New Application

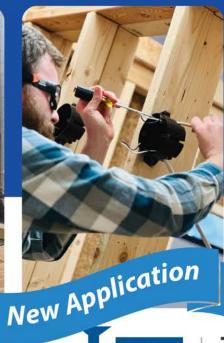# LT | Lively Technical College

Nursing Assistant (Articulated) Program Application Packet 2023-2024

NURSING ASSISTANT PROGRAM
APPLICATION PACKET

PROGRAM DESCRIPTION

The Certified Nursing Assistant program prepares students for employment as nursing assistants, nursing aides, and orderlies, nurse aides in nursing homes or nurse aides, orderlies & attendants. Students will perform nursing skills in the clinical and/or simulated laboratory settings under the supervision of a qualified registered nurse instructor. Clinical and simulated laboratory learning experiences must correlate with didactic instruction. For nursing assistant completion a minimum of 40 hours of clinical experience must be obtained. Twenty hours of this clinical experience must be in a licensed nursing home. This course prepares individuals for the CNA certification.

PROGRAM OFFERINGS

Summer Days: 06/05/23-07/18/23   Summer Nights: 05/23-07/23

Days: 8/14/23 - 9/20/23

Nights: 09/11/23 - 11/30/23

Days: 09/27/23-11/02/23

PROGRAM LENGTH

The program consists of 165 clock hours.

PROGRAM HOURS

Days: Monday – Thursday 8:00 a.m. – 4:00 p.m.   Nights: Monday - Thursday 5:00 p.m. - 9:00 pm

Clinical hours vary and may include Saturdays.

PROGRAM LOCATION

Lively Technical College (LTC)

Health Education Department, Building 15

500 North Appleyard Drive

Tallahassee, FL 32304

(850) 487-7449

The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status, or genetic information.

HEALTH EDUCATION APPLICATION COVER SHEET/CHECKLIST

Name:_____

Phone:_____ Email:_____

Program: _____ ❑ Day ❑ Night Program Date: _____

STEP 1. ENROLL AT LIVELY TECHNICAL COLLEGE

❑ **COMPLETE THE LTC STUDENT ONLINE APPLICATION**
Apply at www.livelytech.com

❑ **MEET WITH STUDENT SERVICES ADVISOR**
Must bring:
- Two proofs of Florida Residency

❑ **REGISTRATION**
Once you receive your Health Education acceptance email, go to Registration to finalize your payment and schedule.

❑ **Completed required enrollment process to LTC with Student Services.   Advisor Initials: _____**

STEP 2. COMPLETE THE PROGRAM APPLICATION PACKET

❑ **HEALTH EDUCATION STUDENT INFORMATION SHEET**

❑ **THREE CURRENT REFERENCE LETTERS:**
   ❑ Two professional references (recent employers, former teachers, counselors, etc.)
   ❑ One personal reference (may not be family member)

❑ **STUDENT HEALTH ASSESSMENT FORM** (Including immunization records)

❑ **WRITING SAMPLE**

❑ **RECEIPT OF PAYMENT FOR A LEVEL 2 CRIMINAL BACKGROUND TO LEON COUNTY SCHOOLS**

❑ **VACCINATION ACKNOWLEDGMENT**

❑ **BASIC LIFE SUPPORT CERTIFICATION** (OPTIONAL)

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

OFFICE USE ONLY:
   ❑ BACKGROUND RESULTS   ❑ APPROVE/ACCEPTANCE LETTER   ❑ ORIENTATION

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GENERAL REQUIREMENTS

Applicants seeking admission to the NA Program must:

- Be at least 18 years of age at projected time of program completion.

- Have a high school diploma or equivalent.

- Pass random drug screenings throughout the program. Students with positive drug screen results will be withdrawn from the program.

To apply for acceptance into the NA Program students must:

- **STEP 1 - COMPLETE THE LTC STUDENT ONLINE APPLICATION.** (This application is required for all LTC students) This application can be completed at: www.livelytech.com

- **STEP 2 - MEET WITH STUDENT SERVICES ADVISOR**- Student Services will review your online enrollment information. You will need to provide:

  - Two proofs of Florida Residency

  - Official Transcripts for High School and College (if applicable). For copy of your GED transcript go to www.myged.com

  - Academic Skills Test Official Results or exemption (see below for more information).

- **STEP 3 - MEET WITH FINANCIAL AID** — Meet with Financial Aid and they will advise students is there are any funding sources for this program. Please bring proof of any grants, scholarships or waivers in order to receive your deferment. (If you are self-pay, you may skip this step.

COMPLETE THE PCT APPLICATION PACKET

The NA Application Packet must include:

- **Health Education Student Information Sheet.** A printed copy must be submitted with the application packet.

- **Writing Sample**

- **Three current reference letters:**

  - Two professional references (recent employers, former teachers, counselors, etc.)

  - One personal reference (may not be family member)

- **Student Health Assessment Form signed by a healthcare provider.** Submit with the application packet.

- **Receipt of payment for a Level 2 criminal background to Leon County Schools.** This must be completed prior to submitting the application, at the student's expense*. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background.

- **Electronic Fingerprinting**

- **Vaccination Acknowledgment**

***No refunds will be issued.**

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

TESTING INFORMATION – REQUIRED TESTS & SCORE

Academic Skills Test (Academic Skills)

State Board Rule 6A-10.040, FAC states the following: "Students who are enrolled in a postsecondary vocational certificate program shall complete a basic skills examination."

LTC admission policies require that all students that enroll in Workforce Education Certificate Programs of 450 hours or more must take the Academic Skills assessment test or provide proof of acceptable forms of exemption from testing.

You may be exempt from the Academic Skills test if you:

- Possess a college degree at the associate in applied science level or higher.

- Demonstrate readiness for public postsecondary education pursuant to F.S. 1008.30 (See acceptable exemptions list in Student Services)

- Earned a standard Florida public high school diploma (Student entered 9th grade in the 2003-2004 school year or any year thereafter) or earned a GED in 2014 or any year thereafter.
- Student serves as an active duty member of any branch of the United States Armed Services
- Passed a state or national industry certification or licensure examination identified in State Board of Education rules and aligned to the career education program, which they enroll.
- Proof of exemption status is required. Please see an advisor for further details in Student Services.

You must be in the Testing area by 9:00 am to start the test, Monday – Thursday by appointment only. For more information, please contact The Testing Center: 850-487-7410

The academic skills test passing score for the NA Program is a 10 in Reading, Language and Math. These scores are valid for two (2) years.

If you do not meet your exit scores, you will need to enroll in AAAE at a cost of $30 per semester. The AAAE instructor evaluates your test scores and an individualized learning plan will be designed based on your Academic Skills results. Students work individually, at their own pace, and seek the assistance of an instructor when needed.

There is a $25.00 fee for this exam. Applicants must go to the Registration window in Building 8 to pay for the exam then report to the Testing Center.

For more information, please contact The Testing Center: 850-487-7410

Regular Hours of Operation: Monday-Friday, 8:00 am-4:00 pm

HEALTH REQUIREMENTS

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

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

CRIMINAL BACKGROUND CHECK

All applicants must undergo a Level 2 criminal background through Leon County Schools and a Livescan service provider. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background. The cost for both is $95.00.

DRUG SCREENING

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

DISABILITY SUPPORT SERVICES

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

ACCEPTANCE INTO PROGRAM / REGISTRATION

LTC accepts applicants into all Health Education programs on a rolling admission basis. As we receive applications, potential students are scheduled for an interview with the Health Education Program Director or their assignee. Once an applicant has completed the interview, they will be notified of their admission status. Accepted applicants will be given an acceptance letter, which will allow them to register for the program they have applied to. LTC Health Education programs may be closed prior to the posted application deadline date once that program has reached capacity.   Questions regarding the application process should be directed to Ms. Natalie Grice-Philip, RN, Health Education Program Director at 850-487-7443.

ORIENTATION

After being accepted into the LTC NA Program, applicants will be notified about attending a mandatory orientation. The date(s) and time(s) of this meeting will be given to all accepted students within their acceptance letter. For further information, please contact the Health Education Program at 850-487-7443.

UNIFORMS

Upon acceptance students are expected to wear the specified program uniform (Dark/Smoke Gray) whenever they are in the classroom, clinical simulation or clinical facility. Uniforms may be purchased in the LTC Bookstore in Building 8. Questions regarding proper attire and uniforms should be directed to the Health Education Program Director at 850-487-7443.

LATE AND/OR INCOMPLETE PACKETS WILL NOT BE CONSIDERED.

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

- Convicted or plead guilty or nolo contender (No Contest) to a felony violation regardless of adjudication of chapters 409, 817 or 893, Florida Statutes; or 21 U.S.C. ss. 801- 970 or 42 U.S.S. ss 1395-1396, unless the sentence and any probation or pleas ended more than 15 years prior to the application.

- Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent five years).

- Terminated for cause by any other State Medicaid Program or the Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent five years).

Lively Technical College

Date _____

Last Name_____ First Name _____ MI _____

Address_____ City/State _____ Zip_____

Home # _____ Work #_____ Cell # _____

Email Address _____ Date of Birth _____

Emergency Contact _____ Phone# _____

Health Education Program applying for:

❑ Central Sterile Processing   ❑ Massage Therapy   ❑ Medical Assisting   ❑ Nursing Assistant
❑ Patient Care Technician   ❑ Phlebotomy   ❑ Practical Nursing

EDUCATION

High School_____ City/State _____

Highest grade completed _____ Year: _____   Choose one: ❑ High School Diploma   ❑ GED

Previous Nursing School_____City/State _____

College _____ Degree Awarded _____ City/State _____

Military _____

Have you attended any previous HED programs whether you completed or not?

❑ Central Sterile Processing   ❑ Massage Therapy   ❑ Medical Assisting   ❑ Nursing Assistant
❑ Patient Care Technician   ❑ Phlebotomy   ❑ Practical Nursing

❑ LTC   ❑ Name of Institution if other than LTC:_____

Program Attended _____Date Attended_____

Certification Awarded ❑ Yes   ❑ No   Date the Certificate Awarded_____

Proof required at time of application.

EMPLOYMENT RECORD

Present _____ Title/Position _____

Dates of Employment: From _____ to _____

Previous _____ Title/Position _____

Dates of Employment: From _____ to _____

Previous _____ Title/Position _____

Dates of Employment: From _____ to _____

The information on this application is true and factual.

Signature: _____Date: _____

HEALTH EDUCATION
STUDENT HEALTH ASSESSMENT RECORD

THIS FORM MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER or attach your immunization record. A physical is not required. Any falsification of this record will result in immediate dismissal from the program (if accepted).

NAME (please print): _____

         Last   First   MI

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

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

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

3. Hepatitis B series:

    _____
     Hepatitis B #1 date   Hepatitis B #2 date   Hepatitis B #3 date
    OR
    Antibody titer date: _____ Results: ❑ Immunity   ❑ Not immune

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

5. PPD (TB Skin Test):_____ Date taken: _____
    Results: _____ Positive _____ Negative_____
    Chest x-ray, if positive PPD: _____Date: _____ Results: _____

6. COVID-19 Vaccine: Date of Vaccine #1: _____ Date of Vaccine #2: _____ Date of Booster: _____
    (Or exemption letter submitted)

7. Seasonal Flu Vaccine: Date of Vaccine:_____Injection Site:_____
    (August - March)   Lot Number Expiration:_____Examiner's Initials:_____

Verified by:

_____
    Name of Physician's Office/Health Center   Physician's Signature

_____
Address of Office   Date

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WRITING SAMPLE

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Why have you chosen to pursue Nursing Assistant as a career?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

What qualities do you believe you possess that will enable you to perform effectively as a student and later as a practicing nursing assistant?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Because this program is so rigorous, tell us about the support plan you have in place to successfully complete this program?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

LEVEL 2 BACKGROUND SCREENING INSTRUCTIONS

Level 2 screening standards (Fingerprints) return criminal history results on arrests (including juvenile) nationwide. Under Florida Statute 1012, persons with specified access require level 2 screening. Offences outlined in Florida State Statute 435.04 (crimes of moral turpitude) can be disqualifying when persons have been found guilty of or entered a plea of nolo contendere (no contest).

Instructions:
1. Go to the Fingerprinting Office at the Leon County Schools District main office, located at **2757 W. Pensacola St., Building 1** (to the right of the main district office). The hours for the Fingerprinting Office are: Monday-Friday, 8:00 am-5:00 pm - *Take this form with you.*
2. Submit payment for screening. Payment can be via credit card or money order.
3. *Obtain a receipt for the screening.*

Submit the receipt of the background screening along with the Health Education program application.

If your background screening does not come back "clear," you will be notified.

Additional information may be required.

LEVEL 2 BACKGROUND SCREENING REQUEST FORM

The following individual needs to obtain a Level 2 Background Screening, per Florida Statute 1012:

IMPORTANT:
The ORI number for the screening is <u>V37020031</u>

PLEASE PRINT

LAST NAME:_____

FIRST NAME:_____

DATE OF BIRTH:_____

SOCIAL SECURITY NUMBER:_____

DRIVER LICENSE NUMBER: _____

PHONE: _____

The above individual will be at Lively Technical College/Externship/Clinical Site for the following purpose:
___ Student

Entity/Individual from Lively Technical College making this request: Lively Administration

Please submit print results to:
ATTENTION:
BJ Van Camp, CTE Director
Lively Technical College
500 North Appleyard Drive,
Tallahassee, Florida 32304
Fax: 850.487.7478

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Electronic Fingerprinting Form

Take this form with you to the Livescan service provider. Please check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting to a fingerprint scan using the livescan method.

- You can find an approved Livescan Service Provider at: http://www.flhealthsource.gov/background-screening/ (Click on Livescan Service Providers)

- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan Service Provider the Board office will not receive your background screening results.

- You must provide accurate demographic information to the Livescan Service Provider at the time your fingerprints are taken, including your Social Security number (SSN).

The Board of Nursing ORI number is - EDOH0380Z

- Typically background screening results submitted through a Livescan Service Provider are received by the Board within 24-72 hours of being processed.

- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: _____ Social Security Number:_____

Aliases: _____

Date of Birth: _____ Place of Birth:_____
            (MM/DD/YYYY)

Citizenship: _____ Race: _____

(W-White/Latino; B-Black; A-Asian; NA-Native American; U-Unknown)

Sex: _____ Weight: _____ Height:_____
    (M=Male F=Female)

Eye Color: _____ Hair Color: _____

Address: _____ Apt. Number:_____

City: _____ State: _____Zip Code: _____

Transaction Control Number (TCN#): _____
(This will be provided to you by the Livescan Service provider.)

**You will need to keep this form for your records.
Do not send this form to the Board Office.**

Vaccination Acknowledgment Form

Please check the box for the program in which you are seeking admission.

❑ Central Sterile Processing Technician ❑ Medical Assisting ❑ Nursing Assistant
❑ Patient Care Technician ❑ Phlebotomy ❑ Practical Nursing

During these times, guidance and regulations around mandatory vaccines continue to change. As a clinical requirement, some of our contracted healthcare facilities may be authorized under law to require specific vaccinations. We are committed to closely monitoring the situation in order to communicate these changes to you in a timely manner.

By signing this agreement, I hereby acknowledge that I may be required to obtain a COVID vaccine at any point in the program to be in compliance with my clinical site requirements. I acknowledge that failure to be in compliance may result in withdrawal from my program.

_____   _____
Student Signature   Date

_____   _____
Print Name   Witness Signature

**Please attach a copy of either your COVID-19 vaccination card
or an appropriate exemption form.**

Exemption forms may be found at the following website:
https://www.floridahealth.gov/newsroom/2021/11/20211118-florida-department-health-covid19-vaccination-exemption-forms.pr.html

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