



**FAST TRACK
PRACTICAL NURSING PROGRAM**

**INFORMATION and APPLICATION
PACKET**

Fall 2010

FAST TRACK PRACTICAL NURSING PROGRAM

PROGRAM DESCRIPTION

The Fast Track Practical Nursing Certificate of Completion (CCL) Program provides students with the theory and skills required to practice as a practical nurse in acute care, extended care, and intermediate care settings. The program of study combines nursing theory lectures with planned patient care learning experiences in hospitals, nursing homes and health care agencies. Graduates are eligible to take the National Council Licensing Examination (NCLEX-PN) to become a licensed practical nurse (LPN). Licensing requirements are the exclusive responsibility of the Arizona State Board of Nursing according to Title 32, Chapter 15 of the Arizona Revised Statutes.

The Fast Track Practical Nursing (FTPN) Program is a separate nursing program within the structure of the Maricopa Community College District (MCCD). Students completing the FTPN Program are eligible to apply for the second year (Block 3) of the Maricopa Nursing Program after completing the prerequisite general education courses and meeting admission requirements for advanced placement.

COST ESTIMATE FOR THE FTPN PROGRAM*

Nursing Courses (22 credits x \$71.00) (Maricopa County Resident)	\$ 1562.00
Registration Fees/Admission Test Fee/Course Fees/Graduation fee	220.00
Books/Tote	600.00
Urine Drug Test	68.00
Fingerprint Clearance Card	65.00
Immunizations and CPR	250.00
Uniform and Clinical Supplies	125.00
Total Estimated Cost	\$2,890.00

Upon completion of program requirements, students are eligible to apply for licensure as practical nurses through the Arizona State Board of Nursing (AZBN). Licensing fees and requirements are determined by and are the sole responsibility of the AZBN. Approximate cost of application fees, testing fees, and fingerprinting is \$475.00. Contact the ASBN at <http://www.azbn.gov/> or 602-889-5150

*Fees are subject to change by the Maricopa Community Colleges Governing Board.

The Maricopa Community Colleges reserve the right to change, without notice, any materials, information, curriculum, requirements, and regulations in this publication.

APPLICATION PROCESS

Advisement:

After reviewing the Information and Application Packet, see a nursing program advisor in the Center for Health Careers Education Building at GateWay Community College with any additional questions.

Admission Requirements:

Student Information Form: If you are a new student at GateWay Community College, you will need to complete an application at the college. This application is necessary for your transcript evaluation and registration for courses. This is a separate application from your nursing program application.

Application to the Nursing Program (included in this packet)

- **Statement of high school graduation or GED:** Applicants must verify that they meet this requirement by signing the statement of high school graduation on the application for the nursing program included in this packet.
- **College/university transcript evaluation (students must meet criteria outlined below)**
 - Transcript showing successful completion of NUR158 within the past one year.
 - OR**
 - Current and unrestricted credential as a Certified Nurse Assistant (CNA) or evidence of a passing score on both the manual skills and written certification exam.
- **Fingerprint Clearance Card:** Submit a copy of both sides of a current, unrestricted Fingerprint Clearance Card (FCC). See an advisor or see <http://www.dps.state.az.us/reports/fingerprint/faq/default.asp> for information and application packet to apply for the card. Allow 4-6 weeks to receive the card.
- **Nurse Entrance Test (NET):** If an applicant has completed the NET within the past two years, NET scores will be accepted for the Fall 2010 application process only. Applicants must have scored 60% or higher in reading and 50% or higher in math.
- OR**
- **HESI A2 Admissions Exam:** Applicants must score a 75% or higher in math and composite score of 75% or higher in Reading comprehension, grammar, and vocabulary. The student fee for the HESI A2 is approximately \$35.00. Applicants may take the HESI A2 exam up to 2 years prior to submitting the application. If you are unable to achieve the minimum score, you should obtain remediation before repeating the test. Applicants may retest after a 60 day period for a maximum of 3 times per 12-month period. The program coordinator may deny acceptance of an application if an applicant violates these guidelines. Study guides are available in selected college bookstores and libraries or at <http://www.us.elsevierhealth.com/product.jsp?isbn=9781416056355>.
- **Health and Safety Documentation Form:** Carefully read and follow the directions of the Health and Safety Documentation form. Incomplete applications will be returned to you and will delay or defer your admission to the program.

Application Submission:

Complete the application and collect the required documentation. Make an appointment with a nursing program advisor to review and sign your application. Applications that are complete with an advisor’s signature and required documentation will be accepted during the following dates and times:

Tuesday–April 6th 2010	Wednesday–April 7th 2010	Thursday–April 8th 2010
10:00 a.m. – 1:00 p.m.	10:00 a.m. – 1:00 p.m.	10:00 a.m. – 1:00 p.m.
CHCE Building Room 2153	CHCE Building Room 2153	CHCE Building Room 2153

Confirmation and Acceptance:

The admission process is a randomized process and is **NOT** ‘first come first serve’. Applicants with complete applications will receive a letter of acceptance for the program as long as space is available. Once all positions are filled, the remaining applicants will receive notification of the closure of the admission process and will be placed on an alternate list. Applicants placed on the alternate list do not need to reapply. Applicant names remain on the alternate list until space becomes available in a subsequent semester. As space become available, the program coordinator will e-mail or phone applicants to offer placement.

Important Information Regarding Registration for Nursing Courses:

During the admission process, all students are required to apply for a background check to verify identity, social security number, and that the student's name does not appear on the List of Excluded Individuals/Entities (LEIE) database. Once admitted, any student who becomes sanctioned or excluded while enrolled in the program will not be permitted to continue. The web site for additional information: <http://oig.hhs.gov/fraud/exclusions.html>. Students will receive specific instructions on completing the background checks during the nursing program orientation.

ACADEMIC RESPONSIBILITY:

It is the responsibility of every student enrolled in the nursing program to adhere to truthfulness and to avoid dishonesty, fraud, or deceit of any type. As students progress through the curriculum, they are preparing for transition into professional life. Behaviors expected in both the classroom and clinical settings parallel behaviors expected in the work place. Faculty are committed to providing an environment conducive to teaching and learning. Students can contribute to the effectiveness of the learning process and increase their chance of success by following the faculty suggestions listed below:

CLASSROOM BEHAVIORS:

- Attend all class sessions and be punctual
- Read, understand and follow the course syllabus
- Complete reading assignments prior to class
- Submit assignments on time
- Participate actively in class
- Evaluate your own progress continuously
- Meet with your instructor during office hours
- Make appropriate verbal contributions to class
- Maintain appropriate demeanor during class *for example:*
 - Remain in classroom until class is dismissed
 - Return from breaks on time
 - Eat and sleep before and after class
 - Refrain from having side conversations
 - Attend to speaker during class time
 - Allow others to hear and learn
 - Silence cell phones and pagers, respond to messages during scheduled breaks

CLINICAL BEHAVIORS:

- Adequately prepare for nursing responsibilities
- Ensure prompt attendance
- Wear correct professional attire
- Maintain appropriate demeanor during clinical *for example:*
 - Show respect for clients and staff
 - Keep a positive attitude toward learning
 - Uphold confidentiality
 - Stay in clinical setting until clinical group is dismissed
 - Return from breaks on time
 - Cell phone use is not permitted during clinical experiences
- Identify own learning goals
- Use clinical time to maximize learning
- Verbally participate in clinical conferences
- Perform safe, competent care of clients
- Seek instructor's help and supervision appropriately
- Seek help appropriately to manage stress that may affect performance
- Identify own strengths and limitations
- Complete all clinical work on time.

FAST TRACK PRACTICAL NURSING PROGRAM

Essential Skills and Functional Abilities for Nursing Students

Individuals who apply for admission to the nursing program must be able to perform essential skills. Any applicant who has met the necessary prerequisites, health and safety documentation and who can perform the essential functions will be considered for admission. If a student believes that he or she cannot meet one or more of the standards without accommodations, the nursing program must determine, on an individual basis, whether a reasonable accommodation can be made.

Functional Ability	Standard	Examples of Required Activities
Motor Abilities	Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care.	Mobility sufficient to carry out patient care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces such as treatment room or operating suite.
Manual Dexterity	Demonstrate fine motor skills sufficient for providing safe nursing care.	Motor skills sufficient to handle small equipment such as insulin syringe and administer medications by all routes, perform tracheotomy suctioning, insert urinary catheter.
Perceptual/ Sensory Ability	Sensory/perceptual ability to monitor clients.	<ul style="list-style-type: none"> • Sensory abilities sufficient to hear alarms, auscultatory sounds, cries for help, etc. • Visual acuity to read calibrations on 1 cc syringe, assess color (cyanosis, pallor, etc). • Tactile ability to feel pulses, temperature, palpate veins, etc. • Olfactory ability to detect smoke or noxious odor, etc.
Behavioral/ Interpersonal/ Emotional	<ul style="list-style-type: none"> • Ability to relate to colleagues, staff and patients with honesty, integrity and nondiscrimination. • Capacity for development of mature, sensitive and effective therapeutic relationships. • Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds. • Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism. • Capacity to demonstrate ethical behavior, including adherence to the nursing and student handbook policies. 	<ul style="list-style-type: none"> • Establish rapport with patients/clients and colleagues. • Work with teams and workgroups. • Emotional skills sufficient to remain calm in an emergency situation. • Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the care of clients. • Adapt rapidly to environmental changes and multiple task demands. • Maintain behavioral decorum in stressful situations.
Safe environment for patients, families and co-workers	<ul style="list-style-type: none"> • Ability to accurately identify patients. • Ability to effectively communicate with other caregivers. • Ability to administer medications safely and accurately. • Ability to operate equipment safely in the clinical area. • Ability to recognize and minimize hazards that could increase healthcare associated infections. • Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to patient, family and co-worker injuries. 	<ul style="list-style-type: none"> • Prioritize tasks to ensure patient safety and standards of care. • Maintain adequate concentration and attention in patient care settings. • Seek assistance when clinical situation requires a higher level or expertise/experience. • Respond to monitor alarms, emergency signals, call bells from patients, in an orderly and effective manner.

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<p>Communication</p>	<ul style="list-style-type: none"> • Ability to communicate in English with accuracy, clarity and efficiency to patients, their families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language). • Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy 	<ul style="list-style-type: none"> • Give or follow verbal directions from other members of the healthcare team and participate in health care team discussions of patient care. • Elicit and record information about health history, current health state and responses to treatment from patients or family members. • Convey information to clients and others as necessary to teach, direct and counsel individuals in an accurate, effective and timely manner. • Establish and maintain effective working relations with patients and co-workers. • Recognize and report critical patient information to other caregivers.
<p>Cognitive/ Conceptual/ Quantitative Abilities</p>	<ul style="list-style-type: none"> • Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis. • Ability to gather data, implement a developed plan of care, establish priorities and monitor and evaluate treatment plans and modalities. • Ability to comprehend three-dimensional and spatial relationships. • Ability to react effectively in emergency situations. 	<ul style="list-style-type: none"> • Calculate appropriate medication dosages given specific patient parameters. • Analyze and synthesize data to assist in the development of an appropriate plan of care. • Collect data, prioritize needs and anticipate reactions. • Comprehend spatial relationships adequately to properly administer injections, start intravenous lines or assess wounds of varying depths. • Recognize an emergency situation and respond effectively to safeguard the patient and other caregivers. • Transfer knowledge from one situation to another. • Accurately process information on medication containers, physicians' orders, and monitor and equipment, printed documents, flow sheets, graphic sheets, medication administration records, medical records and policy and procedure manuals.
<p>Punctuality/ work habits</p>	<ul style="list-style-type: none"> • Ability to adhere to FTPN policies, procedures and requirements as described in the Student Nurse Handbook, college catalog and course syllabus. • Ability to complete classroom and clinical assignments and submit assignments at the required time. • Ability to adhere to classroom and clinical schedules. 	<ul style="list-style-type: none"> • Attend class and clinical assignments punctually. • Read, understand and adhere to all policies related to classroom and clinical experiences. • Contact instructor in advance of any absence or late arrival. • Understand and complete classroom and clinical assignments by due date and time.

FALL 2010 PROGRAM SCHEDULE

DAY PROGRAM*:

Orientation is August 10th from 5:00 to 8:00 PM

Semester 1

Class	Course	Date*	Day*	Time*
NUR160PN	Practical Nursing Theory & Process I	8/23/10 – 12/13/10	Monday	12:00 – 4:30
		8/18/10 – 9/8/10	Wednesday	8:00 – 4:00
		11/17/10 – 12/8/10	Wednesday	12:00 – 4:30
		8/20/10 – 9/3/10	Friday	8:00 – 4:00
		9/9/10 – 12/10/10	Thursday & Friday	6:45 – 3:15

Semester 2

Class	Course	Date*	Day*	Time*
NUR180PN	Practical Nursing Theory & Process II	1/2011 – 5/2011	Monday Wednesday Clinical as Assigned	TBA TBA Clinical/Lab Times Vary

* subject to change

EVENING PROGRAM*:

Orientation is August 10th from 5:00 to 8:00 PM

Semester 1

Class	Course	Date*	Day*	Time*
NUR160PN	Practical Nursing Theory & Process I	8/17/10 – 12/14/10	Tuesday	5:00 – 8:30
		8/12/10 – 12/16/10	Thursday	5:00 – 8:30
		8/14/10 – 8/28/10	Saturday	8:00 – 4:00
		9/4/10 – 12/4/10	Saturday	8:00 – 4:00

Semester 2

Class	Course	Date*	Day*	Time*
NUR180PN	Practical Nursing Theory & Process II	1/2011 – 5/2011	Tuesday Thursday Clinical as Assigned	TBA TBA Clinical/Lab Times Vary

* subject to change

PROGRAM OF STUDY

Curriculum Credit Hour and Clock Hour Distribution

Fast Track Practical Nursing Courses			
NUR160PN	Practical Nursing Theory and Process I	11.0	315
NUR180PN	Practical Nursing Theory and Process II	11.0	315
Nursing Program Courses		22	630
		Credit Hours	Clock Hours

FAST TRACK PRACTICAL NURSING PROGRAM

IMPORTANT INFORMATION FOR APPLICANTS

ZERO TOLERANCE POLICY: The nursing program supports a Zero Tolerance Policy for the following behaviors:

- Academic dishonesty
- Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such harm.
- Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
- Unauthorized use, distribution, or possession for purposes of distribution of any controlled substance or illegal drug on the campus or at a clinical site.

Nursing students engaging in this misconduct are subject to immediate dismissal from the nursing program and/or disciplinary actions as described in the Student Handbook of the college.

HEALTH DECLARATION:

It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time, and perform bending activities. Students who have a chronic illness or condition must be maintained on a current treatment plan and able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application. **All applicants must provide documentation of compliance with all health and safety requirements required to protect patient safety.** Only students in compliance are permitted to enroll in nursing courses. Students will meet these requirements by submitting both a completed Health Care Provider Signature Form and the required documentation as indicated in the Instructions for Completing Health and Safety Forms.

DRUG SCREENING: All students are required to submit to a urine drug screening laboratory test. Students must complete the urine drug screening within the specified timeframe selected by the program coordinator, and according to the directions given. Only students meeting the drug screening requirement and receiving negative drug screens, as reported by the Medical Review Officer (MRO), will be permitted to maintain enrollment in the nursing program.

FINGERPRINTING REQUIREMENT: Current and unrestricted fingerprint clearance is required to work and care for children, the elderly, and any vulnerable adult. If there is a positive criminal history, a fingerprint clearance may be denied. The fingerprint clearance card cannot expire during the nursing program. The fingerprint clearance card required for application to the nursing program will not meet the requirements for certification or licensure through the Arizona State Board of Nursing.

WAIVER OF LICENSURE/CERTIFICATION GUARANTEE: Admission or graduation from the nursing program does not guarantee obtaining a license or certificate to practice nursing. Licensure and certification requirements and the subsequent procedures are the exclusive right and responsibility of the Arizona State Board of Nursing. Students must satisfy the requirements of the Nurse Practice Act: Statutes, Rules and Regulations, independently of any college or school requirements for graduation.

Pursuant to A.R.S. § 32-1606(B)(17), an applicant for professional or practical nurse license by examination is not eligible for licensure if the applicant has any felony convictions and has not received an absolute discharge from the sentence for all felony convictions. The absolute discharge must be received five or more years before submitting this application. If you cannot prove that the absolute discharge date is five or more years, the State Board cannot consider your application.

All nurse and nursing assistant applicants for certification and licensure will be fingerprinted to permit the Department of Public Safety to obtain state and federal criminal history information. All applicants with a positive history are investigated. If there is any question about eligibility for licensure or certification, contact the nursing education consultant at the Arizona State Board of Nursing (602-889-5150).



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FALL 2010 FTPN APPLICATION

(PRINT)

Name _____ D.O.B _____
Last First Middle

All names previously used _____ Student ID Number _____

Phone: Day _____ Evening _____ Cell _____

Mailing Address _____

City _____ State _____ Zip _____

E-Mail Address _____

This E-mail may be used to contact you regarding placement into the nursing program.

Nursing School Attended:

If you were enrolled in a nursing program and did not complete the program, you must request a letter from the Director of the Nursing Program previously attended and have it sent to Jeri Lastine (Practical Nursing Program Coordinator) at GateWay explaining the reasons for withdrawal or dismissal. The admission committee reserves the right to deny acceptance of this application if applicant was dismissed for issues relating to academic integrity, unsafe patient care, and/or more than 2 failures from a nursing program. **The application is considered complete only when all letters have been received and reasons for exit identified.**

Name of School	Dates Attended	Reason for leaving:

Program Options:

REQUIRED: Applicants are given an opportunity to designate a preferred program to which they would like to apply. If you are able to do both programs, list your preference as 1 for first choice and 2 for second choice.

August 2010 – May 2011 **Day Program** _____

August 2010 – May 2011 **Evening Program** _____

I have provided true, correct, and complete information on my application. I have read and I understand the information presented in this application packet. I understand that I must provide documentation of all admission requirements to be considered eligible and that all admissions are granted on a space-available basis.

Signature Date

Note: Applicants must supply all information as requested. Applicants failing to identify nursing schools attended or those supplying false information will not be eligible for admission or enrollment in the nursing program



FAST TRACK PRACTICAL NURSING PROGRAM

**FALL 2010 FTPN APPLICATION
ADMISSION CHECKLIST
(Must be signed by Advisor and included with Application)**

Print Name:		D.O.B.		Student ID:	
Name of High School:		City/State:		Date of Graduation: OR GED: Date of Completion	
Fingerprint Clearance Card: The fingerprint clearance card must be unrestricted and cannot expire before May 31, 2011.				Date of FCC Expiration:	
Complete Student Information Form for GateWay Community College					
Health and Safety Documentation Form					
<input type="checkbox"/> Health Care Provider Signature Form		<input type="checkbox"/> TB skin test (PPD)			
<input type="checkbox"/> MMR		<input type="checkbox"/> Hepatitis B		<input type="checkbox"/> Tetanus/Diphtheria (Td)	
<input type="checkbox"/> Varicella		<input type="checkbox"/> Healthcare Provider CPR Card			
Nursing Entrance Test (NET) OR Evolve HESI A2 <i>Attach Copy of Test Analysis</i> <i>Note: Scores from outside the Maricopa Community Colleges must be accompanied with official transcript evidence of score.</i>				Advisor verification:	
Date: Valid for 2 years		Location of Test:	Math Score:	Reading Score(NET) / Composite Score (HESI A2)	
Attach transcripts for the following courses:					
Options	Prefix	Course	College	Date Completed	
OPTION A	NUR158	Evidence of completion of NUR158 within the past 1 year.			
		OR			
OPTION B		Current and unrestricted credential as a Certified Nurse Assistant (CNA) or evidence of a passing score on both the manual skills and written certification exam.	Attach copy of Certification Card	Advisor Verification	

(Advisor Signature)

(Date)

ALL APPLICATIONS MUST BE SIGNED BY AN ADVISOR PRIOR TO SUBMISSION

HEALTH DECLARATION FORM

Applicant: _____ Student ID Number: _____

- A. MMR (Measles/Rubeola, Mumps, Rubella): Requires documented proof of two MMRs in lifetime or a positive titer for each of these diseases.**

1st MMR Date: _____ 2nd MMR Date: _____**OR**

Date & results of titer: Measles/Rubeola _____ Mumps _____ Rubella _____

- B. Varicella (Chickenpox): Requires documented proof of two (2) vaccinations or positive IgG titer.**

1st Varicella Date: _____ 2nd Varicella Date: _____ **OR** Date & results of IgG titer: _____

- C. Tetanus/Diphtheria (Td) immunization within the past 10 years.** Td Date: _____

- D. Tuberculosis:** Documentation of an initial **Two-Step TB skin test** (PPD) and annual Update of TB skin test. If positive skin test, provide documentation of chest X-ray within the last 2 years, and annual documentation of a TB disease free status. **Annual testing cannot be due prior to 12/16/2010.**

Initial Test: Date: _____ Date of Reading: _____ Results (circle): Negative **OR** Positive**AND**Boosted Test: Date: _____ Date of Reading: _____ Results (circle): Negative **OR** Positive**(1-3 weeks after initial test)**Annual Update: Date: _____ Date of Reading: _____ Results (circle): Negative **OR** Positive**OR**

Chest x-ray Date: _____ Results: _____ Date of Symptom Sheet _____

- E. Hepatitis B: Documented evidence of completed series or positive antibody titer. If beginning series, first injection must be prior to admission and the series completed according the Centers for Disease Control recommendations.**

Date of 1st injection: _____ **OR** Hep B Titer Date: _____Date of 2nd injection: _____ Titer Results: _____Date of 3rd injection: _____

- F. CPR Card:** Date CPR card Issued: _____ Expiration Date: _____

Attach a copy of both sides of the CPR Card. CPR certification cannot expire prior to 12/16/10.

- G. Fingerprint Clearance Card:** Date Card Issued: _____ Expiration Date: _____

Attach a copy of both sides of the unrestricted fingerprint clearance that does not expire prior to 5/30/11.



Health Care Provider Signature Form

Instructions for Completion of Health Care Provider Signature Form

A health care provider **must** sign Health Care Provider Signature Form and indicate whether the applicant will be able to function as a nursing student. Health care providers who qualify to sign this declaration include a licensed physician (M.D., D.O.), a nurse practitioner, or physician’s assistant.

(Please Print)

Applicant Name _____ Student ID Number _____

It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on a current treatment plan and able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients’ lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

I believe the applicant _____ WILL OR _____ WILL NOT be able to function as a nursing student as described above.

If not, explain: _____

Licensed Healthcare Examiner (M.D., D.O., N.P., P.A.)

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____

Phone: _____

INSTRUCTIONS FOR COMPLETING HEALTH AND SAFETY FORMS

IMPORTANT: All students placed in the FTPN Program must provide documentation of compliance with the health and safety requirements to protect patient safety. Only students providing documentation of the required health and safety requirements are eligible for enrollment in the nursing program. Students are responsible for keeping their health and safety requirements current throughout the PN program. Copies of necessary updates are submitted to the FTPN Program Coordinator when due. **All immunization records must include your name, date, along with the signature and/or official stamp of the healthcare provider giving/verifying the immunizations.**

REQUIREMENTS

- A. **MMR** (measles/rubeola, mumps, rubella)
Options to meet this requirement:
- a. Attach a copy of proof of two previous MMR vaccinations to the health declaration form.
- OR**
- b. If you had all three illnesses OR you have received the vaccinations but have no documented proof, you must have a titer drawn for each illness.
 1. If the titer results are POSITIVE, attach a copy of the results to the health declaration form.
 2. If the titer results are NEGATIVE, you must get your first MMR vaccination and attach documentation to the health declaration form. The second MMR must be completed within 4-6 weeks and proof submitted to the nursing department.
- B. **Varicella** (chickenpox)
Options to meet this requirement:
- a. Attach a copy of proof of two previous Varicella vaccinations to the health declaration form.
- OR**
- b. If you had the chicken pox OR you have received the vaccinations but have no documented proof you must have a titer drawn.
 1. If the titer results are POSITIVE, attach a copy of the results to the health declaration form.
 2. If the titer is NEGATIVE, you must get your first Varicella vaccination and attach documentation to the health declaration form. The second Varicella vaccination must be completed within 4-6 weeks and proof submitted to the nursing department.
- C. **Tetanus/Diphtheria (Td) immunization within the past 10 years.** Attach a copy of proof of Td vaccination.
- D. **Tuberculosis**
- a. Attach a copy of proof of an initial two-step TB skin test (PPD). Submit the initial result and the 2nd result of test given 1 to 3 weeks later. If you have had the 2-step test, include initial two-step reading and the annual update if necessary. **All testing cannot expire prior to 12/16/10.**
- OR**
- b. If positive skin test, provide documentation of chest X-ray within the last 2 years and annual documentation of a TB disease free status by obtaining and completing the Tuberculosis Screening Questionnaire from the program coordinator.
- E. **Hepatitis B**
Options to meet this requirement:
- a. Attach a copy of proof of completion of three Hepatitis B injections to the health declaration form.
 - b. If you have not received the injections in the past, you must obtain the first injection and attach a copy of proof of the injection to the health declaration form. You must receive the 2nd injection in one month and the 3rd five months after the second.
- OR**
- c. Attach a copy of proof of a positive HbsAB antibody titer to the health declaration form.
- F. **CPR Card:**
Attach a copy of both sides of the Healthcare Provider CPR card to the health declaration form.
CPR certification cannot expire prior to 12/16/10.
- G. **Fingerprint Clearance Card:**
Attach a copy of both sides of an unrestricted fingerprint clearance card to the health declaration form.
The fingerprint clearance card must be unrestricted and cannot expire prior to 5/31/11.