

PRACTICAL NURSE PROGRAM

ASSABET

BE. MORE.

APPLICATION 2020 – 2021

215 Fitchburg Street, B235
Marlborough, MA 01752
(508) 485-9430, ext. 2881

Ernest Houle, Superintendent-Director
Ellen Santos, MSN, RN, CNE, Dir. of Practical Nursing
Angela Roach, Financial Aid Advisor

The Practical Nursing Admissions Committee reviews applications at meetings scheduled throughout the year. Qualified candidates may be offered early acceptance. Applicants completing the process late in the year are considered on a space availability basis.

LENGTH OF PROGRAM

August 2020 through June 2021

PROGRAM HOURS

Monday through Friday 7:50 a.m. - 2:20 p.m.

The Licensed Practical Nurse (LPN) is a valued member of the health care team. Physicians, registered nurses, licensed practical nurses, and unlicensed personnel share the responsibility for assisting persons needing health care services. The LPN provides basic therapeutic, restorative and preventative nursing care for individual clients with well-defined health care problems in structured health care settings, such as long term care, acute care, sub-acute care, rehabilitation hospitals, offices and clinics.

The LPN practices according to the regulations for nursing within each state, but generally performs direct care, including the administration of medications, treatments and assists in teaching patients and families. In many long - term care settings, the LPN manages and delegates the nursing care provided by unlicensed personnel.

The LPN must successfully complete an educational program that provides the knowledge, skills and attitudes to practice and to pass the national licensing examination, NCLEX-PN. The Assabet Valley Regional Technical School-Practical Nurse Program (AVRTS – PNP) is designed to prepare graduates to take the NCLEX-PN exam and be employed in a variety of nursing settings.

Clinical practice is a strong component of this program. Practice is planned in acute care, sub-acute care units, rehab hospitals, doctor's offices, and long term care facilities. Students will rotate through all assigned agencies and are required to provide their own transportation.

The nursing program has Full Approval Status from the Massachusetts Board of Registration in Nursing. The nursing program is accredited by the Accreditation Commission for

Education in Nursing Inc. (ACEN), 3343 Peachtree Road NE, Suite 850, Atlanta, Georgia, 30326, (404) 975-5000, www.acenursing.org. The school is accredited by the New England Association of Schools and Colleges (NEASC), Commission on Public Schools Committee on Technical and Career Institutions.

This school is in compliance with Federal Regulations, Title II, Title VI, Title IX, and Section 504 and the Commonwealth of Massachusetts regulations under Chapter 622 of the Acts of 1972, and makes available its advantages, privileges, and courses of study without regard to race, color, sex, religion, national origin, sexual orientation, handicap or disability.

SPECIAL ACCOMMODATIONS

In order for the AVRTS-PNP to investigate, review and evaluate all special accommodations, the request for special accommodations and necessary documentation must be submitted thirty (30) days prior to the requested examination date. Individuals with a qualified disability seeking a reasonable accommodation will be notified by email of the test accommodation prior to the examination date.

The AVRTS-PNP seeks to provide reasonable accommodations for all qualified individuals with a disability. The AVRTS-PNP will adhere to all federal, state, and local laws, regulations and guidelines with respect to providing reasonable accommodation as required affording equal education opportunity. It is the applicant's responsibility to request a reasonable accommodation for their disability including necessary documentation when they accept admission.

ADMISSION REQUIREMENTS

Admission to the AVRTS-PNP requires that applicants:

1. Pass the ATI TEAS VI (Test of Essential Academic Skills) with 61% in Reading and 50% in Math. Science and English Language scores will be considered as admission criteria but no minimum score has been set. ATI TEAS VI scores are acceptable for up to two (2) years prior to the student's start date in the program.
2. Complete and submit this application, including a personal essay and resume.
3. Provide three (3) professional references. At least one must be from a current or past employer. References from family members are not acceptable. References from friends are discouraged. Suggested references include: employers, co-workers, teachers, or guidance counselors.
4. Be at least 17 ^{1/2} years of age, and provide a valid birth certificate or passport.
5. Have the source mailed Original/Official U.S. High School transcript accredited by that State's Board of Education, or U.S. GED/HiSET and all Post Graduate/College Transcripts (if applicable). Students who do not possess a U.S. High School transcript or U.S. GED/HiSET can:
 - a. Test for a U.S. GED/HiSET in their city of residence, or
 - b. Contact the Center of Educational Documentation Inc., P.O. Box 199, Boston, MA, 02117 1-617-338-7171, www.cedevaluations.com for information on having foreign diploma/transcripts evaluated.
6. Interview with a member of the Practical Nurse Program Faculty.
7. Maintain health insurance coverage throughout the program/provide card copy.
8. Maintain current certification in American Heart Association for Health Care Providers throughout the program through American Heart Association or Red Cross.
9. Maintain Professional Liability Insurance Coverage throughout the program.
10. Meet the "Good Moral Character Requirements" defined by the Massachusetts Board of Registration in Nursing.*
11. Be subject to a CORI and SORI, Nurse Aid Registry check and Social Security Verification.
12. Meet health requirements of the Program.
13. Provide color copy of driver's license.

*Applicants must understand that a conviction or guilty plea in a court of law may prohibit or delay eligibility to take the NCLEX-PN Exam.

Preference is given to qualified in-district candidates. In-district includes residents of: Berlin, Hudson, Marlborough, Maynard, Northborough, Southborough, and Westborough.

The Admissions Committee reserves the right to conditionally accept a student. Students accepted conditionally must meet the conditions before the start of the program. All applicants will be notified in writing of the Admissions Committee's decision.

Application information will be kept confidential and only released to members of the AVRTS-PNP Admissions Committee and the Financial Aid Department, if applicable.

PROOF OF IN-DISTRICT RESIDENCY

A student qualifying for In-District tuition must provide documentation to prove physical residency in Berlin, Hudson, Maynard, Marlborough, Northborough, Southborough, or Westborough, PRIOR to January 1, 2020.

The document must be an ORIGINAL, dated December 2019 with your name and physical address on it. The ORIGINAL document will be returned to you.

Acceptable documentation for proof of residency are:

- 2019 Property Tax invoice
- Electric company invoice
- Cable TV company invoice
- Oil or Gas company invoice

STUDENT EXPENSES

The following **estimated** expenses are the responsibility of the student and any such other expenses as may be necessary for completion of the program.

Textbooks	\$550.00
Uniforms (3)	200.00
Liability Insurance	50.00
Entrance Exam	96.00
Registration Fee	500.00 **
Graduation Expense/Class Dues	150.00
PN Lab Supplies	200.00
ATI Online Testing Package	400.00
ExamSoft Online Testing	150.00
Stethoscope	30.00
Sphygmomanometer	30.00
Pen Light	5.00
Bandage Scissors	5.00
Kelly Clamp	5.00
Shadow Health Online Course	99.00
Drug Screening	60.00
Clinical Site Parking	150.00
ESTIMATED TOTAL:	\$2,680.00

Note:

Students must have their own laptop computer for class.

Pens and pencils, loose-leaf notebooks, white stockings, white shoes, wrist watch with a second hand, and assignment note books will be necessary expenses incurred by the student.

**Held in escrow for NCLEX-PN Licensure Exam (non-refundable)

STEPS FOR FEDERAL STUDENT FINANCIAL AID FOR SEPTEMBER 2020

1. Complete and submit your 2018 Federal Income Tax Return.
2. Complete the *Free Application for Federal Student Aid* for the 2020-2021 school year at www.fafsa.ed.gov. Please follow all instructions very carefully.
3. Order your official Tax Return Transcript for 2018 at www.irs.gov.
4. After you have completed your FAFSA, received your Tax Return Transcript, **and** you have been accepted into the PN Program please call Financial Aid Department at (508) 485-9430 ext. 1433 to set up a financial aid appointment
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TUITION 2020 – 2021

*Subject to AVRTS School Committee approval and State Revisions.

IN-DISTRICT TUITION: \$3,000**OUT OF DISTRICT TUITION:* \$16,856***TUITION PAYMENT PLAN OPTIONS 2020 – 2021**

(Terms subject to change by the Business Office of Assabet.)

Plan A

	<u>In District</u>	<u>Out of District</u>
Full payment by August 1 st	<u>\$3,000.00</u>	<u>\$16,856.00</u>

Plan B

* Includes Processing Fee	<u>In District</u>	<u>Out of District</u>
Due by August 1 st	\$1,525.00*	\$8,453.00*
Due by January 15 th	<u>\$1,525.00*</u>	<u>\$8,453.00*</u>
Total Tuition	\$3,050.00	\$16,906.00

Plan C

* Includes Processing Fee	<u>In District</u>	<u>Out of District</u>
Due by August 1 st	\$1,550.00*	\$8,453.00*
Due by October 1 st	\$215.00	\$1,207.58
Due by November 1 st	\$215.00	\$1,207.57
Due by December 1 st	\$215.00	\$1,207.57
Due by January 1 st	\$215.00	\$1,207.57
Due by February 1 st	\$215.00	\$1,207.57
Due by March 1 st	\$215.00	\$1,207.57
Due by April 1 st	\$210.00	\$1,207.57
Total Tuition	\$3,050.00	\$16,906.00

NOTE: Students receiving federal financial aid will receive an individual tuition payment invoice for the balance of their payments based upon the payment plan chosen.

Tuition payments may be made by official bank check or money order, or by credit card on-line (at www.assabettech.com; quick link, on-line payment, PN Program). Make all checks payable to AVRTS.

For information regarding tuition reimbursement from withdrawal from the program, please refer to the Practical Nurse Program *Student Handbook* on our website.

IT WILL BE YOUR RESPONSIBILITY TO CONFIRM ALL DOCUMENTATION HAVE BEEN RECEIVED BY CALLING: 508-485-9430 Ext. 2881 or 1-800-537-6663 Ext. 2881

APPLICATION FOR ADMISSION
2020 – 2021

Please complete ALL parts of this application and submit to:

AVRTS Practical Nurse Program
215 Fitchburg Street, Room B235
Marlborough, MA 01752

Name: _____
(Last Name) (First Name) (Middle Name)

Other last name under which records may appear (maiden, etc.): _____

Address / Apartment #: _____

City, State, Zip: _____

Cell Phone #: _____

Personal E-Mail Address: _____

Date of Birth: ____/____/____ Current Age: _____

Do you have a Social Security Number? ___ Yes ___ No (Do not write SS# on this application)

Citizenship: ___ U.S. ___ Foreign born, permanent U.S. resident ___ Other _____
(Explain)

Name of Your Health Care Company: _____

CPR Certification: ___ No ___ Yes Expiration Date: ____/____/____
(Enclose a copy if expires after June 2021)

EDUCATION: Have OFFICIAL transcript mailed directly to AVRTS Practical Nurse Program to address above.

High School Name: _____ Date Graduated: ____/____/____

GED (Where obtained): _____ Date of GED: ____/____/____

College(s) Attended/Graduated From: _____

ESSAY: In 500 words or less, please send a typed essay with this application and tell us:

1. Why have you chosen to pursue a career as a Licensed Practical Nurse?
2. At the completion of this program, what is your plan for the future?

This must be typed. Please do not handwrite.

REFERENCES: Please print clearly the names, addresses, and phone numbers of three (3) persons who will provide a reference for you. One must be a current or past employer; none may be family members. Suggested references include: employers/supervisors, teachers, guidance counselors or co-workers. References from friends are discouraged.

You must provide each person with a copy of the Reference Form (three enclosed) on which you have **written your name and signed the waiver release statement**. Ask them to return it directly to AVRTS Practical Nurse Program, 215 Fitchburg Street, Room B235, Marlborough, MA 01752

1. Name: _____

Address: _____

_____ Phone: _____

2. Name: _____

Address: _____

_____ Phone: _____

3. Name: _____

Address: _____

_____ Phone: _____

To the best of my knowledge, I have completed this application accurately and truthfully. All documentation submitted is subject to verification by the PNP Director.

Signature of Applicant (student)

Date

6.

Class of 2020 - 2021

ADMISSION REFERENCE FORM

_____ has applied for admission to the Practical Nursing Program. He/she has indicated that you are willing to provide a reference. Please assist the Admissions Committee with their decision making by completing the following information. Upon completion, please mail to: AVRTS Practical Nurse Program, 215 Fitchburg Street, Marlborough, MA, 01752.

Applicant will sign here if he/she will not request access to the reference form after the person providing the reference completes it.

I waive all rights to review this form.

(Applicants Signature)

(Date)

Please complete all sections below.

1. How long have you known this applicant? _____

2. In what capacity are/were you familiar with this applicant? (Check One)

- Employer Supervisor Co-Worker Teacher Counselor

SD= Strongly Disagree D= Disagree A=Agree SA= Strongly Agree

The applicant:	SD	D	A	SA
Works well with others				
Communicates well with others				
Is dependable				
Is prompt				
Is self-directed				
Is trustworthy				
Dresses appropriately, is neat and clean				

Name: _____

Position: _____

Place of Business: _____

Phone Number: _____

Signature

Date

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Is trustworthy				
Dresses appropriately, is neat and clean				

Name: _____

Position: _____

Place of Business: _____

Phone Number: _____

Signature

Date

PROOF OF IN-DISTRICT RESIDENCY

(In-District Student's Only)

A student qualifying for In-District Tuition must show proof of physical residency prior to January 1, 2020. Voter registration is no longer acceptable proof.

1. I (Print student name) _____ understand that I must be a resident of Berlin, Hudson, Maynard, Marlborough, Northborough, Southborough, or Westborough PRIOR to January 1, 2020.

2. I certify that my physical residency is:

(street, apt #)

(city, state, zip code)

3. (Choose One and Attached Original Document)

I certify that I am a legal resident of Assabet Valley Regional Vocational School District, and I have submitted one **original** (only) item with my name and address on it from the required documentation list below:

- **2019 Property Tax bill**

- **Utility bill dated December 2019**
 __ Electric Bill __ Gas Bill __ Oil Bill or __ TV Cable Bill

- **Documentation must show the service address and connection date for utility bills**

I hereby certify under the pains and penalties of perjury the information provided above is accurate and true.

Student Signature

_____/_____/_____
Date

10.