



**FAST TRACK  
PRACTICAL NURSING PROGRAM**

**INFORMATION and APPLICATION  
PACKET**

**For  
Wait List Data Base**

*(7/1/17 – 6/30/18)*



## FAST TRACK PRACTICAL NURSING PROGRAM

### 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 Arizona State Board of Nursing according to Title 32, Chapter 15 of the Arizona Revised Statutes.

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.

### 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.

### 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.

### 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.

**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.

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**PROGRAM OF STUDY**

Curriculum Credit Hour and Clock Hour Distribution

<b>Fast Track Practical Pre-Requisite Courses</b>	
Current CNA <b>OR</b> NUR158 – Nurse Assisting (within the past 1 year)	6
<b>Pre-Requisite Courses</b>	6 Credit Hours

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

**COST ESTIMATE FOR THE FTPN PROGRAM\***

Nursing Courses (22 credits x \$86.00) (Maricopa County Resident)	\$ 1892.00
Registration Fees/Admission Test Fee/Course Fees/Graduation fee	225.00
Books/Tote	650.00
Certified Background Check	67.00
Urine Drug Test	37.00
Fingerprint Clearance Card	69.00
Immunizations and CPR	250.00
Uniform and Clinical Supplies	150.00
<b>Total Estimated Cost</b>	<b>\$3340.00</b>

Upon completion of program requirements, students 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. For further information contact the AZBN at <http://www.azbn.gov/> or 602-771-7800.

**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.

\*Fees are estimates and are subject to change.

**APPLICATION PROCESS****Advisement:**

After reviewing 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. Walk-in advisement is available on a first come first serve basis on Mondays, Wednesdays, and Thursdays. Appointments are available on Tuesdays and Fridays. Call (602) 286-8600 or (602) 286-8181 to schedule 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>

**Admission Requirements:**

**Student Information Form:** If you are a new student at GateWay Community College, you will need to complete an application at the college. This application is necessary for your transcript evaluation and registration for courses. This is a separate application from your nursing program application.

**Application to the Nursing Program** (included in this packet)

- **Declaration of high school graduation or GED:** Applicants must signify that they meet this requirement by providing high school diploma/transcripts or GED completion OR by signing the nursing application page containing the 'Declaration of High School Graduation or GED completion. In some instances, high school diploma/transcripts or proof of GED completion may be required.
- **College/university transcript evaluation (students must meet criteria outlined below)**
  - Transcript showing successful completion of NUR158 within the past one year.
  - OR**
  - Current and unrestricted credential as a Certified Nurse Assistant (CNA) or evidence of a passing score on both the manual skills and written certification exam within the past 30 days.
- **Fingerprint Clearance Card:** Submit a copy of both sides of a current, level one Fingerprint Clearance Card (FCC). See an advisor or <http://www.azdps.gov/Services/Fingerprint/> for information to apply for the card. Allow a minimum of 6 weeks to receive the card. Applications will not be accepted without a copy of both sides of a current level one FCC.
- **HESI A2 Admissions Exam:** The student fee for the HESI A2 is approximately \$40.00 and the exam is available at most Maricopa Community College Testing Centers. Applicants must achieve an English Composite Score of 75% or higher and a 75% or higher in Math. Applicants may take the HESI A2 exam up to 2 years prior to submitting the application. If you are unable to achieve the minimum score, obtain remediation before repeating the exam. Applicants may retest after a 60 day period and a maximum of 3 times per 12-month period. The Program Coordinator may deny acceptance of an application if an applicant violates these guidelines. Study guides are available in select Maricopa Community College bookstores and libraries or at <https://www.us.elsevierhealth.com/admission-assessment-exam-review-9780323353786.html>
- **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.

**Application Submission:**

After completing the application and collecting the required documentation meet with a nursing advisor to review, sign, and collect your application. Nursing advisors are available on a walk-in, first come first serve basis on Mondays, Wednesdays, and Thursdays. Appointments are available on Tuesdays and Fridays. Call (602) 286-8600 or (602) 286-8181 to schedule an appointment. Please note campus is closed on Fridays during summer break.

**The current application process is for placement in the wait list data base. 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 data base for placement. Placement position in the data base is date/time stamped. Applicant information remains in the wait list data base until space for placement becomes available.

**Confirmation of Placement:**

- When a space for placement becomes available, the Program Coordinator will notify the applicant via e-mail, letter and/or phone call to offer placement. It is very important to keep all contact information current in my.maricopa.edu.
- 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 until the next available semester. After the ten (10) business day return response period, the placement offer expires and the application may be withdrawn from the wait list data base 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.

**Deferring Placement:**

Once the offer is extended to the applicant, the applicant has up to ten (10) business days to respond to defer placement until the next available semester. After the ten (10) business day return response period, the placement offer expires and the application may be withdrawn from the wait list data base. 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 data base and the applicant must apply as a new student during the next application submission period. The option to defer placement may no longer be available once an applicant accepts placement.

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 data base and the applicant must apply as a new student during the next application submission period.

**ACADEMIC RESPONSIBILITY:**

**Teaching Modalities:** 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.
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**Essential Skills and Functional Abilities for Nursing Students**

Individuals who apply for admission to the nursing program must be able to perform essential skills. Any applicant who has met the necessary prerequisites, health and safety documentation and who can perform the essential functions will be considered for admission. If a student believes that he or she cannot meet one or more of the standards without accommodations, the nursing program must determine, on an individual basis, whether a reasonable accommodation can be made.

Functional Ability	Standard	Examples of Required Activities
Motor Abilities	Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care.	Mobility sufficient to carry out patient care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces such as treatment room or operating suite.
Manual Dexterity	Demonstrate fine motor skills sufficient for providing safe nursing care.	Motor skills sufficient to handle small equipment such as insulin syringe and administer medications by all routes, perform tracheotomy suctioning, insert urinary catheter.
Perceptual/ Sensory Ability	Sensory/perceptual ability to monitor clients.	<ul style="list-style-type: none"> <li>• Sensory abilities sufficient to hear alarms, auscultatory sounds, cries for help, etc.</li> <li>• Visual acuity to read calibrations on 1 cc syringe, assess color (cyanosis, pallor, etc).</li> <li>• Tactile ability to feel pulses, temperature, palpate veins, etc.</li> <li>• Olfactory ability to detect smoke or noxious odor, etc.</li> </ul>

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<p>Behavioral/ Interpersonal/ Emotional</p>	<ul style="list-style-type: none"> <li>• Ability to relate to colleagues, staff and patients with honesty, integrity and nondiscrimination.</li> <li>• Capacity for development of mature, sensitive and effective therapeutic relationships.</li> <li>• Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds.</li> <li>• Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism.</li> <li>• Capacity to demonstrate ethical behavior, including adherence to the nursing and student handbook policies.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish rapport with patients/clients and colleagues.</li> <li>• Work with teams and workgroups.</li> <li>• Emotional skills sufficient to remain calm in an emergency situation.</li> <li>• Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the care of clients.</li> <li>• Adapt rapidly to environmental changes and multiple task demands.</li> <li>• Maintain behavioral decorum in stressful situations.</li> </ul>
<p>Safe environment for patients, families and co-workers</p>	<ul style="list-style-type: none"> <li>• Ability to accurately identify patients.</li> <li>• Ability to effectively communicate with other caregivers.</li> <li>• Ability to administer medications safely and accurately.</li> <li>• Ability to operate equipment safely in the clinical area.</li> <li>• Ability to recognize and minimize hazards that could increase healthcare associated infections.</li> <li>• Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to patient, family and co-worker injuries.</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritize tasks to ensure patient safety and standards of care.</li> <li>• Maintain adequate concentration and attention in patient care settings.</li> <li>• Seek assistance when clinical situation requires a higher level or expertise/experience.</li> <li>• Respond to monitor alarms, emergency signals, call bells from patients, in an orderly and effective manner.</li> </ul>
<p>Communication</p>	<ul style="list-style-type: none"> <li>• Ability to communicate in English with accuracy, clarity and efficiency to patients, their families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language).</li> <li>• Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy</li> </ul>	<ul style="list-style-type: none"> <li>• Give or follow verbal directions from other members of the healthcare team and participate in health care team discussions of patient care.</li> <li>• Elicit and record information about health history, current health state and responses to treatment from patients or family members.</li> <li>• Convey information to clients and others as necessary to teach, direct and counsel individuals in an accurate, effective and timely manner.</li> <li>• Establish and maintain effective working relations with patients and co-workers.</li> <li>• Recognize and report critical patient information to other caregivers.</li> </ul>



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Cognitive/ Conceptual/ Quantitative Abilities	<ul style="list-style-type: none"> <li>• Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis.</li> <li>• Ability to gather data, implement a developed plan of care, establish priorities and monitor and evaluate treatment plans and modalities.</li> <li>• Ability to comprehend three-dimensional and spatial relationships.</li> <li>• Ability to react effectively in emergency situations.</li> </ul>	<ul style="list-style-type: none"> <li>• Calculate appropriate medication dosages given specific patient parameters.</li> <li>• Analyze and synthesize data to assist in the development of an appropriate plan of care.</li> <li>• Collect data, prioritize needs and anticipate reactions.</li> <li>• Comprehend spatial relationships adequately to properly administer injections, start intravenous lines or assess wounds of varying depths.</li> <li>• Recognize an emergency situation and respond effectively to safeguard the patient and other caregivers.</li> <li>• Transfer knowledge from one situation to another.</li> <li>• Accurately process information on medication containers, physicians' orders, and monitor and equipment, printed documents, flow sheets, graphic sheets, medication administration records, medical records and policy and procedure manuals.</li> </ul>
Punctuality/ work habits	<ul style="list-style-type: none"> <li>• Ability to adhere to FTPN policies, procedures and requirements as described in the Student Nurse Handbook, college catalog and course syllabus.</li> <li>• Ability to complete classroom and clinical assignments and submit assignments at the required time.</li> <li>• Ability to adhere to classroom and clinical schedules.</li> </ul>	<ul style="list-style-type: none"> <li>• Attend class and clinical assignments punctually.</li> <li>• Read, understand and adhere to all policies related to classroom and clinical experiences.</li> <li>• Contact instructor in advance of any absence or late arrival.</li> <li>• Understand and complete classroom and clinical assignments by due date and time.</li> </ul>

### IMPORTANT INFORMATION FOR APPLICANTS

**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.**

**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. 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 a Castle Branch account.

## FAST TRACK PRACTICAL NURSING PROGRAM

**BACKGROUND CLEARANCE:** To be eligible for admission or maintain enrollment in Maricopa County Community College District's (MCCCD) Allied Health and Nursing programs students must be in compliance with all of the following:

- A copy of an Arizona Department of Public Safety **Level One** Fingerprint Clearance Card must accompany the FTPN Program Application. Fingerprint Clearance Cards that are not Level One status will not be accepted.
- A signed original version of the Criminal Background Check Disclosure Acknowledgement form must accompany the FTPN Program application. The required form is included as an attachment to this application packet.
- Documentation of a pass result on the Certified Background check. Students possessing the required Certified Background check on the date of actual admission that is more than 6 months old or students who have been in a program for more than 12 months may be required to obtain an updated Certified Background check. Additional information regarding the Certified Background check will be included with the admission letter and information packet.

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.

**DRUG SCREENING:** All 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. Students will receive specific instructions on completing the urine drug screen during the FTPN Program Orientation. 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.

**DUTY TO REPORT:** All students enrolled in nursing courses holding or receiving a certificate as a Nursing Assistant must remain in good standing with the Board of Nursing. Students with certification and/or licensure from allied health regulatory boards are included under this provision. Students receiving any disciplinary actions against their certificate or license must notify the Program Coordinator within five (5) business days. 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.

**WAIVER OF LICENSURE/CERTIFICATION GUARANTEE:** Admission or graduation from the nursing program does not guarantee obtaining a license or certificate 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.

Pursuant to A.R.S. § 32-1606(B)(17), an applicant for professional or practical nurse license by examination is not eligible for licensure if the applicant has any felony convictions and has not received an absolute discharge from the sentence for all felony convictions. The absolute discharge must be received five or more years before submitting this application. If you cannot prove that the absolute discharge date is five or more years, the State Board cannot consider your application.

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 (602-771-7800.).



Fast Track Practical Nursing

FTPN APPLICATION for WAIT LIST DATABASE

(PRINT)

Name Last First Middle D.O.B

All names previously used Student ID Number

Phone:Home Cell

Mailing Address

City State Zip

Maricopa E-Mail

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

Table with 3 columns: 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.

Table with 3 columns: 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

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

Print Name:		D.O.B.		Student ID:	
<b>Declaration of High School Graduation or GED:</b>					
Name of High School:		City/State:		Date of Graduation or GED Completion	
<b>Fingerprint Clearance Card:</b> All applicants must have current <b>Level One</b> Fingerprint Clearance Card (FCC). Bring original FCC when meeting with advisor.			<b>Date of FCC Expiration:</b>		<b>Advisor Initials:</b>
<b>Acknowledgment of Criminal Background Check Requirements:</b> Signed form must accompany the FTPN Program application.					<b>Advisor Initials:</b>
<b>HESI A2</b> 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.					
<b>Date:</b> Valid for 2 years	<b>Location of Test:</b>	<b>English Composite Score:</b> <i>75% or higher required</i>	<b>Math Score:</b> <i>75% or higher required</i>	<b>Advisor Initials:</b>	
<b>Attach transcripts for the following courses:</b>					
<b>OPTIONS</b>	<b>PREFIX / COURSE</b>	<b>COLLEGE</b>	<b>DATE COMPLETED</b>	<b>Advisor Initials:</b>	
A	Evidence of completion of NUR158 within the past 1 year.			<b>Advisor Initials:</b>	
<b>&lt; OR &gt;</b>					
B	Current and unrestricted credential as a Certified Nurse Assistant (CNA) or evidence of a passing score on both the manual and written certification exam within the past 30 days.	<b>Certification Number:</b>		<b>Advisor Initials:</b>	

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Advisor Signature)

\_\_\_\_\_  
(Date)

ALL APPLICATIONS MUST BE SIGNED BY AN ADVISOR



Fast Track Practical Nursing

INSTRUCTIONS FOR COMPLETING HEALTH AND SAFETY REQUIREMENTS

Applicant: \_\_\_\_\_ Student ID \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Must attach documentation (copies of lab reports, immunization records, and CPR card) as indicated for each of the following to be in compliance. Fingerprint clearance card, CPR certification and TB skin test must be current through the semester of enrollment.

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: This consists of an initial TB skin test and a boosted TB Skin test 1-3 weeks apart. After completion of the two-step, an annual update of TB skin test is sufficient. If you have a positive skin test, provide documentation of a negative chest X-ray within the last 2 years, and annual documentation of a TB disease-free status. Most recent skin testing or blood test must have been completed within the previous six (6) months.

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 2months 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 1<sup>st</sup> injection: \_\_\_\_\_

Date of 2<sup>nd</sup> injection: \_\_\_\_\_

Date of 3<sup>rd</sup> injection: \_\_\_\_\_

OR

HBV Vaccination Declination Form Date: \_\_\_\_\_

F. **CPR Card (Healthcare Provider level):** Date card issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

An official card is required, online certificates are not accepted)

G. **Level One Fingerprint Clearance Card:** Date card issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

H. **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. \_\_\_\_\_

I. **Certified Background Clearance Document:** Date: \_\_\_\_\_

**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. 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.**

**Flu Vaccine:** During flu season, students will be required to receive an annual flu vaccination. Details will be provided by the Maricopa Nursing program you are attending.

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

## Fast Track Practical Nursing

***EXPLANATION OF HEALTH AND SAFETY REQUIREMENTS*****A. MMR (Measles/Rubeola, Mumps, & Rubella)**

Options to meet this requirement:

- 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.
- 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)**

Options to meet this requirement:

- 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

Options to meet this requirement:

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)**

What is a Two-Step TB Skin Test? It consists of an initial TB skin test and a boosted TB skin test 1-3 weeks apart.

- a. Follow these steps: After the first test is placed and read, have a second test placed and read 1-3 weeks later.
- b. If you have had the initial 2-step test, include the subsequent annual updates. Annual update testing must have been done within the last 6 months.
- c. Documentation for TB skin testing requires date given, date read, result, and the name and signature of the healthcare provider.
- d. If you have a positive skin test, provide documentation of a negative chest X-ray within the last 2 years and annual documentation of a TB disease-free status by completing a Tuberculosis Screening Questionnaire.

## 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 Maricopa Nursing advisors or email Maricopa Nursing at [nursing@domail.maricopa.edu](mailto:nursing@domail.maricopa.edu) to request a packet be mailed. The original Fingerprint Clearance Card (FCC) will need to be presented and validated prior to course registration. 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 Director of the Maricopa Nursing program he or she is attending.

**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:** Information on the background clearance is obtained from Maricopa Nursing once you are accepted into a program.





FAST TRACK PRACTICAL NURSING PROGRAM

**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 ON OR AFTER

#### 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

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**Signature**

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**Date**

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**Printed Name**

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Fast Track Practical Nursing Program  
**Desired Health Care Program**