

# Practical Nursing Program

**Information Guide and Application  
Classes Begin August 2012**



**FRANKLIN TECHNOLOGY CENTER @ MSSU**  
3950 E. Newman Road  
Joplin, MO 64801

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# Practical Nursing

Practical Nursing  
1232 Clock Hour Certificate Program  
Program Coordinator: Kim Mercer, MSN, RN  
Monday - Thursday  
Phone: 417.659.4403  
[Mercer-k@mssu.edu](mailto:Mercer-k@mssu.edu)

***Deadline for accepting Practical Nursing applications - April 16, 2012 at 3:00 p.m.***

## **Definition of Practical Nursing as described in the Nurse Practice Act:**

The performance for compensation of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment, and knowledge. All such nursing care shall be given under the direction of a person licensed by the state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse.

Organized in September 1957, the FTC Practical Nursing Program is the second oldest program in Missouri. Quality classroom instruction combined with sound clinical laboratory experience, emphasizing “hands on” learning, is provided through the 10 month course starting in August of each year and graduating the end of May.

Licensed Practical Nurses (LPNs) care for the sick, injured, convalescing, and handicapped, under the direction of physicians and registered nurses. Practical nursing graduates are highly sought after and upon successful completion of licensure exam are recruited nationwide. Achieving LPN status initiates a nursing career for many graduates, and for others may represent the first step to an advanced nursing career.

Franklin Technology Center - School of Practical Nursing is approved by the Missouri State Board of Nursing Accredited through the North Central Association, HC 88 Box 21; Cedar Lake Drive, Ripley, WV 25271

You may contact the Missouri State Board of Nursing at  
P.O. Box 656, Jefferson City, MO 65102-0656 – Telephone (573) 751-0080

The Practical Nursing Program is a 10 month program beginning in August of each year. Classes are held Monday – Thursday from 7:30 a.m. to 4:30 p.m. The program is an intense, accelerated program that requires the student to attend class and stay up-to-date with assignments and lecture material. Attendance is monitored closely as success is directly related to student’s participation.

The goal of the program is to prepare the student for the NCLEX-PN licensing exam which is scheduled upon successful completion of the course. The Missouri State Board of Nursing determines eligibility for testing.

Admission criteria include: Completion of an application with \$50 fee submitted, official GED or high school transcripts, ACT scores, signed drug screen consent form, submission of criminal record check form, completion of entrance exam (TEAS), and attendance at orientation session.

Applicants for whom English is a second language must take the TOEFL test of English proficiency or Michigan Test and obtain a passing score. Applicants are responsible for making their own arrangements for testing.

Once accepted into the program, the applicant must provide documentation for required immunizations (Hepatitis B, TB or chest x-ray, and MMR) and present with a negative drug screen, an acceptable criminal background check, and caregiver background screening.

## **COMPETENCIES AND PERFORMANCE STANDARDS**

### **12/13**

**Students who wish to qualify for admission and progression in the practical nursing program must meet both academic and performance requirements.**

Academic requirements are described in the student handbook policies. In addition, the student must satisfy performance standards. These performance standards include motor skills, physical stamina, mobility, hearing, visual tactile, reading, arithmetic competence, emotional stability, analytical thinking, interpersonal skills, and communication skills.

**Students must satisfy the following competencies and performance standards:**

**Motor skills: Gross and fine motor abilities sufficient to provide safe and effective nursing care.**

- **Examples:** Positioning clients; obtaining and processing specimens, calibrating and properly using equipment; insert catheters; administer injections; use a computer; twist or squeeze with fingers; stand and maintain balance; reach and bend; move within confined spaces.

**Physical strength and endurance: Physical stamina sufficient to perform full range of required client care activities for entire length of work role.**

- **Examples:** Sustain repetitive movements; maintain physical tolerance; lift; push and pull; support 25 pounds; move heavy objects weighing 10-50 pounds; defend self against combative client; carry equipment; use upper body strength.

**Mobility: Physical abilities sufficient to move from room to room and maneuver in small spaces.**

- **Examples:** Twist, bend, stoop/squat, move quickly, climb and walk.

**Hearing: Auditory ability sufficient for observation and assessment necessary in providing nursing care in a timely manner.**

- **Examples:** Ability to detect auditory alarms, cries for help, and auscultatory sounds; ability to hear in situations when not able to see lips of speaker; ability to hear sounds of a normal or faint volume level.

**Visual: Ability sufficient for accurate observation and assessment necessary for nursing care.**

- **Examples:** Read graphs, scales, computer screens, oscilloscopes, or microscopes; distinguish colors and intensity; prepare and administer medications; observe client responses.

**Tactile: Ability sufficient for physical monitoring and assessment of health care needs.**

- **Examples:** Perform palpation; detect heat and cold; ability to perform functions of physical exam and/or those activities related to therapeutic interventions such as catheter insertion.

**Reading: Ability to read and understand written documents.**

- **Examples:** Read and understand policies, procedures, patient charts and medication administration records (MARs).

**Arithmetic: Ability to perform computations at a minimum of an eighth grade level.**

- **Examples:** Counting, measuring, and performing mathematical calculations.

**Emotional stability: Able to assume responsibility and accountability for own actions.**

- **Examples:** Establish therapeutic boundaries; provide client with emotional support; adapt to stress; deal with the unexpected; perform multiple responsibilities concurrently; handle strong emotion.

**Analytical thinking: Reasoning skills sufficient to perform deductive/inductive thinking for nursing decisions.**

- **Examples:** Process information; evaluate outcomes; problem-solve; prioritize tasks; use short and long term memory.

**Interpersonal skills: Able to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.**

- **Examples:** Negotiate interpersonal conflict; respect differences in clients; establish rapport with clients and co-workers; respect the cultural diversity of clients and co-workers.

**Communication: Abilities sufficient for interaction with others in both verbal and written English; ability to operate information technology systems.**

- **Examples:** Teach client and family; explain procedures; give oral reports; interact with others; speak on telephone; influence people; direct activities of others; convey information through writing.

***PLEASE REVIEW THE ABOVE COMPETENCIES AND PERFORMANCE STANDARDS. PLEASE DISCUSS ANY CONCERNS WITH THE PROGRAM COORDINATOR OR FACULTY.***

\*\*\*\*Tuition and Fees for 2012-2013 are estimates only and are subject to change\*\*\*\*

# FRANKLIN TECHNOLOGY CENTER

## PRACTICAL NURSING

Class #102

School Year 2012 - 2013

Beginning Date: AUGUST 2012

Ending Date: MAY 2013

**Non-refundable** Application Fee of \$50.00 Required With Application

TUITION	\$	10,500.00
TEXTBOOKS	\$	828.00
SUPPLIES	\$	122.00
FEES	\$	1,025.00
<b>PROGRAM ESTIMATE</b>	<b>\$</b>	<b>12,475.00</b>

***Deadline for accepting Practical Nursing applications  
April 16, 2012 at 3:00 p.m.***

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**Franklin Technology Center @ MSSU**

**Practical Nursing Program**

**DRUG SCREENING & CRIMINAL BACKGROUND CHECK CONSENT FORM**  
**Reviewed 9/09**

I, the undersigned, hereby authorize laboratory testing of my blood, urine, and/or breath for the presence of drugs, alcohol, and controlled substances. I give consent for the release of test results to the Practical Nursing Coordinator for appropriate review and action as described in the rules and policies of the school and program.

I understand that this testing is not part of any medical treatment, treatment for illness, or therapy. I agree to hold harmless and release from all liability all physicians, employees and agents who work to perform the testing or the disclosure of results from and against any claims, actions, or losses that arise as a result of the testing or disclosure of test results.

I acknowledge that this signed Drug Screening Consent Form is a requirement for consideration for acceptance into the Practical Nursing Program. If I qualify and am accepted into the program contingent on a negative drug screen, I realize that a positive result will compromise my acceptance into the program. I will not hold anyone responsible but myself if my acceptance is denied because of this testing.

**I also consent to a Criminal Background Check and being screened on the Employee Disqualification List prior to acceptance into the Practical Nursing Program.**

Print your name \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## **SUBSTANCE ABUSE AND DRUG TESTING POLICY**

Franklin Technology Center @ MSSU  
Practical Nursing Program  
Revised 09/10

The Practical Nursing Program adheres to Missouri Southern State College's Drug and Alcohol Prevention Program and the Drug-Free Schools and Communities Act Amendments of 1989.

The Missouri Southern State University Catalog states: "Students are prohibited from using alcoholic beverages and illegal drugs on University-owned or controlled property and at University sponsored or supervised activities. Irresponsible alcohol or other drug use off campus resulting in disorderly conduct on campus also is not acceptable. Any student of Missouri Southern State University found to have manufactured, dispensed, possessed or used a controlled substance in violation of the Substance Abuse Policy of this University will be subject to discipline in accordance with University policy and reported to local, state or federal law enforcement authorities for criminal prosecution. Criminal prosecution for these acts could lead to a conviction and such a conviction could result in a sentence imposing a monetary fine, imprisonment in a state or federal penitentiary or both" (Missouri Southern State University 2010-2012 Catalog, p. 41).

All offers of acceptance into the Practical Nursing Program are made as conditional offers. The conditions include satisfactory background check and a negative drug screen. Acceptance into the Program will be denied if there is refusal to read and sign the drug screen consent form, if applicant is found in possession of specimen altering devices, if applicant is unable to provide a specimen in a timely manner, or submitting altered or substituted specimen.

To ensure compliance with the Drug Free Schools and Communities Act Amendments of 1989, nursing students will be tested as a condition of admission to the Practical Nursing Program, upon reasonable suspicion, and post-accident or post-injury. (See FTC and Practical Nursing Student Handbook for additional information.)

Students must abide by the terms of the above policy and must report any conviction under a criminal drug statute for violations occurring on or off College premises. A conviction must be reported with five (5) days after the conviction. Students convicted of involvement in a criminal drug offense will be dismissed from the nursing program.

**PRACTICAL  
NURSING  
PROGRAM**

**Criminal Background Check**

Franklin Technology Center  
3950 East Newman Rd.  
Joplin MO 64801  
417-659-4400

As a requirement of all FTC's programs, I consent to the release of any criminal history records to Franklin Technology Center. Students with an insufficient or questionable background check or adults attending programs located in a building with minors will be required to have fingerprints taken and sent to the FBI for review. My record will be considered for the purposes of determining my suitability for any technical or health program. I do not authorize release of this information for any purposes beyond this program requirement.

I understand that this Criminal Background Check Form must be signed and returned to the FTC Office in order to complete the final step in the application process.

**Name**

(Please Print)

First

Middle

Last

**If Married Maiden Name**

**Driver's License Number**

**State of Issuance of Driver's License**

**Social Security Number**

**Date of Birth**

Have you ever been convicted of a felony?

Yes  No

Have you ever been convicted of a misdemeanor?

Yes  No

If yes to the above, Please specify the charge/conviction

If yes to the above, Please specify the city/county and state of conviction

**Current  
Address**

**City**

**State**

**Zip**

**Current Phone Number (Include area code)**

( )

-

Please list all other States with Address(es) since the age of 18 years on the second sheet of this form.

**Students that are accepted through false or incorrect information on this background form will be terminated from the educational program.**

I hereby authorize Franklin Technology Center to obtain any background or informational reports on me as they may deem necessary.

**Signature**

**Date**

Name \_\_\_\_\_

**List addresses, the most current first, since the age of 18.**

1. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
2. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
3. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
4. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
5. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
6. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
7. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
8. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
9. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
10. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
11. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
12. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
13. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
14. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
15. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State

# FRANKLIN TECHNOLOGY CENTER

## PRACTICAL NURSING PROGRAM

### APPLICATION Check Box if Reapplying

Date received: _____
Receipt # _____
Agency: _____
Counselor: _____
Copy to Bookkeeper _____

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#### PERSONAL INFORMATION (please print clearly)

Name: \_\_\_\_\_ Nickname \_\_\_\_\_ Maiden: \_\_\_\_\_  
(First) (M.I.) (Last)

Address \_\_\_\_\_  
(City) (State) (Zip)

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### EDUCATIONAL HISTORY

I graduated in \_\_\_\_\_ from \_\_\_\_\_, \_\_\_\_\_  
(MM/YY) (Name of School) (City) (State)

I completed my GED in \_\_\_\_\_ in the state of \_\_\_\_\_.  
(MM/YY)

Have you completed any college coursework? \_\_\_ Yes \_\_\_ No If yes, where? \_\_\_\_\_  
(Include state)

List any college degrees or vocational certificates held: \_\_\_\_\_

#### EMPLOYMENT HISTORY (list your last two places of employment beginning with most recent)

1. Employer w/ address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date Employed: \_\_\_\_\_ Date of Termination \_\_\_\_\_  
Reason for leaving (optional): \_\_\_\_\_

2. Employer w/ address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date Employed: \_\_\_\_\_ Date of Termination: \_\_\_\_\_  
Reason for leaving (optional): \_\_\_\_\_

3. \_\_\_ I have not been employed outside the home.

#### EMERGENCY CONTACT INFORMATION (List three people we may contact in case of emergency)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**CRIMINAL BACKGROUND CHECK:**

All applicants applying for FTC programs will be required to undergo a criminal background check. This background check will require the applicant to list all states the applicant has resided in since 18 years of age. Failure to accurately list this information may result in denial of entrance into the program. Students that are accepted through false or incorrect information for the background check will be terminated from the educational program. Students with an insufficient or questionable background check or adults attending programs located in a building with minors will be required to have fingerprints taken and sent to the FBI for review. **Failure to have a clear background check will result in immediate dismissal from the program.**

**Have you ever been convicted as an adult offender of any crime?**     **Yes**     **No**

If yes, is your name on the Department of Social Services Employee Disqualification List? (This list includes people who have pled guilty to any A or B felony violation of chapters 565,566,569 RSMo). The felonies covered in these chapters focus primarily on crimes against another person and are listed below. Please check which ones apply to you:

- Voluntary Manslaughter       1<sup>st</sup> & 2<sup>nd</sup> degree Arson       1<sup>st</sup> & 2<sup>nd</sup> degree Robbery
- 1<sup>st</sup> & 2<sup>nd</sup> degree Assault       Murder       Sexual Offender
- Other (Specify) \_\_\_\_\_

**LICENSURE:**

If the program you are applying for requires a licensure exam, you may be unable to receive a license if convicted of a criminal prosecution.

**Have you ever been denied a health license in this or any other state?**     **Yes**     **No**

**DRUG SCREENING:**

As part of the final steps in the selection process the Practical Nursing applicants will be required to submit to a drug screening.

**PROGRAM INFORMATION:**

Have you ever previously applied for any Health Science program?     **Yes**     **No**  
Where? \_\_\_\_\_

Have you taken any entrance exam for a program?     **Yes**     **No**  
Which test have you taken?     **HOBET**     **TABE**     **TEAS**

How did you hear about Franklin Technology Center programs?  
 **Radio**       **School Sign**       **Friend**       **Other**  
 **TV**       **Brochure**       **Newspaper**

**THE SCHOOL DISTRICT OF JOPLIN DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, ANCESTRY, SEX, DISABILITY OR VETERAN STATUS, NOR WITH ANY PROVISIONS FOR THE "AMERICANS WITH DISABILITIES ACT" OF THE APPLICANT (SECTION IV).**

If accepted as a student, I give Franklin Technology Center permission to release a copy of my school records to inquiries such as employment for educational purposes, according to the Family Educational and Privacy Act of 1974. In connection with my application with the school, I understand that a consumer report, which may contain public record information, is being requested. This report may include the following types of information: Names and dates of previous employers, credit information, etc. I further understand that such report may contain public record information concerning my credit, bankruptcy proceeding, and etc. from federal, state and other agencies that maintain such records.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information.  
I certify that the information provided on this application is correct to the best of my knowledge and that I am at least 17 years of age. **Falsification of any part of this application may be grounds for dismissal from Franklin Technology Center.**

**NOTICE OF CONFIDENTIALITY:**

Franklin Technology Center receives funds under certain programs of the US Dept of Education and is required by law to collect social security numbers (SSN) from its students for the administration of those programs. We are also required by law to maintain certain documents in accordance with Missouri's records retention policies. We do not collect or share personal information for any purpose other than to respond to you and the governmental agencies requiring us to report such information.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Prior to acceptance into a Franklin Technology Center adult program, all applicants must demonstrate that they have earned a high school diploma or GED certificate. Proof requires an official transcript sent from the school or Department of Education directly to Franklin Technology Center. A copy of the diploma, transcript, or GED certificate does not qualify as an official transcript. Applicants should complete this form and mail it directly to the appropriate institution.

**GED/HIGH SCHOOL/COLLEGE  
OFFICIAL TRANSCRIPT  
REQUEST FORM**

**THE FOLLOWING INFORMATION MUST BE INCLUDED ON THE TRANSCRIPT:**

**GED Transcript:**

1. The state in which the GED was earned.
2. The month and year the GED was earned.
3. The scores received on all subject tests.
4. The official seal of the office issuing the transcript.

**HIGH SCHOOL AND COLLEGE Transcripts:**

1. The name of the institution and the city and state in which it is located.
2. The school seal and/or the official signature of the registrar mailing the transcript.
3. The month and year of entry into the institution.
4. The month and year of graduation from the institution.

My name on GED or school records \_\_\_\_\_

Date GED granted or graduated \_\_\_\_\_ Social Security Number \_\_\_\_\_

My present name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

It is YOUR responsibility to request your transcript using this form.  
(there may be a charge for this service)

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*Attention School Official\*\*\*\*\*

Mail the official transcript and this form directly to the address below:

Franklin Technology Center@ MSSU  
Practical Nursing Program  
3950 E. Newman Road  
Joplin, MO 64801-1595



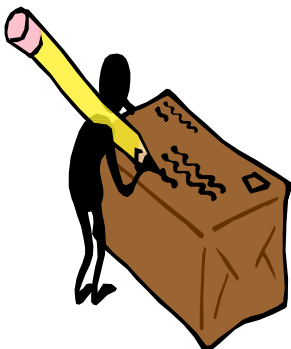
# The Next Step



1. Complete your FAFSA online at [fafsa.gov](https://fafsa.gov). Call the FTC Financial Aid Office at 417-625-9865 if you have questions on how to fill it out or if you don't have access to a computer.



2. In order to fill out your FAFSA, last year's federal tax return must be completed. If married, you must include spouse's information or if you answer all questions with a NO on Step 3 of the FAFSA, you are required to include parent's information on Step 4.



3. Once your FAFSA is submitted, wait 2-3 business days then call the FTC Financial Aid Office to set up an appointment to complete the financial aid process.



4. You will receive a Student Aid Report (SAR) from the US Department of Education in approximately 2 weeks. Verify that all information is correct.



5. Your FTC Award letter will be given to you at the beginning of the program.



6. Study hard and attend classes and you should receive your graduation certificate.

If a funding agency will be providing any monies toward your program costs we must have the following documentation on file before you can attend any program classes. It is the student's responsibility to work closely with their counselor to insure proper documentation has been received by the FTC bookkeeping or financial aid office.

1. Written letter on agency letterhead for \$50 application fee
2. Funding voucher, training agreement, etc. for any program costs