



**PRACTICAL NURSING
APPLICATION
PROCESS CHECKLIST
2017-18**

STEP 1:

- Complete the Locklin Tech Program Application form as your Intent to Apply to the 2017-18~Practical Nursing Program (separate form) and pay \$15 program application fee.
- Schedule Test of Adult Basic Education (TABE) at 850.983.5700 ext. 209. The fee is \$20 and must be prepaid at the front desk.
- Schedule a Kaplan admission exam. Potential students are encouraged to purchase Kaplan Nursing School Entrance Exam, 7th Edition, to prepare for this exam. Information is in the packet. This exam will be \$10 the first time you take it and must be prepaid in Building 1 prior to your testing date. You may opt to take it a 2nd time if you would like to improve your score. The 2nd exam will be \$20 and must be prepaid in Building 1 prior to your 2nd testing date (pp. 3-4). You may not have time to schedule a retest if your initial testing date is after March 16, 2017. **No call, no show for test date eliminates you from the program. Come 30 minutes early as there will be a short interview before the test.**
- Must complete the Academic Assessment tests by April 7 2017.
- May enroll in \$30.00 Remediation Course for TABE.
- Complete the 2017-18 Free Application for Federal Student Aid (FAFSA) (www.fafsa.gov) to see if you qualify for a PELL Grant. You will need to complete your 2015 tax return prior to completing this application and use the IRS data retrieval tool to transfer 2015 income tax info into the FAFSA. (pp. 5-6)
- Have official high school and/or college transcripts mailed or faxed to Locklin Tech (cumulative GPA should be 2.0 or higher). (p. 7)
- Complete the Florida Residency Documentation form. Copies of your proof of residency (driver's license and either car registration or voters registration) must be included with this form. (p.8-11)
- Read and sign off on the Practical Nursing Program's Attendance Agreement. (p.12)
- Read and sign off on the Practical Nursing Program's Drug Panel Testing requirements. (p. 13)
- Read and sign off on the Cost and Fee Sheet to attend the Practical Nursing Program. (p. 14)
- Physical form (p. 24)

All of STEP 1 must be completed and turned in to Locklin Tech's Student Services Department by **April 7, 2017.** Pre-admission to the Practical Nursing program will be determined by **May 5,** based on the above information and test scores. You will be notified of your pre-admission acceptance and you will need to proceed to STEP 2.

STEP 2:

- Submit background screening results. Information is included in this packet. Please review this information carefully and make sure you understand the process. Instructions are included. (pp.15-18)
- Complete fingerprinting process. Instructions are included. (pp. 19-23)
- Proof of the following current immunizations and a physical exam (pp. 24) or completed in the past 12 months). Immunization and/or titer information are included in this packet. (pp. 23)
 - MMR
 - Tetanus
 - Varicella (Chickenpox)
 - Hepatitis B

All of STEP 2 must be completed and turned in to Locklin Tech's Student Services Department by **May 26, 2017**.

STEP 3:

- Pay tuition and fees for the first semester by July 28, 2017 or provide evidence of funding source (i.e. PELL, Vocational Rehab, VA, etc.). Tuition and fees for second semester will be due by December 8, 2017.

GENERAL INFORMATION

- Classes begin on **August 14, 2017** and end on **July 27, 2018**. This is two semesters plus an eight-week summer term.
- Class hours will be 8:40 a.m. – 3:21 p.m. Monday - Friday. **Class hours will vary during clinical rotations.**
- A drug screening will be completed as part of a class project AFTER admission to the program. The cost will be \$25 and will consist of a 10 panel rapid drug test. Any questionable results may dismiss you from the program immediately.
- PPD (TB screening) and flu shot are required prior to the beginning of clinical hours (between 08/01/17 and 09/14/17).
- Practical Nursing spaces are limited so potential students need to adhere to the date deadlines. When making further determination concerning enrollment into the program, your transcript, TABE, KAPLAN scores, background screening results and interview will be taken into consideration.
- Applicant status letters will be mailed no later than **June 7, 2017**.
- Students must be in attendance every day. The program is fast-paced and intense. Absences **will not be tolerated**. If you know you will not be able to attend every day and be on time, please refer to attendance policy on page 12.

Academic Admission Assessment

The Test of Adult Basic Education (TABE) consists of three twenty-five minute multiple choice exams and one fifteen minute multiple choice exam. Areas tested include Reading, Math Computation, Applied Math, and Language. A study guide is available at area bookstores or online.

TABE is not an entrance exam, but certain scores are required for exit from a program. If the potential student does not meet the state-mandated exit requirements on the first attempt, he/she may still be accepted into the program. If accepted, students who did not meet the requirements will be enrolled in remediation courses for the appropriate subject(s) until scores are brought up to the required levels.

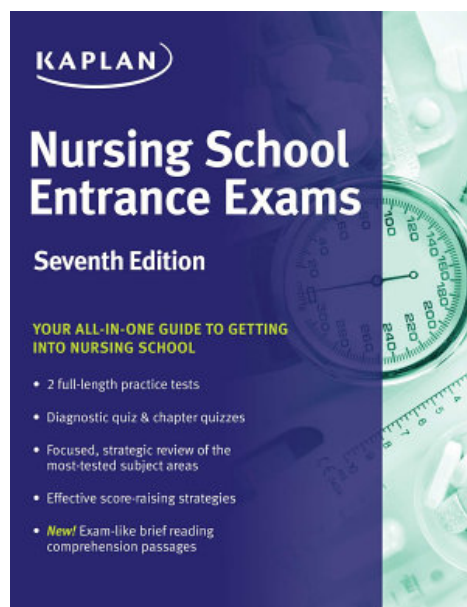
The TABE is scheduled in the testing lab at Locklin Tech most Tuesday mornings at 9:30 a.m. and Thursday afternoons at 1:00 p.m. There is a \$20 fee that must be pre-paid when scheduling the exam. Call 850.983.5700, ext. 209 to schedule and pay for the exam with a credit card. If paying by cash or check, the exam must be scheduled in Locklin Tech's Building 1.



The Kaplan Admissions Test is a tool used to determine if students have the academic skills necessary to perform effectively in a school of nursing. The Admissions Test is a 91-question, online, multiple-choice test that evaluates the basic reading, math, writing, and science skills of students seeking entry into a nursing program.

Kaplan suggests the following preparatory text, available at local bookstores or through Amazon.com: "**Kaplan Nursing School Entrance Exams: Your Complete Guide to Getting into Nursing School**". Please note the text is for all nursing entrance exams and includes more information than is on this specific Admissions Test. Kaplan recommends that prospective students use the areas listed in the "**Outline of the Admissions Test**" (attached).

The testing window will be open until April 7, 2017. The KAPLAN test will be given in the testing lab (Building 11) every Tuesday from 12:30 – 3:30 p.m., and every Wednesday from 9:00 a.m. – 12:00 p.m. during this testing window. The cost for this exam is \$10 and must be pre-paid. Please sign up for a testing session with Mrs. Simmons in Student Services after you have paid for the test. If you would like to improve your scores you may take the exam a 2nd time for the cost of \$20. Register through Locklin Tech's Students Services. You may not have time to schedule a retest if your initial testing date is after March 16, 2017.



OUTLINE OF THE KAPLAN ADMISSIONS TEST

The Admissions Test consists of 4 sections with a total of 91 questions. The total testing time is up to 165 minutes.

READING – 22 questions; time allotted – 45 minutes. Candidates read four passages and answer questions that measure the essential skills required for reading:

- Determining the logic of a passage
- Comprehending details
- Drawing basic inferences
- Identifying the purpose of a passage

MATH – 28 questions; time allotted – 45 minutes. The test measures the candidate’s ability to apply mathematical principles in the following areas:

- Conversions
- Operations
- Ratios
- Word Problems

WRITING – 21 questions; time allotted – 45 minutes. Candidates read nine passages and answer questions that measure the essential skills required for writing:

- Assessing passage development
- Assessing paragraph logic
- Assessing mechanics of writing

SCIENCE – 20 questions; time allotted – 30 minutes. The test measures the candidate’s knowledge of physiology in the following areas:

- Cardiovascular system
- Electrolytes
- Gastrointestinal system
- Immune system
- Neurology
- Renal system
- Hematological system
- Homeostasis
- Respiratory system
- Sensory system



FINANCIAL AID OFFICE FAFSA Application Procedures

Please follow the checklist below, which will guide you through the steps required to measure your financial need and determine your eligibility. If you have questions, contact the Financial Aid Office for assistance at 850.983.5700 ext. 209 or 211.

1. Paperwork – Here’s a checklist! You should have the following information available to you as you fill out the FAFSA:

- Federal tax information – **for tax return filers use the IRS Data Retrieval Tool that is part of FAFSA on the web.** This tool will allow you to transfer IRS income information directly into the FAFSA.
- Locklin Tech **requires** all tax return filers to use the IRS Data Retrieval Tool. In rare circumstances, Locklin Tech may allow the student to submit an **IRS tax return transcript**—not a photocopy of the income tax return. To obtain an IRS tax return transcript, go to www.irs.gov or call 800.908.9946. **Make sure to request the “IRS tax return transcript” and not the “IRS tax account transcript.”**
- **For tax return non-filers**, the student must report and list any employers and the amount earned from each employer. The student will be required to obtain written documentation from the IRS stating that the student was not required to file a tax return.
- If you have low or no income, you must document how you are able to live on reduced or no income. **Extra forms will be required for verification purposes.**

2. Complete your FAFSA Application ON-LINE

- Go to: www.fafsa.gov to complete your on-line application.
- Locklin Tech’s school code number is **017198**
- Instructions are provided for each FAFSA question in the Help and Hints section on the right side of the page and are also available by clicking **Need Help?** at the bottom of the page.
- Be patient! The FAFSA is user-friendly and easy to complete--follow the steps and read each question carefully.

If you need help STOP and call 800.433.3243 for assistance or visit studentaid.ed.gov. The Educational Opportunity Center at Pensacola State College (Milton Campus) offers free FAFSA help services. Call for an appointment – 850.484.4455.

3. Check your EFC – Maximum Award for 2017-18 = \$5,920.00

After you finish your FAFSA, you will receive your student aid report (SAR) via email, or postal mail if you did not give an email address. Your SAR has your Expected Family Contribution (EFC) number. This number is a measurement of your financial strength and is used by the Financial Aid Office to determine your eligibility. Upon receipt of your SAR, contact Locklin Tech Student Services/Financial Aid at 850.983.5700 ext. 209 or 211 to make an appointment with the Financial Aid Counselor.

TRANSCRIPTS

All high school and/or college transcripts must be mailed or faxed to Locklin Technical Center. Transcripts must have an official seal from the issuing institution and should be mailed or faxed to the attention of "Student Services." The **cumulative GPA should be 2.0 or higher for admission to the practical nursing program.**

Mailing Address:

Locklin Technical Center

5330 Berryhill Road

Milton, FL 32570

ATTN: Student Services

Fax Number:

850.983.5715

ATTN: Student
Services



FLORIDA RESIDENCY DECLARATION FOR TUITION PURPOSES

A Florida "resident for tuition purposes" is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residency in Florida for at least twelve (12) consecutive months preceding the first day of classes of the term for which Florida residency is sought.

- Residence in Florida must be a bona fide domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education.
- To qualify as a Florida resident for tuition purposes, you must be a U.S. citizen, a foreign national in a nonimmigrant visa classification that grants you the legal ability to establish a bona fide domicile in the United States, a permanent resident alien, parolee, asylee, Cuban-Haitian entrant, legal alien granted indefinite stay by the U.S. Citizenship and Immigration Services, or other qualified alien as defined under federal law. Other persons not meeting the twelve-month legal residence requirements may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature pursuant to section 1009.21, Florida Statutes (see "Qualification by Exception" below). All other persons are ineligible for classification as a Florida "resident for tuition purposes."
- Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend upon out-of-state parents for support are presumed to be legal residents of the same state as their parents.
- Residency for tuition purposes requires the establishment of legal ties to the state of Florida. A student must verify that the student has broken ties to other states if the student or, in the case of a dependent student, his or her parent has moved from another state.

Please print if submitting hard copy.

Name of Student: _____ Date of Birth: _____

Student is a: U.S. Citizen Non-U.S. Citizen Permanent Resident Other

Alien Registration Number: _____ Issue Date: _____ Visa

Category _____

All non-U.S. citizen students seeking classification as a Florida resident for tuition purposes are required to submit documentation of their legal status in the United States as issued by the United States Citizenship and Immigration Services office.

NON-FLORIDA RESIDENT

I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted. I understand that should I qualify for a future term, it will be necessary for me to submit an updated Residency Declaration while providing prescribed, supporting documentation to substantiate as "reclassification" of my status. I understand being classified as a non-Florida resident will not exclude me from the possibility of receiving a waiver to cover part or all of the out-of-state fee as defined in s. 1009.26, Florida Statutes. Submission of an updated Residency Declaration must occur prior to the beginning of the term for which residency is sought. I do not have to complete any further portion of this form, with the exception of signing below.

Student Name: _____

Signature of Student: (Electronic or ink): _____ Date: _____

TO BE COMPLETED BY THE STUDENT SEEKING FLORIDA RESIDENCY FOR TUITION PURPOSES:

I qualify as a resident for tuition purposes, as defined by s. 1009.21, Florida Statutes, for the term for which this application is submitted. I understand that it will be necessary for me to present evidence of residency for tuition purposes, supporting my claim as a Florida resident for tuition purposes. I have read the residency information on qualifying as a dependent or independent student, and declare that: (select one of the options below):

I am a dependent student, as defined by s. 1009.21(1)(a), Florida Statutes, in that I am eligible to be claimed as a dependent under the federal income tax code by the claimant below. The claimant is my “parent” as defined by s. 1009.21(1) (f), Florida Statutes, (i.e., either or both parents of the student, any guardian of a student, or any person in a parental relationship to the student). My parent has maintained legal residence in Florida for at least the past 12 consecutive months. As defined by section 1009.21(1)(d), Florida Statutes, “legal resident” or “resident” means a person who has maintained his or her residence in this state for the preceding year, has purchased a home which is occupied by him or her as his or her residence, or has established a domicile in this state pursuant to s. 222.17.” A copy of your parent’s tax return may be requested to establish dependence.

I am an independent person who has maintained legal residence in Florida for at least the past 12 consecutive months. I provide more than 50% of my own support. An independent student generally includes a person who is at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, a ward of the court, or someone with legal dependents other than a spouse, pursuant to the United States Department of Education for the purposes of federal financial aid eligibility. There may be limited cases where a person under the age of 24 years old may qualify as an independent student. Such students will be required to verify independence (including financial independence.) A copy of your tax return may be requested to establish independence.

I meet residency requirements through one of the Qualifications by Exception below (check appropriate exception):

TERM OF APPLICATION: (check one): FALL SPRING SUMMER YEAR: 20 _____

QUALIFICATION BY EXCEPTION (to be completed by the student.)

As provided in s. 1009.21, Florida Statutes, I qualify for residency based on the following permitted exception (documentation required):

I am a qualified beneficiary under the terms of the Florida Prepaid College Program (s. 1009.98, Florida Statutes.) (Required: Copy of Florida Prepaid Recipient card.)

I am married to a person who has maintained legal residence in Florida for at least the past 12 consecutive months. I now have established legal residence and intend to make Florida my permanent home. (Required: copy of marriage certificate and/or other documents required to establish residency.)

I was previously enrolled at a Florida state postsecondary institution and classified as a Florida resident for tuition purposes. I am transferring to another Florida state postsecondary institution within 12 months of the previous enrollment. (Required: Evidence of previous enrollment as a FL resident)

I was previously enrolled at a Florida state postsecondary institution and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago and am now re-establishing Florida legal residence.

Active duty members of the Armed Services of the United States residing in this state and their spouses and dependent children, and active drilling members of the Florida National Guard. (Required: Copy of military orders or DD2058 showing home of record.)

[] Active duty members of the Armed Services of the United States and their spouses and dependents attending a Florida College System institution or state university within 50 miles of the military establishment where they are stationed, if such military establishment is within a county contiguous to Florida. (Required: Copy of military orders.)

[] United States citizens living on the Isthmus of Panama, who have completed 12 consecutive months of college work at the Florida State University Panama Canal Branch, and their spouses and dependent children. (Required: Copy of marriage certificate or proof of dependency.)

[] Full-time instructional and administrative personnel employed by state public schools and institutions of higher education and their spouses and dependent children. (Required: Employment Verification) [] Students from Latin America and the Caribbean who receive scholarships from the federal or state government. Any student classified pursuant to this paragraph shall attend, on a full-time basis, a Florida institution of higher education. (Required: proof of scholarship and Latin America or Caribbean residency.) []

[] Southern Regional Education Board's Academic Common Market graduate students attending Florida's state universities. (Required: Certification letter from State Academic Common Market Coordinator.)

[] Full-time employees of state agencies or political subdivisions of the state when the student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training. (Required: Employment verification/payment agreement).

[] McKnight Doctoral Fellows and Finalists who are United States citizens. (Required: Verification from graduate studies.)

[] United States citizens living outside the United States who are teaching at a Department of Defense Dependent School or in an American International School and who enroll in a graduate level education program which leads to a Florida teaching certificate. (Required: Proof of enrollment in graduate program for FL teaching certificate.)

[] Active duty members of the Canadian military residing or stationed in this state under the North American Air Defense (NORAD) agreement, and their spouses and dependent children, attending a Florida College System institution or state university within 50 miles of the military establishment where they are stationed. (Required: Proof of active duty membership for specified purpose.)

[] Active duty members of a foreign nation's military who are serving as liaison officers and are residing or stationed in this state, and their spouses and dependent children, attending a Florida College System institution or state university within 50 miles of the military establishment where the foreign liaison officer is stationed. (Required: Proof of active duty membership for specified purpose.)

TO BE COMPLETED BY THE CLAIMANT/PERSON CLAIMING FL RESIDENCY:

Note: If the student is a dependent, the parent is the claimant and will complete this section and provide evidence of residency supporting the claim. If the student is independent, the student is the claimant and will complete this section and provide evidence of residency supporting the claim. **No single document shall be conclusive in establishing residency. Additional documentation, other than what is prescribed, may be requested in some cases. All documentation provided is subject to verification. Evidence of ties to another state may result in denial of Florida residency for tuition purposes.**

Claimant/Name of Person Claiming FL Residency:

_____ **Claimant's Relationship to Student:**

_____ **Claimant's Address:**

_____ **Telephone Number:**

_____ **Date Claimant began establishing legal FL residence (if upon birth, enter birthdate):** _____

PROVISION OF DOCUMENTS TO SUPPORT CLAIM OF FLORIDA RESIDENCY

Per s. 1009.21(3) (c), Florida Statutes, the residency determination must be documented by the submission of written or electronic verification that includes two or more of the documents identified below. No single piece of evidence shall be conclusive.

A. Claimant must provide at least one of the following of his/her personal documentation:

- Florida Voter's registration card Number: _____ Issue Date: ____/____/____
- Florida Driver's license. Number: _____ Original Issue Date: ____/____/____
Current Issue Date: ____/____/____
- Florida State identification card. Number: _____ Original Issue Date: ____/____/____ Current Issue Date: ____/____/____
- Florida Vehicle registration. Number: _____ Original Issue Date: ____/____/____
Current Issue Date: ____/____/____
- Proof of permanent home in Florida occupied as primary residence for 12 consecutive months prior to the student's enrollment. (Required: document such as a deed or other evidence of title to property used as primary residence, a homeowner's policy, a title insurance policy, evidence of a property tax payment on the primary residence, multiple leases reflecting a Florida address, or a lease of multiple years' duration.)
- Proof of a homestead exemption in Florida. (Required: document from the county tax collector demonstrating the application of a homestead exemption to the claimant's primary residence.)
- Official transcripts from a Florida high school for multiple years (2 or more years), if the Florida high school diploma or GED® was earned within the last 12 months.
(Dates of Attendance: _____ Graduation Date: ____/____/____). (Required: transcript)
- Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period. (Required: pay stubs or W-2 form for past 12 consecutive months and/or verification from employers, and/or an IRS 1099 with verification of employment for the past 12 consecutive months from an employer.)

B. Claimant may provide one or more documents from the following categories to demonstrate residency in Florida (to be used in conjunction with one document from above):

- Declaration of domicile in Florida in accordance with s. 222.17, Florida Statutes.
- Florida professional or occupational license.
- Florida incorporation.
- Document evidencing family ties in Florida
- Proof of membership in a Florida-based charitable or professional organization.
- Any other documentation that supports your request for resident status, including, but not limited to, utility bills and proof of 12 consecutive months of payments; a lease agreement and proof of 12 consecutive months of payments; or an official state, federal, or court document evidencing legal ties to Florida.

RESIDENCY DECLARATION:

I, the undersigned, hereby declare that I have read the foregoing document and that the facts stated in it are true and further affirm the authenticity of the information provided on all pages of this Residency Declaration. I understand that any false or misleading information on this Residency Declaration, or provided in support of this Residency Declaration, will subject me to penalties pursuant to section 837.06, Florida Statutes, for making a false statement. I give permission for the institution to review or examine any and all documents and records, including those accessible electronically, which may assist in support of my claim as a Florida resident for tuition purposes.

Student Name (Please Print): _____

Claimant Name (if not the Student): _____

Signature of Claimant (Electronic or ink): _____ Date: _____



**PRACTICAL NURSING
PROGRAM
ATTENDANCE POLICY**

Research indicates a high correlation between attendance, punctuality and job success. Business and industry can function only when their employees are working; the same is true for instructional programs. Locklin Tech strives to teach high standards for job prep and employability skills. Students who have excessive absences miss classroom experiences which cannot be recaptured. Students are expected to be in class on a regular basis, be on time and remain there unless excused or dismissed by the instructor. Student success in the program is contingent upon meeting program hours and competency requirements. **Excessive or unexcused absences, tardiness, leaving early or not making adequate progress in a program may result in an administrative withdrawal.** The purpose of this policy is to promote an efficient learning atmosphere and minimize unscheduled absences.

The Practical Nursing Program at Locklin Tech has a very stringent attendance policy. Students who violate this policy will be administratively withdrawn. Be sure you are able to commit to this program's policies before enrolling.

Six absences are considered excessive whether they are excused or unexcused. It is your responsibility to understand the program's attendance procedures.

- Written warning is issued on 4th absence.
- Notice of Conference is issued on 5th absence.
- Administratively withdrawn upon accrual of the 8th absence.
- Three missed clinical days will result in an administrative withdrawal.

Print Student Name

I understand that I am responsible for understanding and adhering to the Practical Nursing Program's Attendance Policy.

Student Signature

Date

This form is due to Locklin Tech Center Student Services on April 7, 2017.

A copy of this signed form will be provided for your instructor and you.



**PRACTICAL NURSING PROGRAM
10 PANEL RAPID DRUG TEST POLICY**

Locklin Tech will provide drug kits to students for the cost of \$25. This will be done after the school year begins as a class project. This is required for ALL students. Any questionable results from the drug screen will result in immediate dismissal from the program. The drug test screens for the following drugs:

- Amphetamines
- Barbiturates
- Benzodiazepine
- Cocaine
- Marijuana
- Methadone
- Methamphetamines
- Opiates/Morphine
- Phencyclidine
- Tri-Cyclic Antidepressants

Print Student Name

I understand that I am required to have a drug test screening at a cost to me of \$25.

Student Signature

Date

This form is due to Locklin Tech Center Student Services on April 7, 2017.

A copy of this signed form will be provided for your instructor and for you.

**COST AND FEE SHEET
PRACTICAL NURSING PROGRAM
2017-18 SCHOOL YEAR**

The following is a list of approximate costs and is subject to change without notice. Items listed on this sheet are **required** to complete the practical nursing program.

Tuition*	\$4200 (2 semesters + summer term)
Books	\$950
TABE	\$20
Parking Decal	\$10
KAPLAN Testing	\$10 for first test (2 nd KAPLAN is \$20)
Drug Screening	\$25
Background Screening & Fingerprinting	\$100
Uniforms/Supplies	\$325
TB Screening/Flu Shot	\$20 (before clinical rotation)
Physical	Varies (due by first day of school)
Immunizations, if applicable	MMR: \$150 - Tetanus: \$35 - Hepatitis B: \$225
NCLEX-PN (Licensure Exam and fees)	\$400 (at end of program)
CPR Certification	\$35

***Tuition is paid by semester/term NOT in full at the beginning of the program. Tuition & fees are for the 2017-2018 school year and include cost of technology, scholarship, capital improvement, & lab fees.**

Prospective students should complete the Free Application for Federal Student Aid (FAFSA). All students are encouraged to apply even if you feel you may not qualify. To be considered for scholarships or other financial opportunities a completed FAFSA is required. Applicants should discuss financial aid with the Financial Aid Counselor in Student Services.

Hepatitis B immunization is REQUIRED for participation in the clinical portion of the program. Please make arrangements to complete this series by November 7, 2017.

Print Student Name

I understand that I am responsible for ALL expenses for this program not covered by financial aid, scholarships or other funding sources.

Student Signature

Date

This form is due to Locklin Tech Center Student Services on April 7, 2017.

A copy of this signed form will be provided for your instructor and you.

Instructions for Background Screening

You will fill out the following 3 pages and then once you are selected you come back in and pay a \$32.00 fee and Student Services will go online and request the background screening.

MORE INFORMATION ABOUT BACKGROUND SCREENINGS

If a potential student has an arrest record from any state at any time or has been terminated for cause from a Medicaid or Medicare program in any state, the student may not be eligible for licensure in Florida.

- Clinical hours are a requirement for completion of a nursing program. Students with an arrest record may not be admitted for clinical rotations. Each clinical facility has its own admission policy for students.
- Completion of a nursing program is required before applying for a license. If a student cannot be admitted to clinical rotations, the student cannot complete the nursing program.
- If the student is admitted to clinical rotations and completes the nursing program, the Board of Nursing must approve each “non-routine” applicant to sit for the licensing exam.

The following information is published on the Board of Nursing website. Please go to <http://www.doh.state.fl.us/mqa/nursing> for frequently asked questions and additional information.

“Pursuant to Section 456.0635, *Florida Statutes*, effective July 1, 2009, health care boards or the department shall refuse to issue a license, certificate, or registration and shall refuse to admit a candidate for examination if the applicant has been:

1. Convicted or plead guilty or nolo contendere to a felony violation regardless of adjudication of: chapters 409, 817, or 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C ss. 1395-1396, unless the sentence and any probation or pleas ended more than 15 years prior to the application.
2. Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent five years).
3. Terminated for cause by any other State Medicaid Program or the Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent five years).”

You are strongly encouraged to speak to a member of the nursing faculty if you have questions about background screening and the licensing process.

CONSENT TO PERFORM NON-EMPLOYMENT BACKGROUND CHECK FOR VOLUNTEERING ACTIVITIES

Last Name	First Name	Middle Name or Initial	
Maiden or other name(s) used in any and all other records of birth or records of residence			
*Address			Apartment or #
			FL
City	County Zip	State	
**Date of Birth	Social Security Number	**Gender	**Race

****TO BE USED FOR NON-EMPLOYMENT BACKGROUND CHECK PURPOSES ONLY**

In connection with my application and desire to engage in volunteer activities, I have been advised and I hereby consent and authorize **Locklin Tech** and its agent, at any time during or subsequent to my application process, to conduct a background check that may include a criminal record check and such additional verifications and reference checks as deemed necessary. I do hereby consent to **Locklin Tech's** use of any information provided on this form or during the application process in performing the non-employment related background check. I agree to release, indemnify and hold harmless **Locklin Tech** and any agency used by **Locklin Tech** with regard to any information provided by the agency. I have been informed that I will have a reasonable opportunity to clear up any mistaken information provided by the agency within a reasonable time frame established within the sole discretion of **Locklin Tech**. I acknowledge that facsimile, copy of electronic version of this form, shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1. YES NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors).

If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of Conviction: _____

2. YES NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of Offense: _____

3. ____YES____NO Have you ever-received probation or community supervision for any federal, state or municipal offense?

If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of

Supervision: _____

4. ____YES____NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of Conviction: _____

5. ____YES____NO As of the date of the consent form, do you have any pending charges against you?

If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of Conviction: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN

COUNTY

STATE

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT THIS WILL BE GROUNDS FOR DENYING OR TERMINATING MY ABILITY TO PROVIDE VOLUNTEER SERVICES FOR LOCKLIN TECH.

Signed this _____ day of _____, _____

APPLICANT/VOLUNTEER _____ (PRINT NAME) APPLICANT/VOLUNTEER _____ (SIGNATURE)



What to do to get fingerprinted

At **Locklin Tech** we fall under the Program (**VECHS**) Volunteer/ Employees Criminal History Search –

We have a VECHS number (**V57020002**) also known as the ORI # that is required for the fingerprinting process. This VECHS #/ORI # indicates who is asking for the background check and is where to send the results. FDLE uses this number to send the results to the school. Putting in the wrong VECHS #/ORI # will result in having to start the process over again, including additional payment and fingerprinting.

What you need from Locklin Tech	What to bring with you to the appointment:
Program VECHS Volunteers ORI# V57020002 (Locklin Tech)	Government issued ID with photo
www.daontis.com/fl	12 digit number printed on the receipt

1. To start the process, you must go online and register.

Navigate to www.daontis.com/fl

Start the registration process by clicking Register on top left hand corner of our website.

2. Follow the steps below. Please note that you CANNOT hit the back button at any time during the registration process. Please ensure that all information is correct, entering the wrong information will result having to repeat the process and additional monies.

Step 1: Enter the requested information –

Create a DTIS username and password, confirm the password. The system will show the strength of the password if not acceptable you will not be able to proceed. (Min 6 characters and Max 20. Should contain a mix of upper and lower case letters, numbers and symbols. Leading and trailing spaces are removed)

Check that you have read and agree with the Privacy policy.

Click **Create Account**

Enter the Captcha Words and the click **Create Account**.

1. Program

You must select a Program -- VECCHS Volunteers

ORI: **V57020002** (Locklin Tech)

Reason - Volunteer

Click **Next** to continue.

2. Applicant

Enter your first and last name and email address and phone number, providing the correct email will ensure that your final receipt is emailed to you once the account is created and process completed.

Please ensure that all areas marked with (*) are completed

Click **Next** to continue.

3. Alias

Enter any Alias information (ie: Maiden name) if applicable.

Click **Done with Aliases** to continue.

4. Home

Enter your home address. Click **Next** to continue. – The system requires applicant to enter a home address

5. Work

Enter your work address if applicable. Click **Next** to continue.

6. Biographic

Enter all required biographic information. (* indicates required field) Click **Next** to continue.

7. Appointment

Click on the search and select one of the 4 options.

You must select a location to be fingerprinted. Enter a city and or zip code to search by listed address. You can also search by your home or work address if you provided that information on (tab 4. Home) and (tab 5. Work).

The search will generate a list of fingerprinting locations for you to choose from; click on the location at which you would like to be fingerprinted. Click on the location to pick a date and time for your appointment.

A list of available time will be generated. Select the time during which you would like to be fingerprinted.

Click **Register and Schedule Appointment**

At this point the system will request a credit card payment

Once payment is processed a receipt with your TCN or account number will be generated. Please print this receipt and take it, along with a government issued photo ID, to your fingerprinting appointment.

Click Logout to Exit

Should you have any further question please contact our call center 703-797-2562

Form A

Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau



VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History Systems
(VECHS) for Criminal History Record Checks
under the National Child Protection Act of 1993, as
amended, and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contactor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*enter Name of Qualified Entity*) **Locklin Tech** to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

I _____ have **OR** _____ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I _____ do **OR** _____ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): _____ Employee _____ Volunteer _____ Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____, FL _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____ Address: _____

Telephone: _____ Fax: _____ FDLE Assigned Qualified Entity

Number: _____

ORIGINAL MUST BE RETAINED BY QUALIFIED ENTITY

SPECIAL PRICING FOR LOCKLIN TECH STUDENTS

~for immunizations and physical~

Hepatitis B vaccine	\$75 each dose
(3 separate vaccinations)	
Hepatitis B titer	\$45
TB screening (PPD)*	\$20
MMR vaccine	\$75 each dose
MMR titer	\$75
Varicella vaccine	\$112 each dose
(Administered in two different vaccinations)	
Varicella titer	\$45
Tetanus/diphtheria	\$35
Tdap	\$50
(one or the other in the past 10-years, i.e. Tetanus/diphtheria <u>or</u> Tdap)	
Flu vaccine/shot*	\$20
FluMist*	\$25
(either the Flu vaccine/shot OR FluMist)	

(All prices are approximates & subject to change without notice)

*TB screening and Flu vaccine/FluMist (whether it be the Flu vaccine/shot or FluMist) should be done after school starts but before clinicals (August/September 2016).

Office Locations:

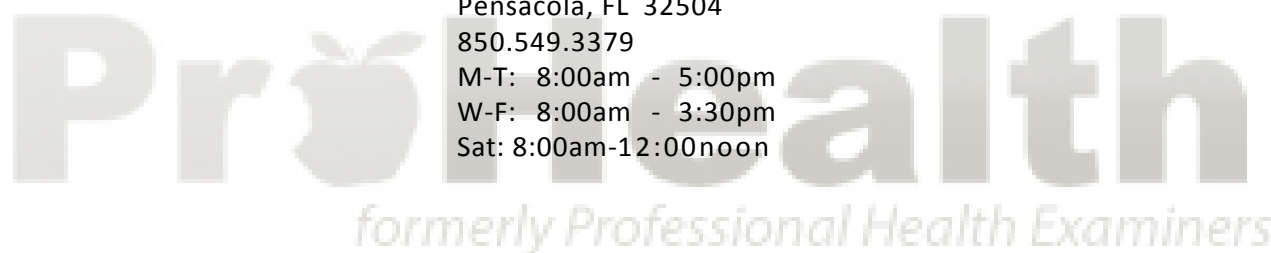
Vaccines and titers can be done at any location. Physicals are only available at the **ProClinic** and the fee is \$40.00.

5825 Highway 90
Milton, FL 32583
850.626.3430
Monday: 10:00 am – 2:00 pm
T-F: 8:00am - 2:00pm

3298 Summit Boulevard, Suite
33 Pensacola, FL32503
850.434.6168
M-F: 7:30am - 5:00pm

1157 Gulf Breeze Parkway Gulf
Breeze, FL 32561 850.677.0737
M-T-TH-: 8:00am – 4:30 pm
W: 8:00am - 12:30pm
F: 8:00 am – 5:00 pm
S: 12:00pm - 5:00pm

1100 Airport Boulevard, Suite B
Pensacola, FL 32504
850.549.3379
M-T: 8:00am - 5:00pm
W-F: 8:00am - 3:30pm
Sat: 8:00am-12:00noon



11 Racetrack Road NE, Suite D-1
Fort Walton Beach, FL 32547
850.243.2900
M-F: 8:00am - 3:00pm

4942 Highway 98, Suite 23
Santa Rosa Beach, FL 32459
850.267.0360
M-F: 7:30am - 1:00pm

102 Alabama Street, Suite B
Crestview, FL32536
850.689.7592
M-F: 8:00am – 1:30pm

LOCKLIN TECHNICAL CENTER PRACTICAL NURSING PROGRAM PRE-PARTICIPATION PHYSICAL EVALUATION FORM

This form must be complete and on file in the Nursing Department before a student is allowed to participate in the clinical portion of any nursing program.

Part 1. Student Information: (to be completed by student and/or parent).			
Student Name:	Gender:	Age:	Birthdate:
Grade: 10 ___ 11 ___ 12 ___ Adult ___			
Home Address:			
Home Phone: ()		Work Phone: ()	
Cell Phone: ()		Parent/Guardian Name:	
Emergency Contact Name:		Contact Phone: ()	
Contact Relationship to Student:		Personal Physician:	

Part 2. Physical Examination (to be completed by physician).

Student Name: _____ DOB: _____ Height: _____ Weight: _____
Pulse: _____ Blood Pressure: _____ Visual Acuity: Right 20/ _____ Left 20/ _____ Corrected: Yes No

Findings	Normal	Abnormal
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
Neck		
Back		
Arm/Shoulder/Wrist/Hand		
Hip/Thigh		
Leg/Ankle/Foot		

RECOMMENDATIONS: 1. ___ Cleared without limitation.
2. ___ Cleared with the following limitation(s). _____
3. ___ Not cleared. Reason _____

Name of Physician/Nurse Practitioner/Licensed Physician Assistant: _____

Physician/ARNP/PA Signature: _____ Date: _____

Part 3. Statement of Understanding
Locklin Technical Center does not provide health insurance for students nor is Locklin Technical Center or any clinical facility utilized by Locklin Technical Center students responsible for student injury or accident.
Student/Responsible Party's Signature: _____