

ASSABET VALLEY REGIONAL TECHNICAL SCHOOL

PRACTICAL NURSE PROGRAM

APPLICATION 2019 – 2020

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

Ernest Houle, Superintendent-Director
Ellen Santos, MSN, RN, CNE, Dir. of Practical Nursing
Melissa Couture, 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 2019 through June 2020

PROGRAM HOURS

Monday through Friday 7:45 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 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.

ADMISSION REQUIREMENTS

Admission to the AVRTS-PNP requires that applicants:

1. Pass the ATI TEAS (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 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 birth certificate or passport.
5. Have the source mail Original/Official U.S. High School transcript accredited by that State's Board of Education, or U.S. GED and all Post Graduate/College Transcripts (if applicable). Students who do not possess a U.S. High School transcript or a U.S. GED can:
 - a. Test for a U.S. GED 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 AVRTS-PNP Faculty.
7. Maintain health insurance coverage throughout the program/provide card copy.
8. Maintain current certification in Basic Life Support for Health Care Providers throughout the program.
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.

*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.

Graduates of articulating schools are given preference for admission. Preference is also 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.

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 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.

TUITION 2019 - 2020

IN-DISTRICT: \$500 * Non-refundable Registration Fee upon acceptance into program, \$3,000 tuition: totaling \$3,500.

OUT OF DISTRICT: \$500 * Non-refundable Registration Fee upon acceptance into program, \$16,464 tuition: totaling \$16,964.

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	\$1,100.00
Uniforms	250.00
Liability Insurance	50.00
Entrance Exam	86.00
Registration Fee	500.00 **
Graduation Expense	150.00
Passport Photo	20.00
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	60.00
ESTIMATED TOTAL:	\$3,200.00

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 notebooks will be necessary expenses incurred by the student.

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

*Subject to AVRTS School Committee approval and State Revisions.

Tuition payments may be made in cash, by official bank check or money order, or by credit card on-line (at www.assabettech.com; quick link, on-line payment, LPN Program). Make all checks payable to AVRTS. AVRTS-PNP institutional refund policy is distinct and different from the Federal Return of Title IV funds policy. The school is required to perform a Return of Title IV Funds calculation for all Federal (and State) financial aid recipients who withdraw (officially or unofficially) from AVRTS-PNP on or before the 60% point of the payment period. (Each payment period is 500 hours - Assabet's programs have two payment periods.) Students who are subject to the return of any Title IV funds may result in a balance due to Assabet Valley, the Federal Government, or both. See Federal Return of Title IV Funds Policy for further explanation on the return of Title IV funds. This policy may be accessed from the Financial Aid Office.

1. If a recipient of Title IV withdraws during a payment period, AVRTS-PNP must calculate the amount of Title IV aid the student earned. Unearned Title IV funds must be returned to the Title IV programs.
2. AVRTS-PNP will use the Federal Department of Education's R2T4 software to determine if funds need to be returned to Title IV programs.
3. The AVRTS-PNP Director will notify the financial aid office and the business office when a student has withdrawn from the program.
4. The Financial Aid Office will then calculate the refund to determine how much, if any, of the federal dollars should be returned to the programs.
5. After the refund has been calculated the school will return the funds to the following programs in the order listed:
 - Unsubsidized Stafford Loan Program
 - Subsidized Stafford Loan Program
 - (It is understood that no program will have more money returned than was originally disbursed.)
 - PLUS Loan
 - Pell Grant Program
6. The student will have access to the refund amount and how it was disbursed.

Students receiving federal financial aid must select one of the tuition payment plan options for payment of the remaining tuition if necessary. Students receiving federal financial aid who withdraw or are withdrawn from AVRTS-PNP are subject to federal refund policy (R2T4). R2T4 calculations are completed within 45 days from the date of determination. A student who withdraws may become ineligible for federal student aid and thus is responsible for his or her tuition obligation.

- Financial Aid is available for students who are eligible through the Stafford Loan, Pell Grant, and/or the Massachusetts Grant Scholarship Program.
- Low interest and no interest loans are available to eligible students.
- American Job Center provides financial support for eligible students

*For return of Title IV and MA State funds information, please refer to the financial aid policy and procedures manual, available in the financial aid office.

STEPS FOR FEDERAL STUDENT FINANCIAL AID FOR SEPTEMBER 2018

1. Complete and submit your 2017 Federal Income Tax Return.
2. Complete the *Free Application for Federal Student Aid* for the 2019-2020 school year at www.fafsa.ed.gov. Please follow all instructions very carefully.
3. Order your official Tax Return Transcript for 2017 at www.irs.gov.
4. After you have completed your FAFSA, received your Tax Return Transcript, **and** have been accepted into the LPN Program please call Melissa Couture at (508) 263-9604 to set up a financial aid appointment.

TUITION PAYMENT PLAN OPTIONS 2019 – 2020 (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>\$16,464.00</u>

Plan B

* Processing Fee	<u>In District</u>	<u>Out of District</u>
Due by August 1 st	\$1,525.00*	\$8,257.00*
Due by January 15 th	<u>\$1,525.00*</u>	<u>\$8,257.00*</u>
Total Tuition	<u>\$3,050.00</u>	<u>\$16,514.00</u>

*Includes Processing Fee

Plan C

* Processing Fee	<u>In District</u>	<u>Out of District</u>
Due by August 1 st	\$1,550.00*	\$8,282.00*
Due by October 1 st	\$215.00	\$1,176.00
Due by November 1 st	\$215.00	\$1,176.00
Due by December 1 st	\$215.00	\$1,176.00
Due by January 1 st	\$215.00	\$1,176.00
Due by February 1 st	\$215.00	\$1,176.00
Due by March 1 st	\$215.00	\$1,176.00
Due by April 1 st	<u>\$210.00</u>	<u>\$1,176.00</u>
Total Tuition	<u>\$3,050.00</u>	<u>\$16,514.00</u>

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.

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

PRACTICAL NURSING PROGRAM APPLICATION CHECKLIST

(KEEP THIS PAGE FOR YOUR RECORDS)

	Item to be <i>mailed</i> to the PNP Department.	Check if sent			
1.	Application General Information (return pages 7-11 only)				
2.	Resume				
3.	Essay				
4.	Official, in sealed envelope High School Transcripts <i>or</i> GED <i>or</i> CED transcribed transcripts (Center for Educational Documentation, www.cedevaluations.com or 617-338-7171 is a good source for translation of foreign transcripts)				
5.	Official, in a sealed envelope College / Post-Secondary transcripts if applicable				
6.	Part III References: List three (3) references - filled out completely	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
7.	Copy of Birth Certificate (valid passport copy is acceptable)				
8.	In-District Verification (ONLY if you live in Marlborough, Hudson, Berlin, Maynard, Southborough, Westborough or Northborough). This can be obtained from the City/Town Clerk. Call ahead to see what paperwork they will need you to bring. You need this to receive the In-District Tuition rate. PLEASE be sure your Verification states the <u>date you became a resident</u> of the town. You need to be a resident before January 1, 2019 to qualify.				
9.	Color copy of your driver's license				
10.	Copy of your health insurance card				
11.	Copy of your valid CPR card (prior to the first day of school)				

Once you have passed the ATI TEAS Entrance Exam and we have all of the above documentation*, we will call you to schedule an interview. Once interviewed, your full application package will be reviewed by the Admission's Committee at their next meeting and you will be notified thereafter in writing, of their decision.

Financial Aid: Once accepted into the program, you have paid the registration fee, after you have filed your Tax Return **and** filled out the FAFSA form - after January 1, 2019 - you can schedule a meeting with the Financial Aid Office by calling 508-263-9604 – leave a message.

*** IT WILL BE YOUR RESPONSIBILITY TO CONFIRM ALL DOCUMENTATION HAVE BEEN RECEIVED AND REFERENCES HAVE RESPONDED BY CALLING:**

508-485-9430 Ext. 2881 or 1-800-537-6663, ext. 2881

ASSABET VALLEY REGIONAL TECHNICAL SCHOOL
PRACTICAL NURSING PROGRAM

APPLICATION FOR ADMISSION

2019 – 2020

Please complete ALL parts of this application and submit to:

Practical Nurse Program
Assabet Valley Regional Technical School
215 Fitchburg Street
Marlborough, MA 01752

Complete Parts 1 – 3

Part I: General Information:

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

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

Address: _____

City, State, Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

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

Do you have a Social Security #? Yes ____ No ____ (*do not write SS# on this application*)

Citizenship: U.S. _____ Foreign born, permanent U.S. resident _____ Other _____

Name of Health Care Company: _____

CPR Certification: Yes ____ No ____ Expiration Date: _____

(Enclose a copy if current thru June, 2020)

EDUCATION: Please have **OFFICIAL** transcripts mailed directly to: *PN Program, Assabet Valley Regional Technical School, 215 Fitchburg Street, Marlborough, MA 01752.*

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

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

College(s) Attended/Graduated From: _____

Part II: 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.

Part III: 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 these persons 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 the PN Program at Assabet Valley Regional Technical School, 215 Fitchburg Street, 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 PN Director.

Signature of Applicant (student)

Date

ASSABET VALLEY REGIONAL TECHNICAL SCHOOL PRACTICAL NURSING PROGRAM 2019 - 2020

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: Practical Nurse Program, Assabet Valley Regional Technical School, 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)

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

	<i>SD= Strongly Disagree</i>	<i>D= Disagree</i>	<i>A=Agree</i>	<i>SA= Strongly Agree</i>
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

**ASSABET VALLEY REGIONAL TECHNICAL SCHOOL
PRACTICAL NURSING PROGRAM
2019 - 2020**

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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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Place of Business: _____

Phone Number: _____

Signature Date