PROFESSIONAL NURSING (LPN-RN)

The following items are **REQUIRED** for your application to be considered complete:

- ATI Test of Essential Academic Skills (TEAS) test valid results of 60% or higher *from within the last 2 years*. NOTE: TEAS tests taken remotely will not be accepted (see ATI TEAS testing information for MTC attached). **Scores must be submitted to MTC prior to submitting this application.**
- Copy of a valid driver's license
- Completed MTC Admissions packet
- Two forms of residency (refer to MTC admissions packet for eligible documents)
- Official, sealed college transcripts from *every* school attended (if applicable)
- Official, sealed LPN transcripts
- Official, sealed high school/GED transcripts
- Proof of any current certifications or licensures. For example, CNA, EMT, Medical Assisting, etc. (If applicable)
- Proof of active, unencumbered Florida LPN license.
- Valid and active American Heart Association Basic Life Support card or e-card.
- Copy of I.V. Therapy Course completion certificate from within the last 2 years. Florida Board of Nursing approved course, 30 hours, in person, hands on.

In this packet:

- Essay telling why you are interested in the Professional Nursing (LPN-RN) program and what you know about the Professional Nursing profession. The content of your essay will be considered during the application review process.
- Three (3) completed Professional Recommendation Forms - Must use the MTC form provided in this packet. Must be completed physically, not as fillable PDFs. **References must be professional or academic in nature and may not include friends or family members.**
- List **ALL** previous employment dating back 5 years.
- Technical Standards Form - read, sign and date.
- **NOTE: When turning in the application all requirements must be completed before consideration will be granted.**

ATI TEAS Test Information

The ATI Test of Essential Academic Skills (ATI TEAS) Assessment measures your general knowledge in various content areas. Your performance indicates your readiness to begin a course of healthcare studies and is a predictive measure of your future success.

1. **Exam Prep**
    a. For exam prep information visit https://www.atitesting.com/teas.
    b. MTC does not offer prep classes or provide study material.

2. **Scheduling, Pricing and Payment**
    a. The ATI TEAS exam must be taken in-person at a proctored facility. It can be taken at MTC or in-person at another testing facility (scores from elsewhere must be sent officially through atitesting.com or come in a sealed envelope from the testing center.) *NO online ATI testing will be accepted.*
    b. A minimum overall score of 60% is required to submit an application for the MTC Professional Nursing (LPN-RN) Program. Additional application points may be awarded based on higher scores. Exams may be scheduled through the Student Services Department either by visiting (1014 SW 7th Rd) or by calling (352-671-4134). **Payment made at the time of scheduling ($70.)**
    c. Payment must be made at the time of scheduling if it is your first time testing within a year.
    d. 2nd and 3rd time testers must call to schedule an exam. Payment will need to be made the day of the test with a credit card. An exam code will be provided when making payment.

3. **Day of Testing**
    a. All exams are given by computer. No Paper/Pencil tests are administered at MTC.
    b. Plan on 4 hours maximum to complete your exam.
    c. A four-function drop-down calculator is built into the exam (multiplication, addition, subtraction, and division). Personal calculators are **NOT ALLOWED!**
    d. You **MUST** present government-issued photo identification, such as a driver's license, passport, or green card on the day of exam.
    e. You **MUST** set up an ATI account prior to the day of your exam and know your login information or you will **NOT** be allowed to test. Fees will not be refunded if turned away.
    f. Small lockers will be provided for you to lock up your belongings prior to testing. Please do not bring large bags or purses with you on the exam day.

4. **Results and Re-Scheduling TEAS**
    a. Test results must be within 2 years of the start date of the program.
    b. You must wait 30 days to re-test.
    c. Only 3 tests may be taken within a semester.
    d. Exam results **not** from MTC must be sent directly from ATItesting.com to MTC or they will not be accepted.

Contact Student Services, 352-671-4134, if you have any questions.

MARION TECHNICAL COLLEGE

PROFESSIONAL NURSING (LPN-RN)

Program Acceptance

Acceptance: Upon receiving an acceptance letter* into the program, you will need to complete the following:

Basic Skills Requirement (PERT Test) – This test is not required for admission; however, the initial examination must be completed within the **First Six Weeks** of class, on your own time. Contact Student Services at (352) 671-4134, to schedule a testing appointment. Due to the rigorous requirements of the nursing program, we highly recommend early completion of the PERT requirements.

You may be exempt from taking the PERT Test if:

- you have earned an AA Degree or higher;
- you have taken the CPT, PERT, ACT, or SAT within the last two years;
- you have a GED from 2014 to present year;
- you received a standard Florida public high school diploma from 2007 to present.

*Acceptance letters will contain information and instructions related to the following:

- Background Check MUST be completed **PRIOR TO ORIENTATION,** and results must show a CLEAR BACKGROUND in order to proceed in the practical nursing program.

- **Health records** must be complete and contain results from the physical exam and laboratory tests such as titers, as well as all required immunizations with dates. The health screening documentation must contain the signature of a qualified healthcare professional (Physician, Physician Assistant, Nurse Practitioner). *This is to be done BEFORE entry into the program. YOUR SEAT is not confirmed until ALL of your paperwork is submitted. NO EXCEPTIONS.*
  - **Physical examination** – Must use our physical form and is due at Orientation.
  - **All Immunizations –** Proof is due Orientation - Hepatitis B, Tetanus, Measles Mumps Rubella (MMR), Varicella Zoster (Chicken Pox), annual Influenza, QuantiFERON-TB Gold or Tuberculosis (PPD). TB test is good for one year. If your TB Skin Test comes back positive, we will need a copy of your results from the chest X-Ray.
    Covid vaccines are not mandatory but are required by some clinical training settings and future employers. Since students are entering the healthcare field, the program recommends having a covid vaccine. Please provide a copy of the vaccine card.

- **Drug Screenings are required for all students in Health Sciences Programs,** and a completely negative drug screen is required. Clinical settings affiliated with health science programs do no 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, students cannot be accepted into a health science program if they have THC in a drug screening, with or without a medical marijuana card.

MARION TECHNICAL COLLEGE

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 1 mm.
- 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.
- Be able to use critical thinking in order to solve problems.
- Demonstrate a high degree of patience and confidentiality.
- Communicate both verbally and in writing.

Applicant Sign: _____ Date: _____

Print Name: _____

Professional Nursing (LPN-RN)

Marion County Public Schools - "Equal Opportunity Schools"

Program Application

Check here if previously applied: _____

NONDISCRIMINATORY POLICY: The Marion County Public School District does not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, or qualified disability in its employment practices and its access and admission to education programs or activities.

PLEASE PRINT OR TYPE: **Date Submitted**: _____

1. **Name** _____ (Last / First / Middle) **Date of Birth** ____/____/____

2. **Address** _____ **Phone** _____

3. **Email*** _____@_____ _____

4. If any official records might arrive under any names other than those listed above, enter names here:

_____

5. **SS #** XXX - XX - _____ **DL #** _____ **U.S. Citizen?** Yes No (Circle one)

6. **Emergency Contact** _____ (Name / Relationship / Phone #)

7. **Current Employment**: _____ (Company / Dates)

8. **Military Service** _____ (Branch) _____ (Rank) _____ (Dates) **Honorable Discharge**: Yes No (Circle One)

9. **Have you ever been arrested?** Yes No (Circle One) If yes, explain the charge: _____

_____

10. **Formerly in HOSA or SkillsUSA?** Yes No (Circle One) What area of healthcare did you compete in? _____

11. **Previous training or experience in Nursing?** Yes No (Circle One) Describe: _____

_____

12. **Other medical training, or certification?** Yes No (Circle One) Must submit copy of certification with this application.

13. **Healthcare Volunteer?** Yes No (Circle One) Must submit letter from organization documenting # of hours served.

_____
Name of organization, duties

Academic Preparation

14. Official transcripts from colleges must be submitted prior to acceptance.

Name of organization, duties

Colleges Attended	City/State	Major	If Completed, Date Conferred	If Not Completed, Projected Date

MARION TECHNICAL COLLEGE

Health Science Essay

In your own words, please use the following section to tell us why you are interested in the Professional Nursing (LPN-RN) Program, as well as what you know about the Professional Nursing profession.

Marion County Public Schools
"Equal Opportunity Schools"
1014 SW 7th Road, Ocala, Florida 34471
tel.352.671.7219 ~ fax 352.671.7221 ~ website: www.MarionTC.edu

PROFESSIONAL NURSING (LPN-RN)

Previous Employment and Education

Please list below all previous employment dating back 5 years **starting with the most recent.** (You may use a separate piece of paper if needed.):

- **Name of Company**: _____ **Position:** _____
  Dates Employed: *From:* _____ *To:* _____
  Job Responsibilities: _____
  _____
  _____
- **Name of Company:** _____ **Position:** _____
  Dates Employed: *From:* _____ *To:* _____
  Job Responsibilities: _____
  _____
  _____
- **Name of Company**: _____ **Position:** _____
  Dates Employed: *From:* _____ *To:* _____
  Job Responsibilities: _____
  _____
  _____
- **Name of Company**: _____ **Position:** _____
  Dates Employed: *From:* _____ *To:* _____
  Job Responsibilities: _____
  _____
  _____

Please list below any or all educational experiences you have had in relation to the Healthcare field **starting with the most recent**. (You may use a separate piece of paper if needed.):

- **Name of Institution:** _____
  Program Name: _____
  What content did you learn or experiences did you gain?
  _____
  _____

Marion County Public Schools
"Equal Opportunity Schools"
1014 SW 7th Road, Ocala, Florida 34471
tel.352.671.7219 ~ fax 352.671.7221 ~ website: www.MarionTC.edu

Professional Nursing (LPN-RN) Program

Return To: Marion Technical College
1014 S.W. 7th Road, Ocala, FL 34471

PROFESSIONAL RECOMMENDATION FORM

Applicant: _____ _____
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 MTC).

NOT TO BE COMPLETED BY FRIENDS OR FAMILY. ONLY PROFESSIONAL REFERENCES.

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

2) Do you feel this individual would adapt and excel in the role of a nurse? _____ Yes _____ No _____ Not Sure

Comments: _____

_____

_____

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

☐ Cheerfulness	☐ Self-Motivation	☐ Good Attendance	☐ Critical Thinking
☐ Maturity	☐ Self-Confidence	☐ Team Player	☐ Problem Solving
☐ Dependability	☐ Initiative	☐ Multi-Tasking	☐ Effective Communication
☐ Honesty	☐ Punctual	☐ 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 rigorous professional educational program and demanding healthcare career? _____

_____

8) Additional comments _____

_____

Signature (person making recommendation): _____

Print Name _____ **Title/Credential** _____

Contact Phone Number _____ **Date** _____

Professional Nursing (LPN-RN) Program

Return To: Marion Technical College
1014 S.W. 7th Road, Ocala, FL 34471

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Professional Nursing (LPN-RN) Program

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1014 S.W. 7th Road, Ocala, FL 34471

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Print Name _____ **Title/Credential** _____

Contact Phone Number _____ **Date** _____