

## East Valley Institute of Technology



1601 West Main Street - Mesa, Arizona 85201  
PHONE (480) 461-4028 FAX (480) 461-6749

### PRACTICAL NURSING PROGRAM APPLICATION

The packet must be COMPLETE in order to be considered for admission.  
Acceptance of the packet does not guarantee admittance to the program.

Submit the completed packet to the Adult Education Department, located on the southwest side of campus in the Adult Education Building at  
1727 West Main Street, Mesa, AZ 85201.

Questions please contact: Terry at [tfuller@evit.com](mailto:tfuller@evit.com) or 480-461-4175  
Applications are accepted year round for placement.

# ADMISSION REQUIREMENTS

## WELCOME TO THE EVIT ADULT EDUCATION CENTER

### **Admission Requirements and Procedures**

Each applicant for admission must work with an Enrollment Advisor representative who directs the applicant through the steps of the admissions process, provides information on curriculum, policies, procedures, and services, and assists the applicant in setting necessary appointments and interviews.

Admission decisions are based on the applicant's fulfillment of these requirements, a review of the applicant's previous educational records, and a review of the applicant's career interests. It is the responsibility of the applicant to ensure that Enrollment Advisor receives all required documentation. All records received become the property of EVIT Adult Education.

### **Step 1:**

Visit with an Enrollment Advisor to determine your program of study. Complete an enrollment application packet that includes:

- Student Information Form
- Enrollment Awareness Form (Cost of Program)
- Felony Reporting Form (must be notarized for all medical programs)
- Request for copies of driver's license, social security card or SSC waiver, high school diploma or GED and unofficial college, university or military transcripts.
- Review special enrollment criteria i.e., students over or under the age 22.
- When all requested documents identified in the enrollment packet are provided to the Enrollment Advisor, you can advance to Step 3 to pay for your program. Note: If you need outside funding to assist with paying for your program, continue to Step 2.

### **Step 2:**

- Meet with the Financial Aid Advisor to determine financial assistance options, including Veterans or eligible veteran dependent benefits. Complete a revised Enrollment Awareness Form. Continue to step 3 to pay for your program **ONLY** if your enrollment packet is complete.

### **Step 3:**

- Meet with the Fiscal Technician to arrange payment for your program of study. Students must have secured funding for the full amount of the program cost to attend program. If an arrangement for full program funding is not completed before the first day of the program, students will be dropped from the program roster.

### **PLEASE NOTE:**

Programs like Practical Nursing, Surgical Technology, Nursing Assistant, Medical Assistant, and Cosmetology require additional documentation at time of enrollment. Your enrollment advisor will notify you of these additional requirements.

### **Student Identification Number**

Disclosure of the social security number is voluntary (ARS §15-1823). However, students must use social security numbers for reporting information pertaining to potential educational tax credits and for processing federal financial aid applications and Veteran Administration benefits.

# EVIT ADULT EDUCATION CENTER

A unit of EAST VALLEY INSTITUTE of TECHNOLOGY

1601 W. MAIN STREET - MESA, ARIZONA 85201 - P. (480) 461-4028

## Student Information Form

		<b>GENDER*</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE																			
<b>LEGAL NAME (LAST, FIRST, MIDDLE)</b>		<b>EMAIL</b>																			
<b>SOCIAL SECURITY NUMBER*</b>	<b>DATE OF BIRTH*</b>	<b>HOME PHONE</b>	<b>CELL PHONE</b>																		
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b> <b>ZIP</b>																		
HAVE YOU EVER ATTENDED EVIT? <input type="checkbox"/> NO <input type="checkbox"/> YES PLEASE INDICATE YOUR STUDENT ID # _____		DO YOU GIVE PERMISSION FOR EVIT TO RELEASE DIRECTORY INFORMATION RELATIVE TO YOUR ENROLLMENT (PER THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974)? <input type="checkbox"/> YES <input type="checkbox"/> NO																			
<b>CITIZENSHIP STATUS</b> <input type="checkbox"/> UNITED STATES CITIZEN <input type="checkbox"/> LEGAL IMMIGRANT/PERMANENT RESIDENT   DATE OF ISSUE: _____ EXP. DATE: _____ ALIEN REGISTRATION # _____ <input type="checkbox"/> LAWFUL REFUGEE OR ASYLEE   DATE OF ISSUE: _____ EXP. DATE: _____ ALIEN REGISTRATION # _____ <input type="checkbox"/> LEGAL NON-IMMIGRANT   SPECIFY VISA OR STATUS: _____ ALIEN REGISTRATION OR I94 # _____ EXP. DATE: _____		<b>HAVE YOU EVER BEEN CONVICTED OF A FELONY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: _____																			
<b>ARE YOU A FIRST GENERATION COLLEGE STUDENT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO YOU ARE A FIRST GENERATION COLLEGE STUDENT IF BOTH PARENTS OR GUARDIANS (PARENT OR GUARDIAN IF ONLY LIVING WITH ONE) DID NOT COMPLETE A BACHELOR'S DEGREE		<b>SPECIAL ACCOMMODATIONS NEEDED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO																			
<b>RACE / ETHNICITY***</b> DO YOU CONSIDER YOURSELF TO BE HISPANIC / LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, WHICH ETHNIC GROUP? IF YOU RESPONDED YES TO THE ABOVE AND ARE OF MORE THAN ONE RACE, SELECT FROM ADDITIONAL ETHNICITIES BELOW. IF YOU RESPONDED NO, PLEASE SELECT ONE OR MORE OF THE FOLLOWING ETHNICITIES TO DESCRIBE YOURSELF. IF SELECTING MORE THAN ONE, PLEASE INDICATE WHICH ETHNICITY YOU CONSIDER AS YOUR PRIMARY. YOU MAY ALSO INCLUDE DETAILS REGARDING YOUR ETHNIC GROUP OR NATIVE AMERICAN TRIBE IF APPLICABLE.		<b>EMPLOYMENT HOURS (PLANNED PER WEEK WHILE ENROLLED)</b> <input type="checkbox"/> NONE <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31 OR MORE																			
<table border="0"><thead><tr><th><b>CATEGORY (CHECK ALL THAT APPLY)</b></th><th><b>PRIMARY (CIRCLE Y/N)</b></th><th><b>ETHNIC GROUP/TRIBE</b></th></tr></thead><tbody><tr><td><input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE</td><td>Y N</td><td>_____</td></tr><tr><td><input type="checkbox"/> ASIAN</td><td>Y N</td><td>_____</td></tr><tr><td><input type="checkbox"/> BLACK OR AFRICAN AMERICAN</td><td>Y N</td><td>_____</td></tr><tr><td><input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLANDER</td><td>Y N</td><td>_____</td></tr><tr><td><input type="checkbox"/> WHITE</td><td>Y N</td><td>_____</td></tr></tbody></table> <p>*** VOLUNTARY INFORMATION USED TO COMPLY WITH FEDERAL REPORTING HAS NO EFFECT ON ADMISSION TO EVIT ADULT EDUCATION CENTER. THIS INFORMATION WILL NOT BE USED FOR ANY DISCRIMINATORY PURPOSE.</p>		<b>CATEGORY (CHECK ALL THAT APPLY)</b>	<b>PRIMARY (CIRCLE Y/N)</b>	<b>ETHNIC GROUP/TRIBE</b>	<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE	Y N	_____	<input type="checkbox"/> ASIAN	Y N	_____	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	Y N	_____	<input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLANDER	Y N	_____	<input type="checkbox"/> WHITE	Y N	_____	<b>MILITARY</b> ARE YOU CURRENTLY A MEMBER OF THE U.S. ARMED FORCES STATIONED IN ARIZONA PURSUANT TO MILITARY ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU CURRENTLY A DEPENDANT OF A MEMBER OF THE US ARMED FORCES STATIONED IN ARIZONA PURSUANT TO MILITARY ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU A VETERAN OF THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>CATEGORY (CHECK ALL THAT APPLY)</b>	<b>PRIMARY (CIRCLE Y/N)</b>	<b>ETHNIC GROUP/TRIBE</b>																			
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<input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLANDER	Y N	_____																			
<input type="checkbox"/> WHITE	Y N	_____																			
<b>WHAT IS YOUR HIGH SCHOOL STATUS?</b> <input type="checkbox"/> HS DIPLOMA   DATE (M/D/Y): _____ HS NAME: _____ STATE: _____ <input type="checkbox"/> GED CERTIFICATE   DATE (M/D/Y): _____ <input type="checkbox"/> CURRENTLY ENROLLED IN HS HS NAME: _____ STATE: _____ <input type="checkbox"/> NO DIPLOMA OR GED (UNDER AGE 18) <input type="checkbox"/> NO DIPLOMA OR GED (AGE 18 & OVER)		<b>VEHICLE EMISSIONS</b> <input type="checkbox"/> WILL PARK ON CAMPUS – MUST SECURE AN EVIT PARKING PERMIT <input type="checkbox"/> WILL NOT PARK ON CAMPUS																			
<b>PREVIOUS COLLEGE EDUCATION (CHECK HIGHEST LEVEL COMPLETED)</b> <input type="checkbox"/> ASSOCIATE'S DEGREE <input type="checkbox"/> SOME COLLEGE OR UNIVERSITY (NO DEGREE) <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> NO COLLEGE OR UNIVERSITY <input type="checkbox"/> MASTER'S DEGREE OR HIGHER		<b>LANGUAGE BACKGROUND</b> WHAT WAS THE FIRST LANGUAGE YOU SPOKE AS A CHILD? _____ WHAT LANGUAGES WERE SPOKEN IN YOUR HOME WHEN YOU WERE GROWING UP? _____ WHAT LANGUAGE DO YOU SPEAK MOST OFTEN NOW? _____																			
<b>FIRST TIME SEEKING A COLLEGE OR NON COLLEGE DEGREE CERTIFICATE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>HOW DID YOU HEAR ABOUT EVIT ADULT EDUCATION CENTER?</b> <input type="checkbox"/> TV AD <input type="checkbox"/> COUNSELOR <input type="checkbox"/> OTHER PLEASE SPECIFY: _____ <input type="checkbox"/> RADIO AD <input type="checkbox"/> FRIEND/FAMILY <input type="checkbox"/> INTERNET <input type="checkbox"/> COLLEGE/CAREER FAIR																			
		<b>EDUCATIONAL PLAN</b> PRIMARY REASON FOR ATTENDING EVIT ADULT EDUCATION CENTER: <input type="checkbox"/> IMPROVE MY CAREER SKILLS <input type="checkbox"/> PREPARE FOR EMPLOYMENT <input type="checkbox"/> LEARN NEW CAREER SKILLS <input type="checkbox"/> TRANSFER TO UNIVERSITY/COLLEGE <input type="checkbox"/> PERSONAL INTEREST/SELF-IMPROVEMENT <input type="checkbox"/> TRANSFER to MCCCC <input type="checkbox"/> PREPARE FOR A CAREER CHANGE																			

FORM CONTINUES ON PAGE 2





**EVIT PRACTICAL NURSING  
PROGRAM PRE  
REQUISITES**

**Student Name:** \_\_\_\_\_ **Date turned in:** \_\_\_\_\_

**Desired Start Date** \_\_\_\_\_ **Cohort** \_\_\_\_\_

**Applicant Admission Requirements: Please provide the following information.**

- \_\_\_\_\_ Completed EVIT Nursing application and packet
- \_\_\_\_\_ Felony reporting Form Notarized \_\_\_\_\_ Yes
- \_\_\_\_\_ **MATH** – Applicant must have at least two years of high school math or one year of basic college math or higher taken within the last 5 years with a grade of C or better or **an acceptable TEAS Math Score**. **BIOLOGY** – Applicant must have one year of high school biology or one semester of college biology taken within the past 5 years with a grade of C or better or **acceptable TEAS Science Score**.
- \_\_\_\_\_ **TEAS** Standardized exam. Please register online at [www.atitesting.com](http://www.atitesting.com) You will register, schedule, pay for & obtain any study guides needed on the ATI web site. A 60 % overall score is preferred. \_\_\_\_\_%
- \_\_\_\_\_ Copy of current Arizona Nursing Assistant Certification. AZBN Certificate # \_\_\_\_\_
- \_\_\_\_\_ Copy of current Medical Professional CPR card with infant, child, adult and AED, Bag mask, choking, & two person. Expiration date \_\_\_\_\_
- \_\_\_\_\_ Front and back copy of current valid DPS fingerprint clearance card. Expiration date \_\_\_\_\_
- \_\_\_\_\_ Copy of front and back of Valid Government issued ID with picture (Driver's License)
- \_\_\_\_\_ Copy of High School Diploma/Transcripts\_\_\_\_ or GED\_\_\_\_\_.
- \_\_\_\_\_ Proof of Legal Residence per AZBN requirements (See [www.azbn.gov](http://www.azbn.gov) for a list of documents)
- \_\_\_\_\_ Valid Social Security Card
- \_\_\_\_\_ Submit any other supporting unofficial transcripts with additional courses for admission consideration
- \_\_\_\_\_ Medical clearance form.
- \_\_\_\_\_ Student health documentation.

**WORK HISTORY:** Are you currently employed with a health care provider?  Yes  No

Please provide the following information.

Employer/Address	Dates Employed	Position Held	FT PT	Supervisor Name Phone Number

**PROFESSIONAL REFERENCES:** Provide names of current health care supervisors or clinical instructors you have worked with.

Name	Phone Number(s)	Position	Relation to Applicant	Years Known

**CERTIFICATIONS:**

Arizona Certificates Now Held	Expiration Date

## **PRACTICAL NURSE APPLICATION ESSAY**

Please outline your career goals and the reason(s) for your interest in the EVIT Practical Nurse Program.  
*This portion of the application should be hand written.*

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## CONVICTION REPORT

Conviction information is needed from all applicants and employees. "Conviction" is defined as the final judgment on a verdict of a finding of guilty, or a plea of nolo contendere in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid. A record of conviction does not necessarily prohibit employment. *Failure to complete this form accurately and completely may mean disqualification from consideration for employment, or may be cause for consideration of dismissal after hiring, and may result in prosecution for filing false information with a public agency.* Applicants and employees must report any convictions that occur subsequent to the time that they complete this form. Please read carefully, and answer every question.

1. Have you ever been convicted of a minor offense other than traffic violations?  Yes  No
2. Have you ever been convicted of a felony?  Yes  No
3. Have you ever been convicted of a drug or sex related offense?  Yes  No
4. Have you ever been convicted of a dangerous crime against children, as defined in A.R.S. 13-604.01?  Yes  No

(A.R.S. 13-604.01 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined as second-degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, sexual exploitation of a minor, commercial sexual exploitation of a minor, child abuse, kidnapping and sexual abuse).

5. Have you ever been convicted of or admitted committing any of the following criminal offenses in this state or similar offenses in another jurisdiction?  Yes  No

Sexual abuse of a minor, incest, first or second degree murder, kidnapping, arson, sexual assault, sexual exploitation of a minor, contributing to the delinquency of a minor, commercial sexual exploitation of a minor, contributing to the delinquency of a minor, commercial sexual exploitation of a minor, felony offenses involving distribution of marijuana or dangerous or narcotic drugs, burglary, robbery, child abuse, sexual conduct with a minor, molestation of a child, voluntary manslaughter, or aggravated assault?

If you answered YES to any of the above questions, please provide the following information.

Conviction Charge	City/State	Court
Length of Jail Term	Amount of Fine	Length & Term of Probation
Remarks:		

Conviction Charge	City/State	Court
Length of Jail Term	Amount of Fine	Length & Term of Probation
Remarks:		



## Felony Reporting Form

Any adult student who attends day classes at EVIT with high school students shall certify whether they are awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committed any of the following criminal offenses in this state or similar offenses in another jurisdiction:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sexual abuse of a minor.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Incest.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	First or second degree murder.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Kidnapping.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Arson.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sexual assault.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sexual Exploitation of a Minor.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony offenses involving contributing to the delinquency of a minor.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commercial sexual exploitation of a minor.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felonies offenses involving sale, distribution or transportation of offer to sell, transport, or distribute or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Burglary in the first degree.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Burglary in the second or third degree.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aggravated or armed robbery.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Robbery.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A dangerous crime against children as defined in Section 13-604.01.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Child abuse.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sexual conduct with a minor.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Molestation of a child.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Manslaughter.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aggravated assault.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Assault.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Exploitation of minors involving drug offenses.

I, \_\_\_\_\_, hereby certify that I am not awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committed any of the above referenced criminal offenses in this state or similar offenses in another jurisdiction. I understand that the above information is subject to verification and falsification of any information shall be grounds for my withdrawal from EVIT as well as possible prosecution under the law.

Signature:

Date:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ by

My Commission Expires:

\_\_\_\_\_  
NOTARY PUBLIC

**Practical Nursing**  
**Statement of Understanding**

1 of 2 pages

(Initial)

*Please initial each statement, print your name & place your signature on bottom of 2<sup>nd</sup> page.*

Pre-requisites:

\_\_\_\_\_ **Math** – Applicant must have at least two years of high school math or one year of basic college math or higher taken within the last 5 years with a grade of C or better OR an acceptable TEAS Math Score

\_\_\_\_\_ **Biology** – Applicant must have one year of high school biology or one semester of college biology taken within the past 5 years with a grade of C or better OR an acceptable TEAS Science Score

\_\_\_\_\_ **Nursing Assistant** – A student must have a current Arizona State CNA license in good standing (verification is required).

\_\_\_\_\_ Completion of the TEAS Standardized exam with an acceptable score.

\_\_\_\_\_ The PN program may have varying starts during the year. The program is 55 instructional weeks long.

\_\_\_\_\_ It is the responsibility of the student to provide his or her own transportation.

\_\_\_\_\_ Child care issues are not the responsibility of the program. No Children will be allowed in class or allowed to wait unattended in the building.

\_\_\_\_\_ Clinical rotations are based on clinical agency schedules and may include evening sessions, weekends, or extended shifts (12 hour). Skills Lab and Simulation Lab schedules may differ from normal class hours.

\_\_\_\_\_ Applicants must be 18 years of age and provide proof of a high school diploma or GED at the time of application.

\_\_\_\_\_ Applicants will adhere to all policies outlined in the Adult Education Handbook and Catalog and the specific policies and guidelines listed in the Student Practical Nursing Program Handbook..

\_\_\_\_\_ Criteria to meet the Practical Nursing Program attendance requirement supplements the attendance requirements as defined in the EVIT Adult Education Handbook & Catalog.

\_\_\_\_\_ A DPS Fingerprint Clearance Card is required at the time of application. It must remain current throughout the program.

\_\_\_\_\_ Pursuant to A.R.S. 32-1606(B) (17) any felony convictions must be absolutely discharged 5 or more years prior to the date of filing for nursing licensure. (See: [www.azbn.gov](http://www.azbn.gov)).

\_\_\_\_\_ As a condition of enrollment all students are required to submit to and pay for a urine drug screening prior to clinical experience. (Cost approximately \$29-\$45).

\_\_\_\_\_ A student must have a social security card to seek employment and obtain certification. Some clinical sites require a social security number prior to the clinical experience.

\_\_\_\_\_ At minimum students must be physically capable of lifting patients, standing for several hours at a time, performing bending, and twisting, carrying and pushing/pulling activities. Students should expect to lift patients and push/pull equipment with patients, i.e., hospital beds. Sufficient gross motor abilities, manual dexterity and perceptual/sensory ability sufficient to provide safe nursing care and monitoring of patients are necessary. If any student feels they are unable to meet these standards without accommodation, the nursing program must determine, on an individual basis, whether a reasonable accommodation can be made. A completed and signed medical clearance form must be submitted with the application prior to acceptance to the program.

Program components: Students must complete the prescribed number of clinical and classroom hours in addition to passing all program components in order to achieve a Certificate of Completion. Students must achieve a passing grade in the Clinical Experience and Theory component. Students must pass the ATI Comprehensive Predictor final exam at the set required level.

EVIT class room and clinical dress codes (scrubs uniform) are mandatory.

The purchase of uniforms and medical equipment is the sole responsibility of the student. (Directions for purchase will be given in class).

EVIT's Practical Nursing Program does not offer or accept direct transfer of courses to/from other public or private institutions. Following completion of the PN program the student will receive a Certificate of Completion necessary to apply for licensure as a Practical Nurse.

Graduates of the PN program will be expected to take the Practical Nurse licensing exam (NCLEX-PN) in order to obtain licensure from the Arizona State Board of Nursing (ASBN). ASBN licensure fee (approximately \$350.00) and NCLEX-PN testing fee (approximately \$200.00) are the responsibility of the student. The student will be responsible for obtaining and paying for a set of finger prints (approx. \$15.00 -\$35.00) which will accompany the student's ASBN application.

Proof of Legal Residence per ASBN requirements is required at the time of application. (See: [www.azbn.gov](http://www.azbn.gov)).

Students participating in the Practical Nursing program, will be financially responsible for any charges incurred resulting from medical treatment or services, while on campus or training at an off campus site. EVIT recommends that the student obtain their own medical insurance coverage. EVIT is not responsible for personal injury or loss of property on campus or training at off campus sites.

Students will not be compensated in any way for the work performed while training in any of our affiliate sites. All student activities associated with the curriculum, especially while students are completing clinical rotations, will be educational in nature. Students will not be substituted for hired staff/ personnel within the clinical institution, in the capacity of a practical nurse.

I have read and understand the above statements:

Student Name (Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

The EVIT Practical Nursing program reserves the right to change, without notice, any material, information, requirements, regulations, and policies within this publication.

**EVIT Practical Nursing Program  
STUDENT HEALTH DOCUMENTATION CHECKLIST**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Cohort: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Attach documentation (copies of lab reports, immunization records, and CPR card) as indicated for each of the following. Fingerprint clearance card, CPR certification and TB skin test must be current through the duration of enrollment in the program.**

**Maintenance of all immunizations and certifications is the responsibility of the student and at their expense. Specific immunization requirements may change with changing requirements at clinical sites.**

**A. MMR (Measles/Rubeola, Mumps and Rubella)**

Requires documented proof of a positive MMR titer or documented proof of MMR series

Date & results of titer: Measles/Rubeola \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_

If unable to provide proof of positive titer, list all immunizations and dates received:

MMR Series/Dates: #1 \_\_\_\_\_ #2 \_\_\_\_\_

**B. Varicella (Chickenpox):** Requires documented proof of positive IgG titer. Date of IgG titer: \_\_\_\_\_,

Result \_\_\_\_\_ If unable to provide proof of positive titer, list immunization and date received:

Varicella Immunization Dates: #1 \_\_\_\_\_ #2 \_\_\_\_\_.

**C. Tetanus/Diphtheria/Pertussis (Tdap):** One-time dose of Tdap, followed by a Td booster every 10 years:

Tdap Date: \_\_\_\_\_ Td (update): \_\_\_\_\_

**D. Tuberculosis:** Documentation of a negative TB Skin Test. If you have a positive skin test, provide documentation of a negative chest X-ray within the last 2 years, and annual documentation of a TB disease-free status. **Most recent skin testing or blood test must have been completed within the previous six (6) months.**

Test Date: \_\_\_\_\_ Date of Reading: \_\_\_\_\_ Results: Negative **OR** Positive

Annual Update: Date: \_\_\_\_\_ Date of Reading: \_\_\_\_\_ Results: Negative **OR** Positive

(skin testing or blood drawn titer is acceptable)

**OR** Chest x-ray Date: \_\_\_\_\_ Results: \_\_\_\_\_ Date of Symptom Sheet \_\_\_\_\_

**E. Hepatitis B:** Documented evidence of completed series or positive antibody titer. If you have not received any injections, do not get a titer. If you are beginning the series, first injection must be prior to admission, the second in one month and third 5 months after #2. Obtain Hep B titer 1-2 months after dose #3 to confirm immunity.

Date Titer received: \_\_\_\_\_ Results: \_\_\_\_\_

Date of 1st injection: \_\_\_\_\_

Date of 2nd injection: \_\_\_\_\_

Date of 3rd injection: \_\_\_\_\_

**OR**

HBV Vaccination Declination Form Date: \_\_\_\_\_

**F. Influenza vaccine within current year.** Date of vaccine: \_\_\_\_\_

**G. CPR Card (Healthcare Provider level):** Date card issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(An official **card** is required; internet (computer) certificates are not acceptable)

**H. Level One Fingerprint Clearance Card: Date card issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_**

**I. Pre-clinical urine drug screening (Cost approximately \$29-\$45) is required prior to first clinical day.**

Students will be instructed as to when and where to go for this testing.

Results \_\_\_\_\_ Date \_\_\_\_\_

**J. Physical and Mental requirements of the program:** This nursing program and the nursing profession are demanding. At minimum students must be physically capable of lifting at least 25 pounds , standing for several hours at a time, performing bending, twisting, carrying and pushing/pulling activities. Students should expect to lift patients and push/pull equipment with patients, ie hospital beds. Sufficient gross motor abilities, manual dexterity and perceptual/sensory ability sufficient to provide safe nursing care and monitoring of patients are necessary. In addition, students must be comfortable with the sights, sounds, and smells encountered in the health care environment. Students must be able to respond positively to mental and emotional stressors related to providing nursing care to patients and also be able to respond positively when interacting and communicating with clients and members of the nursing staff and the health care team. A completed and signed Medical Clearance form must be submitted prior to acceptance to the program. Date \_\_\_\_\_

I have read and understand the above statements:

Student Name (Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Medical Clearance Form

## STUDENT Info

Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Date of 1st Clinical Rotation: \_\_\_\_\_

## MEDICAL PRACTICE OFFICE Info

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## MEDICAL CLEARANCE

This student is in adequate physical and mental health to provide services in a direct contact clinical environment.

This student presents concerns that may be a potential risk to the student or others. Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL PRACTITIONER'S Info

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_