



Lively
Technical
College

Higher Learning, Higher Earning

**Nursing Assistant Program
Application Packet 2025-2026**

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: June - Full-time Fall Days:

August - Full-time

Spring Days: January - Full- time

PROGRAM LENGTH

The program consists of 165 clock hours.

PROGRAM HOURS

Days: Monday – Thursday 8:00 a.m. – 4:00 p.m.

Clinical days and 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 Alabama, Florida or Georgia Residency

☐ **REGISTRATION**

Once you receive your Health Education acceptance email, go to Registration to analyze 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

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 if 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.**

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.

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 the Health Education Department at 850-487-7449.

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 Department at 850- 487-7449.

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 Department at 850-487-7449.

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 contendere (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 Health Education Student Information Sheet PERSONAL INFORMATION



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:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Central Sterile Processing | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Medical Assisting | <input type="checkbox"/> Nursing Assistant |
| <input type="checkbox"/> Patient Care Technician | <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> Practical Nursing | <input type="checkbox"/> Professional 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?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Central Sterile Processing | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Medical Assisting | <input type="checkbox"/> Nursing Assistant |
| <input type="checkbox"/> Patient Care Technician | <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> 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

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?

[illegible]



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 I** (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 **V37020031**

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



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.

- | | | |
|--|--|--|
| <input type="checkbox"/> Central Sterile Processing Technician | <input type="checkbox"/> Medical Assisting | <input type="checkbox"/> Nursing Assistant |
| <input type="checkbox"/> Patient Care Technician | <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> 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.**



850-487-7555

www.livelytech.com

Main Campus:
500 North Appleyard Drive
Tallahassee, FL 32304

Airport Location:
3290 Capital Circle SW
Tallahassee, Florida 32310