



Lively
Technical
College

Higher Learning, Higher Earning

CRUSOE-HOLIFIELD

**Practical Nursing (LPN-RN) Program
Application Packet
2025-2026**

CRUSOE-HOLIFIELD PROFESSIONAL (LPN-RN) NURSING PROGRAM APPLICATION PACKET

PROGRAM DESCRIPTION

The Professional Nursing (LPN-RN) Program is designed to prepare students for successful passage of the NCLEX- RN and future employment as a Registered Nurse. Clinical experiences are included as an integral part of this program. The program is approved by the Florida State Board of Nursing.

PROGRAM OFFERINGS

2025 Fall Semester (Hybrid) : July – June

PROGRAM LENGTH

The program consists of 900 clock hours and includes 450 hours of clinical experience.

PROGRAM HOURS

Days: Classroom: 4 - 6 hours /week
Online Hours: At least 10 hours per week
Clinical Hours: 8 - 12 hours / week
Externship Hours: Vary

PROGRAM LOCATION

Lively Technical College (LTC)
Health Education Department, Building 15
500 North Appleyard Drive
Tallahassee, FL 32304
(850) 487-7449
(Clinical and Externship locations vary)

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.

Professional Nursing (LPN-RN) program FL DOE HI70608

OCP	Course Number	Course Title	Class Hours	Online Hours	Clinical Hours	Total Hours
	NSG 080	Nursing Transitions (and Program Orientation)	24	39 (-1 Clinical)	48 (+1)	111
	NSG 081	Concepts of Geriatrics and Pharmacology in Nursing	16	38	48	102
	NSG 082	Psychiatric Nursing	16	38	48	102
	NSG 083	Medical Nursing	16	38	48	102
	NSG 084	Surgical Nursing	16	38	48	102
	NSG 085	Pediatric Nursing	16	38	48	102
	NSG 086	Obstetric Nursing	16	38	48	102
	NSG 087	Professional Nursing	34	30	27	91
A	NGS 089	Senior Practicum Intensive		14 (-14 Clinical)	72 (+14)	86
Totals 1 OCP	9 Courses	Professional Nursing (LPN-RN) Courses	154 (Class hours)	311 (296 Online hours w/o clinical)	435 (450 Total clinical hours)	900 hours

NOTE: The attendance policy is stringent. Students will only be allowed to miss a maximum of 45 hours during the entire program (year).

GENERAL REQUIREMENTS

Applicants seeking admission to the LPN-RN Program must:

- Be at least 18 years of age at projected time of program completion.
- Have a high school diploma or equivalent.
- Have a valid and unencumbered Florida LPN or Multistate LPN License.

To apply for acceptance into the Professional Nursing 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
- **STEP 3 - MEET WITH FINANCIAL AID.** Meet with Financial Aid. They will check for all needed financial aid documents (ISIR, verification letter, etc.) Bring proof of any additional grants, scholarships, or waivers in order to receive your deferment. (If you are self-pay, you may skip this step.). Federal Pell Grant information is at www.financialaid.gov. School code: 013997

COMPLETE THE PN-RN APPLICATION PACKET

The LPN-RN Application Packet must include:

- **Health Education Student Information Sheet.**
- **Official Practical Nursing Transcript**
- **Valid and unencumbered Florida Multistate LPN License.**
- **Employment Documentation Form.** Minimum of one year of experience (Private Duty, Agency and Home care does **NOT** towards the one year.
- **Three Professional References.** Current Medical Employer/Supervisor/Management/HR or previous Instructor.

- **HESI Test Official Results (see next page for acceptable scores).** Submit with the application packet.
- **Essential Functions and Requirements for Professional Nursing (LPN-RN)**
- **Student Health Assessment Form signed by a healthcare provider OR provide a copy of your immunization record.** Submit with the application packet. A physical is not required.
- **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. See page 6 for details.
- **IV Therapy Certification**
- **Copy of American Heart Association BLS Certification**
- **Vaccination Acknowledgment**

***No refunds will be issued.**

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

TESTING INFORMATION – REQUIRED TESTS & SCORE

HESI Admission Assessment Exam

The HESI Admission Assessment Exam is a requirement for admission into the LPN-RN program at LTC. No other entrance exam is accepted.

The entrance exam for the LPN-RN program includes the following:

- Math
- Reading Comprehension (including subsections)
- Vocabulary and General Knowledge
- Grammar
- Learning Styles
- Personality Style
- Anatomy and Physiology

The HESI can be taken twice in a 12-month period.

The passing score on the HESI A2 entrance exam for the LPN-RN is 75% or higher in Reading Comprehension, Grammar, Vocabulary and Knowledge, English Language Composite Score, Math Score, Anatomy and Physiology and Cumulative Score. We will only accept one score lower than 75% in the Reading Comprehension subcategories (2-5). Scores are valid for one (1) year.

There is a \$85.00 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. Retests are \$75.00.

You must be in the testing area by 8:00 a.m. to start the HESI test, Monday – Friday by appointment only. For more information, please contact The Testing Center: 850-487-7410

HEALTH REQUIREMENTS

Applicants are required to provide completed a Student Health Assessment Record signed by a Healthcare Provider OR provide a copy of your immunization record (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. Official documentation of immunity is also acceptable.
- Varivax x2 - Official documentation of immunity is also acceptable. History of prior illness is not 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.

- COVID-19 Vaccines and Booster.
- Seasonal Flu Vaccine (August-March).
- Additional vaccines may be required by clinical sites after enrollment.

CRIMINAL BACKGROUND CHECK/LIVESCAN FINGERPRINTING

All applicants must undergo a Level 2 criminal background through Leon County Schools. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background. The cost for electronic fingerprinting is \$61.00. Anyone who is accepted into the program with charges on their record may be withdrawn if their record prevents them from attending a clinical site.

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 LPN-RN 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.

FINANCIAL AID

Financial Aid may be available for this program based on eligibility. Qualifying students may be awarded a Federal Pell Grant based on their current FAFSA submission provided through the Federal Student Aid, U.S Department of Education. LTC does not provide loans. Third party loans and other personal financial arrangements are a personal decision of the student

and not handled at LTC. Additionally, LTC accepts other funding options (Florida Prepaid, CareerSource, VA, etc.). The Financial Aid Office is located in Building 8, phone number 850-487-7621 or 850-487-7421 and/or via email at LTCFinAid@leonschools.net. Please direct all financial aid questions directly to their office.

ACCEPTANCE INTO PROGRAM / REGISTRATION

LTC accepts applicants into the LPN-RN Program only during the advertised application window. As we receive applications, potential students are scheduled for an interview with the Health Education Coordinator or their assignee. Once the application window has closed and all applicants have been interviewed, acceptance letters will be emailed. Accepted applicants will be given an acceptance letter, which will allow them to register for the program they have applied to. Questions regarding the application process should be directed to the Health Education Department 850-487-7449.

UNIFORMS

After being accepted into the LTC LPN-RN 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.

SUCCESSFUL COMPLETION OF THIS PROGRAM DOES NOT GUARANTEE REGISTERED NURSE.

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).

HEALTH EDUCATION APPLICATION COVER SHEET/CHECKLIST

Name: _____

Phone: _____ Email: _____

Program: _____ Program Date: _____

STEP 1. REGISTER FOR 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
 - Official transcripts for High School/College/GED (For copy of GED go to www.myged.com)
- ☐ **SKILLS ASSESSMENT TEST OFFICIAL RESULTS** (if needed)
- ☐ **MEET WITH FINANCIAL AID**
Financial Aid is available based on eligibility.
- ☐ **Completed required enrollment process to LTC with Student Services. Advisor Initials: _____**

STEP 2. COMPLETE THE PROGRAM APPLICATION PACKET

- ☐ **HEALTH EDUCATION STUDENT INFORMATION SHEET**
- ☐ **TRANSCRIPT FROM YOUR PRACTICAL NURSING PROGRAM(S)**
- ☐ **HESITEST OFFICIAL RESULTS**
- ☐ **VALID AND UNENCUMBERED FLORIDA OR MULTISTATE LPN LICENSE**
- ☐ **VALID AMERICAN HEART ASSOCIATION BASIC LIFE SUPPORT CARD**
- ☐ **IV THERAPY CERTIFICATION**
- ☐ **EMPLOYMENT DOCUMENTATION FORM (MINIMUM OF ONE YEAR OF EXPERIENCE (PRIVATE DUTY, AGENCY, AND HOME CARE DO **NOT** COUNT TOWARDS THESE THE ONE YEAR))**
- ☐ **THREE PROFESSIONAL REFERENCES (Form available in this application)**
- ☐ **STUDENT HEALTH ASSESSMENT FORM**
- ☐ **RECEIPT OF PAYMENT FOR A LEVEL 2 CRIMINAL BACKGROUND TO LEON COUNTY SCHOOLS**
- ☐ **VACCINATION ACKNOWLEDGMENT**

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

OFFICE USE ONLY:

☐ BACKGROUND RESULTS

☐ APPROVE/ACCEPTANCE LETTER

☐ ORIENTATION

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 LTC health program 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 | |

☐ 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: _____



**Accelerated LPN to RN Program
Verification of Practice**

By my signature, I affirm that _____
(Print full name of LPN)

☐ is working **or** ☐ has worked in the role of Licensed Practical Nurse.
(check one)

Employment Dates:

Start: _____ End: _____ ☐ still employed

Facility (check one):

☐ Medical/Surgical acute care hospital **or** ☐ Skilled Nursing Facility.

Or ☐ Other

Name and type of facility: _____

Total hours worked for the last year: _____

Employer Signature from Nursing or Human Resource Department

Date

Printed Name and Title

Printed Name of Agency/Facility

Contact Phone Number

Applicants may duplicate this blank form if multiple copies are needed. Revised 01/2025.



Lively
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500 Appleyard Dr ~ Tallahassee, FL 32305 ~ 850-487-7449 ~ <https://www.livelytech.com>
grahamy@leonschools.net

Professional Nursing (LPN-RN) Reference Form

Applicant First Name: _____ Applicant Last Name: _____

Date of Birth: ____/____/____ Street Address: _____

City: _____ State: _____ Zip Code: _____

☐ I grant permission for disclosure of this information.

☐ I waive my right to see the information in this recommendation.

Applicant Signature: _____ Date signed: ____/____/____

Please have a current medical employer or previous instructor send the Reference Form directly to LTC at the email or address above, Attention: Professional Nursing LPN-RN Admissions.

Please PRINT your responses.

Reference

First Name: _____ Last Name: _____

Contact Information-Phone: _____ Email: _____

Facility: _____ How long have you known the applicant?

Relationship to Applicant: ☐ Current Employer/Supervisor/Management/HR ☐ Previous Instructor

Please indicate with a mark on each line, where the applicant would fall between each of the following word pairs:

←	Apathetic	Interested	→
←	Tardy	Punctual	→
←	Shy	Outgoing	→
←	Easy-going	Detail-oriented	→
←	Needs direction	Self-directed	→
←	Follower	Innovator	→
←	Status quo	Advocate	→

Please indicate two of the applicant's star qualities and two focus areas and why:

Star qualities: _____

Focus areas: _____

Please provide the following regarding the applicant's employability:

Number of days tardy or absent in the last 90 days _____.

Number of patients cared for in a typical shift _____.

Are there any concerns about the applicant following facility policies and procedures?

Use an additional sheet for any further information.

This information is true to the best of my knowledge.

Reference Signature: _____

Date signed: ____/____/____

Print Name: _____

Position/Title: _____



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. 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



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

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 |
| <input type="checkbox"/> Professional 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>

Essential Functions and Requirements for Professional Nursing (LPN-RN)

Following is a list of Essential Functions and Requirements for the Professional Nursing (LPN-RN) program and the clinical affiliates. Eligibility for admission will be based on the physical and mental ability to sufficiently perform the Essential Functions of the program. Reasonable accommodation will be made for each applicant; however, where reasonable accommodation does not overcome the effects of the applicant's disability or limiting conditions, a recommendation will be made to pursue an alternate program.

Physical Requirements:

- **Visual:** Visual ability sufficient for observation and data collection necessary to provide safe client care such as: preparing and administering medications, reading fine printing/writing, and the ability to distinguish colors.
- **Auditory:** Ability sufficient to monitor and meet client needs such as: receiving verbal communication from clients and members of the healthcare team and collecting data through the use of monitoring devices such as a blood pressure monitor, stethoscope, IV infusion pumps, emergency alarms, and client call lights.
- **Gross and fine motor coordination:** To practice safe and efficient patient care such as: responding promptly and implementing skills including the manipulation of client's equipment, drawing up and giving injections to clients, performing CPR, measuring vital signs, collecting data such as peripheral pulses, client skin differences, and palpation. Able to utilize computer technology.
- **Communication:** Communication abilities sufficient for interaction with patients, family, and other healthcare members from a variety of social, emotional, cultural, and intellectual backgrounds in a coherent and concise oral and written format. Must be able to follow spontaneous verbal and/or written instructions accurately.
- **Critical thinking:** Plan and implement care in the decision-making process and exhibit adequate emotional stability to react appropriately in an emergency and in situations of high stress. Able to make decisions under pressure, have the ability to handle multiple priorities, be flexible, and interact with others in a professional manner.
- **Mobility:** Physical abilities to ambulate from room to room and department to department independently, maneuver in small spaces, navigate stairwells, re-position/lift patients in bed, and perform CPR. Reach above the head and push/pull/lift without restrictions, with the flexibility to squat and bend at the knees.

Cognitive Requirements:

- **Assisting and Caring for Others:** Providing personal assistance, medical attention, emotional support, or other personal care to others such as coworkers, customers, or patients.
- **Documenting/Recording Information:** Entering, transcribing, recording, storing, or maintaining information in written or electronic/magnetic form.
- **Communicating with Supervisors, Peers, or Subordinates:** Providing information to supervisors, co-workers, and subordinates by telephone, in written form, e-mail, or in person.
- **Establishing and Maintaining Interpersonal Relationships:** Developing constructive and cooperative working relationships with others and maintaining them over time.
- **Getting Information:** Observing, receiving, and otherwise obtaining information from all relevant sources.
- **Making Decisions and Solving Problems:** Analyzing information and evaluating results to choose

the best solution and solve problems.

- **Organizing, Planning, and Prioritizing Work:** Developing specific goals and plans to prioritize, organize, and accomplish your work.
- **Evaluating Information to Determine Compliance with Standards:** Using relevant information and individual judgment to determine whether events or processes comply with laws, regulations, or standards.
- **Updating and Using Relevant Knowledge and Best Practices:** Keeping up-to-date technically with best practices and applying new knowledge to the job role.
- **Monitor Processes, Materials, or Surroundings:** Monitoring and reviewing information from materials, events, or the environment, to detect or assess problems.

Safety: Basic safety standards will be introduced during the program orientation and will include the following: fire drills; active shooter drills; weather drills; bomb threats; proper use of equipment. These standards will be reinforced throughout the program.

If any of these Essential Functions are impossible for the program applicant to perform, it will be necessary to consider enrolling in another program. In the event that the use of special equipment compensates for non-compliance with the Essential Functions, it is the responsibility of the program applicant to purchase this equipment (e.g., electronically enhanced stethoscopes, hearing aids, or other adaptive devices, such as a magnifying glass) in order to meet the Essential Functions criteria.

Please read this form carefully and then verify that you have been informed of these Essential Functions by signing this form. It is the applicant's responsibility to notify FMTC of any disability prior to entering the Professional Nursing (LPN-RN) program.

Latex Advisory: The use of latex based products may exist in the healthcare facilities, as well as Heath Science classrooms/labs. Individuals with latex allergies should seek expert advice from their health care provider so that they may receive information to make an informed decision regarding their exposure to latex.

I, _____, (print name) acknowledge that the above Essential Functions and Requirements does hereby serve as the notification of my expected ability to perform the requirements of the Professional Nursing (LPN-RN) Program and I attest that I have no physical limitations that would affect my meeting the requirements as listed for the LPN-RN Program.

Applicant Signature

____/____/____
Date

The School District of Lee County does not discriminate on the basis of gender, race, color, age, religion, sex, sexual orientation, national or ethnic origin, marital status, or disability in the provision of education programs, activities or employment policies as required by Title IX, Title VI, Title VII, Age Discrimination Act of 1967 and Section 504 of the Rehabilitation Act of 1973, 1992, Americans with Disabilities Act, the Florida Educational Equity Act of 1984 and the Boy Scouts of America Equal Access Act. Questions, complaints, or requests for additional information regarding discrimination or harassment may be sent to Equity Coordinator, Fort Myers Technical College, 3800 Michigan Ave., Fort Myers, FL 33916; Phone Number (Voice/TDD): (239) 334-4544. Lack of English language skills will not be a barrier to admission and participation. The District may assess each student's ability to benefit from specific programs through placement tests and counseling, and, if necessary, will provide services or referrals to better prepare students for successful participation.

Enns 4-15-24



850-487-7555

www.livelytech.com

Main Campus:
500 North Appleyard Drive
Tallahassee, FL 32304

Airport Location:
3290 Capital Circle SW,
Tallahassee, Florida 32310