

**EVIT PRACTICAL NURSING PROGRAM
PRE REQUISITES**

Student Name: _____ **Date turned in:** _____

**Applicant Admission Requirements: Please provide the following information.
A \$50.00 non-refundable application fee paid to Adult Ed.**

- _____ Completed EVIT enrollment application and packet
- _____ Felony reporting Form Notarized _____ Yes
- _____ **MATH** – Applicant must have at least two years of high school math or one year of basic college math or higher taken within the last 5 years with a grade of C or better or an acceptable TEAS Math Score.
- _____ **BIOLOGY** – Applicant must have one year of high school biology or one semester of college biology taken within the past 5 years with a grade of C or better or acceptable TEAS Science Score.
- _____ **TEAS** Standardized exam. Please register online at www.atitesting.com You will register, schedule, pay for & obtain any study guides needed on the ATI web site. A 60 % over all score is preferred. _____ %
- _____ Copy of current Arizona Nursing Assistant Certification. AZBN Certificate # _____
- _____ Copy of current Medical Professional CPR card with infant, child, adult and AED, Bag mask, choking, & two person. Expiration date _____
- _____ Front and back copy of current valid DPS fingerprint clearance card. Expiration date _____
- _____ Copy of front and back of Valid Government issued ID with picture (Driver’s License)
- _____ Copy of High School Diploma _____ or GED _____.
- _____ Proof of Citizenship per AZBN requirements (See www.azbn.gov for a list of documents)
- _____ Valid Social Security Card
- _____ Submit any other supporting unofficial transcripts with additional courses for admission consideration
- _____ Submit copies of proof of immunizations: All Immunizations must remain current throughout the Program.
 - _____ Varicella-proof of (2) vaccines or titer proof of positive immunity (chicken pox)
 - _____ TDAP or Td within 10 years
 - _____ Proof of Hepatitis B (3) vaccine series or signed waiver
 - _____ MMR- proof of (2) vaccines or titer proof of positive immunity of all three. (Measles, Mumps & Rubella)
 - _____ Seasonal Flu vaccine may be required by many clinical sites. If you have been vaccinated, proof of vaccine. (*Seasonal*)
 - _____ Proof of a Negative 1 Step PPD or proof of negative chest x-ray within the last year if a prior positive. Exp ___/___/___ x-ray ___/___/___
 - _____ HINI Flu vaccine may be required by clinical sites. If you have been vaccinated, proof of vaccine (*Seasonal*)

Questions please contact: Terry at fuller@evit.com or 480-461-4001 Applications are accepted year round for placement.

UPDATED 3/7/2012

East Valley Institute of Technology



1601 West Main Street - Mesa, Arizona 85201
PHONE (480) 461-4028 FAX (480) 461-6749

PRACTICAL NURSING PROGRAM APPLICATION

The packet must be COMPLETE in order to be considered for admission.
Acceptance of the packet does not guarantee admittance to the program.

Submit the completed packet to the Adult Education Department, located on the southwest side of campus in the Adult Education Building at
1601 West Main Street, Mesa, AZ 85201.

Program of Interest _____
Date of Application

PERSONAL INFORMATION

Last Name _____
First Name _____
Middle Name _____
Social Security Number

Other Names used _____
Dates of Usage

Home Address _____
City/State/Zip

Mailing Address _____
City/State/Zip

Email Address _____
Home Phone Number _____
Cell Phone Number

CERTIFICATION

Arizona Certificates Now Held	Expiration Date

EDUCATION

Name of School/Location	Dates Attended	Hours Completed	Major	Graduation Yr/Degree
High School				
Undergraduate				
Graduate				
Graduate				

Highest Degree Earned _____ GPA _____ Hours Earned after Highest Degree _____

Are you currently employed? Yes No If yes, can you please provide EVIT with the following information.

Employer/Address	Dates Employed	Position Held	FT PT	Supervisor Name Phone Number

PROFESSIONAL REFERENCES Give the names of current supervisor or clinical instructor

Name	Phone Number(s)	Position	Relation to Applicant	Years Known

PERSONAL REFERENCES Give the names of at least three persons who you have known for more than 5 years

Name	Phone Number(s)	Position	Relation to Applicant	Years Known

HONORS AND ACHIEVEMENTS List any honors and awards that you have received. Also list any special abilities or talents you possess including foreign language skills

SELECTIVE SERVICE REGISTRATION Are you required to be registered with the Selective Service System?

Yes No If yes, please provide the following information.

Selective Service Number Place of Registration Local Board Number

PRACTICAL NURSE APPLICATION ESSAY

Please outline your career goals and the reason(s) for your interest in the EVIT Practical Nurse Program.
Please hand write this portion of the application.

CONVICTION REPORT

Conviction information is needed from all applicants and employees. "Conviction" is defined as the final judgment on a verdict of a finding of guilty, or a plea of nolo contendere in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid. A record of conviction does not necessarily prohibit employment. *Failure to complete this form accurately and completely may mean disqualification from consideration for employment, or may be cause for consideration of dismissal after hiring, and may result in prosecution for filing false information with a public agency.* Applicants and employees must report any convictions that occur subsequent to the time that they complete this form. Please read carefully, and answer every question.

1. Have you ever been convicted of a minor offense other than traffic violations? Yes No
2. Have you ever been convicted of a felony? Yes No
3. Have you ever been convicted of a drug or sex related offense? Yes No
4. Have you ever been convicted of a dangerous crime against children, as defined in A.R.S. 13-604.01? Yes No

(A.R.S. 13-604.01 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined as second-degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, sexual exploitation of a minor, commercial sexual exploitation of a minor, child abuse, kidnapping and sexual abuse).

5. Have you ever been convicted of or admitted committing any of the following criminal offenses in this state or similar offenses in another jurisdiction? Yes No

Sexual abuse of a minor, incest, first or second degree murder, kidnapping, arson, sexual assault, sexual exploitation of a minor, contributing to the delinquency of a minor, commercial sexual exploitation of a minor, contributing to the delinquency of a minor, commercial sexual exploitation of a minor, felony offenses involving distribution of marijuana or dangerous or narcotic drugs, burglary, robbery, child abuse, sexual conduct with a minor, molestation of a child, voluntary manslaughter, or aggravated assault?

If you answered YES to any of the above questions, please provide the following information.

Conviction Charge	City/State	Court
Length of Jail Term	Amount of Fine	Length & Term of Probation
Remarks:		

Conviction Charge	City/State	Court
Length of Jail Term	Amount of Fine	Length & Term of Probation
Remarks:		

Felony Reporting Form

Any adult student who attends day classes at EVIT with high school students shall certify whether they are awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committed any of the following criminal offenses in this state or similar offenses in another jurisdiction:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Sexual abuse of a minor.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Incest.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	First or second degree murder.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Kidnapping.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Arson.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Sexual assault.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Sexual Exploitation of a Minor.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Felony offenses involving contributing to the delinquency of a minor.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Commercial sexual exploitation of a minor.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Felonies offenses involving sale, distribution or transportation of offer to sell, transport, or distribute or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Burglary in the first degree.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Burglary in the second or third degree.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Aggravated or armed robbery.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Robbery.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	A dangerous crime against children as defined in Section 13-604.01.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Child abuse.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Sexual conduct with a minor.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Molestation of a child.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Manslaughter.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Aggravated assault.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Assault.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Exploitation of minors involving drug offenses.

I, _____, hereby certify that I am not awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committed any of the above referenced criminal offenses in this state or similar offenses in another jurisdiction. I understand that the above information is subject to verification and falsification of any information shall be grounds for my withdrawal from EVIT as well as possible prosecution under the law.

Signature:	Date:
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Subscribed and sworn before me this _____ day of _____ by _____

My Commission Expires:

NOTARY PUBLIC

Practical Nursing Statement of Understanding

1 of 2 pages

Please initial each statement, print your name & place your signature on bottom of 2nd page.

Pre-requisites:

_____ **Math** – Applicant must have at least two years of high school math or one year of basic college math or higher taken within the last 5 years with a grade of C or better OR an acceptable TEAS Math Score

_____ **Biology** – Applicant must have one year of high school biology or one semester of college biology taken within the past 5 years with a grade of C or better OR an acceptable TEAS Science Score

_____ **Nursing Assistant** – A student must have a current Arizona State CNA license in good standing (verification is required).

_____ Completion of the TEAS Standardized exam with an acceptable score.

_____ The PN program will begin in Aug 2012. The program will run through September 2012.

_____ It is the responsibility of the student to provide his or her own transportation.

_____ Child care issues are not the responsibility of the program. No Children will be allowed in class or allowed to wait unattended in the building.

_____ Clinical rotations are based on clinical agency schedules and may include evening sessions, weekends, or extended shifts (12 hour).

_____ Applicants must be 18 years of age and provide proof of a high school diploma or GED at the time of application.

_____ Criteria to meet the Practical Nursing Program attendance requirement supersedes the attendance requirements as defined in the EVIT handbook.

_____ A DPS Fingerprint Clearance Card is required at the time of application. It must remain current throughout the program.

_____ Pursuant to A.R.S. 32-1606(B) (17) any felony convictions must be absolutely discharged 5 or more years prior to the date of filing for nursing licensure. (See: www.azbn.gov).

_____ As a condition of enrollment all students are required to submit to and pay for a urine drug screening prior to clinical experience. (Cost approximately \$29-\$45).

_____ A student must have a social security card to seek employment and obtain certification. Some clinical sites require a social security number prior to the clinical experience.

_____ At minimum students must be physically capable of lifting patients, standing for several hours at a time, performing bending, and twisting, carrying and pushing/pulling activities. Students should expect to lift patients and push/pull equipment with patients, ie hospital beds. Sufficient gross motor abilities, manual dexterity and perceptual/sensory ability sufficient to provide safe nursing care and monitoring of patients are necessary. If any student feels they are unable to meet these standards without accommodation, the nursing program must determine, on an individual basis, whether a reasonable accommodation can be made.

_____ Program components:

Students must complete the prescribed number of clinical and classroom hours in addition to passing all program components in order to achieve a Certificate of Completion. Students must achieve a passing grade in the Clinical Experience and Theory component. Students must pass the ATI Comprehensive Predictor final exam at the set required level.

_____ EVIT class room and clinical dress codes are mandatory.

_____ The purchase of uniforms and medical equipment is the sole responsibility of the student. (Directions for purchase will be given in class).

(Initial)

_____ EVIT's Practical Nursing Program does not offer or accept direct transfer of courses to/from other public or private institutions. Following completion of the PN program the student will receive a Certificate of Completion necessary to apply for licensure as a Practical Nurse.

_____ Graduates of the PN program will be expected to take the Practical Nurse licensing exam (NCLEX-PN) in order to obtain licensure from the Arizona State Board of Nursing (ASBN). ASBN and NCLEX-PN fees are included in program fees. The student will be responsible for obtaining and paying for a set of finger prints (approx. \$10.00 -\$14.00) which will accompany the student's ASBN application.

_____ Proof of Citizenship per ASBN requirements is required at the time of application. (See: www.azbn.gov).

I have read and understand the above statements:

Student Name (Print): _____

Student Signature: _____

INTRODUCTORY STUDENT STATUS STATEMENT

The East Valley Institute of Technology (EVIT) wishes to welcome you to our school. You have been enrolled in the _____ Program. The following information is provided to you in accordance with EVIT Continuing Education Policies and Procedures.

- 1) **Student Orientation:** All students enrolled in any EVIT program will attend an orientation meeting with the Continuing Education staff. The orientation meeting at a minimum shall include: (a) tobacco/drugs/alcohol free campus; (b) attendance/tardiness/absences; (c) services available; (d) tuition/class fee costs; (e) payments and schedules; (f) student policies/procedures; (g) financial aid; (h) refund policies/procedures; and (i) parking permits.
- 2) **Program Clock Hours:** Each EVIT program has established a number of clock hours to ensure completion of all required program competencies. (Please refer to the program syllabus or program registration information guide to determine your program clock hours). The **maximum** reasonable time that is allowed to complete your program is 1 ½ times the length of the program. Students who exceed the maximum reasonable time allowed to complete the program may be subject to overtime charges, academic deficiency, or dismissal from the program.
- 3) **Program Completion Requirements:** All students who are documented as attaining at least 80% of the occupational training program competencies for career and technical education programs.
- 4) **Satisfactory Progress (Attendance and Grades):** All students are subject to the attendance and disciplinary standards of the school. **Unless otherwise specified by individual program requirements, satisfactory progress means:** (a) attendance: 90% attendance for each grading period; (b) grades/progress reports: grade equivalency no less than a **C** for each grading period.
- 5) **Tuition, Fees, Payments and Refunds:** Cash, check, VISA or Mastercard payments are accepted for payment of tuition and other associated fees. If a check is returned because of insufficient funds, a \$25.00 service fee will be charged

For refund policy, see Student Handbook

- 6) **Tobacco Free Campus:** Pursuant to A.R.S. 36-793.03 tobacco products are prohibited on school grounds, inside school buildings, in school parking lots, playing fields, school buses or vehicles, or at off campus school-sponsored events or activities. Anyone possessing or using any form of tobacco products on campus within 300 feet of the school will be subject to disciplinary action. *(Please refer to the EVIT Student Handbook for more information)*
- 7) **Dangerous/Deadly Weapons/Instruments/Firearms:** Use, display, or possession of any operable or inoperable, loaded or unloaded instrument, weapon or firearm that may be construed as or capable of causing physical injury, bodily harm, or property damage or District property or at a District or school-sponsored function shall be subject to disciplinary action up to and including termination from the program and referral to law enforcement officials. *(Please refer to the EVIT Student Handbook for more information)*
- 8) **Drug/Alcohol Abuse Policy:** Students who are found in possession, using (including under the influence of), or distributing illicit drugs or any other controlled substances will be subject to dismissal and full criminal penalties under the laws of Maricopa County, the State of Arizona, and/or the United States law enforcement agencies.
- 9) **Student Conduct and Dress:** While students are attending school, they are expected to conduct themselves ethically and professionally. Arizona law makes it illegal to insult, abuse, or assault a teacher or other staff while on school grounds and/or while engaged in the execution of any official duty. Students who are on school premises will not wear clothing that causes annoyance, disruptions, agitation, or interruptions and interference with others. Students are to dress modestly and appropriately for school and those who do not adhere to the dress code will not be allowed in class and will be sent home.
- 10) **Felony Report:** All applicants who are 18 years and older and have graduated from high school must certify whether they are awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committed any criminal offenses, as detailed in the Felony Report form, in this state or similar offenses in another state. The Felony Report form must be completed and notarized before the student begins classes. Information submitted on the form is subject to verification and falsification of any information shall be grounds for withdrawal from EVIT as well as prosecution under the law.

