

August 29, 2013

Admission to Nursing Program, GENERIC OPTION January 2014

Dear Potential Applicant:

This letter contains vital information and instructions that you must implement completely in order to be eligible for consideration for the Polk State College Nursing Program, Generic Option. Failure to complete the requirements will make you ineligible for consideration. Enclosed is the Application for Admission.

The Application for Admission must be completed in its entirety, **notarized** and returned to an Academic Advisor at any of the Polk campuses/centers by the close of business on **Monday, September 16, 2013. THERE WILL BE NO EXCEPTIONS TO THIS DEADLINE.** It is the student's responsibility to ensure that all documents are provided by the deadline in order to have a complete application. **Incomplete applications will not be processed.** Your completed application must be given to an Academic Advisor for his/her review and completion of an application checklist. You will get a receipt noting submission of your application. Be sure to save this receipt until you receive written notice of your status for acceptance.

An official copy of your high school transcript and official transcripts from **all** colleges or universities previously attended must be received by the Registrar's Office by this same deadline. Grades from one institution which show on the transcript of another institution are not acceptable; you must have official transcripts from each institution. You should go into your Passport account and check your Polk transcript to verify that all coursework completed is showing. If you have previously earned a college degree, it must show on your Polk transcript to get credit for the degree in the selection process. Minimum requirements which must be met at the time of application to be eligible for admission include a score of at least 65 on the TEAS-V test, a grade of at least a C on program required courses completed, and at least a 2.5 overall cumulative GPA. **If you have not met the minimum requirements at the time of application, your application will not be accepted.**

The next communication you should expect will be from the Department of Nursing in the form of a letter notifying you of your status regarding acceptance into the program. Information regarding the status of your application will **not** be available from the Nursing Department **or** from the Registrar's Office during the selection process. We wish you the best in the application process.

Sincerely,

Kathy Bucklew,
Registrar

PLEASE REMOVE THIS PAGE BEFORE SUBMITTING APPLICATION.

TO: Generic Option Applicants

FROM: Dr. Annette Hutcherson, Director of Nursing
Department of Nursing
Polk State College

RE: Admission Process and Other Information

Applicants are to be advised that due to specific contract requirements of the clinical agencies used by the nursing program, national background checks and fingerprinting, drug screenings, and the signing of affidavits attesting to the non-comittance of specific criminal acts, are part of the admission and retention process. For those of you who have completed or are currently taking NUR 1010C, Introduction to Nursing, a background check and fingerprinting were completed as a requirement for that course. If it has been more than a year since these requirements were completed, upon acceptance to the program these items will need to be repeated to finalize the acceptance. Also, other requirements such as physical exam and immunization requirements will be completed after the selection process has been finalized. **Failure to complete all of these requirements by the published deadline in the acceptance packet will void an acceptance for admission** even if you have started the nursing classes. Applicants with specific conviction histories or positive drug screenings may ultimately not be accepted into the nursing option. If you have any charges on your record, you must meet with me to sign-off on your application. Specific convictions or positive drug screens occurring *after* full admission and matriculation in the program will be addressed per department policy and may result in dismissal.

The selection process uses a point system based primarily on the results of the TEAS test and GPA in both program courses and GPA overall. Additional points are awarded for other factors such as a previous college degree. To receive the maximum possible points you can earn, it is essential that you submit a complete application and that you have official transcripts on file showing all course work completed. You are urged to complete all general education courses prior to admission.

Please contact me at ahutcherson@polk.edu if you have questions.

Thank you for your interest in our program.

PLEASE REMOVE THIS PAGE BEFORE SUBMITTING APPLICATION.

CLASS MEETING

Please mark your calendar that there will be a mandatory class meeting on Friday, November 8, 2013 for students accepted for admission and for those notified of being an alternate. At this meeting, we will go over the immunization requirements and other records needed to finalize your acceptance. Acceptance for admission may be voided if a student does not attend this meeting.

The meeting is tentatively scheduled for 9:00 am to 1:00 p.m. in WLR108 on the Winter Haven campus. There will be confirmation of the details of the meeting included in the acceptance/alternate letter.

PLEASE REMOVE THIS PAGE BEFORE SUBMITTING APPLICATION.

APPLICATION FOR ADMISSION to NURSING PROGRAM GENERIC OPTION

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PLEASE PRINT CLEARLY AND PROVIDE THE INFORMATION REQUESTED IN ALL SECTIONS. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Name: _____
(Last) (First) (Middle)

Social Security Number: _____ Polk Student ID #: _____

Home Mailing Address: ** _____

City: _____ County: _____ State: _____ ZIP Code: _____

Home Telephone Number: () _____ Work or Cell (specify): () _____

E-mail: _____

****Note: If mailing address is PO Box, you must also provide a physical address.** _____

Pursuant to Section 456.0635, Florida Statutes, the Florida Board of Nursing shall refuse to issue a license and refuse to admit a candidate for examination for licensure if the applicant has been convicted, or plead guilty, or nolo contendere (no contest) to a felony violation regardless of adjudication, of chapters 409, 817, or 893 Florida Statutes; or 21 U.S.C. ss801-970 or 42 U.S.C. ss 1395-1396, unless the sentence and any probation or pleas ended more than 5 to 15 years prior to the application, dependent upon the specific charge). Furthermore, individuals terminated for cause from a state Medicaid program or the Medicare program may be denied licensure by the BON. In addition the clinical facilities used by the PSC nursing program may deny a student for clinical experience in their facility if there are felony charges of any nature and/or misdemeanor charges in certain areas. Accordingly, the application for licensure in the State of Florida includes the following questions:

1. Have you ever been charged, convicted, or have you entered a no contest or guilty plea – regardless of adjudication – for any offense other than a minor traffic violation? Yes No
2. Have you ever been denied or is there now any proceeding to deny your application for a license/certificate to practice nursing or other health care practice in Florida or any other jurisdiction (state) (country)? Yes No
3. Have you ever had disciplinary action taken against your license/certificate to practice nursing or other health care practice by the licensing authority in Florida or in any other state or country? Yes No
4. Have you ever surrendered a license/certificate to practice nursing or other health care practice in Florida or any other jurisdiction (state) (country) while any such disciplinary charges were pending against you? Yes No

If your answer to any of these questions is “yes”, you must make an appointment with the Director of the Nursing Program (call 297-1039 for appt) *prior* to the close of the application period for your date of desired admission regarding eligibility for enrollment in the nursing program. Please bring copies of court papers related to the charges when you come for this appointment. All students applying for admission must have a Level II background check, which includes fingerprinting, done by the college-approved vendor within one year of admission to the program.

Rules 64B9 also indicate that refusal of certification to the Department of Professional Regulation for an application for licensure by the Board may occur if an individual “is habitually intemperate, addicted or is found to be in illegal possession or sale or distribution of habit forming drugs” and/or “is unfit or incompetent by reasons of gross negligence, physical or mental condition or other like cause which could result in behavior that interferes in his practice of nursing” (Board of Nursing, Rules 64B9-8.005).

Students will be drug tested prior to admission and subject to random testing throughout the program.

I certify that I have read and understand the above standards regarding licensure as a registered nurse in the State of Florida.

Applicant Signature

Date

**DO NOT WRITE IN THIS SPACE.
TO BE COMPLETED (IF NECESSARY) BY THE DIRECTOR OF THE NURSING PROGRAM.**

I have counseled the above identified applicant regarding the licensing process in the State of Florida in relation to previous criminal convictions.

Director of Nursing Program

Date

Are you currently employed or have you recently been employed (within 5 years) by a health care facility? Yes No

If YES, specify facility, location, and position:

Do you have a previous college degree? Yes No If YES, specify institution and degree. **Make sure your degree is posted on your Polk transcript.**

Have you previously been enrolled in the nursing option at Polk State College or any other nursing option that prepares graduates to sit for the RN Licensure Examination (NCLEX-RN)? Polk State Other No

If you answered YES to the previous question, please indicate where and when and explain your reasons for not completing the option, including academic dismissal.

The Nursing Program is committed to the College's equal access/equal opportunity plan in its student admissions criteria.

CERTIFICATION AND AUTHORIZATION TO INVESTIGATE

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge and I understand that discovery of the falsification of this information will result in my being denied admission and/or my prompt dismissal from the Nursing Program. The Polk State College Department of Nursing is hereby authorized to make any investigation concerning information that is deemed necessary by the Department to determine my suitability to practice as a registered nurse during the selection process and/or during my tenure as a student, if admitted to the Nursing Program.

Applicant Signature

Date

Sworn to and subscribed before me at _____ Polk County, Florida

this _____ day of _____, 20_____

Notary Public or other officer authorized to take acknowledgement

Personally known _____ **OR** Produced Identification _____

Type of Identification Produced _____