



Scioto County Career Technical Center
Post-Secondary Education

Practical Nursing

Getting started at Scioto Tech

*Program Cost: \$12,976.00

2019-2020 Entrance Requirements

Program Hours: 1350

Application	
<input type="checkbox"/> Complete and Submit Application for Admission with \$30 non-refundable fee.	<u>Post-Secondary Office</u> 740.259.5526
<input type="checkbox"/> Submit Official copy of high school transcript or GED with scores.	
WorkKeys (Pre-entrance Cost)	
<input type="checkbox"/> Schedule WorkKeys Pre-Entrance Exam.	<u>Post-Secondary Office</u> 740.259.5526
<input type="checkbox"/> Required scores: Applied Math 5; Graphic Literacy 4; Workplace Documents 5.	
<input type="checkbox"/> Testing fee \$60.00 (cash, check, money order or major credit card).	
<input type="checkbox"/> Picture ID required.	

The following Must be completed AFTER acceptance into the Practical Nursing program.

<input type="checkbox"/> Attend a Mandatory Orientation Meeting
Financial Aid/Financial Arrangements
<input type="checkbox"/> SCCTC's Financial Aid Coordinator will be in attendance at the Mandatory Orientation Meeting to discuss Financial Aid/Financial Arrangements. If further individual assistance is required, you are encouraged to schedule an appointment in the Scioto County Career Technical Center Post-Secondary Office.
<input type="checkbox"/> You must have awarded financial aid, set-up a payment plan, or paid program costs by the deadline date which will be given at the mandatory program orientation meeting.

The following requirements and deadline dates will be given at the Mandatory Orientation Meeting:

<input type="checkbox"/> Background Check (Estimated Pre-entrance Cost: \$46.00)
<input type="checkbox"/> Drug Screen (Estimated Pre-entrance Cost: \$60.00)
<input type="checkbox"/> Physical Exam (Health Record Form) (Estimated Pre-entrance Cost: Dependent on individual)
<input type="checkbox"/> Immunization Form (Estimated Pre-entrance Cost: Dependent on individual)
<input type="checkbox"/> Medical Readiness Course

Potential outside agencies to contact for funding or additional funding to cover program cost. Contact agencies at least 30 days prior to program start date.
<ul style="list-style-type: none"> o Bureau of Vocational Rehabilitation - 4303 Old Scioto Trail, Portsmouth, Ohio 740.354.7951 o Bureau of Workers' Compensation - 1005 4th Street, Portsmouth, Ohio 740.354.7974 o CAO - Workforce Investment Act (WIA) - 433 Third Street, Portsmouth, Ohio 740.354.4531 o Workforce Investment Act (WIA) - 941 Market Street, Piketon, Ohio 740.289.2371

*Program costs do not include pre-entrance costs. Pre-entrance costs are the sole responsibility of the student.

SCIOTO COUNTY CAREER TECHNICAL CENTER



PRACTICAL NURSING PROGRAM CLASS LOCATIONS



Spring Class will be held at:
SCCTC Pike County Campus
175 Beaver Creek Road
Piketon, OH 45661



Fall Class will be held at:
SCCTC Main Campus
951 Vern Riffe Drive
Lucasville, OH 45648

Both the Pike County Campus and the Main Campus are approved by the Ohio Board of Nursing and the Council on Occupational Education.

For more information, call 740.259.5526
or visit www.sciototech.org.



Scioto County Career Technical Center
Post-Secondary Education

**Practical Nursing
Program Admission Information**

Required admission documents:

1. Admissions application and a \$30.00 non-refundable application fee. (Applications will be kept on file for one-year following the submission date of the application)
2. Official copy of high school transcript or GED with scores.
3. WorkKeys scores reflecting at least a 5 in Reading, 5 in Math, and a 4 in Locating.
 - *Deadline for mandatory submission of required admission documents:*
 - *Fall classes August 1*
 - *Spring classes December 1*

Upon acceptance into the program:

1. Applicants are required to submit fingerprints for a FBI/BCI criminal record check. Acceptance will be denied into the program if not received by deadline required, or if a disqualifying report is received.
2. Satisfactory Physical examination, drug screen and proof of Immunizations are required by date to be given at Information Meeting. Physicals are the responsibility of the applicant.

Physical and mental qualifications for classroom/lab/clinical areas:

- a. Frequently work in a standing position (up to 8-12 hours) and frequently walk (up to 8-12 hours).
- b. Lift and transfer patients up to 6 inches from a stooped position, then push or pull the weight up to 3 feet.
- c. Lift and transfer patients from a stooped to an upright or surgical position to accomplish bed to chair and chair to bed transfers.
- d. Physically apply up to 10 pounds of pressure to bleeding sites, or when performing CPR.
- e. React immediately to auditory instructions/request/monitor equipment.
- f. Perform auditory auscultation of heart sounds, breath sounds, and bowel sounds.
- g. Physically perform up to 8-12 hour clinical laboratory experience.
- h. Perform close and distance visual activities involving object, persons, and paperwork, i.e.: access patient behavior, read medication labels, read patient records, prepare/administer medications, read monitors.
- i. Discriminate depth and color perception.
- j. Discriminate between sharp/dull and hot/cold when using hands.
- k. Manual dexterity required for preparing and administering medications.
- l. *Provide effective written, oral, and nonverbal communications to patients and their families, colleagues, healthcare providers, and the public.

According to Ohio Board of Nursing rules, any applicant who has been convicted of the following felonies will not be admitted into the Practical Nursing program. Furthermore students are required to complete clinical hours. Clinical sites can also have restrictions on criminal convictions that can deny admittance into the Practical Nursing program. Reference Attachment I.

*Completing the application process **does not** automatically guarantee the applicant acceptance into the Practical Nursing program.



Scioto County Career Technical Center

Post-Secondary Education

Attachment I (Excluding Charges)

959.13	Cruelty to Animals	2907.31	Disseminating Matter Harmful to Juveniles
959.131	Prohibitions Concerning Companion Animals	2907.32	Pandering Obscenity
2903.01	Aggravated Murder	2907.321	Pandering Obscenity Involving a Minor
2903.02	Murder	2907.322	Pandering Sexually Oriented Matter Involving a Minor
2903.03	Voluntary Manslaughter	2907.323	Illegal Use of a Minor in Nudity Oriented Material or Performance
2903.04	Involuntary Manslaughter	2907.33	Deception to Obtain Matter Harmful to Juveniles
2903.11	Felonious Assault	2909.02	Aggravated Arson
2903.12	Aggravated Assault	2909.03	Arson
2903.13	Assault	2909.04	Disrupting Public Services
2903.15	Permitting Child Abuse	2909.22	Soliciting or Providing Support for Act of Terrorism
2903.16	Failure to Provide for a Functionally Impaired Person	2909.23	Making Terroristic Threats
2903.21	Aggravated Menacing	2909.24	Terrorism
2903.211	Menacing by Stalking	2911.01	Aggravated Robbery
2903.22	Menacing	2911.02	Robbery
2903.34	Patient Abuse or Neglect	2911.11	Aggravated Burglary
2903.341	Patient Endangerment	2911.12	Burglary
2903.41	Reckless Homicide	2911.13	Breaking and Entering
2905.01	Kidnapping	2913.02	Theft
2905.02	Abduction	2913.03	Unauthorized Use of a Vehicle
2905.04	Child Stealing, as that offense existed prior to July 1, 1996	2913.04	Unauthorized Use of Computer, Cable or Telecommunication Property
2905.05	Child Enticement	2913.05	Telecommunication Fraud
2905.11	Extortion	2913.11	Passing Bad Checks
2905.12	Coercion	2913.21	Misuse of Credit Cards
2905.32	Human Trafficking	2913.31	Forgery – Forging Identification Cards or Selling or Distributing Forged Identification Cards
2905.33	Unlawful Conduct with Respect to Documents	2913.32	Criminal Simulation
2907.02	Rape	2913.40	Medicaid Fraud
2907.03	Sexual Battery	2913.41	Defrauding a Rental Agency or Hostelery
2907.04	Unlawful Sexual Conduct with a Minor, Formerly Corruption of a Minor	2913.42	Tampering with Records
2907.05	Gross Sexual Imposition	2913.43	Securing Writings by Deception
2907.06	Sexual Imposition	2913.44	Personating an Officer
2907.07	Importuning	2913.441	Unlawful Display of Law Enforcement Emblem
2907.08	Voyeurism	2913.45	Defrauding Creditors
2907.09	Public Indecency	2913.46	Illegal use of SNAP or WIC Program Benefits
2907.12	Felonious Sexual Penetration, as that offense existed prior to September 3, 1996	2913.47	Insurance Fraud
2907.21	Compelling Prostitution	2913.48	Worker's Compensation Fraud
2907.22	Promoting Prostitution	2913.49	Identity Fraud
2907.23	Enticement or Solicitation to Patronize a Prostitute; Procurement	2913.51	Receiving Stolen Property
2907.24	Soliciting	2917.01	Inciting to Violence



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2907.25	Prostitution	2917.02	Aggravated Riot
2917.03	Riot	2923.13	Having a Weapon while under a Disability
2917.31	Inducing Panic	2923.161	Improperly Discharging a Firearm at or into a habitation or school
2919.12	Unlawful Abortion	2923.162	Discharge of Firearm on or near Prohibited Premises
2919.121	Unlawful Abortion Upon Minor	2923.21	Improperly Furnishing Firearms to a Minor
2919.123	Unlawful Distribution of an Abortion-Inducing Drug	2923.32	Engaging in a Pattern of Corrupt Activity
2919.21	Non-Support/Contributing to Non-Support of Dependents	2923.42	Participating in a Criminal Gang
2919.22	Endangering Children	2925.02	Corrupting Another with Drugs
2919.23	Interference with Custody	2925.03	Trafficking in Drugs
2919.24	Contributing to the Unruliness or Delinquency of a Child	2925.04	Illegal Manufacture of Drugs or Cultivation of Marijuana
2919.25	Domestic Violence	2925.041	Illegal Assembly or Possession of Chemicals for the Manufacture of Drugs
2921.03	Intimidation	2925.05	Funding Drug Trafficking
2921.11	Perjury	2925.06	Illegal Administration or Distribution of Anabolic Steroids
2921.12	Tampering with Evidence	2925.09	Illegal Administration, Dispensing, Distribution, Manufacture, Possession, Selling, or Using of any Dangerous Veterinary Drug
2921.13	Falsification, Falsification in a Theft Offense, Falsification to Purchase a Firearm, or Falsification to Obtain a Concealed Handgun License	2925.11	Drug Possession that is a Minor Drug Possession Offense
2921.21	Compounding a Crime	2925.13	Permitting Drug Abuse
2921.24	Disclosure of Confidential Information	2925.14	Drug Paraphernalia
2921.32	Obstructing Justice	2925.141	Illegal Use or Possession of Marijuana Drug Paraphernalia
2921.321	Assaulting or Harassing a Police Dog, Horse, or Service Animal	2925.22	Deception to Obtain a Dangerous Drug
2921.34	Escape	2925.23	Illegal Processing of Drug Documents
2921.35	Aiding Escape or Resistance to Lawful Authority	2925.24	Tampering with Drugs
2921.36	Illegal Conveyance of Weapons, Drugs or other Prohibited items onto Grounds of Detention Facility or Institution	2925.36	Illegal Dispensing of Drug Samples
2921.51	Impersonation of Peace Officer	2925.55	Unlawful Purchase of Pseudoephedrine Product
2923.12	Carrying Concealed Weapons*	2925.56	Unlawful Sale of Pseudoephedrine Product
2923.122	Illegal Conveyance or Possession of Deadly Weapon or Dangerous Ordnance in School Safety Zone, Illegal Possession of an Object Indistinguishable from a Firearm in a School Safety Zone	2927.12	Ethnic Intimidation
2923.123	Illegal Conveyance, Possession, Or Control of Deadly Weapon or Dangerous Ordnance into Courthouse - Illegal Possession or Control into Courthouse	3716.11	Placing Harmful or Hazardous Objects in Food or Confection.

An existing or former law of the state of Ohio, any other state, or the United States that is substantially equivalent to any of the offenses or violations described above also disqualifies an applicant.



Scioto County Career Technical Center
Post-Secondary Education

For Office Use Only

Application for Admission

Please print clearly and return to SCCTC Post-Secondary Office, 951 Vern Riffe Drive, Lucasville, OH 45648, Phone 740.259.5526, Fax 740.259.8312.

**All questions must be answered. If not applicable, answer N/A.

First Name _____ Last Name _____ MI _____ Maiden Name _____

Date of Birth: _____ Social Security Number: _____

Home Phone _____ Cell Phone _____

E-Mail Address: _____

Street Address _____ City _____ State _____ Zip _____

Program(s) of Interest: _____ Program start date(s): _____

High School Attended: _____ Year of Graduation: _____

High School Location: _____
City _____ State _____

Year GED Earned: _____

(Please submit official copy of high school transcript or GED with scores with this application)

Education Advancement:

List all career technical centers, colleges, and/or universities previously attended:

Name of Institution: _____ Type of Degree _____

Name of Institution: _____ Type of Degree _____

Name of Institution: _____ Type of Degree _____

Equal Opportunity Statement

Scioto County Career Technical Center does not discriminate in admission, access, or treatment in programs, and activities or employment policies or practices on the basis of race, creed, sex, color, national or ethnic origin, religion, marital status, age, sexual orientation, or disability. Inquiries regarding Title IX may be directed to the Title IX coordinator at 740.259.5522 ext. 2234.

Alternate Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____
Street City State Zip

I authorize the Scioto County Career Technical Center, Post-Secondary Education, to obtain and exchange any information about myself as required from past and future employers, training facilities, and other organizations for the purpose of determining eligibility, suitability, and providing services. This also includes obtaining any income verification from employers, public assistance agencies, and/or any other social service agency.

I certify that the statements included in this application are accurate and true to the best of my knowledge. I understand that my enrollment is voluntary and that I shall not hold the Board of Education or school officials responsible for injury resulting from my actions or conduct.

I have read and agree to all the above:

Print Name: _____

Signature: _____ Date: _____

Mission Statement

The mission of Scioto County Career Technical Center, the region’s driving force for re-energizing the economy, is to provide a superior workforce through personalized training, new technologies, and community partnerships.

Refund Policy

Full-Time/600+ hours
A 100% refund* of tuition and lab fees if the student withdraws in the 1st week of the term.
A 75% refund * of tuition and lab fees if the student withdraws within the 2 nd week of the term.
A 50% refund* of tuition and lab fees if the student withdraws within the 3 rd week of the term.
No refund after the 3 rd week of the term.
*Excludes any expenses incurred by the school such as assessments already taken, books, tools, etc.

Short-Term/up to 599 hours
If a program is cancelled for any reason, or a student withdraws prior to the start date of a program, a 100% refund will be given.
No refund will be given after the start date of the program.



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Healthcare Education and Healthcare Work Experience

1. Do you have any previous nursing education? Yes _____ No _____

If yes, when? _____

Type _____ Name of School _____

Address _____

2. Please list your work experiences including: company name, address, dates employed, job title and specific duties performed starting with most recent. (May attach additional sheet if necessary)

Company: _____

Address: _____

Dates Employed: From _____ (month/year) to _____ (month/year)

Job Title: _____

Duties performed: _____

Company: _____

Address: _____

Dates Employed: From _____ (month/year) to _____ (month/year)

Job Title: _____

Duties performed: _____

Company: _____

Address: _____

Dates Employed: From _____ (month/year) to _____ (month/year)

Job Title: _____

Duties performed: _____

I have been convicted of, found guilty to, pled no contest to, or received treatment in lieu of conviction for a misdemeanor committed in the course of practice in Ohio, another state or US territory; felony in Ohio, another state or US territory; a crime involving gross immorality or moral turpitude in Ohio, another state or US territory; or a violation of any municipal county, state, or federal drug law:

No _____ Yes _____

If yes, explain _____

Applicant's Signature: _____ Date _____