



INFORMATION PACKET

Class Dates: August 2019 through May 2020

Application and Fee due May 1st:

- Resume to include 3 work or non-relative references
- Official Educational transcript
 - High School/GED
 - College/university
 - Career Tech
- Current Certification in Long Term Care (CNA) or proof of enrollment
- Medical Terminology verification of completion or proof of enrollment
- American Heart Association: Healthcare Provider BLS to be current active through May 31st, 2020 or proof of enrollment
- Current ACT score within 5 years, taken 2014 or after. ACT Test Fee \$50.00.
- Application Fee - \$50.00

Practical Nursing Program: <https://hptc.edu/career-programs/practical-nursing>

To see detailed information regarding the prerequisites refer to the next sheet.

To return information or any questions please contact:

Shannon Carrico
High Plains PN Program
3921 34TH St.
Woodward, OK 73801
580-571-6127

High Plains Technology Center does not discriminate on the basis of race, color, sex/gender, age, national origin, disability or veteran status.
High Plains Technology Center no discrimina raza, color, nacionalidad, no considera la documentación, género, edad, o discapacidad, estatus de veterano.

Prerequisite Requirements

Acceptance into the PN program requires a minimum ACT composite score of 17 or a minimum subset score of 17 in both Reading and Math.

National ACT Test dates are February 9th, 2019 and April 13th, 2019. Please go to the ACT website for locations. HPTC ACT test dates are Friday, March 29, 2019, Saturday, April 6th, 2019 and Friday April 12th, 2019. Registration starts at 7:30 a.m. and test will begin at 8:00 a.m.

Students will have to show proof of a passing grade or certificate for Medical Terminology and proof of certification for CNA as well as to have the American Heart Association: Healthcare Provider BLS, to be current and active through May 31, 2020

All CNA requirements, CPR and Medical terminology requirements must be completed by July 26th, 2019. Prerequisite classes can be obtained through High Plains Technology Center. To see a list of current classes offered go online at <https://hptc.edu/short-term-classes/health-occupations>.

Tuition Details

High Plains Technology Center is proud to serve these in-district partner schools and their communities: Buffalo, Fargo-Gage, Fort Supply, Mooreland, Sharon-Mutual, Vici and Woodward.

In District Cost:

| | |
|---------------|------------------|
| Tuition: | \$3021.75 |
| Program Fees: | <u>\$3000.00</u> |
| TOTAL | \$6021.75 |

Out of District Cost:

| | |
|--------------|------------------|
| Tuition: | \$6043.50 |
| Program Fees | <u>\$3000.00</u> |
| TOTAL | \$9043.50 |



PRACTICAL NURSING

Required vaccinations:

1. Hep B-3 shot series-Must at least be initiated with proof of initiation and/or completion. If you cannot produce a shot record, you must get a titer.
2. Tdap- must show proof per shot record, no expiration
3. MMR-must show proof per shot record, no expiration
4. Flu-have proof of shot by the November 1, 2019. If a student refuses for any reason must wear a mask during the flu season if the student is within 3 feet of a client. Flu shots should be available around October or November.
5. TB-Must have shot record that proves coverage for the school year. Must cover through May 31, 2020. If a student refuses for any reason, the student must get a chest x-ray and have proof of clear x-ray.

Vaccinations must be finished and/or initiated by September 1, 2019, or above guidelines.

I understand that not completing the required vaccinations and above rules by the deadline means that I will not be allowed in the clinical setting. The vaccination regimen complies with the clinical site's policies.

_____ Student signature/ date



The Applicant listed, _____ is applying for admission to the High Plains Technology Center Practical Nursing Program. Your cooperation in completing and promptly returning this form is appreciated. In order to provide consistency in review of references, please use this form rather than writing a reference letter.

How long have you known applicant and in what capacity? _____

If applicant was employed by you, POSITION, TITLE: _____
Would you rehire this person: YES _____ NO _____

Using a scale of 5-1, please evaluate the applicant on the following characteristics.
(5 highest, 1 lowest)

| | | | | | | |
|-------------------------|---|---|---|---|---|--------------------------|
| Dependability | 5 | 4 | 3 | 2 | 1 | No Information Available |
| Perseverance | 5 | 4 | 3 | 2 | 1 | No Information Available |
| Initiative | 5 | 4 | 3 | 2 | 1 | No Information Available |
| Self Motivation | 5 | 4 | 3 | 2 | 1 | No Information Available |
| Problem Solving Ability | 5 | 4 | 3 | 2 | 1 | No Information Available |
| Ability to Communicate | 5 | 4 | 3 | 2 | 1 | No Information Available |

Recommend with enthusiasm _____ Recommend _____ Do Not Recommend _____

Additional Comments:

REFERENCE SIGNATURE _____ DATE: _____

REFERENCE NAME: _____

TITLE: _____

ADDRESS: _____

PHONE: _____

Postmark by June 1st

**Shannon Carrico
High Plains Technology Center – Practical Nursing
3921 34th Street
Woodward, OK 73801**

**FAX: ATTN: Shannon Carrico
580.571.6180
E-MAIL: scarrico@hptc.edu**



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