prescribed by rule.

3. Upon refusal of the board to allow any applicant to sit for either the registered professional nurses’ examination or the licensed practical nurses’ examination, as the case may be, the board shall comply with the provisions of section 621.120 and advise the applicant of his or her right to have a hearing before the administrative hearing commission. The administrative hearing commission shall hear complaints taken pursuant to section 621.120.
MISSOURI NURSING PRACTICE ACT 335.066:

DENIAL, REVOCATION, OR SUSPENSION OF LICENSE, GROUNDS FOR:

1. The board may refuse to issue any certificate of registration or authority, permit or license required pursuant to sections 335.011 to 335.096 for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by Chapter 621, RSMo.

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by Chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for anyone or any combination of the following causes:

   1. Use or unlawful possession of any controlled substance, as defined in chapter 195, RSMo, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by sections 335.011 to 335.096;

   2. The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to sections 335.011 to 335.096, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

   3. Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to sections 335.011 to 335.096 or in obtaining permission to take any examination given or required pursuant to sections 335.011 to 335.096;

   4. Obtaining or attempting to obtain any fee, charge, tuition, or other compensation by fraud, deception or misrepresentation;

   5. Incompetence, misconduct, gross negligence, fraud, misrepresentation, or dishonesty in the performance of the functions or duties of any profession licensed or regulated by sections 335.011 to 335.096;

   6. Violation of, or assisting or enabling any person to violate, any provision of sections 335.011 to 335.096, or of any lawful rule or regulation adopted pursuant to sections 335.011 to 335.096;
7. Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;

8. Disciplinary action against the holder of a license or other right to practice any profession regulated by sections 335.011 to 335.096 granted by other state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;

9. A person is finally adjudged insane or incompetent by a court of competent jurisdiction;

10. Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by sections 335.011 to 335.096 who is not registered and currently eligible to practice pursuant to sections 335.011 to 335.096;

11. Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;

12. Violation of any professional trust or confidence;

13. Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;

14. Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

15. Placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health-related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency.

3. After the filing of such complaint, the proceedings shall be conducted in accordance with the provision of Chapter 621, RSMo. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate, or permit.

4. An individual whose license has been revoked shall wait one year from the date of revocation to apply for re-licensure. Re-licensure shall be at the discretion of the board after compliance with all the requirements of sections 335.011 to 335.096 relative to the licensing of an applicant for the first time.

5. The board may notify the proper licensing authority of any other state concerning the final disciplinary action determined by the board on a license in which the person whose license was suspended or revoked was also licensed of the suspension or revocation.

6. Any person, organization, association or corporation who reports or provides information to the board of nursing pursuant to the provisions of sections 335.011 to
335.259* and who does so in good faith shall not be subject to an action for civil damages as a result thereof.


TRANSFER/ADVANCED PLACEMENT POLICIES:

Persons desiring to transfer into this program from other Practical Nursing programs will be considered according to the following criteria:

1. Admission is contingent upon space in the class for the additional student.

2. Candidate for transfer will be evaluated on an individual basis by the faculty, administration and Selection Committee representation.

3. Candidates must meet the admission criteria as established for all students.
   
   A. Completed application form on file.
   B. Copy of High School transcript or GED.
   C. Three references on school reference form (one from previous PN Administrator).
   D. Admission testing meeting KATC requirements.
   E. Payment of administrative fee.
   F. Submit to a criminal background check.
   G. Copy of completed physical exam by a physician of their choice on school form.

4. Candidate shall provide documentation which establishes status in previous school:
   
   A. Transcript of prior achievement must show acceptable grades, with a minimum "C" (79%) in each course.
   B. Course descriptions for all classes taken to date, for evaluation of content comparability with this school’s course offerings.
   C. Applicant’s prior educational experience shall mesh into this school’s program schedule with a minimum need for special tutoring and make-up work.
   D. Completion of College level Anatomy course with a laboratory component with a minimum of a “C.”
   E. See Advanced Placement for Physiology and Geriatrics and the Life Span Policy.

5. Candidate shall be able to enter this program and proceed through the educational schedule in a continuous, full-time manner. Candidate will take all of our course offerings scheduled from the time of acceptance into the program, whether or not the candidate has had any particular course previously.

6. Tuition fee adjustment for an accepted applicant shall be pro-rated at the discretion of the school administration, contingent upon the time of entry into the program.

7. Transfer students shall meet all requirements for graduation as all other students.
8. There is no advanced standing granted for CNA's, CMT's or any other allied health professional who seeks entry into the Practical Nursing program.

Revised: 09/15

**STUDENT SERVICES:**

1. **COUNSELING:** The faculty will hold individual guidance sessions with the students throughout the year. This includes academic clinical counseling as well as needed personal guidance.

2. **KITCHEN:** A kitchen is provided for student use, including refrigerator and microwave ovens. No smoking is allowed on the Kirksville R-III School property.

3. **STUDENT FILES:** Student files are open to the student as well as funding and accrediting agencies. Files are not available to anyone else, unless requested in writing by the student.

4. **LIBRARY:** The PN library is located in the locker area and is available to any PN student from 6:30 a.m. to 3:30 p.m.

5. **PARKING:** Adult students may park their vehicles in the school parking lot west of KATC and in the lot east of KATC near the tennis courts. DO NOT PARK in faculty spots.

6. **PHONES:** Only emergency phone calls will be accepted by faculty on behalf of students. Cell phones must be turned off during class hours.

7. **FINANCIAL AID:** Information regarding financial aid is available upon request. After the student has been accepted into the Practical Nursing program, the Financial Aid Coordinator can assist with financial aid applications.

**PROGRAM COSTS:** AT THIS TIME, PROGRAM COSTS ARE AS FOLLOWS:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$8,000.00</td>
</tr>
<tr>
<td>Uniforms</td>
<td>231.00</td>
</tr>
<tr>
<td>Nursing Cap</td>
<td>14.00</td>
</tr>
<tr>
<td>Accessories</td>
<td>57.00</td>
</tr>
<tr>
<td>Licensure Expense</td>
<td>293.20</td>
</tr>
<tr>
<td>Books, etc</td>
<td>639.00</td>
</tr>
<tr>
<td>Convention</td>
<td>30.00</td>
</tr>
<tr>
<td>MOSALPN Dues</td>
<td>25.00</td>
</tr>
<tr>
<td>Drug Testing</td>
<td>25.00</td>
</tr>
<tr>
<td>Class Pin</td>
<td>120.00</td>
</tr>
<tr>
<td>Immunizations/physical</td>
<td>323.00</td>
</tr>
<tr>
<td>Background check</td>
<td>10.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$9,767.20</strong></td>
</tr>
</tbody>
</table>
TUITION PAYMENT/REFUND POLICY:

The following tables outline student’s tuition payment responsibility as well as the refund policy in the event student withdraws from KATC. For students receiving Title IV funds, the refund policy will be either the school policy or the United States Department of Education policy - whichever policy is more favorable to the student. A student withdrawing prior to receiving a student loan check will have that check returned to the lender.

**School Policy**: Practical Nursing students who cease to be enrolled at the KATC will receive tuition refunds in accordance with the following refund policies:

<table>
<thead>
<tr>
<th>Student Withdrawal (week – 4 days)</th>
<th>Student/Agency Refund</th>
<th>Student's Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 1st week of payment period</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>Within 2nd week of payment period</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Within 3rd week of payment period</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>Within 4th week of payment period</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**United States Department of Education Policy**: Refunds will be applied to recipients of Title IV funds that are part of the institution’s charges to the student. Refunds will be calculated for students using the R2T4 format, and refunds will be returned to the following Title IV programs in said order:
1. Direct Student Loan
2. Pell Grant

If you withdraw prior to completing 60 percent of a payment period, you will be required to refund the United States Government a portion or all of any Title IV funds you received during that period. This refund is calculated using the R2T4 format. When a refund is made on a student’s behalf to a lending institution for a Direct Loan, the student will be notified in writing within sixty days as to the date and amount of the refund.

For students funded by an outside agency (Gamm Inc., WIA, VA, Vocational Rehabilitation, etc.), the school’s refund policy will apply.

ALSO, students are responsible for providing their own transportation to and from the clinical agencies. Clinical is a requirement during 32 weeks of the year.

**Physical Exam**: A physical exam is required for each accepted applicant. The form will be provided by the school, to be completed, at the student’s expense, by the physician of the student’s choice. This will include an immunization review and a 2 step TB test.

**Pregnancy**: The student who is pregnant when she enters the program or becomes pregnant while in the program is responsible for providing the practical nursing program with written permission from her doctor to continue in the program. The decision should be based on the understanding that in a health care environment, the pregnant student may be exposed to health hazards that may be damaging to her or to her fetus. If the pregnant student has lifting restrictions, she will not be allowed to attend clinical experiences until the lifting restrictions have been removed. The pregnant student will be expected to meet the stated conditions and objectives that are required of all students.
Disclosure of Criminal Background and Criminal Background Check: All applicants for the PN program must submit to a criminal background check by the Missouri Highway Patrol. The cost of this check is the responsibility of the student. An Employee Disqualification List (EDL), the Office of the Inspector General’s List of Excluded Individuals/Entities (OIG) check, and CNA Registry check will also be performed.

Revised: 09/15
RECEIPT AND ACKNOWLEDGMENT

The undersigned applicant to Kirksville Area Technical Center Practical Nursing program hereby acknowledges receiving, reading, and understanding a copy of this notice that the Missouri State Board of Nursing may refuse to issue any certificate of registration, authority, permit or license required to practice nursing in the State of Missouri for the causes set out in Section 335.046.2, RSMo and 335.066, RSMo, which are subject to amendment from time to time by the State of Missouri.

The applicant understands that completion of a KATC nursing program does not mean that the Missouri State Board of Nursing or any other similar board will issue to the applicant a certificate of registration, authority, permit or license.

___________________________________________  ______________________________
Applicant Signature  Date

State of ____________________________
County of ____________________________
On this ____________ day of ___________ in the year __________________, before me, the undersigned notary public, personally appeared __________________, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.
In witness whereof, I hereunto set my hand and official seal.

____________________________________________________________
Notary Public

My commission expires: _______________________

Revised: 09/14
Dear Practical Nursing Applicant,

If you choose not to submit your criminal record check via traditional mail, a faster online service is available. The Missouri State Highway Patrol has implemented a new public website that allows users to submit and receive name-based criminal record checks on-line with payment using a credit/debit card. This service is called the Missouri Automated Criminal History Site (MACHS) and may be accessed at: www.machs.mshp.dps.mo.gov The current cost is $12.00 plus $1.25 handling.

If you select the on-line option, you will need to print and include the results with your application packet. The results must be present in your application packet by the May 1st deadline. The results will be available for only 30 days after submitting request. The results must be received before testing can be completed.

Sincerely,

Deb Slattery

Deborah Slattery, MSN, RN
PN Administrator
Latex products are common in the health care environment. Allergic responses to latex can range from irritation and allergic contact dermatitis to the possibility of life threatening anaphylactic shock. Guidelines have been established at Kirksville Area Technical Center (KATC) to provide information to potential allied health and nursing program applicants and staff who are sensitive to latex.

Latex free environments are seldom available in either clinical or academic settings. Therefore, an individual with a latex allergy/sensitivity wearing alternative vinyl or nitrile gloves is still exposed to latex residue of others working in the area or to latex present in the equipment, models and mannequins. Although latex gloves are the most prominent source of the latex allergen, many other products contain latex including, but not limited to:

- Blood pressure cuffs, medication vials, syringe connectors and wound drains
- Stethoscopes, catheters, respirators, and goggles
- Oral and nasal airways, surgical masks, and electrode pads
- Endotracheal tubes, syringes, IV tubing, and tourniquets

Any student who has or develops symptoms consistent with latex allergy/sensitivity is advised to consult a qualified allergist for evaluation prior to enrollment in the Practical Nursing Program and Patient Simulation. All such evaluations are at the student’s expense.

As with all matters related to one’s health, the utmost precautions should be taken by the student to reduce the risk of exposure and allergic reactions. This may include the carrying of an epi-pen by the individual or other precautions as advised by the student’s health care provider. It is the responsibility of the student with a latex sensitivity to understand and acknowledge the risks associated with continued exposure to latex during a clinical education and healthcare career even when reasonable accommodations are made, and to regularly consult with his/her health care provider.

In an effort to minimize the presence of latex in the Skills lab facilities, KATC will provide latex-free and powder-free gloves in the Skills lab facility. Additionally, KATC is taking the following steps to minimize latex in its lab facilities: 1) replacement of all gloves in use by faculty and students with nitrile or vinyl gloves; and 2) future purchasing of latex-safe supplies and equipment whenever possible.

As with all students in the Practical Nursing Program, a student with a latex sensitivity or allergy is required to satisfactorily complete all requirements and technical standards of the program. Avoidance of latex in health care facilities used for clinical training of health occupation students is not possible.

I have read and understand the above information. I agree to keep KATC and affiliated clinical agencies, free and harmless of all liability of any suits, claims, actions, or financial obligations of whatsoever kind or character as a result of my decision to enter a program of health occupations.

Signature__________________________________ Witness____________________________________
Date______________________________ Date______________________________

Revised: 09/02/15
FINANCIAL AID INFORMATION

Dear Practical Nursing Applicant:

In this ever challenging world of careers, a Practical Nursing Certificate can definitely open many doors of opportunity. Obtaining higher education requires a personal investment of time and money. As you consider applying for the nursing program, I want to urge you to also begin the financial planning process of attending school.

As soon as possible you should complete your Free Application for Federal Student Aid (FAFSA) electronically. When completed electronically, it is very easy to make any corrections that you might need to make. Additionally, I recommend you use the IRS data retrieval tool when completing your FAFSA. We can gladly assist you in completing your FAFSA. Simply call the Kirksville Area Technical Center at 660-665-2865 to set up an appointment time. Upon completion of your FAFSA, you will receive a conditional notification of the amount of Pell Grant you could receive.

When completing your FAFSA, you must identify KATC as a school on your application. This will allow us to receive a copy of your Student Aid Report (SAR). After we receive your SAR information, we can begin to work individually with you to best serve your financial aid needs. Arrangements for tuition payment MUST be in place prior to the first day of school; therefore, it is important that you apply for financial aid as soon as possible.

When completing your financial aid checklist, be sure to list an active email and phone number. I will contact you about financial aid using your listed information.

In closing, I want to wish you good luck on your pursuit of joining the KATC Practical Nursing Class of 2016. Please let me know if you need any assistance or need additional information.

Sincerely,

Sheryl Ferguson

Sheryl Ferguson, Director
FINANCIAL AID CHECKLIST

Name: ___________________________ Date: ____________________
Phone number: ___________________ Email: ___________________

I need help completing my FAFSA   Yes   No

Initial below and return with your application form.

I understand I am responsible for the tuition of the Practical Nursing Program even if I do not complete the program.

Applicant Signature

Date

Revised: 09/14
PURPOSE:

To provide a means by which a student, who has obtained a “C” or above in a college level Physiology course within the last 5 years, may be given the option to test-out of the Physiology course. The college level course must be at least 4 credit hours and include a laboratory component.

OBJECTIVES:

1. To provide a means for students to avoid repeating a course unnecessarily.
2. To provide a means for students, who intend to continue to the RN level of nursing, to decrease their future course load.

PROCEDURE:

1. Accepted applicants wishing to take the Advanced Placement (AP) tests for the Physiology course(s) must submit a transcript from an accredited community college or University. The transcript must show completion of the course with a minimum of a “C.” No AP tests will be required if Physiology was taken with the two semesters before the start of the PN program.

2. Complete the AP testing form and return it to the PN Program Administrator.

3. Upon review of transcript and AP form, the Administrator will forward authorization to test to the Vocational Evaluator and accepted applicant.

4. The accepted applicant will contact the Vocational Evaluator to arrange a time to take the AP test.

5. A minimum of 70% is required on the AP test(s) to test-out of Physiology. The test(s) can only be taken 3 times and a different test will be administered each time. After 3 attempts on the AP test, the student must take the Physiology course offered by the PN Program.

6. If the student is enrolled in Physiology during the fall semester, Advanced Placement status will be granted on completion of Physiology with at least a “C.” The student will be released from Physiology class time in the PN program but must understand he/she will not be allowed to continue in the PN program if Physiology is not completed with at least a “C.”

7. If student is granted Advanced Placement for the Physiology course, he/she will be released from Physiology class time.

8. There will be no reduction in tuition.

Revised: 07/15
Request for Advanced Placement in Physiology

Name ______________________________ Last 4 digit of Social Security Number ________

Address____________________________________________________

Phone numbers: (home)______________________(Cell)________________________

Physiology taken (Date)__________

College:___________________________

Grade_____________________________

Signature_________________________ Date_________________________

Return completed form and official transcript to:

Deborah Slattery, MSN, RN
PN Administrator
Kirksville Area Technical Center
1103 S. Cottage Grove
Kirksville, MO  63501

Transcript received for Physiology_______

PN Administrator Approval to Test _______

Vocational Evaluator contact with student_______

Physiology Test Score ______ ______ ______

Date ______ ______ ______

Outcome________________________________________
PURPOSE:

To provide a means by which a student, who has obtained a “C” or above in a college level Human Lifespan Development course within the last 5 years, may be given the option to test-out of the Geriatrics and the Life Span course. The college level course must be at least 3 credit hours.

OBJECTIVES:

1. To provide a means for students to avoid repeating a course unnecessarily.

2. To provide a means for students, who intend to continue to the RN level of nursing, to decrease their future course load.

PROCEDURE:

1. Accepted applicants wishing to take the Advanced Placement (AP) tests for the Geriatrics and the Life Span course(s) must submit a transcript from an accredited community college or university. The transcript must show completion of the Human Lifespan Development with a minimum of a “C.” No AP tests will be required if Human Lifespan Development was taken within the two semesters before the start of the PN program.

2. Complete the AP testing form and return it to the PN Program Administrator.

3. Upon review of transcript and AP form, the Administrator will forward authorization to test to the Vocational Evaluator and accepted applicant.

4. The accepted applicant will contact the Vocational Evaluator to arrange a time to take the AP test.

5. A minimum of 70% is required on the AP test(s) to test-out of Geriatrics and the Lifespan. The test(s) can only be taken 3 times and a different test will be administered each time. After 3 attempts on the AP test, the student must take the Geriatrics and the Lifespan course offered by the PN Program.

6. If the student is enrolled in Human Lifespan Development during the fall semester, Advanced Placement status will be granted on completion of Human Lifespan Development with at least “C.” The student will be released from class time in the PN program, but must understand he/she will not be allowed to continue in the PN program if Human Lifespan Development is not completed with at least “C.”

7. If student is granted Advanced Placement for the Geriatrics and the Life Span course, he/she will be released from Geriatrics and the Life Span class time. He/she must participate in the Geriatric assessment conducted at Highland Crest and complete the required paperwork.

8. There will be no reduction in tuition.
Request for Advanced Placement in Geriatrics and the Life Span

Name ___________________________ Last 4 digit of Social Security Number____

Address_________________________________________________________________

Phone numbers: (home)______________________(Cell)__________________________

Human Lifespan Development taken (Date)____________

College:___________________________

Grade_____________________________

Signature___________________________________ Date_________________________

Return completed form and official transcript to:

Deborah Slattery, MSN, RN
PN Administrator
Kirksville Area Technical Center
1103 S. Cottage Grove
Kirksville, MO  63501

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PN Program use only

Transcript received for Human Lifespan Development _______

PN Administrator Approval to Test ________

Vocational Evaluator contact with student__________

Physiology Test Score ____  ____  ____  ____

Date  ____  ____  ____

Outcome______________________________
KIRKSVILLE AREA TECHNICAL CENTER
PRACTICAL NURSING PROGRAM
REFERENCE FORM

NAME: ___________________________________________________________________________________
LAST FIRST MIDDLE All Other Names LAST 4 DIGITS OF SS#

WAIVER: I recognize that this reference is sought for the purpose of presenting an accurate evaluation. In accordance with the provisions of the Family Educational Right and Privacy Act of 1975, as amended in Sec. 438 (A) (1) (B) (C), I waive my right of access to this confidential letter. I recognize that this waiver is not a requirement for consideration of my application.

_________________________________________________  ________________________________
Date Signature of Applicant

Each applicant has been instructed to have three references completed by individuals who feel they know them well enough to give an objective evaluation of the applicant. If you feel you do not know this individual well enough to complete this form, please return it to that individual as soon as possible, so they may find another reference. This evaluation will be held in strict confidence, used only in the student’s application process for the Practical Nursing program. Please return completed form to: Deb Slattery, MSN, RN, Practical Nursing Program Administrator, Kirksville Area Technical Center, 1103 South Cottage Grove, Kirksville, MO 63501

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Relationship to Applicant:  

Please Check One:  

Teacher _____ No. of courses from you_____  
Employer_____ No. of years employed _____  
Other (Specify) _______  
(No friends or relatives)  
How long have you known applicant?_____  

A. Recommended enthusiastically (High) _________  
B. Recommended with some enthusiasm (Medium High)______  
C. Recommended (Medium) __________  
D. Recommended with reservations (Low) _________  
E. Do not recommend__________

Please use additional pages to indicate any observations that would have bearing on this applicant’s character or academic promise for admission to this nursing program.

____________________________________________  ______________________________________
Date Institution and Title

____________________________________________  ______________________________________
Print Your Full Name Signature

____________________________________________  ______________________________________
Phone Number e-mail Address

09/13