Schuylkill Technology Center
North Campus

Practical Nursing Program
Advanced Placement

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FAX: (570) 874-4028
www.stcenters.org
ADVANCED PLACEMENT

We believe that each individual has the right to an education that will enhance maximum personal and professional growth and development.

We view nursing education on a continuum with multi-entry and multi-exit options.

The Schuylkill Technology Center - Practical Nursing Program faculty proposed that Advanced Placement be granted to selected individuals who meet specific criteria of health care/nursing education and experience.

The faculty further proposes that students enrolled in this program can voluntarily or by recommendation withdraw from the program and may qualify for employment in health care agencies in a role other than that of a Practical Nurse i.e. to include, but not be limited to home health care aide, nursing assistant, and/or a companion.

Policy was approved by Pennsylvania State Board of Nursing 10/86 and implemented 1/1/87.

Refined 11/91
Revised 2/06, 2/07, 2/08
Reviewed 6/99, 5/00, 4/01, 3/02, 12/02, 4/03, 4/04, 4/05, 7/09, 7/10, 12/11, 12/12
Advanced Placement may be granted to selected individuals who meet specific criteria of health care/nursing education and experience.

Selected individuals include:

1. Applicant who has completed a minimum of one (1) year of a professional nursing program within one (1) year of application date.

2. Applicant who has completed a minimum of one-half or six (6) months of a Practical Nursing Program in Pennsylvania or its equivalent within one (1) year of application date.

Advanced Placement is granted when there is availability for the addition of a student in the specified term. This addition must meet cooperating agency agreement conditions and must not increase class membership that will exceed a 1:15 teacher/student ratio in clinical practicum.

A processing fee of $100.00 is required for Advanced Placement Evaluation. This is in addition to the $30.00 application fee and a $40.00 TEAS testing fee.

Tuition is prorated for the terms the student will be enrolled and is based on current program costs.

The applicant shall be granted Advanced Placement only if the faculty believes such a decision is educationally sound and in the best interest of the applicant.

Students enrolled with Advanced Placement must attend three (3) terms of the program (nine months full time day program).
ADVANCED PLACEMENT ADMISSION POLICY

I. GENERAL ADMISSION

A. Candidates must meet all entrance requirements. The program is open to those who have graduated from high school or passed the high school equivalency test (GED) and who are in good health, have a sincere interest in nursing, and a desire to serve people.

Since class size is limited, apply early by:
1. Requesting an application and returning it to the admission office with the $30.00 application fee and a $40.00 testing fee.
2. Providing an official high school transcript to the school. If you have a GED (high school equivalency diploma), please provide an official copy of your test scores and certificate.
3. Providing a college transcript from any college or nursing program attended.
4. Taking the pre-admission examination.

Applications will be considered individually after school records, background checks, pre-entrance examination results and interviews are completed.

A complete physical examination, medical/drug screening, a schedule of immunizations, and a FBI Fingerprinting, criminal record check and child abuse clearance must be completed before admission.

II. STUDENT SELECTION

A. Applications are distributed from the Practical Nursing Office by personal request. Applications should be filed about six (6) months prior to the desired enrollment date.

B. The applicant is scheduled for the Nursing Entrance Test.

A candidate may request to take a retest. Remediation options are discussed with the applicant prior to retest scheduling. A $40.00 fee is required to cover cost of the retest.
II. STUDENT SELECTION - Continued

C. A personal interview is scheduled with a member of the Practical Nursing Program Faculty.

D. After satisfactory completion of the above procedures, the applicant must then complete the required medical screenings and background clearances.

Prior to admission: The medical form must be completed by the applicants' personal physician. Immunizations as listed are required by affiliating clinical agencies and must be completed prior to the enrollment date.

E. The Faculty and/or Admissions Committee review all applications and recommendations for admission and are submitted to the Program Coordinator.

F. Letters of acceptance with instructions for admission are forwarded to the qualified applicants. Acceptance verification is required within two (2) weeks of receipt of this letter with a deposit of $100.00.

G. Letters of rejection are forwarded to applicants failing to meet qualifications.
III. ADVANCED PLACEMENT PROCEDURE

A. Candidate must meet all of the above criteria and in addition, the candidate will:

1. Submit written request for Advanced Placement with processing fee (i.e. $100).

2. Submit completed form entitled Nursing Experience Form-Student Applicant. (See attached form).

3. Provide validation of meeting all admission requirements for Schuylkill Technology Center - Practical Nursing Program. This includes:
   a) Minimum acceptable Nurse Entrance test scores dated within one (1) year of application date.
   b) Pennsylvania residence.
   c) Satisfactory interview summary with practical nursing faculty that identifies appropriate interest/motivation of the candidate.
   d) Evidence of valid high school diploma/transcript or GED certificate and grade sheet.
   e) Evidence of good health (physical, mental) and current immunizations as required by affiliating clinical agencies/STC.
   f) Criminal Record Check
   g) Child Abuse Clearance
   h) FBI Clearance
   i) Drug Screening

4. Validation/Documentation of formal instruction in health related studies. Nursing Experience Form (attached) - School and official transcripts must be submitted.
   a) An 80% (C) or better in courses and a satisfactory in the clinical practicum that are required for advanced placement is required for acceptance.
   b) Formal instruction in health related studies must have been within one (1) year of application date.
   c) Nursing Experience Form-Clinical Nursing Instructor to be filled out by a Clinical Nursing Instructor.
   d) Nursing Experience Form –School to be filled out by one of the applicant’s nursing instructors.
III. ADVANCED PLACEMENT PROCEDURE - Continued

5. Satisfactory performance of selected competencies is validated during a three (3) to six (6) day clinical assignment. This will include the following skills:
   1. measures resident urinary output
   2. provides perineal care for resident
   3. takes oral/tympanic temperature
   4. takes radial pulse
   5. apical rate
   6. counts respiration
   7. measures weight of ambulatory resident
   8. measures blood pressure
   9. provides mouth care
  10. handwashing
  11. utilizes standard precautions
  12. transferring of patients
  13. body mechanics
  14. patient/environmental safety

Selected candidates will be notified of acceptance and billed for required tuition fees at least six (6) weeks before enrollment.

The Schuylkill Intermediate Unit #29 will not discriminate in its educational programs, activities, or employment practices, based on race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership, or any other legally protected category. This policy is in accordance with state law, including the Pennsylvania Human Relations Act, and with federal law, including Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1975, and the Americans with Disabilities Act of 1990. The Schuylkill Intermediate Unit’s commitment to non-discriminatory practices extends to prospective students and employees, current students and employees, parents of students, community members, and representatives of outside agencies.

Schuylkill Intermediate Unit employees, community members, and agency representatives who have a complaint of harassment or discrimination or who seek information about accommodations for individuals with disabilities should contact Dr. Diane Niederriter, Executive Director and Equal Rights and Opportunities Director, Schuylkill Intermediate Unit #29, PO Box 130, 17 Maple Avenue, MarLin, PA 17951, telephone number 570.544.9131, or fax number 570.544.6412.
Advanced Placement Policy reviewed and understood

Fee schedule and tuition reduction reviewed and understood

<table>
<thead>
<tr>
<th>Outlines for Courses in Term I:</th>
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<tbody>
<tr>
<td>Personal &amp; Vocational Relations</td>
<td>Anatomy &amp; Physiology</td>
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<tr>
<td>Nursing I</td>
<td>Clinical Practicum - Checklists</td>
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<tr>
<td>Geriatrics</td>
<td>Mental Health Nursing I</td>
</tr>
</tbody>
</table>

Textbooks - For review on loan to student:

<table>
<thead>
<tr>
<th>Textbooks</th>
<th>Date Borrowed</th>
<th>Date Returned</th>
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<tbody>
<tr>
<td>Personal &amp; Vocational Relations</td>
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<tr>
<td>Fundamentals of Nursing</td>
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<tr>
<td>Structure &amp; Function of the Human Body</td>
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<tr>
<td>Mental Health Nursing</td>
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Material to be given to student:

- Student Handbook
- STC Orientation Packet
- Term I Clinical Objectives, related information packet, and self-evaluation

Deadline for decision__________________________________

Decision: ___________________________________________

Schedule for clinical performance:

__________________________________________

Signature: PN Coordinator

11/91
Reviewed 2/07, 2/08, 7/10, 12/11, 12/12
Revised 2/98, 4/04, 4/05, 7/09
Refined 4/99, 5/00, 4/01, 3/02, 12/02
NURSING EXPERIENCE INFORMATION

Name of Applicant:

Last First Middle

Please answer the following questions about your previous nursing experience:

1. Did you ever attend a nursing school or any type of training program in nursing?

   If your answer is "yes", please give name and complete address of the school(s) and dates enrolled

   1.
   Name of School Complete Address Dates Enrolled

   2.
   Name of School Complete Address Dates Enrolled

   Describe the type of nursing experience you had while enrolled in the nursing school/training program (include a description of the type of patients cared for and type of nursing procedures done.)

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

   c. An official transcript from the school(s) attended must be submitted.
### STC Practical Nursing Program
#### Advanced Placement Application
#### Nursing Experience Form-To be completed by Applicant and Signed off by Clinical Instructor

3. Has the applicant had experience doing the following nursing procedures?

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Answer Yes or No</th>
<th>Please comment about your answer</th>
<th>Instructor Initials</th>
</tr>
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<tbody>
<tr>
<td>1. Making beds for patients when they are <strong>not</strong> in bed.</td>
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<tr>
<td>2. Making beds for patients when they are in bed.</td>
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<tr>
<td>3. Giving complete baths/showers to patients who are bedridden.</td>
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<td>4. Turning helpless patient from side to side in bed.</td>
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<td>5. Giving patients bedpans and urinals.</td>
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<td>6. Feeding patients who cannot feed themselves.</td>
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<td>7. Keeping records and/or charts on patients.</td>
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<td>8. Charting &quot;intake and output&quot; about patients.</td>
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<td>10. Taking blood pressure of patients.</td>
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<td>11. Caring for patients receiving oxygen or other respiratory treatments.</td>
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<td>12. Caring for patients with catheters (catheter care).</td>
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<td>13. Caring for elderly patients.</td>
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<td>14. Giving &quot;special skin care&quot; to patients.</td>
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<td>15. Provides mouth care.</td>
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<td>16. Applying restraints to patients' wrists, ankles, or body.</td>
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<td>17. Caring for a dying patient or doing post-mortem care.</td>
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<td>18. Transferring of patient.</td>
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<td>20. Apical rate.</td>
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<tr>
<td>22. Measures resident urinary output</td>
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<td>23. Provides perineal care for residents.</td>
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<td>24. Measures weight of ambulatory resident.</td>
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<td>25. Provides mouth care.</td>
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<td>27. Utilizes standard precautions.</td>
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Signature____________________________________  Clinical Instructor __________________________ Date________________________
SCHUYLKILL TECHNOLOGY CENTER–NORTH CAMPUS
PRACTICAL NURSING PROGRAM

ADVANCED PLACEMENT APPLICATION
NURSING EXPERIENCE FORM–SCHOOL

__________, has applied for Advanced Placement in our Practical Nursing Program. She/he was enrolled in your institution from ________ to _________. Please help us evaluate this applicant by completing the following.

<table>
<thead>
<tr>
<th>To what degree did this applicant demonstrate the following behavior</th>
<th>Always Consistent</th>
<th>Usually</th>
<th>Rarely</th>
<th>N/O or N/A</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>Provided safe basic nursing care.</td>
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<td>Recognized easily identifiable patient needs and/or problems.</td>
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<td>Utilized effective communication skills.</td>
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<td>Applied the nursing process in nursing care assignments.</td>
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<td>Demonstrated appropriate habits of good personal health, hygiene, and grooming.</td>
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<td>Demonstrated kindness and respect for patient's dignity.</td>
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<td>Utilized professional confidentiality.</td>
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<td>Practiced appropriate body mechanics for self and others.</td>
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<td>Utilized nursing care plan in nursing care assignments.</td>
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<td>Worked cooperatively with para-professionals with institution.</td>
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<td>Demonstrated personal accountability.</td>
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Briefly describe the type of nursing care experience this applicant had (type of patients cared for, ages of patients, type of procedures and treatments, etc.).

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Please attach a copy of your first level objectives. A transcript of this applicant’s total achievement is required for review.

Would you recommend this applicant for Advanced Placement? _____ Yes _____ No
If not, why?

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Signature & Title of Person completing form

SCHOOL SEAL