Loudoun County School of Practical Nursing

Admission Application

C.S. Monroe Technology Center
715 Childrens Center Road, SW
Leesburg, VA 20175

The Loudoun Governor’s Career and Technical STEM Academy

571-252-2080 main school number
571-252-2082 nursing department

http://www.lcps.org/MTC
Select programs, and then select Practical Nursing
Introduction to Health & Medical Sciences is required as a prerequisite for High School students to apply to the Practical Nursing Program

*Also include your Workplace Readiness Certificate with your application

These 2 requirements only apply to High School Applicants
General Information

Registration for the Admissions Entrance Exam begins January 5, 2015
This program is open only to Loudoun County residents

1. The program is eighteen months in length with a new class beginning each fall following the Loudoun County Public School calendar. PNI is the first nine months of the program and consists of classroom instruction at the Charles S. Monroe Technology Center, every other day or “A” day in the Loudoun County Public Schools System. Upon successful completion of PNI, students are admitted to PNII. Classes for PNII are held Monday through Friday for a total of 32 hours per week. PNII is a combination of classroom instruction at Monroe Technology Center and clinical experience at selected community facilities.

2. Tuition for adults is approximately $1900.00 per year. Fees include a phlebotomy course, malpractice insurance, criminal background check, NCLEX review courses, school pin, lab fees, HOSA fees, First Aid Certification and graduation costs. Total cost of the program averages $3800.00 for all expenses. High school students are not required to pay tuition. Each student is required to purchase their own uniform, shoes and personal equipment such as a stethoscope and watch. Each student is strongly urged to carry health insurance due to the inherent risks involved with nursing. Health insurance is not provided by the school.

3. Following completion of the program, graduates must apply to the Board of Nursing to sit for the NCLEX-PN licensing examination. Fees are paid directly to the Board and to the testing agency. Exams are given in many area locations throughout the year. Previous criminal convictions may require special investigation by the Board of Nursing for the applicant to be eligible to take the examination.
General Information for 2015 Applicants

1. A committee of teachers, counselors, administrators and health care professionals selects applicants. **Application completion deadline is April 17, 2015.** The decision of this committee will be mailed to your home early May.

2. Monroe Technology Center (MTC) uses the high school block schedule model. This means that classes will meet every other day from 9:15 until 3:15pm in the PN I year. MTC follows the Loudoun County Public School calendar.

3. PN II classes currently meet at MTC 3 days a week. Clinical rotations are 2 days per week. **The clinical sites and clinical days may vary widely EACH school year.**

4. High School Students must provide their own transportation to and from clinical rotations.

5. All students are required to maintain a grade of 80% in EACH (not an average of 80%) of the nursing units at MTC. If the minimum grade is not maintained the student may be dismissed from the program. This nursing course (PN I) has rigorous requirements and course work equal to an Advanced Placement course in HS. **Please take this into consideration when applying.**

6. **After acceptance,** an expense list will be mailed to your home. PNI tuition and expenses are approximately $1900.00 per year for adults. This money is due the first day of school. There are no refunds once classes have begun.

7. **After acceptance,** along with the expense form, you will be mailed a health form. It is **required** that each student has a physical exam and a series of immunizations. The immunizations are standard for all healthcare workers and are detailed in the acceptance letter. **Send copies of the immunizations record, and physical form to MTC by August 28, 2015.** In an effort to help you plan your summer please note that the immunizations series may take a few months to complete. A flu vaccine is required for the student to be in a clinical facility each year. This vaccine is typically obtained in October of the school year.

8. **After acceptance,** the student must obtain a CPR certification card from the American Heart Association for Healthcare Providers. We will send a detailed letter of how the student will obtain this card during the summer of 2015. In most cases the high school student who has taken CPR through the public school system **does not** have the proper level of CPR that is required for working in a health care setting. If you already have the proper certification through your employer please make sure that your card will be valid for the **TWO** years that you are in nursing school. If it will expire before June 2017, please retake the CPR so that it will be valid for the next two years. You may also contact your local rescue squad for CPR instruction opportunities. If you do this please make sure that it is AHA for Healthcare providers! **Send a copy of your CPR card** in with your health physical and immunization record by **August 28, 2015.**

9. **After acceptance,** the student will be required to pass a criminal background check before any clinical rotations. We schedule this the first month of school. There is nothing you need to do for this at this time. The fee for the background check will be reflected in your bill.

10. **After acceptance,** the student will be required to complete a summer packet of math skills and medical terminology. This packet is due the first day of school.
Dear Applicant:

We are excited that you are interested in applying to the Loudoun County School of Practical Nursing at Monroe Technology Center in Leesburg, Virginia. Monroe Technology Center (MTC) is part of the Loudoun County Public School System and the practical nursing program is designed to serve both high school students and adult residents of Loudoun County. The necessary forms for application to the practical nursing program are enclosed.

To facilitate the admission process, please complete the following steps as soon as possible. The entire application must be completed and received in the nursing department no later than April 17, 2015. Follow the directions below:

1. Complete the enclosed application form and return it to:
   Director, Loudoun County School of Practical Nursing
   Monroe Technology Center
   715 Childrens Center Road, SW
   Leesburg, VA 20175

2. Take the HESI Admission Assessment test. There is a cost of $40.00 for the test payable with cash only. You must make an appointment to take this test, payment required at time of registration. Please stop by the front office to sign up for the test. Sign up early, as space is limited.

3. Select as references three persons, not relatives or friends, who know you and who can provide specific information about your suitability for this program. Examples for references are teachers, employers and co-workers. Each reference form must be returned in a sealed envelope to Monroe Technology Center directly from the person who recommends you. We do not accept faxed references!

4. Have your official high school transcripts, GED scores or any college transcripts sent to:
   Director of the Loudoun County School of Practical Nursing
   715 Childrens Center Road, SW
   Leesburg, VA 20175

5. Plan to spend four hours for the test; you will be given a copy of your test results immediately. High School students will need to provide their own transportation.

An admissions committee will review completed applications and you will be notified by mail the committee’s decision in May 2015. Acceptance is provisional and not final until the school receives the physical examination along with required immunizations. The physical form and immunizations are due one week prior to the start of school and should be mailed or dropped off at Monroe Technology Center. Please call the school at (571) 252-2082 and talk with the nursing secretary or nursing faculty if further information is required.

Wagner Grier
Principal, Monroe Technology Center

Eileen Axeman, RN, MSN
Director, Loudoun County School of Practical Nursing
Directions To Loudoun County School of Practical Nursing

Traveling from the Winchester, Purcellville and areas West.

Take Route 7 East to the first Leesburg exit (West Market St., Route 7 Business)
Exit right to West Market St. / Route 7 Business.
Continue to the first stop light, Catoctin Circle.
Turn right onto Catoctin Cir. and continue to the first street on the right, Childrens Center Rd.
Turn right onto Childrens Center Rd.
C.S. Monroe is the first building on the left.

Traveling from the Frederick Md., Lucketts and areas North.

Take Route 15 South to Leesburg.
Stay right onto Route 15 Business / South King St. to first stop light at Market St.
Continue west on Market St. to stoplight at Catoctin Circle.
Turn left onto Catoctin Circle and continue to the first street on the right, Childrens Center Rd.
Turn right onto Childrens Center Rd.
C.S. Monroe is the first building on the left.

Traveling from the Fairfax, Sterling, Ashburn and areas East.

Take Route 7 West into Leesburg.
Turn left onto Catoctin Circle.
Pass thru the next 4 stoplights, then after 2 more streets on the left, turn left onto Childrens Center Rd.
C.S. Monroe is the first building on the left.

Traveling from the Warrenton, Manassas, Middleburg, Aldie, Arcola and areas South.

*From Warrenton, follow Rt 29 north to Route 15 North. Turn left on onto Route 15 North for 24.2 miles.
*From Manassas, take Route 234 West to Route 15 North
*From Middleburg and Aldie, take Route 50 East to Route 15 North
*From South Riding and Arcola, take Route 50 West to Route 15 North.
Continue Route 15 North / King St. to Leesburg.
Entering Leesburg go to the 4th stoplight, Catoctin Circle.
Turn left onto Catoctin Circle and go thru the stoplight, to the 2nd street on the left, Childrens Center Rd.
Turn left onto Childrens Center Rd.
C.S. Monroe is the first building on the left.
Loudoun County School of Practical Nursing
MONROE TECHNOLOGY CENTER
715 Childrens Center Road, SW, Leesburg, VA 20175
Phone: 571-252-2082 Fax: 703-771-6563

Loudoun County School of Practical Nursing

Admission Testing Dates & Times: Winter 2015

- Tuesday, February 17, 2015 8:30am
- Thursday, February 26, 2015 8:30am
- Wednesday, March 4, 2015 8:30am
- Thursday, March 19, 2015 8:30am
- Tuesday, April 7, 2015 8:30am
- Friday April 10, 2015 8:30am

This Test is REQUIRED for Entrance into the Practical Nursing Program

The HESI Admission Assessment test is an entrance test that measures reading, math, science and English which are considered necessary for successful completion of the nursing curriculum.

1. After Monday, January 5, 2015, call 571-252-2080 to register at Monroe Technology Center with the nursing secretary. Testing space is limited so call early!
2. This test is computerized. You may not use a calculator during the test.
3. Allow up to 4 hours for the test. The test starts on time; no late entries will be accepted.
4. The cost to take the test is $40, payable the day of registration to MTC; cash only.
5. Please bring a photo ID and/or proof of residency in Loudoun County. A Virginia driver’s license with a Loudoun County address will be sufficient.
6. You will be contacted for a make up date if the school is closed due to weather. Listen to the radio and TV for closures.
7. All applications and HESI testing must be completed before April 17, 2015, there will be no exceptions made.
Application Checklist

1. _____ Complete application (type or print neatly).

2. _____ Return the application to Monroe Technology Center.

3. _____ Request to have your high school or college official transcript sent to the Director of Nursing at Monroe Technology Center.

4. _____ Give reference forms to three individuals such as teachers, employers, doctors, nurses. (Not Relatives or Close Friends).

5. _____ Ask that references send completed forms to the Director of Nursing at Monroe Technology Center.

6. _____ Make arrangements to take the HESI test at Monroe Technology Center.
APPLICATION FOR ADMISSION TO THE
PRACTICAL NURSING PROGRAM

General Information of the Applicant

Name: ________________________________________  ________________________________________

                          Last                   First                      Middle                  Maiden

Date of Birth: ____________________________  Last four digits of Social Security Number: __________

Student Visa Number: __________________________________________________________

Present Address:

                        Number & Street  City  State  Zip Code

Permanent Address:

                        Number & Street  City  State  Zip Code

Home Number: ____________________________  Cell Number: ____________________________

*** If the applicant does not have a social security number, in accordance with §54.1-116(B) of the Code of Virginia, foreign nationals who are otherwise qualified as an applicant for a license, certificate or registration may be issued a temporary license or authorization to practice, effective for not longer than 90 days.

Education of the Applicant

Circle highest grade completed in school:  11th  12th  post high school

Are you currently in your junior year of high school? ______ Name of High School: ________________

Counselor’s name and phone number ________________________________

Post High School – please list the Educational Institutions with years attended: ____________________

(must provide copy of transcript)

Do you have a high school diploma? _____Yes _____No Year of High School Graduation __________

(must provide copy of transcript)

If you do not have a high school diploma, do you have a GED certificate? _____Yes _____No ______Year

(must provide copy of transcript)

Do you have other school, education, training or certificates? Please be specific with addresses, dates and certifications: ____________________

__________________________________________________

__________________________________________________
Employment History of the Applicant

Current Occupation/Position: ____________________________________________

Name and Address of Your Present Employer: ____________________________________________

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What characteristics do you possess that will make you successful as a licensed practical nurse?

__________________________________________

__________________________________________

__________________________________________

References of the Applicant

List below the names and addresses of three persons (other than relatives and friends) from who will be providing a reference for you. **High school applicants must have at least one teacher or counselor as a reference.**

1. Name: ____________________________ Telephone: ____________________________
   
   Address: ____________________________
   
   Relationship to Applicant/Position/Title: ____________________________

2. Name: ____________________________ Telephone: ____________________________
   
   Address: ____________________________
   
   Relationship to Applicant/Position/Title: ____________________________

3. Name: ____________________________ Telephone: ____________________________
   
   Address: ____________________________
   
   Relationship to Applicant/Position/Title: ____________________________
Eligibility of the Applicant

____ I am a resident of Loudoun County, Virginia and I am a U.S. citizen.
____ I am a resident of Loudoun County, Virginia and I am an eligible non-citizen (must provide original resident alien documentation).
____ I am a resident of Loudoun County, Virginia and I am not a U.S. citizen or an eligible non-citizen.

Are you able to provide identification to obtain a background check for clinical sites?  ___ Yes  ___ No
Have you ever been discharged or refused contract renewal?  ___ Yes  ___ No
Have you ever been requested to resign from a former position?  ___ Yes  ___ No
Have you ever been convicted of a felony, a crime of moral turpitude, or any other offense involving the sexual molestation, physical or sexual abuse or rape of a child?  ___ Yes  ___ No
Have you ever entered a plea of guilty or nolo contendere to the charge of a felony, a misdemeanor involving moral turpitude, the physical or sexual abuse or neglect of a child, sexual assault, use or possession of drugs, or obscenity and related offenses?  ___ Yes  ___ No
Has a Social Services Department, Child Protective Service Unit or any other governmental agency ever investigated charges of child abuse or neglect against you and determined such charges to be “founded”, “probably founded”, “reason to suspect” or similar findings?  ___ Yes  ___ No

I hereby authorize the Loudoun County Public Schools to conduct work history, personal reference, child abuse, and police record inquiries to determine my acceptability for entrance into any program at Monroe Technology Center. Further, I hereby authorize and direct any and all federal, state, or local law agencies and any other agencies or offices that may possess the aforesaid information to cooperate and assist the Loudoun County Public Schools and its representatives in its investigation.

I certify that, to the best of my knowledge, the information provided by me in this application is true, and that any misrepresentation or omission of facts is reason for denial of admission.

__________________________________________________________        _______________________
Applicant’s Signature                                              Date

Please return this application by mail or in person to:

Director, Nursing Program
Monroe Technology Center
715 Childrens Center Rd., SW
Leesburg, VA 20175-2599

As required by federal laws and regulations, the Loudoun County School Board does not discriminate on the basis of sex, color, race, religion, handicapping conditions, or national origin in employment or in educational programs and activities.
Applicant’s Personal Reference (1 of 3)

All information will be kept confidential

______________________________________________ has applied for admission to our nursing program and has given your name as a reference. Will you please give us your candid opinions and observations of the applicant’s suitability for being trained in this field of study. High school applicants must have at least one teacher AND your counselor as a reference.

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What do you consider the applicant’s strongest characteristic(s)? ____________________________________________

What do you consider the applicant’s weakest characteristic(s)? ____________________________________________

Please tell us anything else that would be helpful to us in our decision process: ________________________________

Would you recommend this applicant for the practical nursing program? Circle your answer.

Highly Recommend    Recommend    Recommend with Reservations    Do not Recommend

How long have you known the applicant and in what relationship? ____________________________________________

Name Printed with Title: ____________________________________________

Signature: ___________________________ Date: __________________

Telephone: ___________________________ Address: ________________________________

DO NOT RETURN THIS FORM TO THE APPLICANT * DO NOT FAX THIS FORM

The reference form must sealed and mailed to: Director, Practical Nursing Program
                        Monroe Technology Center
                        715 Children Center Rd., SW
                        Leesburg, VA 20175-2599
Applicant’s Personal Reference (2 of 3)
All information will be kept confidential

______________________________________________ has applied for admission to our nursing program and has given your name as a reference. Will you please give us your candid opinions and observations of the applicant’s suitability for being trained in this field of study. High school applicants must have at least one teacher AND your counselor as a reference.

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Signature: __________________________________________________________ Date: __________

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Highly Recommend

Recommend

Recommend with Reservations

Do not Recommend

How long have you known the applicant and in what relationship? ________________________________

Name Printed with Title: _________________________________________________________________

Signature: __________________________________________ Date: _____________________________

Telephone: __________________________ Address: ________________________________________

DO NOT RETURN THIS FORM TO THE APPLICANT * DO NOT FAX THIS FORM