

# NURSING ASSISTANT

The following items are required for your application to be considered complete

- Copy of a state issued ID, Learners Permit or Valid Driver licenses.
  - If you are a Dual-Enrolled student please call (352) 671-7219 for more information.
  - **If you are a Dual-Enrolled student, you must fill out a Dual-Enrollment packet in Student Services and obtain your High School guidance counselor authorization as well as parent / guardian signature.**
- Official, sealed high school transcripts
  - GED transcripts are required if you received your GED
- Essay telling why you are interested in the Nursing Assistant program and what you know about the Nursing Assistant profession
- Two (2) completed Professional Recommendation Letters
  - Family members and friends are not accepted.
- Read, sign and date technical standards form
- **Must watch an Information Session on our website at this time**

The following will be required **IF YOU ARE ACCEPTED** into the Nursing Assistant Program:

- **Immunizations** - we need proof of all the following:
  - Hepatitis B (1<sup>st</sup> series), Tuberculosis (PPD), Tetanus, Measles Mumps Rubella (MMR), and Varicella Zoster (Chicken Pox), or evidence of immunizations or positive titers
    - The TB/PPD Skin Test, First Series of Hepatitis B, and Chicken Pox immunizations are due on Orientation.
    - If your TB Skin Test comes back positive, you will need a chest X-ray and we will need a copy of your results.
  - Flu shot is required in the fall semester (Sept, Oct, Nov, Dec, Jan classes)
  - **Covid vaccines are necessary for students applying to certain programs at MTC.**  
Rationale:  
Practical Nursing, Nursing Assistant, Medical Assisting and Radiologic Technology programs include clinical education externships. While Marion Technical College does not require covid vaccines, our clinical education affiliates have their own requirements. This includes full vaccination from SARS-CoV-2 (covid) for students and instructors in order to attend clinical practicums at their sites. In light of these mandates, students entering the above named programs will need to provide documentation of full vaccination status for SARS-CoV-2 along with other vaccinations as outlined in program admissions documents.
- **Fingerprinting** for State Board Exam

**A completely negative drug screen is required in order to be accepted into a health science program at Marion Technical College.** Clinical settings affiliated with health science programs do not grant access to individuals with THC in their drug screen. Prescribed medical marijuana contains THC. Physician authorized use of medical marijuana is not acceptable to our clinical affiliates as it contains THC. In order to remain compliant with contractual requirements mandated in training agreements with clinical settings, students cannot be accepted into a health science program if they have THC in a drug screening, with or without a medical marijuana card.





## TECHNICAL STANDARDS

### HEALTH SCIENCE

Students who are accepted into the Health Science programs are required to be able to perform the following tasks:

- Walk the equivalent of five (5) miles a day.
- Grip, reach above shoulder level, bend at the knee, squat, stoop and crawl.
- Sit, stand for prolonged periods of time.
- Perform CPR/First Aid.
- Lift a minimum of 50 lbs.
- Manipulate small objects dexterously.
- Tolerate exposure to dust, fumes, chemicals, detergents, body fluids, and latex.
- Distinguish colors.
- See objects as small as 1mm.
- Hear subtle sounds, such as heart or lung sounds.
- Withstand varied environmental conditions such as heat, cold, and moisture.
- Cope with a high level of stress.
- Prioritize and make decisions fast under pressure.
- Cope with anger, fear, hostility and/or confrontation in a calm manner.
- Cope with death and dying.
- Concentrate.
- Be flexible and self directed.
- Problem solve.
- Demonstrate a high degree of patience and confidentiality.
- Communicate in writing and verbally.

By signing below, I acknowledge that I can perform all the tasks mentioned above.

Applicant Signature: \_\_\_\_\_

Print \_\_\_\_\_ Date \_\_\_\_\_

Marion County Public Schools

1014 SW 7<sup>th</sup> Road, Ocala, Florida 34471

TELEPHONE: 352.671.7219 • FAX: 352.671.7221 • WEBSITE: [www.mariontc.edu](http://www.mariontc.edu)

*Equal Opportunity Schools*

**Return To: Marion Technical College**  
**Nursing Assistant Program**  
**1014 S.W. 7<sup>th</sup> Road**  
**Ocala, FL 34471**

**RECOMMENDATION FORM**

Applicant Name: \_\_\_\_\_

Please Print

Signature\*

(\*By my signature, I authorize the person below to answer the following questions to the best of their ability and submit this form to MCSRP).

**NOT TO BE COMPLETED BY FRIENDS OR FAMILY. ONLY PROFESSIONAL REFERENCES. FORM MAY BE FAXED TO: (352) 671-7221.**

1) How do you know this individual? \_\_\_\_\_ # of years \_\_\_\_\_

2) Do you feel this individual would adapt and excel in a healthcare environment? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure

Comments: \_\_\_\_\_

3) I have observed the following attributes in this individual (only check those that apply):

<input type="checkbox"/> Cheerfulness	<input type="checkbox"/> Self-Motivation	<input type="checkbox"/> Good Attendance	<input type="checkbox"/> Critical Thinking
<input type="checkbox"/> Maturity	<input type="checkbox"/> Self-Confidence	<input type="checkbox"/> Team Player	<input type="checkbox"/> Problem Solving
<input type="checkbox"/> Dependability	<input type="checkbox"/> Initiative	<input type="checkbox"/> Multi-Tasking	<input type="checkbox"/> Good Communication
<input type="checkbox"/> Honesty	<input type="checkbox"/> Punctual	<input type="checkbox"/> Time Management	

4) What do you feel is this individual's greatest **strength**? Why? \_\_\_\_\_

5) What do you feel is this individual's greatest **weakness**? Why? \_\_\_\_\_

6) Give an example of how this individual demonstrated perseverance to achieve a goal or accomplish something important.

7) In what ways could this individual improve to be better prepared for a demanding healthcare career?

8) Additional comments: \_\_\_\_\_

**Signature (person making recommendation):** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title/Credential** \_\_\_\_\_ **Date** \_\_\_\_\_

**Contact Phone Number** \_\_\_\_\_

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