



**GATEWAY
COMMUNITY COLLEGE**

A MARICOPA COMMUNITY COLLEGE

Veteran's / PN Refresher Bridge Course*

INFORMATION and APPLICATION

PACKET (Fall 2021 - Fall 2022)

The Maricopa Community Colleges reserve the right to change any materials, information, curriculum, requirements, and regulations in this publication.

Maricopa County Community College District (MCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without a regard to race, color, religion, sex, sexual orientation, gender identity, age or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the college.

The Maricopa Community Colleges do not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, <http://www.maricopa.edu/non-discrimination>.

PROGRAM INFORMATION

A. Program Description

Course includes didactic, laboratory, and clinical experiences for practical nursing including concepts and theories related to care of geriatric, adult, pediatric, and childbearing clients. Areas of didactic and clinical focus include: role of the practical nurse collaborating with other members of the healthcare team; concepts of health promotion and disease/illness prevention; therapeutic communication techniques; nutritional concepts; medication administration to include pharmacokinetics/pharmacodynamics of medications, nursing considerations in medication administration, and dosage calculation; anatomy and physiology and pathophysiologic concepts, documentation and concepts related to information technology. Emphasis in clinical practicum is on nursing care of pediatric and child-bearing families, and older adult residents of long term care facilities with selected alterations in health; concepts of delegation, prioritization and management of care for the practical nurse is integrated.

Designed to bridge previously gained healthcare knowledge, skills, and abilities of the military Veteran student to the role of the practical nurse. This course is for the Veteran student who has a military healthcare designation and official military transcript. Military discharge must be within the past five years.

If a prospective student was discharged more than 5 years ago and has been working in a healthcare area in a medical-surgical capacity since the time of discharge, he is eligible to sit for the HESI PN Specialty Fundamentals exam. A score of 750 or higher on the HESI PN Specialty Fundamentals exam is required to enroll in the course. The HESI PN Specialty Fundamentals exam can be taken in the testing center at GateWay Community College (GWCC). The HESI PN Specialty Fundamentals exam scores are only accepted if taken within the last six (6) months and can only be taken once during a 6 months period.

Prospective students discharged 10 or more years ago are not eligible for this program.

B. Program Competencies

- 1) Discuss the differences between current military healthcare role and practical nursing.
- 2) Demonstrate therapeutic communication skills and caring behaviors to clients and their families across the lifespan.
- 3) Demonstrate critical thinking skills and problem-solving to provide holistic nursing care to clients.
- 4) Review types, classifications, pharmacokinetics, and pharmacodynamic properties of selected drugs.
- 5) Apply principles of safe medication administration for childbearing, pediatric, adult, and geriatric clients.
- 6) Perform data collection techniques for childbearing, pediatric, adult, and geriatric clients.
- 7) Implement the established plan of care for childbearing, pediatric, adult, and geriatric clients.
- 8) Apply anatomy and physiology, and pathophysiologic concepts to the care of clients with selected health alterations across the lifespan.
- 9) Apply integrated nutritional concepts that support health promotion and disease prevention to clients across the lifespan.
- 10) Identify developmental stages and transitions for adult, child-bearing, pediatric, and geriatric clients.
- 11) Demonstrate safe techniques and competent care in providing interventions for clients receiving intravenous therapy.
- 12) Calculate medication dosages safely and accurately.
- 13) Practice within the regulatory, legal and ethical frameworks of practical nursing.
- 14) Demonstrate safe performance of selected clinical skills/procedures.
- 15) Communicate significant client findings and events to the registered nurse and other members of the healthcare team.
- 16) Demonstrate culturally sensitive care.
- 17) Describe the role of the practical nurse in the management of a group of clients under the direction of a registered nurse using time management, interpersonal communication, delegation and organizational skills.
- 18) Apply elements of technology and information management to document and report client findings and conditions.
- 19) Demonstrate safe and competent care in providing nursing interventions for clients across the lifespan.
- 20) Identify various healthcare roles that are part of the healthcare team and differentiate the LPN role as defined by the Arizona State Board of Nursing.

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 is 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

NUR150	Practical Nursing Theory and Process	8.0
NUR150 lab	Practical Nursing Lab	4.0
Nursing Program Courses		12 Credit Hours

COST ESTIMATE FOR THE FTPN PROGRAM*

Nursing Courses (12 credits x \$85.00) (Maricopa County Resident)	\$ 1020.00
Registration Fees/Admission Test Fee/Course Fees	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	\$2942.00

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). Licensure 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. Eligibility

A person who has completed military health care training to include: Basic Medical Technician Corpsman Program (Navy and Air Force), Air Force Independent Duty Medical Technician, Army Health Care Specialist. Military discharge must be within the past five years. This course was created based on the Gap Analysis (2012) from the National Council State Boards of Nursing (NCSBN), approved by the AZ State Board of Nursing. The successful completion of the 12 credit Bridge Course will enable the student to earn a certificate of completion in Practical Nursing and meet the criteria to test for the NCLEX-PN.

This Bridge Course also meets the requirements of the AZ State Board of Nursing for LPNs requiring a refresher program. Students attending for the refresher program must have a temporary practical nursing license to attend clinical. Placement in the Bridge Course for LPN Refresher students is at the discretion of the Refresher Program Coordinator and/or the Nursing Director. GateWay Community College does not admit RN or LPN Refresher students who are on AZ State Board of Nursing monitoring requirements or on Board Orders.

II. 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.

III. 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) 286-8181 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>

IV. 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.

V. 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) 286-8181 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>

VI. 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

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. 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 policies 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. Licensure and certification requirements and the subsequent procedures are the exclusive right and responsibility of the State Boards of Nursing. Students must satisfy the requirements of the Nurse Practice Act: Statutes, Rules and Regulations, independently of any college or school requirements for graduation.

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. MCCC 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.	Establish and maintain rapport with patients/clients, colleagues and others. Ability to remain calm in stressful situations, including emergencies.

	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.	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

**NUR150
Application**

DATE of APPLICATION: _____

(PRINT)

Name _____
Last
First
Middle
D.O.B

All names previously used _____ Student ID Number _____

Phone: Home _____ Cell _____ MEID _____

Mailing Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Official Maricopa issued student E-mail WILL be used to contact you.

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. **The application is considered complete only when all letters have been received and reasons for exit identified.**

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.



Fast Track Practical Nursing

**VETERAN’S LPN BRIDGE COURSE 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: Completion		City/State:	Date of Graduation or GED
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:

(Advisor Signature / Date)



Fast Track Practical Nursing

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 (copies 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 or 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 or 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 test 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.

Two-Step:

Initial Test (#1) Date: _____ Date of Reading: _____ Results: Negative OR Positive AND

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

Annual Update: Date: _____ Date of Reading: _____ Results: Negative OR Positive OR Chest x-ray Date: _____ Results: _____ Date of Symptom Sheet _____



Fast Track Practical Nursing

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 2 months after the first dose and the third injection is 4 to 6 months after the first dose. A Hepatitis B titer is recommended 1-2 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 not 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. The Nursing Department will accept only **photocopies** of all documentation of health-related materials. **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.

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

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

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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 MMR titer drawn.
 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 must 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 given, date read, result along with the name and signature of the healthcare provider.

Fast Track Practical Nursing

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 not be accepted.

G. Level One Fingerprint Clearance Card: Applications are available from Nursing advisors or email Maricopa Nursing 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 MCCCDC-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.

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.



**FAST TRACK PRACTICAL NURSING PROGRAM
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 MCCCDC 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 MCCCDC supplemental background check that will be conducted on you.

Please complete the DPS form, the MCCCDC 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 MCCCDC 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 MCCCDC supplemental background check.
4. I understand that failure to obtain a “pass” as a result of the MCCCDC 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 MCCCDC, 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 MCCCDC 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 MCCCDC 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

FAST TRACK PRACTICAL NURSING PROGRAM

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, MCCCCD 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 MCCCCD may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCCD 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

Printed Name

Fast Track Practical Nursing Program
Desired Health Care Program