



PRACTICAL NURSING APPLICATION PROCESS CHECKLIST 2023-24

All required documents and a completed application must be received in Student Services by **May 09, 2023** in order to be considered for application to the Practical Nursing Program. Only completed application packets will be considered for admission. Applicants will be notified via e-mail of their admission status to the program after **June 19, 2023**. Checklist of required items is provided for your convenience.

- Complete the Radford M. Locklin Technical College (Locklin Technical College) Program Application in Student Services as your Intent to Apply to the 2023-24 Practical Nursing Program.
- Schedule Post-Secondary Readiness Test (PSR) at 850.983.5700 ext. 3454. The fee is \$20 and must be prepaid at Locklin Technical College.
- May enroll in a \$30.00 Remediation Course for PSR testing.
- Schedule a Kaplan admission exam. The exam cost is \$50.00 and must be prepaid in Locklin Technical College Building 1 prior to your testing date. If you are unhappy with your score, you may opt to take the exam a second time. The cost for a retest will be \$50.00 and must also be prepaid before your testing date. *Please note that you may not have time to schedule a retest if your initial testing date is after March 10, 2023.* **No call, no show for the test will eliminate you from the applicant pool.**
- Must complete the Academic Assessment tests by **May 09, 2023**.
- Have **official** high school and/or college transcripts mailed or faxed to Locklin Technical College (cumulative GPA should be 2.0 or higher).
- Read and sign off on the Cost and Fee Sheet to attend the Practical Nursing Program.
- Complete the Self-Disclosure of Employment, Criminal, and Mental Health History. Please review this form carefully & be sure to include all information that is requested.
- Proof of current immunizations and/or titer on file in Student Services.
- Read and sign off on the Practical Nursing Program's Medical Information Agreement (2 pages).
- Complete **BOTH** sides of the Physical Evaluation form – signed by a physician.
- Read and sign off on the Training Site Affiliation Agreement Compliance Document to attend the Practical Nursing Program.
- Read and sign off on the Practical Nursing Program's Attendance Agreement.
- Read and sign off on the Practical Nursing Program's 10-Panel Rapid Drug Test Policy.
- Complete 10-Panel Rapid Drug Screening.
- Complete "Form A - VECHS Waiver Agreement and Statement" Please review this form carefully and be sure to include all information that is requested. **Please complete the fingerprinting process ("DAON") between May 08, 2023 – May 12, 2023.**
- Read and sign off on the Student Release of Social Security Number.

If admitted:

- Complete the 2023-24 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 2021 tax return prior to completing this application and use the IRS data retrieval tool to transfer 2021 income tax information into the FAFSA.
- Pay tuition and fees for the first semester by **July 27, 2023**, or provide evidence of funding source (i.e. PELL, Vocational Rehab, VA, WIOA, etc.). Tuition and fees for the second semester will be due by **December 08, 2023**.

GENERAL INFORMATION

- Classes begin on **August 10, 2023**, and end in **July 2024**. This is two semesters plus an eight-week summer term.
- Class hours will be 8:00 a.m. – 2:41 p.m. Monday - Friday. Class hours and dates are approximate for the 2023-24 school year. **Class hours will vary during clinical rotations.**
- A drug screening will be completed as part of the application and randomly throughout the program. Any positive results may dismiss you from the program immediately.
- **Meet all health and vaccinations requirements outlined under the immunization guidelines and in the clinical training facilities affiliation agreements prior to enrollment in the program.**
- Practical Nursing Program admissions committee will meet to evaluate completed applications. You will receive notification regarding your admission to the program after decisions have been made by the committee. Practical Nursing spaces are limited so potential students need to adhere to the date deadlines. When making a further determination concerning enrollment into the program, your transcripts, PSR test, and KAPLAN scores, background screening results and interview will be taken into consideration.
- Students must be in attendance every day. The program is fast-paced and intense. Absences will lead to poor progress and possible removal from the program.

TRANSCRIPTS

All high school and/or college transcripts must be mailed or faxed to Locklin Technical College. Transcripts must have an official seal from the issuing institution and should be mailed or faxed to the attention of "Student Services." Hand delivered transcripts must be sealed by the issuing institution.

The **cumulative GPA should be 2.0 or higher for admission to the Practical Nursing Program.**

Mailing Address:

Locklin Technical College
 5330 Berryhill Road
 Milton, FL 32570
 ATTN: Student Services
 Fax Number: 850.983.5715

Academic Admission Requirements

All students must meet all academic admission requirements as outlined in the Locklin Technical College Curriculum Guide & Student Handbook.

The PERT is required and is scheduled in the testing lab at Locklin Technical College most Tuesdays and Thursdays. PERT test times are available Tuesday mornings at 9:30 a.m. and Thursday afternoons at 12:30 pm. There is a \$20 fee that must be pre-paid when scheduling the exam. Call 850.983.5700, ext. 3454 to schedule and pay for the exam with a credit card. If paying by cash or check, the exam must be scheduled in person at Locklin Technical College's Building 1.

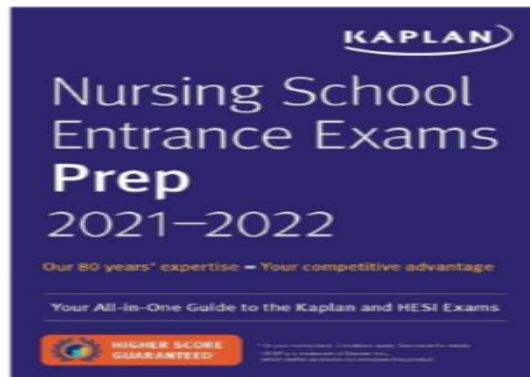
All students must take the PERT as a part of the Practical Nursing Application Process. Additional post-secondary readiness testing may be required to meet the Florida State Board of Education Rule 6A-10.040 if you do not meet exemption requirements. The Practical Nursing program requires a minimum grade equivalent of 11 on the Reading, Math, and Language sections of the Test of Adult Basic Education (TABE). If required, the TABE cost is \$20.



The Kaplan Admissions Test is required and 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 test times are available Monday mornings at 9:30 a.m. and Wednesday afternoons at 12:30 pm.**

Potential students are encouraged to prepare for the exam by purchasing the Kaplan Nursing School Entrance Exams Prep 2021-2022. Kaplan suggests the following preparatory text, available at local bookstores or through Amazon.com: **"Kaplan Nursing School Entrance Exams Prep 2021-2022"**. 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"**.

The exam cost is \$50.00 and must be prepaid in Building 1 prior to your testing date. If you are unhappy with your score, you may opt to take the exam a second time. The cost for a retest will be \$50.00 and must also be prepaid before your testing date. Please note that you may not have time to schedule a retest if your initial testing date is after **March 10, 2023**. **No call, no show for the test will eliminate you from the applicant pool.** Please arrive 15 minutes before your test time as there will be a short interview before testing begins.



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

COST AND FEE SHEET PRACTICAL NURSING PROGRAM 2023-24 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.

Required Drug Screening Fee for Application	\$45 10 Panel Drug Screening
Required Registration Fee	\$35 Locklin Technical College
Tuition*	\$4200 (2 semesters + summer term)
Curriculum	\$1300
TABE/PSR	\$20
Parking Decal	\$10
KAPLAN Testing	\$50
Drug Screening - Random	\$25
Background Screening & Fingerprinting	\$100
Uniforms/Supplies	\$325
TB Screening/Flu Shot	\$70 (before clinical rotation)
Physical	Varies (due by May 09, 2023)
Immunizations, if applicable	MMR: \$200 - Tetanus: \$40 - Hepatitis B: \$300
NCLEX-PN (Licensure Exam and fees)	\$400 (at end of the program)
CPR Certification	\$40

***Tuition is paid by semester/term NOT in full at the beginning of the program. Tuition & fees are for the 2023-2024 school year and include the cost of technology, scholarship, capital improvement, and lab fees.**

If admitted, students should complete the Free Application for Federal Student Aid (FAFSA). All students are encouraged to apply even if they feel they 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.

Please Note: Enrollment in and completion of a healthcare program is not a guarantee of obtaining Florida Department of Health licensure as a Licensed Practical Nurse or Certified Nursing Assistant. It is understood by the applicant that program performance, state testing, and other criteria, including, but not limited to, those disqualifying offenses listed in SS. 435.04, FLA. STAT. may prevent or limit the applicant's ability to participate in the required training or meet other requirements for such state licensure.

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. Financial aid may cover tuition and fees, books, exams, and uniforms/scrubs.

Student Signature

Date

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Prohibited Criminal Offenses FL Statute 435

Nurses are required to undergo a Level 2 background screening for licensure and employment. The affiliation agreements between the clinical facilities and Locklin Technical College require our nursing students to undergo the same Level 2 background screening as the nurses they employ. Please see Florida Statute 435 www.leg.state.fl.us for the complete Chapter.

An excerpt from FL Statutes 435 Criminal Background Check states:

“The security background investigations under this section must ensure that no persons subject to the provisions of this section have been arrested for and are awaiting final disposition of, have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of state law or similar law of another jurisdiction:

Listed below are prohibited criminal offenses.

- a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- d) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- e) Section 782.04, relating to murder.
- f) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- g) Section 782.071, relating to vehicular homicide.
- h) Section 782.09, relating to the killing of an unborn child by injury to the mother.
- i) Chapter 784, relating to assault, battery, and culpable negligence if the offense was a felony.
- j) Section 784.011, relating to assault if the victim of the offense was a minor.
- k) Section 784.03, relating to battery if the victim of the offense was a minor.
- l) Section 787.01, relating to kidnapping.
- m) Section 787.02, relating to false imprisonment.
- n) Section 787.025, relating to luring or enticing a child.
- o) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- p) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- q) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- r) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapons on school property.
- s) Section 794.011, relating to sexual battery.
- t) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- u) Section 794.05, relating to unlawful sexual activity with certain minors.
- v) Chapter 796, relating to prostitution.
- w) Section 798.02, relating to lewd and lascivious behavior.
- x) Chapter 800, relating to lewdness and indecent exposure.
- y) Section 806.01, relating to arson.
- z) Section 810.02, relating to burglary.
- aa) Section 810.14, relating to voyeurism if the offense is a felony.
- bb) Section 810.145, relating to video voyeurism if the offense is a felony.
- cc) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- dd) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- ee) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- ff) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- gg) Section 825.103, relating to exploitation of an elderly person or disabled adult if the offense was a felony.
- hh) Section 826.04, relating to incest.
- ii) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- jj) Section 827.04, relating to contributing to the delinquency or dependency of a child.
- kk) Former s. 827.05, relating to negligent treatment of children.
- ll) Section 827.071, relating to sexual performance by a child.
- mm) Section 843.01, relating to resisting arrest with violence.
- nn) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of

- protection and communication.
- oo) Section 843.12, relating to aiding in an escape.
- pp) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.
- qq) Chapter 847, relating to obscene literature.
- rr) Section 874.05, relating to encouraging or recruiting another to join a criminal gang.
- ss) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
- tt) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- uu) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- vv) Section 944.40, relating to escape.
- ww) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
- xx) Section 944.47, relating to introduction of contraband into a correctional facility.
- yy) Section 985.701, relating to sexual misconduct in juvenile justice programs.
- zz) Section 985.711, relating to contraband introduced into detention facilities.

(3) The security background investigations under this section must ensure that no person subject to this section has been arrested for and is awaiting final disposition of, been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

(4) For the purpose of screening applicability to participate in the Medicaid program, the security background investigations under this section must ensure that a person subject to screening under this section has not been arrested for and is not awaiting final disposition of; has not been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to; and has not been adjudicated delinquent and the record sealed or expunged for, any of the following offenses:

(a) Violation of federal law or a law in any state which creates a criminal offense relating to:

1. The delivery of any goods or services under Medicaid or Medicare or any other public or private health care or health insurance program, including the performance of management or administrative services relating to the delivery of goods or services under any such program.
2. Neglect or abuse of a patient in connection with the delivery of any health care good or service.
3. Unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.
4. Fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct.
5. Moral turpitude, if punishable by imprisonment of a year or more; or
6. Interference with or obstruction of an investigation into any criminal offense identified in this subsection.

(b) Violation of the following state laws or laws of another jurisdiction:

1. Section 817.569, criminal use of a public record or information contained in a public record.
2. Section 838.016, unlawful compensation, or reward for official behavior.
3. Section 838.021, corruption by threat against a public servant.
4. Section 838.022, official misconduct.
5. Section 838.22, bid tampering.
6. Section 839.13, falsifying records; or
7. Section 839.26, misuse of confidential information.

(c) Violation of a federal or state law, rule, or regulation governing the Florida Medicaid program or any other state Medicaid program, the Medicare program, or any other publicly funded federal or state health care or health insurance program.

435.06 Exclusion from employment

(1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of a background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity.”

The applicant must submit a signed letter, in writing, to Student Services within 10 days of notification (the date on the letter) to notify us that the applicant is contesting the background screening with the agency providing the background information. An applicant, or student, who has been disqualified for a criminal offense has 30 calendar days after notification of denial of enrollment or removal from the program to clear up any mistaken information.

Self-Disclosure of Employment, Criminal, and Mental Health History

Last Name	First Name	Middle Name/ Initial			
Maiden or other name (s) used in all other records of birth or records of residence					
Address	Apartment or #	City	County	State	Zip
Date of Birth (MM/DD/YYYY)	Gender	Race	Driver's License Number		

In connection with my application and desire to engage in clinical training at affiliated sites, I hereby consent and authorize **Locklin Technical College**, at any time during or subsequent to my application process, to request a mental health history questionnaire and a background check that may include an employment and criminal record check and such additional verifications and reference checks as deemed necessary, and as required by the affiliation agreements with **Locklin Technical College** and the clinical sites. I do hereby consent to **Locklin Technical College's** use of any information provided on this form during the application process in performing the related background checks. I authorize the release of my criminal history records to other qualified entities as required by the affiliation agreements with clinical sites. I agree to release, indemnify, and hold harmless **Locklin Technical College** and any agency used by **Locklin Technical College** regarding any information provided. I have 30 calendar days after notification of denial of enrollment, because of a background screening, to clear up any mistaken information. I will provide any additional information if requested. I acknowledge that facsimile, copy of electronic version of this form, shall be as valid as the original.

YES _____ **NO** _____ Have you EVER been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Reckless driving, driving while license suspended or revoked (DWLSR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.

If yes, please provide details below. Use additional paper if needed.

State: _____ County: _____ Date of Offense: _____
 Details: _____

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

If yes, please provide details below. Use additional paper if needed.

State: _____ County: _____ Date of Offense: _____
 Details: _____

YES _____ **NO** _____ Have you ever received probation or community supervision for any federal, state or municipal offense?

If yes, please provide details below. Use additional paper if needed.

State: _____ County: _____ Date of Offense: _____
 Details: _____

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. Use additional paper if needed.

Country: _____ Date of Offense: _____

Details: _____

YES _____ **NO** _____ As of the date of the consent form, do you have any pending charges against you?

If yes, please provide details below. Use additional paper if needed.

State: _____ County: _____ Date of Charges: _____

Details: _____

YES _____ **NO** _____ Have you ever had disciplinary action taken against your license to practice any health care-related profession by the licensing authority in Florida or in any other state, jurisdiction or country?

If yes, please provide details below. Use additional paper if needed.

State: _____ County: _____ Date of Action: _____

Details: _____

YES _____ **NO** _____ Have you ever had any final disciplinary action taken against you by an institution such as a licensed hospital, health maintenance organization, pre-paid health clinic, ambulatory surgical center, or nursing home?

If yes, please provide details below. Use additional paper if needed.

State: _____ County: _____ Date of Action: _____

Details: _____

YES _____ **NO** _____ Have you ever had any final disciplinary action taken against you by a national nursing specialty board that is recognized by any board of nursing?

If yes, please provide details below. Use additional paper if needed.

State: _____ County: _____ Date of Action: _____

Details: _____

YES ____ **NO** ____ Within the previous ten years have you ever been allowed to or asked to resign from any facility instead of disciplinary action or during any pending investigation into your practice?

If yes, please provide details below. Use additional paper if needed.

State: _____ County: _____ Date of Resignation: _____

Details: _____

YES ____ **NO** ____ In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for the treatment of drug or alcohol abuse that occurred within the past five years?

If yes, please provide details below. Use additional paper if needed.

State: _____ County: _____ Date of Enrollment: _____

Details: _____

YES ____ **NO** ____ In the last five years, have you been admitted or referred to a hospital, facility or, impaired practitioner program for the treatment of a diagnosed mental disorder or impairment?

If yes, please provide details below. Use additional paper if needed.

State: _____ County: _____ Date of Admittance: _____

Details: _____

YES ____ **NO** ____ In the last five years, have you been voluntarily or involuntarily admitted to a facility for institutionalization or examination for mental health concerns, behaviors, or actions that are likely to inflict harm to self or others?

If yes, please provide details below. Use additional paper if needed.

State: _____ County: _____ Date of Admittance: _____

Details: _____

YES ____ **NO** ____ Are you currently receiving Mental Health Services?

If yes, please provide details below. Use additional paper if needed.

Details: _____

YES _____ **NO** _____ During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice nursing within the past five years?

If yes, please provide details below. Use additional paper if needed.

State: _____ County: _____ Date of Treatment: _____

Details: _____

YES _____ **NO** _____ In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?

If yes, please provide details below. Use additional paper if needed.

State: _____ County: _____ Date of Treatment: _____

Details: _____

YES _____ **NO** _____ During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice nursing within the past five years?

If yes, please provide details below. Use additional paper if needed.

State: _____ County: _____ Date of Treatment: _____

Details: _____

List all counties and states of residence since high school graduation or age 18. Write N/A if no additional counties or states of residence.

City/Town

County/State

I hereby certify that all information provided on this disclosure 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 participate in the Nursing Program at Locklin Technical College. I will inform Locklin Technical College immediately if arrested for any of the disqualifying offenses (see Florida Statutes Chapter 435) while enrolled in the Practical Nursing Program. I understand that any arrests for one or more of the disqualifying offenses may result in administrative removal from the program. I also understand that my failure to inform the college of my arrest for any disqualifying offenses will result in immediate administrative removal from the program.

Applicant (Print Name) _____ **Date** _____

Applicant (Signature) _____ **Date** _____

When to get fingerprinted: **Between May 08, 2023, and May 12, 2023.** Do not complete this step before May 08, 2023, or after May 12, 2023.

What to do to get fingerprinted:

At **Locklin Technical College** we fall under the Program Volunteer/ Employees Criminal History Search (**VECHS**) – Notice: your fingerprints will be used to check the criminal history records of the Florida Department of Law enforcement (FDLE) and the FBI.

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

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

Navigate to www.daontis.com/fl

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

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 in having to repeat the process and additional payment.

Create an account: 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 then click **Create Account**.

Follow the steps below:

1. Program

You must select a Program -- VECHS Volunteers

ORI: V57020002 (Locklin Technical College)

Reason – Volunteer

Click **Next** to continue.

2. Applicant

Enter your first and last name, 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 the process is 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. The system requires the applicant to enter a home address.

Click **Next** to continue.

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 times 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 questions 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 contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize **Locklin Technical College** 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)

_____ 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: _____ City _____ State _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Locklin Technical College

Address: 5330 Berryhill Road, Milton, Florida 32570

Telephone: 850-983-5700 Fax: 850-983-5715

FDLE Assigned Qualified Entity Number: V57020002

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Immunization Guidelines:

Measles (Rubeola): one of the following

- Positive antibody titer, (blood test to prove immunity to the disease)
- Official documentation of immunization with two (2) doses

Mumps: one of the following

- Positive antibody titer, (blood test to prove immunity to the disease)
- Official documentation of immunization

Rubella (German measles): one of the following

- Positive antibody titer, (blood test to prove immunity to the disease)
- Official documentation of immunization

Varicella (chickenpox): one of the following

- Positive antibody titer, (blood test to prove immunity to the disease)
- Official documentation of immunization

Tetanus/Diphtheria (TD) within 10 years

Hepatitis B: one of the following

- Positive antibody titer, (blood test to prove immunity to the disease)
- Official documentation of immunization
- Hepatitis B immunization is **REQUIRED** for participation in the clinical portion of the program. Please plan to complete this series by November 3, 2023.

Tuberculosis: PPD (Skin Test): good for one-year **Applicants with positive TB test:**

- Must be found free of active TB via baseline chest x-ray
- Subsequently, when a PPD is required, the individual must be certified as free of the signs and symptoms characteristic of active TB. The provider's signature indicates the individual with a positive TB test is free of these signs and symptoms.

Covid-19 Vaccination:

- Proof of vaccination or eligibility for exemption (if allowed) as outlined in the clinical training facilities affiliation agreements.
- Periodic negative Covid-19 testing may be substituted for vaccination at some of the clinical training facilities.

Seasonal Influenza*: annually

- Vaccination date appropriate for clinical placement. Please note, Flu vaccines must be current prior to clinicals and should be completed after school starts but before clinicals (August/Sept. 2023).

Other vaccinations may be required if there are changes in requirements from the Center for Disease Control and Prevention (CDC), Florida Board of Nursing (BON), or our affiliated facilities.

SPECIAL PRICING FOR LOCKLIN TECHNICAL COLLEGE STUDENTS

~for immunizations and physical~

Hepatitis B vaccine (3 separate vaccinations)	\$100 each dose
Hepatitis B titer	\$45
TB screening (PPD)	\$25
MMR vaccine	\$100 each dose
MMR titer	\$75
Varicella vaccine (Administered in two different vaccinations)	\$163 each dose
Varicella titer	\$45
Tetanus/diphtheria	\$35
Tdap (one or the other in the past 10-years, i.e. Tetanus/diphtheria <u>or</u> Tdap)	\$50
Flu vaccine/shot*	\$32
Covid-19 vaccine	\$0

(All prices are approximated & subject to change without notice and are not covered by financial aid)

*Flu vaccine should be completed after school starts but before clinicals (August/Sept. 2023).

Office Locations:

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

4942 Highway 98, Ste 23
Santa Rosa Beach, FL 32459
850.267.0360
M-F: 7:30 am – 1:00 pm
Check-in by 12:00 pm
No physicals at this location

102 Alabama Street, Ste B
Crestview, FL 32536
850.689.7592
M-F: 8:00 am – 1:30 pm
Check-in by 1:00 pm
No physicals at this location

3298 Summit Boulevard, Ste 33
Pensacola, FL 32503
850.434.6168
M-F: 8:00 am - 4:00 pm
No physicals at this location



224 Eglin Pkwy NE
Fort Walton Beach, FL 32547
850.243.2900
M-F: 8:00 am – 4:00 pm
Check-in by 3:00 pm

6107 Hwy 90
Milton, FL 32570
850.626.3430
M-F: 8:00 am – 1:30 pm
Check-in by 1:30 pm

1100 Airport Boulevard, Ste B
Pensacola, FL 32504
850.549.3379
M-F: 8:00 am – 3:30 pm

1157 Gulf Breeze Pkwy
Gulf Breeze, FL 32561
850.677.0737
M-F: 8:00 am – 4:00 pm



Proof of Current Immunizations

Student Name _____ Address _____

Date of Birth _____ Program of Study _____

Immunization Record: (refer to Immunization Guidelines sheet for immunization requirements). Do not leave anything blank.

Disease/Pathogen	Date of immunization	Attach a <u>copy</u> of all titer results
Tetanus/Diphtheria	Date: DD/MM/YY	N/A
Measles	#1 DD/MM/YY #2 DD/MM/YY	Titer Date: _____ Results: POS or NEG circle
Mumps	#1 DD/MM/YY #2 DD/MM/YY	Titer Date: _____ Results: _____
Rubella	#1 DD/MM/YY #2 DD/MM/YY	Titer Date: _____ Results: _____
Varicella	#1 DD/MM/YY #2 DD/MM/YY	Titer Date: _____ Results: _____
Hepatitis B	1. DD/MM/YY 2. DD/MM/YY 3. DD/MM/YY	Titer Date: _____ Results: _____
Tuberculosis	PPD Date Given _____ Date Read _____ Results _____ Applicants with a positive TB test must provide a baseline chest x-ray.	

The information on this form is completed and correct to the best of my knowledge.

Name of Provider _____ MD DO ARNP PA (circle one)
 Signature of Provider _____ Date _____
 Address _____ License Number: _____
 City, State, Zip: _____ Phone: _____

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Medical Information and Agreement

Your physical must be completed by an MD, DO, ARNP, or PA.

All sections on both sides of this form must be completed and any requested information attached. Prior to your physical appointment, you should complete the student portion of the form (side one) and obtain your immunization records.

Take your immunization records and list of current medications with you to your physical.

Plan ahead. Tracking your immunization record may take some time. Your physical is not a medical emergency and appointments may be limited.

Once submitted, this form belongs to Locklin Technical College. Please make a copy of your records before submitting them to the college.

Pregnancy: A student who is pregnant or becomes pregnant while enrolled in the program will furnish the college with a medical release from her physician stating that she will be able to perform the duties outlined in the program standards; including physical interaction with potential patients and staff in a field or clinical setting.

Change in Medical Status: A student who has a serious injury, illness, or surgery while enrolled in the program will furnish the college with a medical release from their physician stating that they will be able to perform the duties outlined in the program's standards; including physical interaction with potential patients and staff in a field or clinical setting.

Drug Screening: All practical nursing applicants will complete a 10-panel drug screening through Pro-Health at the time of application. **Official** drug screening results must be delivered to Locklin Technical College Student Services on or prior to the last day of the Application period. A random 10-panel drug screening will be completed during the program. Any positive results may dismiss you from the program immediately.

Participant (Print Name) _____ Date _____

Participant (Signature) _____ Date _____

Medical Information Agreement

I, the undersigned, recognize and understand the risks of sickness and physical injury inherent in the nursing program. I fully assume those risks. I further recognize and understand that such inherent risks may increase in case of pregnancy, and if pregnant, I fully assume those risks on behalf of myself and my unborn child. I hereby release The Santa Rosa County School Board and R. M. Locklin Technical College, the owners of any Clinical Affiliation to which I may be assigned while participating in the nursing program, and their officers, agents, and employees from all liability for injuries sustained or illnesses contracted by me or any unborn child while attending or participating in my chosen nursing program. I agree to indemnify, defend, and hold harmless R. M. Locklin Technical College, the Clinical Site, and their officers, agents, and employees for all liabilities, costs, and judgments arising from acts or omissions committed by me which could result in injury or damage to any person or property.

If I become pregnant during the program, or if I am temporarily physically or mentally impaired due to an accident or illness, I agree to obtain a medical release from my physician stating that I am able to perform my duties as outlined in the program standards. The medical release will pertain to participation in the program's classes and labs as well as to potential physical interaction with patients and staff in a clinical setting. I recognize that not all health status changes remain uncomplicated and that I may not be able to complete my studies. Please refer to the Locklin Technical College Curriculum Guide and Student Handbook and the Practical Nursing attendance policies.

I agree to abide by any rules, regulations, and policies set forth by the Santa Rosa County School Board and R. M. Locklin Technical College.

In case of physical injury or medical emergency, I hereby authorize the Santa Rosa County School Board and R. M. Locklin Technical College to make necessary arrangements to transport me to a medical treatment facility as necessary. All such transportation and medical treatment will be at my sole cost and expense. In an extreme emergency, I understand that the Santa Rosa County School Board and R. M. Locklin Technical College will attempt to notify the person(s) I have named on my Health Card as my emergency contact(s) of my condition and how to reach me.

Participant (Print Name) _____ Date _____

Participant (Signature) _____ Date _____

LOCKLIN TECHNICAL COLLEGE NURSING PROGRAM

PRE-PARTICIPATION PHYSICAL EVALUATION FORM

Both sides of 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 the 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:
Allergies	Reaction/Treatment
Medications	
Foods	
Latex	
Other	
Physical Identify any past or present health problems, including chronic illnesses (physical, mental, or emotional), infectious diseases, and current treatments. (If not applicable, please write "none" in each category.) If a change in your medical status occurs complete the Change in Medical Status form.	
	Current Treatment
Diabetes	
Seizure Disorder	
Cardiac Disorder	
Infectious	
Mental/Emotional	
Under physician care over the previous 12 months	
Surgery (over last 12 months)	
Other	
List Current Medications	
Any changes to current medications must be in writing and reported to the instructor and documented on the student Health Card. You may attach a separate sheet of paper if needed. (If not applicable, please write "none".)	

I am aware of the abilities and skills requirements listed on the performance standards. To the best of my knowledge, I have the abilities and skills to participate in the identified program. I certify that all of the information provided by me is accurate and complete.

Signature

Date

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			

Healthcare Provider:

1. Is there any significant medical history or condition, including the presence of infectious disease that could affect functioning as a health care student which by its nature involves interaction with patients and staff in clinical settings?

Yes ___ No ___ Please Describe: _____

2. Is this individual currently taking any medications or undergoing any treatments that could affect participation in a health care education program, including interactions with patients and staff in clinical settings?

Yes ___ No ___ Please Describe: _____

3. I am aware of the Performance Standards for the identified health care program at Locklin Technical College and, after a complete examination; I certify that this individual can meet the performance standards.

Yes ___ No ___ Please Describe: _____

The information on both sides of this form is complete and correct to the best of my knowledge.

Name of Provider _____ MD DO ARNP PA (circle one)
 Signature of Provider _____ Date _____
 Address _____ License Number: _____
 City, State, Zip: _____ Phone: _____

Part 3. Statement of Understanding

Locklin Technical College does not provide health insurance for students nor is Locklin Technical College or any clinical facility utilized by Locklin Technical College students responsible for student injury or accident.

Student/Responsible Party's Signature: _____

Locklin Technical College

Change in Medical Status

Student Name _____ Address _____

Date of Birth _____ Program of Study _____

Student: Please identify any present health conditions and/or changes in your health, including chronic illnesses (physical, mental, or emotional), infectious diseases, and current treatments.

Date	Current Conditions/Illness/Disease	Current Treatment	Attending Physician
Date	Current Medications Herbal Supplements Over the counter medications	Reason for taking	Prescribing Physician

I am aware of the abilities and skills required in the program. To the best of my knowledge, I have the abilities and skills to participate in the identified program. I certify that all of the information provided by me is accurate and complete.

Signature of student

Date

HEALTHCARE PROVIDER:

- Is there any significant medical history or condition, including the presence of infectious disease that could affect functioning as a health care student which by its nature involves interaction with patients and staff in clinical settings?
Yes _____ No _____ Please Describe: _____
- Is this individual currently taking any medications or undergoing any treatment that could affect participation in a health care education program, including interactions with patients and staff in clinical settings?
Yes _____ No _____ Please Describe: _____
- I am aware of the Performance Standards used for the identified health care program at Locklin Technical College and, after a complete examination, I certify that this individual is able to meet the performance standards.
Yes _____ No _____ Please Describe: _____

The information on this form is complete and correct to the best of my knowledge.

Name of provider _____ MD DO ARNP PA
(Print or type) (Please circle)

Name of Provider _____ MD DO ARNP PA (circle one)
Signature of Provider _____ Date _____
Address _____ License Number: _____
City, State, Zip: _____ Phone: _____

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Training Site Affiliation Agreement Compliance

In addition to being held accountable to all applicable rules and policies set forth in the SRCSD Code of Conduct, the Locklin Technical College Curriculum Guide, and Student Handbook and Nursing Program policies, all program participants are required to meet and maintain compliance with all standards of the current affiliation agreements between the Santa Rosa County School Board (SRCSB) and the clinical training site as outlined under the educational institution agreement section.

All student worksite internships and clinical rotations for Nursing Programs will operate under the policies of Locklin Technical College, approved affiliation agreements between the worksite and the SRCSD, program of study specific policies, and applicable program-related licensing board and accreditation rules and regulations.

In addition, the affiliation agreements afford the worksite the right to deny a student application for placement or continued participation at any time if they determine the applicant or student is a risk to the patient, the facility, or is in the best interest of the worksite. In such instances, the facility or worksite must provide the school with written notice of any decision to deny access or remove a student from an internship or clinical rotations. After receiving written notification, the Internship Coordinator will review and determine whether continued student participation in the internship program or clinical rotation is possible. Worksite or clinical rotation alternative placement will be considered if appropriate and available. In instances where completion of a program of study requires an internship or clinical hours and alternative placement is not appropriate or unavailable, the Student Intervention Team (SIT) process will be utilized to review and render a recommendation to the principal related to continued student program enrollment or removal of the student from the program.

For all Nursing Programs, the affiliated worksite under Florida Statute Chapter 435.07(3); is required and retains the right to review and approve all program applications including background checks for *both potential applicants and current program students* requesting permission to work under their operational license with the Board of Nursing to ensure compliance with all regulations and standards of care set forth by the Board of Nursing.

All communication related to student internship and clinical hours must be addressed to student services. At no time will the student be allowed to address any concerns or grievances directly to the worksite. Any attempt to address the worksite, the facility or its agents directly will result in immediate removal from the worksite. Student grievances related to internship and clinical hours for the Nursing Program will follow the policies and procedures outlined under Complaints and Grievance procedures for post-secondary students in the Locklin Technical College Curriculum Guide and Student Handbook.

Students can be denied access to the clinical training site at any time by the Nursing Program instructor or facility director for any acts of noncompliance with the training site affiliation agreements, school policy violations, or specific program policies.

Print Student Name

I understand that I am responsible for understanding and adhering to the Practical Nursing Program's Training Site Affiliation Agreement Compliance Document.

Student Signature

Date

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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 Technical College strives to teach high standards for job prep and employability skills. Students who have excessive absences miss classroom experiences that 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 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 to prepare students for the highly demanding health career field.

The Practical Nursing Program at Locklin Technical College has a very stringent attendance policy. Students who violate this policy will be administratively withdrawn. Be sure you can 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.

- 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

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PRACTICAL NURSING PROGRAM 10 PANEL RAPID DRUG TEST POLICY

A drug screening will be completed as part of the application and randomly throughout the program. Any positive results will be reviewed by the admissions committee to ensure compliance with both the Board of Nursing Licensing requirements and all clinical site affiliation agreements.

In addition, Locklin Technical College will conduct random 10-panel drug screenings for students enrolled in the Nursing Programs to ensure continued compliance. Each screening costs \$25. Screenings will be done after the school year begins and before/during clinicals. This is required for ALL students. Any positive results from the drug screen will be reviewed by the Director of Nursing followed by a recommendation to administration for continued program enrollment. 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 10- panel drug screening at time of application (\$45) and random 10-panel drug screening(s) at a cost to me of \$25. **Note: The 10-panel drug screening is not covered by Financial Aid.**

Student Signature

Date

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COMPANY NAME: Locklin Technical College DATE: _____

DONOR NAME: _____

Type of Test

10 Panel Rapid Instant

_____ Other: _____

Donor will pay at the time of service.

Authorized by: _____ Phone: _____

I give consent for ProHealth to email the results of my drug screen to Cathy Simmons. I understand that my results must be emailed to Locklin Technical College by May 09, 2023.

Donor's Signature: _____ Date: _____

Office location:

No appointment is necessary for drug testing – please arrive no later than 30 minutes before closing for drug testing. Hours are subject to change due to emergency collections or illness.

Milton (850) 626-3430

5825 Hwy 90

Milton, FL 32583

Mon – Fri 8:00 a.m. – 2:00 p.m.

Office Manager: *Stephanie Wilson*

Collector's Signature: _____ Date: _____

Email results to Cathy Simmons at simmonscl@santarosa.k12.fl.us

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Notification of Social Security Number Collection and Usage Statement

In compliance with Section 119.071(5), Florida Statutes, R. M. Locklin Technical College issues this notification regarding the purpose for the collection and use of your Social Security Number (SSN). R. M. Locklin Technical College collects and uses your SSN only to perform the College duties and responsibilities. To protect your identity, R. M. Locklin Technical College will maintain the privacy of your SSN and never release it to unauthorized parties in compliance with state and federal laws. R. M. Locklin Technical College assigns you a unique student identification number which is used for associated employment and educational purposes at R. M. Locklin Technical College, including the accessibility of your student records.

R. M. Locklin Technical College may collect and/or use your Social Security Number for the following purposes:

PURPOSE	FEDERAL AND STATE REGULATIONS
STUDENTS	
<p>Admissions and Registration</p> <ul style="list-style-type: none"> Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report student SSNs to the Internal Revenue Service (IRS). This IRS requirement makes it necessary for R. M. Locklin Technical College to collect the SSN of every student. A student may refuse to disclose his/her SSN for this purpose, but he/she may be subject to IRS penalties. The Florida public school system uses the SSN as a student identifier. It is beneficial to have access to the same information for purposes of tracking and assisting students in the transition from one educational level to the next, linking all levels of the state education system. The intent is to establish a comprehensive management database of information which will co-reside with the Division of Public Schools Information Database and the State University System Database to provide integrated information at the state level for educational decision-making. SSNs appear on official transcripts and are used for business purposes in accordance with parameters outlined by the U.S. Department of Education. 	<ul style="list-style-type: none"> Tracking uses are authorized by SBE Rule 6A-10955(3)(e); 1008.386, F.S. and the GEP Act (20 USC 1221(e-1)). Hope/Lifetime Tax Credit uses are authorized by 26 USC 6050S and Federal Register, June 16, 2000/IRC Section 25A Registration uses are authorized by 119.071(5), F.S. Issuance of Form 1098T for tuition payment reports are authorized by 26 USC 3402, 6051 The College Reach-Out Program (CROP) uses are authorized by 1007.34, F.S.
<p>Veteran Administration Benefits</p> <ul style="list-style-type: none"> The SSN is required for enrollment verification and reporting for all Veterans Administration beneficiaries. A Veteran student is required to report his/her SSN in order to receive the appropriate benefits and for tracking purposes. 	<ul style="list-style-type: none"> Required by 38 USC 3471
<p>Financial Aid</p> <ul style="list-style-type: none"> The Student Financial Aid Office uses SSNs in the application process for determining eligibility for financial aid such as grants, loans, work assistance programs, and scholarships (including Bright Futures). The SSNs are used to identify students by the Florida Office of Student Financial Aid and the U.S. Department of Education. Each student must report his/her SSN on the FAFSA. If an SSN is not provided, the FAFSA will not be processed. 	<ul style="list-style-type: none"> Collection uses are required by Title IV of the Higher Education Act of 1965, as amended (§§483 and 484); 20 USC 1078, 1090, 1091 & 1092 Required by 34 CFR 668.16 for administrative usages Required by 34 CFR 668.33 for residency verification usages Required by 34 CFR 668.36 for FAFSA verification usages Required by 34 CFR 668.32(i) and 34 CFR 668.36 for Federal Work-Study usages Authorized by 26 CFR 1.6050 for issuance of Form 1098E, a tax form used to report student loan interest
<p>Workforce Programs</p> <ul style="list-style-type: none"> These programs, funded through the Agency for Workforce Innovation (AWI), use your SSN as an identifier for program eligibility, enrollment, and completion 	<ul style="list-style-type: none"> Required by 119.071(5)(a)

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Student Agreement Release of SSN

Last Name	First Name	Middle Name
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Program of Study

By my signature below, I authorize R. M. Locklin Technical College to provide completion and enrollment information to any licensure board to verify my graduation/completion in the program of study listed above. The information needed for licensure and/or certification may require the release of my Social Security Number. At the time of my application to the College, I was provided the College's Social Security Collection and Usage Statement, and the Statement continues to be available to all students on the College's website. I understand that, if requested, the College will release the Social Security Number provided by me to the College to the licensure board, and I agree to that release.

Date

Signature

