

THIS DOCUMENT WILL NEED TO BE COMPLETED, SIGNED, AND MAILED TO MCTC

Practical Nursing Online Advising Session Certificate of Completion

APPLICANT NAME (Please Print): _____

DATE OF VIEWING: _____

EMAIL ADDRESS: _____

PN Program Campus you are applying for:

I, _____ have listened to the online Advising Session and have read the Program Admission packet for program application. I understand the requirements for the selective admission process to the Practical Nursing program for the Maysville Community and Technical College.

I am aware of the following topics pertaining to the Practical Nursing program:

- *Application
- *Selective Admission Process
- *Pre-requisites
- *Criminal Background Check & Drug Screening
- *Health Screenings and Immunizations
- *Approximate Program Costs
- *KBN Criminal Conviction Brochure & KBN Crime Conviction Procedure Acknowledgement form
- *Readmission Process
- *Technical Standards
- *I have taken the TEAS examination and reported the exam scores to the testing center.

Applicant Signature

Today's Date

PREADMISSION CONFERENCE VERIFICATION CODE: _____

THIS IS THE CODE FROM THE ONLINE PREADMISSION CONFERENCE THAT PROVES YOU WATCHED THE PROGRAM.



MAYSVILLE COMMUNITY & TECHNICAL COLLEGE

PRACTICAL NURSING PROGRAM

KBN CRIME CONVICTION PROCEDURE ACKNOWLEDGEMENT

The Kentucky Board of Nursing requires that all prospective Nursing students and/or enrolled nursing students be aware of the established procedures an individual must complete if he/she has been convicted of a crime (includes felony and misdemeanor, except traffic violations). The following must be completed

1. The individual may:
 - a. write a letter to the Executive Director of the Board of Nursing requesting a hearing and explaining the circumstances of the crime.
 - b. request that official copies of the charges, conviction, and penalty be sent to the Executive Director of the Kentucky Board of Nursing.
 - c. submit additional information as requested.

2. A hearing will be scheduled:
 - a. if the charges were of such nature as to be related to the occupation of nursing.
 - b. if the penalty imposed has been fulfilled. A hearing will not be scheduled for an individual on parole or probation.

3. The Board of Nursing will consider:
 - a. the nature of the offense and its relationship to the occupation of nursing.
 - b. the activities of the individual since the crime was committed.

4. The Board of Nursing will give reasonable assurance that:
 - a. the individual will not be permitted to take the State Board Test Pool Examination if he/she completes a Nursing Program.
 - b. the individual will be permitted to take the State Board Test Pool Examination if there are no further problems and the Nursing Program is successfully completed.

Please sign and date to prove your understanding of the procedure.

Signature

Date

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**Maysville Community & Technical College
Practical Nursing Program**

**STUDENT DATA FORM
Pre-Admission Conference
Date _____**

PERSONAL INFORMATION							
Name (Last, First, MI)							
Address (Street, City, State, Zip)		Street/P O Box		City		State	Zip
Phone – Cell					County of Residence		
Phone – Home							
DOB		Sex		Student ID No.		KCTCS EMAIL	
ENGLISH SECOND LANGUAGE							

STUDENT RACE/ETHNICITY FOR KBN REPORTING	
AMERICAN INDIAN/ALASKA NATIVE	
ASIAN	
BLACK/AFRICAN AMERICAN	
CAUCASIAN/WHITE	
HISPANIC/LATINO	
OTHER	

EMERGENCY CONTACT	
Name	
Relationship	
Telephone	

PLEASE CHECK (✓) THE APPROPRIATE RESPONSE	
All Students	I am here for informational purposes only.
New Students	I am here to fulfill the criteria for consideration of admission to the Practical Nursing Program in the _____ Semester, _____.
Re-Admit Students	I am here to fulfill the criteria for consideration of re-admission to the Practical Nursing Program in the _____ Semester, _____.

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Practical Nursing Application Campus Selection Form

APPLICANT NAME (Please Print): _____

Please choose campus you wish to attend in rank order. Maysville and Rowan

First Choice _____

Second Choice _____

Please note that you will only be chosen for one campus. We will take your order of preference into consideration. If you only choose one campus that is fine.

You will be required to send a packet for each campus you are applying for.

Applicant Signature

Today's Date



KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM
Technical College Branch

STATEMENT OF UNDERSTANDING

Student Name:	
Program:	Practical Nursing Program
School:	Maysville Community & Technical College –Montgomery Campus

I am applying for the program shown above and agree to the rules, regulations, policies and procedures as stated below.

1. The program requires a period of assigned, guided clinical experiences either in the school or other appropriate facility in the community.
2. For educational purposes and practice on “live” models, I consent in allowing other students to practice procedures on me as I will practice these same procedures on them under the guidance and direct supervision of my instructor. The nature and educational objectives of these procedures have been fully explained to me. No guarantee or assurance has been given by anyone as to any problem that might be incurred as a result of these procedures.
3. These clinical experiences are assigned by the instructor for their educational value and thus no payment (wages) will be earned or expected.
4. It is understood I will be a student within the clinical facilities that affiliate with my school and will conduct myself accordingly. All required and published personnel policies, standards, philosophies, and procedures of these agencies will be followed. I also agree to obtain all tests and immunizations required by the affiliating agency.
5. I have read and agree to adhere to the school's policies, rules, and regulations related to the program for which I am applying.
6. I understand the information regarding a patient or former patient is confidential and is to be used only for clinical purposes within an educational setting.
7. I understand the educational experiences and knowledge gained during the program do not entitle me to a job; however, if all educational objectives and licensure requirements are successfully attained, I will be qualified for a job in this occupation and the school will assist me in attaining employment.
8. I understand any action on my part inconsistent with the above understandings may result in suspension of training.
9. It is understood that I am liable for my own medical and hospitalization insurance.
10. I understand that I will be accountable for my own actions; therefore, I will carry adequate malpractice insurance during the clinical phase of the program. (School will assist in identifying plans available to be acquired at the student's expense.)

I have read, understand each statement, and agree to abide by the above.

Student Signature:	
Date:	

To be signed by legal guardian if applicant is a minor.

As the legal guardian of the student named above, I agree to the above conditions for enrollment.

Legal Guardian Signature:	
Date:	



MAYSVILLE COMMUNITY & TECHNICAL COLLEGE

PRACTICAL NURSING PROGRAM

TECHNICAL STANDARDS

Nursing at the technical level involves the provisions of direct care for individuals and is characterized by the application of verified knowledge in the skillful performance of nursing functions. Therefore, in order to be retained in the program, all applicants should possess

1. sufficient visual acuity, such as is needed in the preparation and administration of medications, and for the observation necessary for patient assessment and nursing care.
2. sufficient auditory perception to receive verbal communication from patients and members of the health care team and to assess health needs of people through the use of monitoring devices such as cardiac monitors, stethoscopes, IV infusion pumps, doptones, fire alarms, etc.
3. sufficient gross and fine motor coordination to respond promptly and to implement the skills, including the manipulation of equipment, required in meeting health needs.
4. sufficient communication skills (speech, reading, writing) to interact with individuals and to communicate their needs promptly and effectively, as may be necessary in the individual's interests.
5. sufficient intellectual and emotional functions to plan and implement care for individuals.

If you need special accommodations to meet the above standards, please contact Ms. Ginger Clarke, Practical Nursing Program Administrator, or Jessica Kern, Chief Officer of Enrollment & Student Services, at (606) 759-7141.

I have read and understand the technical standards outlined above.

Student Signature _____

Student Name (please print) _____

Date _____

**Ms. Ginger Clarke, R.N., M.S.N.
Practical Nursing Program Administrator
Maysville Community & Technical College
1755 U.S. 68
Maysville, KY 41056**