

UPPER CAPE COD REGIONAL TECHNICAL SCHOOL

PRACTICAL NURSE PROGRAM
BOURNE & HARWICH
CAMPUSES

APPLICATION FOR 2012-2013



Kevin C. Farr, Superintendent
Patricia A. Gales, Director, Practical Nurse Program

Upper Cape Cod Regional Technical School
220 Sandwich Road
Bourne, Massachusetts 02532
(508) 759-7711

UPPER CAPE COD REGIONAL TECHNICAL SCHOOL PRACTICAL NURSE PROGRAM

APPLICATION REQUIREMENTS:

1. Completed Application with payment of \$85.00 application fee and completed Entrance Exam Registration (attached).

ADMISSION REQUIREMENT

1. Official High School Transcript **OR** a state-issued High School Equivalency Certificate (GED) with test results
2. Passing score on all sections of TEAS Entrance Exam. You are allowed to retake the Entrance Exam twice (\$85.00 fee for each retest)
3. Interview following successful completion of Entrance Exam
4. Three (3) Letters of Recommendation
5. Signed Good Moral Character statement
6. Signed Upper Cape Tech CORI Request Form
7. Copy of Driver's License

UPON ACCEPTANCE TO THE PROGRAM THE STUDENT MUST HAVE:

1. Current Professional Level CPR Certification (must be American Heart Association (Healthcare Provider) **OR** American Red Cross – Professional Rescuer)
2. Physical exam and immunizations required by August 10, 2012
3. Copy of Health Insurance Card/Certificate

PROGRAM DESCRIPTION

The Practical Nurse Program of studies includes classroom theory, simulation laboratory practice, and clinical instruction. In addition to the clinical nursing courses students complete academic requirements in Anatomy and Physiology, Growth and Development, Nutrition, and Vocational Trends in Nursing. Clinical experiences are provided at nursing homes, hospitals and other health care facilities both on and off Cape Cod. Both grades and attendance are critical to satisfactorily completing the program objectives.

Applicants are required to have a High School Diploma or Graduate Equivalency Diploma (GED). Additional requirements include, passing scores on all sections of the Practical Nurse Program Entrance Exam and a completed application, which includes professional references (as above).

Upon completion of the Practical Nurse Program, graduates are eligible to take the state licensure exam (NCLEX-PN). Employment opportunities exist on and off-Cape in a variety of settings including but not limited to: nursing homes, physician's offices, out-patient health centers, some hospitals, and hospice, among others. Students who choose to continue their education may enter Associate Degree Nursing Programs (LPN to ADN) through transfer agreements with Cape Cod Community College, Bristol Community College or Quincy College toward an Associate in Science Degree in Nursing.

Accreditations and Approvals:

The Practical Nurse Program is fully approved by:

*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Board of Registration in Nursing
239 Causeway Street
Boston, MA 02114
617-973-0800 www.mass.gov/dph/boards/rn*

The Practical Nurse Program is a Candidate for Accreditation by:

*Council On Occupational Education
7840 Roswell Road, Building 300, Suite 325
Atlanta, GA 30350
Tel: 770-396-3898 Fax: 770-396-3790 www.council.org*

14. If you did not graduate, do you have a G.E.D.? Yes ___ No ___ If YES, What year? _____

15. List your work experiences since leaving school:

16. Have you attended any school of nursing or had other advanced education? Yes ___ No ___

If Yes, Name of School _____ City _____ State _____

17. Date Entered _____ Major _____ Degree or Certificate (circle one)

If you did not graduate, why did you leave? _____

Equal Educational Opportunity

Upper Cape Cod Regional Technical School and the Practical Nurse Program admits students and makes available to them school advantages, privileges, and courses of study without regard to race, color, sex, religion, national origin, gender, handicap, or sexual orientation.

CERTIFICATE OF RESIDENCY – IN-DISTRICT STUDENTS ONLY

Please have the Town Clerk complete the following information: NOTE: A person is considered a resident if he/she has established a domicile in one of the five towns: **Bourne, Falmouth, Marion, Sandwich or Wareham**, and maintained the same for a period of not less than six months prior to the date of this application; further, that the individual intends to continue to maintain it as such.

This certificate must be completed by the Town Clerk and stamped with the original town seal in the space indicated below the statement.

STATEMENT OF TOWN CLERK

This will certify that _____
(Name)

is a resident of _____, Massachusetts on _____
(Town) (Date)

Signed

Title

TOWN SEAL
STAMPED HERE