FAST TRACK PRACTICAL NURSING

GATEWAYCC.EDU/**PRACTICAL-NURSING**

[INFORMATION PACKET]

HEALTH SCIENCES

GATEWAY COMMUNITY COLLEGE
A **MARICOPA** COMMUNITY COLLEGE

MARICOPA COMMUNITY COLLEGES

PROGRAM INFORMATION

A. Program Description

The Fast Track Practical Nursing Certificate of Completion (CCL) Program provides students with the theory and skills required to practice as a practical nurse in acute care, extended care, and intermediate care settings. The program of study combines nursing theory lectures with planned patient care learning experiences in hospitals, nursing homes and health care agencies. Graduates are eligible to take the National Council Licensing Examination (NCLEX-PN) to become a licensed practical nurse (LPN). Licensing requirements are the exclusive responsibility of the State Boards of Nursing.

The Fast Track Practical Nursing Program is approved by the Arizona State Board of Nursing (AZBN).

The Fast Track Practical Nursing (FTPN) Program is a separate nursing program within the structure of the Maricopa Community College District (MCCD). Students completing the FTPN Program are eligible to apply for the second year (Block 3) of the Maricopa Nursing Program after completing the prerequisite general education courses and meeting admission requirements for advanced placement.

B. Program Competencies

1. Function effectively in the role of the beginning Practical Nurse under the direction of a Registered Nurse.
2. Demonstrate critical thinking skills and evidence based practice through utilization of the nursing process as a guideline in providing nursing care.
3. Assist with data collection and contribute to the established plan of care.
4. Implement an established plan of care using appropriate practical nursing knowledge.
5. Assist with the evaluation of nursing care based on established outcome criteria.
6. Apply therapeutic communication techniques in providing basic nursing care for clients throughout the lifespan.
7. Perform technical aspects of basic, safe nursing care.
8. Demonstrate identified caring behaviors.
9. Function in accordance with the ethical and legal standards of practical nursing practice.
10. Illustrate use of relevant technology for client care and documentation.

C. Program Vision

The GateWay Community College Fast Track Practical Nursing Program believes that graduates who experience the community of learning become caring and sensitive nursing care providers who demonstrate excellence, wisdom, and practice safely and responsibly. Also, it is believed graduates will commit to and demonstrate behaviors that promote health and well being of themselves and take an active role in life-long learning.

D. Program Mission

It is the mission of the GateWay Community College Fast Track Practical Nursing Program to prepare providers of nursing care who practice according to the core values and vision of the nursing program. These providers will become productive members of the diverse health care community. To accomplish the mission, the nursing program provides necessary resources and well-prepared faculty. Faculty practice within the scholarship of teaching and learning, are driving forces for change, model professional behaviors, and support adult learning principles and practices. It is also the mission of the program to actively develop and maintain collaborative partnerships with the diverse health care community.

E. Program Core Values

The GateWay Community College Fast Track Practical Nursing Program is committed to the core values of caring, critical thinking, holism, nursing role development, safe practice, and information management and technology. These values focus on key stakeholders and communities of interest: clients, colleagues, and the community. The acquisition of these six core values is essential to form the foundation to practice the art and science of nursing.

Caring: The core value of caring s characterized by genuine, warm, and sensitive providers of nursing care who demonstrate empathy, respect for self and colleagues, and healthy self-esteem. These providers use positive communication skills that are growth producing for clients and colleagues.

Critical Thinking: The core value of critical thinking is characterized by self-directed providers of nursing care who make decisions based on self-reflection, rationale, and reasoning within their scope of practice. These providers are open-minded and creative when confronted with a variety of challenging situations and they take reasonable risks, when appropriate.

Holism: The core value of holism is characterized by non-judgmental providers of nursing care. They understand, are sensitive to, accept, and respect the spirituality and diversity of clients and the communities in which they live. These providers are restorers and promoters of health for clients across the life span. They understand the illness to wellness continuum and assess where clients are on that continuum so that they may help them achieve their highest state of wellness.

Nursing Role Development: The core value of nursing role development is characterized by accountable providers of nursing care who seek as their ideal, ethical and moral practice. These providers are client advocates who exert assertive behaviors when necessary. They demonstrate adaptability and flexibility in the dynamic health care environments and are productive team members. At all times, these care providers demonstrate the image and presence of a nurse who is committed to the core values of the art and science of nursing and life-long learning.

Safe Practice: The core value of safe practice is characterized by responsible providers of nursing care who demonstrate clinical excellence, cultural competence, and quality care. These providers practice legally and ethically and always seek positive client outcomes. They value the knowledge they have gained from other disciplines and apply that knowledge through the nursing process to make and evaluate appropriate and reasoned decisions.

Information Management and Technology: The core value of information management and technology is characterized by demonstration and understanding of basic data collection tools such as the medical record, shift report, and electronic infusion devices. These providers value the use of electronic devices to enhance the efficiency of patient care and safety. These providers also understand and utilize a variety of information sources such as online databases, hand-held computers and professional journals to contribute to positive client outcomes.

PROGRAM OF STUDY

Curriculum Credit Hour and Clock Hour Distribution

Fast Track Practical Pre-Requisite Courses
Current CNA or LNA **OR**
NUR158 – Nurse Assisting   **OR**
NCE150/151, Advanced Placement Nurse Assisting
(either course must be completed within the past year)

Fast Track Practical Nursing Courses			
NUR160PN	Practical Nursing Theory and Process I	11.0	315
NUR180PN	Practical Nursing Theory and Process II	11.0	315
Nursing Program Courses		22 Credit Hours	630 Clock Hours

COST ESTIMATE FOR THE FTPN PROGRAM*

Nursing Courses (22 credits x $97.00) (Maricopa County Resident)	$ 2135.00
Registration Fees/Admission Test Fee/Course Fees/Graduation fee	225.00
Books / Electronic Resources	885.00
Uniform / Clinical Tote and Supplies	300.00
Certified Background Check	67.00
Urine Drug Test	58.00
Fingerprint Clearance Card	75.00
Immunizations and CPR	250.00
Clinical Placement Platform	37.00
Health Document Tracker	25.00
Total Estimated Cost	**$4057.00**

Students completing graduation requirements for the Certificate of Completion in Fast Track Practical Nursing are eligible to apply for licensure as practical nurses through the Arizona State Board of Nursing (AZBN). Licensing fees and requirements are determined by and are the sole responsibility of the AZBN. Approximate cost of application fees, testing fees, and fingerprinting is $550.00.

*Fees are estimates and are subject to change.

APPLICATION PROCESS

I. College Enrollment
Students who have not previously attended a Maricopa Community College should follow the online enrollment steps found at https://admissions.maricopa.edu/   You will need to create a MEID account, apply for admission to GateWay Community College, and submit proof of identification and residency. Once these steps are complete and your identification has been verified, access to Maricopa student tools and resources is available.

II. Advisement
Following review of the Information and Application Packet, all applicants must see a nursing program advisor in the Center for Health Careers Education Building at GateWay Community College. Call (602) 286-8600 to obtain a nursing advising hours or to make an appointment. A mandatory orientation session may be required prior to making an individual appointment with a nursing advisor. Please note campus is closed on Fridays during summer break. More information regarding nursing advisement can be found at https://www.gatewaycc.edu/advisement/healthcare-nursing

III.   Application Completion (included in this packet)
A. High school graduation or GED: Applicants must attest they meet the high school graduation or GED requirement by signing the nursing application page containing the 'Declaration of High School Graduation or GED completion or by providing high school diploma/transcripts or GED completion. In some instances, high school diploma/transcripts or proof of GED completion may be required.

B. Transcripts: (students must meet criteria outlined below)
    1. Transcript showing successful completion of NUR158 or NCE150/151 within the past one year.
       OR
    2. Current and unrestricted credential as a Certified Nurse Assistant (CNA)/ Licensed Nurse Assistant (LNA) or evidence of a passing score on both the manual skills and written certification exam within the past 30 days.

All official transcripts should be sent to the Admissions Office at GateWay Community College. Applicants may be required to pay for credit by evaluation, which could be equivalent to the cost of the credits for portions of the program.

C. HESI A2 Admissions Exam: All students must show evidence of passing HESI A2 scores. Both components (English composite and math) must be taken (or retaken) at the same time; individual components will not be combined from different dates or different locations. If a student is caught cheating on the HESI A2 examination, the scores will be posted as "0" and the student will be required to wait one year before submitting a new application meeting all current criteria.

A score of 75% or higher in the English language composite score and a 75% or higher in math must be achieved to apply. The cost of the HESI A2 is approximately $45.00. The HESI A2 Study Guide is available in select college bookstores and libraries to assist in exam preparation. If unable to achieve the minimum score, remediation is advised before repeating the test. Applicants may retest after a 60-day period for a maximum of 3 times per 12-month period. Scores from students who retake prior to the 60 day wait period will not be accepted. Students must wait 60 days from their last attempt to retest.

D. Level One DPS Fingerprint Clearance Card: Submit a copy of a current, Level One DPS Fingerprint Clearance Card (FCC). See application website http://fieldprintarizona.com/ for information. Allow a minimum of 8 weeks to receive the card. Applications will not be accepted without a copy of both sides of a current level one FCC.

E. Health and Safety Documentation Form: Carefully read and follow the directions of the Health and Safety Documentation form. Bring copies of the required health and safety documents with you to the appointment with the nursing advisor. The nursing advisor will review your health and safety documents at your appointment. Students are responsible to upload health and safety documents to a health document tracker at the time of admission.

F. Program Options: Day and Evening Cohort: For all options, student schedules must be flexible to accommodate the required days and hours of the clinical rotations at health care agencies. Clinical experiences may include day, evening, weekends, and may include 8, 10, and/or 12- hour shifts. There is also the possibility of overnight rotations for those who commonly work night shift.

1. Day Option - Classes are offered primarily during daytime hours. Admission to the program occurs in the fall and spring semesters.
January – December
August – May

2. Evening Option - Classes in the evenings generally begin after 5:00 p.m. and clinical lab, simulation and assignments commonly include a Friday, Saturday, and/or Sunday. Every effort is made to schedule experiences on weekends, however clinical schedules are not guaranteed and weekday clinicals may be required.
Approximately 40% of the evening cohort is delivered in the virtual environment. Students are required to virtually attend live synchronous lectures, complete online asynchronous modules, and attend in person as scheduled.
January - December
August - May.

G. Application Submission
After completing the application and collecting the required documentation meet with a nursing advisor to review, sign, and collect your application. Call (602) 286-8600 to obtain a nursing advising hours or to make an appointment. Please note campus is closed on Fridays during summer break. More information regarding nursing advisement can be found at https://www.gatewaycc.edu/advisement/healthcare-nursing

The current application process is for placement wait list. Although wait times do vary, most applicants will wait approximately 6-12 months prior to being offered placement. Once the application is accepted, your information will be entered into the wait list for placement. Placement position is date/time stamped. Applicant information remains in the wait list until space for placement becomes available.

V. Confirmation of Placement
When a space for placement becomes available, the Program Coordinator will notify the applicant via official Maricopa issued student e-mail, and/or phone call to offer placement. It is very important to keep all contact information current in my.maricopa.edu. **ALL EMAIL CORRESPONDENCE OCCURS VIA THE OFFICIAL MARICOPA ISSUED STUDENT EMAIL**

Once the offer is extended to the applicant, the applicant has up to ten (10) business days to respond to, accept, and secure placement or defer placement. After the response period, the placement offer expires and the application will be withdrawn from the wait list and the applicant must apply as a new student during the next application submission period. Applicants receiving a placement offer within two (2) weeks prior to FTPN Program Orientation must respond within 24 hours to secure their placement into the program.

Only those applicants who confirm and accept placement will receive an admission letter and information packet from the college. The admission information packet will contain important information regarding the FTPN Program Orientation, registration, Certified Background check, etc.

The application for any applicant who is admitted into the Maricopa Nursing RN program will be removed from the FTPN applicant wait list once he/she is enrolled in the Maricopa Nursing program. The application for any applicant admitted into the Fast Track Practical Nursing Program will be removed from the Maricopa Nursing RN wait list once he/she is enrolled in the FTPN program.

Deferring Placement:
Once the offer is extended to the applicant, the applicant has up to ten (10) business days to defer placement until the next available semester. After the response period, the placement offer expires and the application will be withdrawn from the wait list. Applicants receiving a placement offer within two (2) weeks prior to FTPN Program Orientation must respond within 24 hours to accept or defer placement into the program.

Applicants may only defer placement once. Applicants who defer forfeit placement until the next available semester. If the applicant is unable to attend the next available semester, the application is withdrawn from the wait list and the applicant must apply as a new student. The option to defer placement is no longer available once an applicant accepts placement. Special circumstances regarding deferral will be evaluated on a case-by-case basis.

If an applicant chooses not to attend the nursing program at any point after the FTPN Program Orientation, he/she is not eligible for deferral and their application is withdrawn from the wait list. The applicant must apply as a new student.

ACADEMIC RESPONSIBILITY

Various teaching strategies are used throughout the program of study. Lecture, role play, online case studies, and simulation are a few of the teaching methods students will be engaged in during the program. It is important to note that technology is used extensively during the program. It is strongly recommended that students have access to a personal computer; however, computers for student use on campus are available through the college computer commons. Orientation to the technology used is provided.

It is the responsibility of every student enrolled in the nursing program to adhere to truthfulness and to avoid dishonesty, fraud, or deceit of any type. As students progress through the curriculum, they are preparing for transition into professional life. Behaviors expected in both the classroom and clinical settings parallel behaviors expected in the work place. Faculty are committed to providing an environment conducive to teaching and learning. Students can contribute to the effectiveness of the learning process and increase their chance of success by following the faculty suggestions listed below:

CLASSROOM BEHAVIORS:
- Attend all class sessions and be punctual
- Read, understand and follow the course syllabus
- Complete reading assignments prior to class
- Submit assignments on time
- Participate actively in class
- Evaluate your own progress continuously
- Meet with your instructor during office hours
- Make appropriate verbal contributions to class
- Maintain appropriate demeanor during class *for example*:
  - Remain in classroom until class is dismissed
  - Return from breaks on time
  - Eat and sleep before and after class
  - Refrain from having side conversations
  - Attend to speaker during class time
  - Allow others to hear and learn
  - Silence cell phones and pagers, respond to messages during scheduled breaks

CLINICAL BEHAVIORS:
- Adequately prepare for nursing responsibilities
- Ensure prompt attendance
- Wear correct professional attire
- Maintain appropriate demeanor during clinical *for example*:
  - Show respect for clients and staff
  - Keep a positive attitude toward learning
  - Uphold confidentiality
  - Stay in clinical setting until clinical group is dismissed
  - Return from breaks on time
  - Cell phone use is not permitted during clinical experiences
- Identify own learning goals
- Use clinical time to maximize learning
- Verbally participate in clinical conferences
- Perform safe, competent care of clients
- Seek instructor's help and supervision appropriately
- Seek help appropriately to manage stress that may affect performance
- Identify own strengths and limitations
- Complete all clinical work on time.

IMPORTANT INFORMATION FOR APPLICANTS

A. ZERO TOLERANCE POLICY: The Nursing Program supports a Zero Tolerance Policy for the following behaviors:
- Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such harm.
- Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
- Unauthorized use, distribution, or possession for purposes of distribution of any controlled substance or illegal drug on the campus or at a clinical site.
- Academic dishonesty

Any nursing student engaging in behaviors described under the Zero Tolerance Policy are subject to immediate dismissal from the Fast Track Practical Nursing Program and disciplinary action as described in the Student Handbook of the College

B. HEALTH DECLARATION: It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application. **All students must provide documentation of compliance with all health and safety requirements required to protect patient safety.** Only students in compliance with the mandatory health and safety requirements are permitted to remain enrolled in nursing courses. Once enrolled students will upload the mandatory health and safety documents to the American Databank account.

C. BACKGROUND CLEARANCE: All Maricopa Community College healthcare students are required to complete a criminal background check and urine drug screen. Enrollment is contingent upon a passing disposition on the background check. Students will receive specific instruction on completing the background check. Once admitted, students have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of the DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during enrollment in the program. Arrests, convictions, placement on exclusion databases, suspension or removal of DPS FCC, or removal or discipline imposed on any professional license or certificate may result in withdrawal and/or expulsion from the program related to inability to meet program requirements due to lost off eligibility to participate in clinical experiences.

At all times during enrollment students must obtain and maintain BOTH a valid Level One Fingerprint Clearance Card and a passing disposition on the Certified Background check. Admission requirements related to background checks are subject to change as mandated by clinical experience partners.

D. DRUG SCREENING: All nursing students are required to complete a urine drug screen at some point during the program. All students are required to complete the urine drug screening procedure under the specified program account code, within the specified timeframe, and according to directions given at the time of notification. Faculty will instruct students on this process and students should NOT complete the process prior to receiving further instructions. Enrollment is contingent upon receiving passing results. Only students in compliance with the screening guidelines and receiving a negative drug screen, as reported by the Medical Review Officer (MRO), will be permitted to continue their enrollment in nursing courses.

Maricopa Community Colleges prohibit the possession and use of marijuana on all campuses and in all off campus student activities, including internships and clinical learning experiences in health programs. This policy is dictated by Arizona Revised Statutes § 15-108, which prohibits any person, including a medical marijuana cardholder, from possessing or using marijuana on the campus of any public university, college, community college or post-secondary education institution. Federal legislation prohibits any institution of higher education that receives federal funding from allowing the possession and use of marijuana. Additional information regarding Maricopa Community Colleges drug screening and medical marijuana polices is available at https://www.maricopa.edu/academics/healthcare/requirements

E. DUTY TO REPORT: Once admitted, students have a duty to report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of the DPS FCC or removal/discipline imposed on any professional license or certificate at any time during enrollment in a Program. A student has 5 business days to report any of these infractions. Arrests, convictions, placement on exclusion databases, suspension or removal of DPS FCC, or removal or discipline imposed on any professional license or certificate may result in withdrawal and/or expulsion from the program related to inability to meet program requirements due to loss of eligibility to participate in clinical experiences.

F. WAIVER OF LICENSURE/CERTIFICATION GUARANTEE: Admission or graduation from the nursing program does not guarantee licensure to practice nursing. Students completing graduation requirements for the Fast Track Practical Nursing program are eligible to apply for licensure as a practical nurse through the AZBN. Fees, requirements and licensure are the exclusive right and responsibility of the State Boards of Nursing. Approximate cost of application fees, testing fees, and fingerprinting is $550.00

Felony Bar: If a person has been convicted of a felony, the person is not eligible to apply for licensure or certification with the Arizona State Board of Nursing until 3 years after the "absolute discharge" of the sentence. "Absolute discharge from the sentence" means completion of any sentence, including imprisonment, probation, parole, community supervision or any form of court supervision. This also includes payment of all restitution, fines, fees, etc. If the conviction is reduced to a misdemeanor, or set aside, dismissed, etc., the 3-year bar may no longer be applicable, but the Board may still consider the conduct involved, and the person's application will be considered on a "case by case" basis.
Applicants for licensure in Arizona must provide evidence of citizenship or nationality. Licensing fees and requirements are determined by and are the sole responsibility of the State Boards of Nursing. For all questions about eligibility for licensure, contact the Arizona State Board of Nursing http://www.azbn.gov or 602-771-7800.

All nurse and nursing assistant applicants for certification and licensure will be fingerprinted to permit the Department of Public Safety to obtain state and federal criminal history information. The Level One Fingerprint Clearance Card required for the nursing program will NOT meet the requirements for licensure through the State Board of Nursing. All applicants with a positive history are investigated. If there is any question about eligibility for licensure or the documents required to show eligibility for licensure, please contact the Arizona State Board of Nursing.

Applicants for licensure in Arizona must provide evidence of citizenship or nationality. Licensing fees and requirements are determined by and are the sole responsibility of the State Boards of Nursing. If there are any questions about eligibility for licensure and the documents required showing eligibility for licensure, contact the Arizona State Board of Nursing.

G. ESSENTIAL FUNCTIONAL ABILITIES FOR NURSING STUDENTS: Nursing students must be able to meet essential functional abilities in order to maintain enrollment in a nursing program. MCCCD health programs are committed to nondiscriminatory practices and do not discriminate against qualified applicants with a documented disability. If a student believes that he/she cannot meet the essential functional abilities without accommodations, the nursing program must determine, on an individual basis, whether accommodation can be made. The ultimate determination regarding reasonable accommodations will be made by the Nursing Department, in conjunction with Disability Resources.

Essential Functional Abilities	Standard	Examples of Required Activities
Character	Demonstrate integrity, accountability, responsibility, empathy, truthfulness, and care for others. Demonstrate emotional intelligence necessary to recognize and understand emotions of self and others. Demonstrate adherence to ANA Code of Ethics for Nurses	Relates to others with respect, honesty, civility, integrity, and nondiscrimination. Capacity to demonstrate ethical behavior, including adherence to the professional nursing and student honor codes. Takes responsibility and accountability for own actions. Recognition of and respect for diversity.
Motor Abilities	Mobility, dexterity, strength, and endurance sufficient to provide safe patient care.	Assist with procedures, treatments, and other patient care activities to provide safe, effective patient care such as assisting with ambulation, and turning/lifting clients, and administering lifesaving measures.

		Practice in a safe manner to provide appropriate patient care with procedures, treatments, and medication administration.
Perceptual/ Sensory Abilities	Ability to see, hear, touch, smell, and distinguish colors. Visual, auditory, tactile, and olfactory abilities required to assess patients, equipment, and the environment.	Ability to hear alarms, auscultatory sounds, and communicate effectively with others. Visual acuity to read fine print, assess color variations, understand verbal and nonverbal communication. Tactile ability to discern pulsations, temperature, shapes, and other physical characteristics. Ability to detect environmental and patient odors.
Interpersonal Relationships; Emotional Stability	Capacity for development of effective therapeutic relationships. Ability to interact therapeutically with individuals from diverse social, emotional, cultural and intellectual backgrounds. Ability to work effectively in stressful and changing environments. Ability to accept constructive feedback and to modify behavior accordingly.	Establish and maintain rapport with patients/clients, colleagues and others. Ability to remain calm in stressful situations, including emergencies. Adapts rapidly to environmental changes and multiple task demands. Maintains professional behaviors at all times, including stressful situations.
Communication	Effectively and accurately reads, writes, and communicates in English. Accurately elicits, records, and protects patient information. Accurately interprets non-verbal communication, including facial expressions, affect and body language. Demonstrates computer literacy. Communicates professionally and civilly with patients, families, and others.	Gives verbal directions to or follows verbal directions from members of the healthcare team Conveys information to clients and others to teach, direct and counsel individuals in an accurate, effective, sensitive, and timely manner. Recognizes and reports critical patient information to appropriate individuals.
Cognitive Abilities	Ability to use critical thinking and clinical judgment to acquire, interpret, and use information. Able to solve problems involving measurement, calculation, reasoning, analysis and synthesis. Ability to gather data, to develop a plan of action, establish priorities and monitor and evaluate treatment plans and modalities. Ability to react efficiently in an emergency situation.	Calculates appropriate medication dosage given specific patient parameters. Analyze and synthesize data to develop an appropriate plan of care. Collects data, prioritize needs and anticipate reactions. Recognizes and responds appropriately in emergency situations to safeguard the patient and others.
Environment	Recognize the personal and patient risk for exposure to communicable disease and other health hazards. Safely use equipment in laboratory or clinical settings needed to provide patient care. Utilize personal protective equipment.	Takes appropriate precautions for possible exposures such as communicable disease, blood borne pathogens, and latex. Uses personal protective equipment (PPE) as indicated.

H. TECHNOLOGY REQUIREMENTS

Type	Minimum	Recommended
Web Camera	640 X 480 resolution	1280 X 720 resolution
PC Users	Windows Vista	Windows 10 (10S mode not supported
Mac Users	OS X 10.5 or higher	OS X 10.13 High Sierra
Internet Download Speed	.768 Mbps	1.5 Mbps
Internet Upload Speed	.384 Mbps	1 Mbps
RAM	1024 MB	2 GB
Ports	1935, 843, 80, 443, 61613, UDP/TCP	1935, 843, 80, 443, 61613, UDP/TCP

ADDITIONAL REQUIREMENTS
• A functioning microphone (internal or external)
• A functioning web camera (internal or external)
• A reliable broadband internet connection
• Windows: 75MB permanent space on the hard drive < OR > Mac: 120MB permanent space on the hard drive
• A compatible browser: Google Chrome (preferred), Mozilla Firefox, or Safari
• Adobe Flash

NOT SUPPORTED
• Google Chromebooks
• Tablets (iPad, Tab, Note, etc.)
• Linux operating systems
• Windows 10 in S mode or Surface RT

(PRINT)

Name _____   _____   _____   _____
          Last   First   Middle   D.O.B

All names previously   _____   Student ID   _____
used   Number

Phone:Home _____   Cell _____

Mailing Address _____

City _____   State _____   Zip _____

Maricopa
E-Mail _____

MARICOPA Student Email will be used to contact you regarding placement into the nursing program.

Nursing School Attended: If you were enrolled in a nursing program and did not complete the program, you must request a letter from the Director of the Nursing Program previously attended and have it sent to Jeri Lastine (Practical Nursing Program Coordinator) at GateWay explaining the reasons for withdrawal or dismissal. The admission committee reserves the right to deny acceptance of this application if applicant was dismissed for issues relating to academic integrity, unsafe patient care, unprofessional conduct and/or two (2) or more failures from a nursing program.

Name of School	Dates Attended	Reason for leaving:

Nursing and/or Allied Health certification and/or licensure: In the space below, list the health care field of study and your certification and/or license number along with the state of registration. Once admitted into any nursing program, all certifications and licenses held must remain in good standing. Students receiving any disciplinary actions against their certificate or license must notify the Program Coordinator. The Program Coordinator reserves the right to restrict or terminate the student's participation in clinical experiences and involvement in patient care until the certificate and/or license is valid, unrestricted, and terms of the action are met and the action dismissed.

Field of Study	Certification/License Number	State of Registration

I have provided true, correct, and complete information on my application. I have read and I understand the information presented in this application packet.   I understand that I must provide documentation of all admission requirements to be considered eligible and that all admissions are granted on a space-available basis.

_____
Signature   Date

Note: Applicants must supply all information as requested. Applicants failing to identify nursing schools attended or those supplying false information will not be eligible for admission or enrollment in the nursing program.

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FTPN APPLICATION
ADMISSION CHECKLIST
(Must be signed by Advisor and included with Application)

Print Name:	D.O.B.	Student ID:

Declaration of High School Graduation or GED:

Name of High School:	City/State:	Date of Graduation or GED Completion

Fingerprint Clearance Card: All applicants must have current **Level One** Fingerprint Clearance Card (FCC). Bring original FCC when meeting with advisor.	**Date of FCC Expiration:**	**Advisor Initials:**

Acknowledgment of Criminal Background Check Requirements: Signed form must accompany the FTPN Program application.	**Advisor Initials:**

HESI A2 *Attach Copy of Test Analysis. Advisor will verify all scores. HESI A2 scores from outside the Maricopa County Community Colleges are not accepted without verification of score.*

Date: *Valid for 2 years*	**Location of Test:**	**English Composite Score:** *75% or higher required*	**Math Score:** *75% or higher required*	**Advisor Initials:**

Attach transcripts for the following courses:

OPTIONS	PREFIX / COURSE	COLLEGE	DATE COMPLETED	
A	Evidence of completion of NUR158 or NCE150 within the past 1 year.			**Advisor Initials:**

< OR >

	PREFIX / COURSE	COLLEGE	DATE COMPLETED	
B	Current and unrestricted credential as a CNA/LNA or evidence of a passing score on both the manual and written certification exam within the past 30 days.	**Certification Number:**		**Advisor Initials:**

Program Option Preference (see descriptions)   Day_____   Evening _____

Are you willing to accept either cohort?   Yes _____   No _____

Are you currently employed?   Yes _____   Where? _____   No _____

_____

(Applicant Signature)   (Date)

_____

(Advisor Signature)   (Date)

ALL APPLICATIONS MUST BE SIGNED BY AN ADVISOR

INSTRUCTIONS FOR COMPLETING HEALTH AND SAFETY REQUIREMENTS

Applicant:_____ Student ID _____ Date: _____

Home Phone:_____ Cell Phone:_____ E-mail:_____

Below are the current Health & Safety Requirements recognizing that some requirements may change prior to placement. Attach documentation (<u>copies</u> of lab reports, immunization records, and CPR card) as indicated for each of the following to be in compliance. Submit **COPIES ONLY** as you will be required to upload health and safety documents to the American Database platform.

A. MMR (Measles/Rubeola, Mumps and Rubella)
Requires documented proof of a positive IgG MMR titer <u>or</u> documented proof of one MMR series.

Date & results of IgG titer: Measles/Rubeola_____ Mumps_____ Rubella _____ If

unable to provide proof of positive titer, list immunizations and dates received:
    MMR Series/Dates: #1_____ #2 _____

B. Varicella (Chickenpox): Requires documented proof of positive IgG titer <u>or</u> documented proof of one
    Varicella series.
Date of IgG titer:_____

If unable to provide proof of positive titer, list all immunizations and dates received:
Varicella Series/Dates: #1_____ #2 _____

C. Tetanus/Diphtheria/Pertussis (Tdap): One-time adult dose of Tdap (age 19 or older), followed by a
    Td booster every 10 years.

Tdap Date:_____ Td (update): _____

D. **Tuberculosis**: Documentation of a Two-Step TB Skin Test. For individuals who have never had a TB test, this consists of an initial TB skin text and a boosted TB skin test 1-3 weeks apart. After completion of the 2-step, an annual update of TB skin test is sufficient. If you have a positive skin test, provide documentation of a QuantiFERON test or negative chest X-ray within the last 2 years, and annual documentation of TB disease free status.

<u>Two-Step</u>:
Initial Test (#1) Date: _____ Date of Reading:_____ Results: Negative **OR** Positive
AND

Boosted Test (#2) Date:_____ Date of Reading:_____ Results: Negative **OR** Positive

<u>Annual Update</u>: Date:_____ Date of Reading:_____ Results: Negative **OR** Positive
    OR   Chest x-ray Date:_____ Results:_____ Date of Symptom Sheet_____

E. Hepatitis B: Documented evidence of completed series or positive antibody titer. If you have not received any injections, do not get a titer. If you are beginning the series, first injection must be prior to admission, the second injection is 1 to 2months after the first dose and the third injection is 4 to 6 months after the first dose. A Hepatits B titer is recommended1-2 months after dose #3 to confirm immunity.

Date Titer received: _____ Results: _____

Date of 1st injection:_____
Date of 2nd injection: _____
Date of 3rd injection:_____
OR

HBV Vaccination Declination Form Date: _____

F. Flu Vaccine: During flu season, students will be required to be vaccinated

G. CPR Card (Healthcare Provider level): Date card issued: _____ Expiration Date: _____
An official **card** is required, online certificates are <u>not</u> accepted)

H. Level One Fingerprint Clearance Card: Date card issued: _____ Expiration Date: _____

I. Health Care Provider Form: Reviewed and signed by a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant within the past six (6) months. _____

J. Certified Background Clearance Document: Date: _____

K. COVID - 19 Vaccine: Documented evidence of COVID-19 Vaccine or Declination
  Date of 1st injection_____ Date of 2nd injection: _____
  OR Date of single-dose injection_____
  OR Provide a signed declination form for medical or religious reasons.

IMPORTANT: All students placed in the nursing program must provide documentation of compliance for the vaccinations and testing required to protect patient safety. Only students providing documentation of health and safety requirements are eligible to remain enrolled in nursing courses. **Students are responsible for maintaining their records and must upload documentation when due**. Original documents are to be retained by the student.
All immunization records must include your name and the signature of your healthcare provider.

<u>**A signature on the Health Care Provider Signature form, without proof of immunization or titer status, is NOT acceptable.**</u>

Health and Safety requirements are subject to change depending on clinical agency requirements.

EXPLANATION OF HEALTH AND SAFETY REQUIREMENTS

A. MMR (Measles/Rubeola, Mumps, &Rubella)
    a. Attach a copy of proof of positive IgG antibody titer for Measles/Rubeola, Mumps and Rubella or completion of one series of MMR immunizations. One "series" of immunizations includes immunization for each disease on separate dates at least 28 days apart.

OR

    b. If you had all three illnesses OR you have received the vaccinations but have no documented proof, you can have an IgG <u>MMR titer drawn</u>.

        1. If the titer results are POSITIVE, attach a copy of the lab results to the health declaration form.

        2. If any of the titer results are NEGATIVE or EQUIVOCAL, you must get your first MMR vaccination and attach documentation to this health and safety documentation checklist. The second MMR must be completed after 28 days and proof submitted to the nursing department.

B. Varicella (chickenpox)

    a. Attach a copy of proof of a positive IgG titer for varicella.

OR

    b. If the titer is NEGATIVE or EQUIVOCAL, attach a copy of proof to this health and safety documentation checklist that you received the first vaccination. Complete the second vaccination 30 days later and submit proof to the nursing department.

C. Tetanus/Diphtheria/Pertussis (Tdap):

Tdap = Tetanus / Diphtheria / Pertussis
Td = Tetanus / Diphtheria

You must provide proof of a one-time adult dose of Tdap (age 19 or older), followed by a Td booster every 10 years. The most recent immunization must be within the past two years. Attach proof of a Tdap vaccination and Td if indicated.

D. Tuberculosis (TB)
All students entering the nursing program are required to submit documentation of negative tuberculosis status. Documentation may include a negative 1 or 2 step Tuberculosis Skin Test. If you have ever received skin test in the past, you are required to get a 1 step test before beginning the nursing program. If you have never had a skin test in the past, you are required to get a 2 step test. A skin test is considered current if no more than 365 days have elapsed since the administration of the test. For a 2-step test, the 365 day time interval starts the day the second test is administered. If you have ever had a positive skin test, you much provide documentation of a negative QuantiFERON or negative chest X-ray within the last 2 years and annual completion of a Tuberculosis Screening Questionnaire.

Documentation for TB skin testing requires date give, date read, result along with the name and signature of the healthcare provider.

E. Hepatitis B

If you have not received the injections in the past, do not get a titer. You must obtain the first injection and attach a copy as requested. The second injection is given 1 to 2 months after the first dose and the third injection is 4 to 6 months after the first dose.

    a. Submit a copy of proof of a positive HbsAb titer.

OR

    b. Attach a copy of your immunization record, showing completion of the three Hepatitis B injections.

    c. If the series is in progress, attach a copy of the immunizations received to date. You must remain on schedule for the remaining immunizations and provide the additional documentation. One to two months after your last immunization, it is recommended that you have an HbsAb titer drawn.

OR

    d. Submit a copy of proof of a positive HbsAb titer.

F. Submit CPR Card:
You must have a Healthcare Provider Level CPR card. CPR certification must include infant, child, and adult, 1 and 2-man rescuer, and evidence of a hands-on skills component. Attach a copy of both sides of the CPR card to this form. CPR certification must remain current through the semester of enrollment. A fully online CPR course will <u>not</u> be accepted.

G. Level One Fingerprint Clearance Card:
Applications are available from Nursing advisors or email MaricopaNursing at nursing@domail.maricopa.edu to request a packet be mailed. The original Fingerprint Clearance Card (FCC) will need to be presented and validated. The FCC must remain current throughout the semester of enrollment. If at any time your card becomes sanctioned or is revoked, the student must immediately notify the FTPN Program Coordinator within five (5) school days and will be unable to continue in the program until the FCC is reinstated. The student must be able to show his or her FCC at any time upon request.

H. Health Care Provider Signature Form:
Reviewed and signed by a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant within the past six (6) months.

I. Certified Background Clearance Document:
All students admitted to the program are required to show a "Pass" result on the MCCCD-required background screening. Information on the background clearance is obtained once you are accepted into the program.

J. COVID-19 Documentation:
All students will show proof of first and second injection **OR** Proof of single injection with vaccination card **OR** Provide a signed declination form for medical or religious reasons.

IMPORTANT:

● All students placed must provide documentation of compliance for the vaccinations and testing required to protect patient safety.
● Only students uploading/providing documentation of health and safety requirements are eligible to remain enrolled in nursing courses.
● The Nursing Department requires students to submit proof of health and safety documents for purposes of verification. Original documents will be retained by the student after submission to American DataBank.
● Students are responsible for maintaining their health and safety documentation and must submit documentation by due dates provided by American DataBank or the school. Failure to maintain program health and safety requirements may result in clinical warning, clinical probation, and/or withdrawal from the nursing program.
● All immunization records must include student name and the signature of healthcare provider.
● Health and safety requirements are subject to change depending on clinical agency requirements.

Health Care Provider Signature Form

Instructions for Completion of Health Care Provider Signature Form
A health care provider **must** sign the Health Care Provider Signature Form **within six (6) months of program admission** and indicate whether the applicant will be able to function as a nursing student. Health care providers who qualify to sign this declaration include a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant.

(Please Print)
Applicant Name_____Student ID Number_____

It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

I have reviewed the Maricopa Nursing Essential Skills and Functional Abilities. I believe the applicant

_____WILL   OR_____WILL NOT be able to function as a nursing student as described above.

If not, explain: _____

_____

_____

Licensed Healthcare Examiner (M.D., D.O., N.P.,P.A.)

Print Name:_____   Title: _____

Signature:_____   Date: _____

Address: _____

City: _____   State: _____

Phone: _____

FAST TRACK PRACTICAL NURSING PROGRAM
Maricopa County Community College District
Summary of Criminal Background Check Requirements

Overview of the Requirements

In order for students to be admitted to or maintain enrollment in good standing in Maricopa County Community College District's ("MCCCD") Allied Health and Nursing programs ("Programs") beginning on September 1, 2011, students must provide with their application to a Program all of the following:

- A copy of an Arizona Department of Public Safety Level-One Fingerprint Clearance Card ("Card"). Students are required to pay the cost of applying for the Card. Cards that are NOT Level-One status will not be accepted
- An original version of the "**Criminal Background Check Disclosure Acknowledgement"** form attached to this Summary signed by the student.
- A document from MCCCD's authorized vendor for background checks demonstrating that the student has passed the background check. Students are required to pay the cost of obtaining the background check. Students whose background checks on the date of actual admission to a Program that are more than 6 months old or students who have been in a Program for more than 12 months may be requested to obtain an updated background check. The addition of this criminal background check is due to the fact that some of MCCCD's largest clinical experience partners have established standards that are more stringent than those for obtaining a Card.

At all times during enrollment in a Program, students must obtain and maintain BOTH a valid Level-One Fingerprint Clearance Card and passing disposition on supplemental background check performed by MCCCD authorized vendor. Admission requirements related to background checks are subject to change as mandated by clinical experience partners

Implementation of the Requirements

1. Students that are denied issuance of a Card may be eligible for a good cause exception through the Arizona Department of Public Safety. It is the student's responsibility to seek that exception directly with the department. Until the student obtains a Card and meets the other requirements for admission, he or she will not be admitted to a Program.

2. Students admitted to a Program whose Card is revoked or suspended must notify the Program Director immediately and the student will be removed from the Program in which they have been admitted or are enrolled. Any refund of funds would be made per MCCCD policy.

3. The **Criminal Background Check Disclosure Acknowledgement** directs students to disclose on the data collection form of the MCCCD authorized background check vendor all of the requested information as well as any information that the background check may discover. Honesty is important as it demonstrates character. Lack of honesty will be the basis for denial of admission or removal from a Program if the information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under that Code. Students have a duty to update the information requested on the [background check vendor] data collection form promptly during enrollment in a Program. The [background check vendor] data collection form may ask for the following information but the form may change from time to time:

   - Legal Name
   - Maiden Name
   - Other names used
   - Social Security Number
   - Date of Birth
   - Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details.
   - Pending criminal charges that have been filed against you including dates and details. Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld.

   The authorized MCCCD background check vendor will be asked to pass or fail each student based on the standards of MCCCD's clinical experience partners that have established the most stringent requirements. The sole recourse of any student who fails the background check and believes that failure may have been in error is with the background check vendor and not MCCCD.

ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS APPLICABLE TO STUDENTS SEEKING ADMISSION TO ALLIED HEALTH OR NURSING PROGRAMS

Maricopa County Community College District

In applying for admission to a Nursing or Allied Health program ("Program") at the Maricopa County Community College District , you are required to disclose on the Arizona Department of Public Safety (DPS) form all required information and on the MCCCD authorized background check vendor data collection form any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally, you must disclose anything that is likely to be discovered in the MCCCD supplemental background check that will be conducted on you.

Please complete the DPS form, the MCCCD authorized background check vendor form and any clinical agency background check form honestly and completely. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure of whether to disclose it, you must disclose the information, including any arrest or criminal charge. Additionally,

By signing this acknowledgement, you acknowledge the following:

1. I understand that I must submit to and pay any costs required to obtain a Level-One Fingerprint Clearance Card and an MCCCD supplemental criminal background check.
2. I understand that failure to obtain a Level-One Fingerprint Clearance Card will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
3. I understand that I must submit to and pay any costs required to obtain an MCCCD supplemental background check.
4. I understand that failure to obtain a "pass" as a result of the MCCCD supplemental criminal background check will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
5. I understand that, if my Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or my enrollment in a Program, I am responsible to notify the Program Director immediately and that I will be removed from the Program.
6. I understand that a clinical agency may require an additional criminal background check to screen for barrier offenses other than those required by MCCCD, as well as a drug screening. I understand that I am required to pay for any and all criminal background checks and drug screens required by a clinical agency to which I am assigned.
7. I understand that the both the MCCCD supplemental or the clinical agency background check may include but are not limited to the following:
   - Nationwide Federal Healthcare Fraud and Abuse Databases
   - Social Security Verification
   - Residency History
   - Arizona Statewide Criminal Records
   - Nationwide Criminal Database
   - Nationwide Sexual Offender Registry
   - Homeland Security Search
8. By virtue of the MCCCD supplemental background check, I understand that I will be disqualified for admission or continued enrollment in a Program based on my criminal offenses, the inability to verify my Social Security number, or my being listed in an exclusionary database of a Federal Agency. The criminal offenses for disqualification may include but are not limited to any or all of the following:

Social Security Search-Social Security number does not belong to applicant

Any inclusion on any registered sex offender database

Any inclusion on any of the Federal exclusion lists or Homeland Security watch list

Any conviction of Felony no matter what the age of the conviction

Any warrant any state

Any misdemeanor conviction for the following-No matter age of crime
- violent crimes
- sex crime of any kind including non consensual sexual crimes and sexual assault
- murder, attempted murder
- abduction
- assault
- robbery
- arson
- extortion
- burglary
- pandering
- any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
- any abuse or neglect
- any fraud
- illegal drugs
- aggravated DUI

Any misdemeanor controlled substance conviction last 7 years
Any other misdemeanor convictions within last 3 years
- Exceptions:
  Any misdemeanor traffic (DUI is not considered Traffic)

9. I understand that I must disclose on all background check data collection forms (DPS, MCCCD background check vendor and a clinical agency background check vendor) all required information including any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program. That includes any misdemeanors or felonies in Arizona, any other State, or other jurisdiction. I also understand that I must disclose any other relevant information on the forms. I further understand that non-disclosure of relevant information on the forms that would have resulted in failing the background check will result in denial of admission to or removal from a Program. Finally, I understand that my failure to disclose other types of information of the forms will result in a violation of the Student Code of Conduct and may be subject to sanctions under that Code.

10. I understand that, if a clinical agency to which I have been assigned does not accept me based on my criminal background check it may result in my inability to complete the Program. I also understand that MCCCD may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCD has no obligation to place me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.

11. I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.

12. I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of my DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during my enrollment in a Program
.

_____
Signature

_____
Date

Fast Track Practical Nursing Program

_____
Printed Name

Desired Health Care Program

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