

Columbus School of Practical Nursing



Prospective Student Information Packet

Adult and Community Education
2323 Lexington Avenue
Columbus, Ohio 43211
Phone: 614-365-6000
www.cpsadulthood.org





Adult & Community Education Columbus City Schools School of Practical Nursing

Web: cpsadulthood.org

**2323 Lexington Avenue
Columbus, Ohio 43211**

Adult Workforce Education

Phone: 614.365.6000

Fax: 614.365.6458

Computer Technology	x242
Customized Services	x242
Financial Aid	x244
Health Occupations	x234
Registration	x234
Trades	x240

Adult Basic and Literacy Education (ABLE)

GED and Adult Literacy

614.365.5245

English for Speakers
of Other Languages (ESOL)

614.365.6468

Project Connect

Education of Homeless
Children and Youth

614.365.5140



Columbus City Schools Mission
Statement:

Each student is highly educated,
prepared for leadership and
service, and empowered for
success as a citizen in a global
community.

Columbus City Schools does
not discriminate because of
race, color, national origin,
religion, sex or handicap with
regard to admission, access,
treatment or employment. This
policy is applicable in all district
programs and activities.

Revised 8/01/11

Dear Prospective Student:

Thank you for your interest in the Columbus School of Practical Nursing. I am confident you will be pleased with your selection of the Columbus School of Practical Nursing as your choice in Nursing Education. Our Practical Nursing (PN) Program has had an outstanding reputation in the community for over 50 years. You will find our faculty knowledgeable and eager to assist you in achieving your goal of becoming a Licensed Practical Nurse.

Nursing is an exciting and demanding career. Once you complete our nursing curriculum, you will be eligible to take the PN-NCLEX and become a Licensed Practical Nurse (LPN). You may have read that health care occupations are among the fastest growing occupations in the United States. LPN's have access to a varied and dynamic career path. Our graduates are finding employment in Physician Offices, Long Term Care, Assisted Living and Home Health Care.

As a means to advance their career, many of our graduates pursue additional nursing courses and become Registered Nurses. A Registered Nurse may be a nurse manager, travel nurse, nurse educator, medical equipment or pharmaceutical sales representative.

This packet will provide you with information needed to enter the Practical Nursing Program and begin your exciting career as a nursing professional. Please read all the information carefully. Failure to provide the requested information may delay your acceptance into the program.

Please call our Customer Services office at 614-365-6000, extension 239 should you have any questions about the Practical Nursing Program or how to apply.

Sincerely,

Judith Higel

Judith R. Higel, RN, MS, JD

Administrator, Health Occupations

ACE Vision Statement: The Department of Adult and Community Education will provide the quality education that all students need for successful living in the 21st century.

Practical Nurse

Become a Nurse in only one year!



Program Information

Our one-year Practical Nurse Program is approved by the Ohio Board of Nursing, which supervises and regulates nursing practice and education in the state of Ohio. The school has been in existence for over 50 years and has had consistent success.

This training gives you the opportunity to work in a variety of nursing settings. Your skills will provide invaluable support for the RNs and healthcare team. The Columbus School of Practical Nursing offers important distinctive features for prospective students, such as:

- Outstanding graduate success on the state board examination.
- Excellent employer satisfaction with graduates.
- IV Therapy, included in the curriculum.
- Expert, personable nursing faculty who provide outstanding individual and group support, and diverse clinical experiences to gain competency in nursing skills.



Financial aid is available for those who qualify.

Employment Outlook

According to the Ohio Labor Market Information, employment for LPNs in Ohio is expected to grow faster than the national average. The fastest growing types of employment for LPNs are home healthcare services and nursing home facilities. The average annual income for LPNs is \$36,836, but can vary based on your position.

Admission Requirements

Applicants must meet all requirements prior to being accepted. **Please review the information packet for the complete list of admission requirements which include a high school diploma or GED, passing scores on the TEAS V examination, and background checks.** Applicants may download the Practical Nursing Information Packet at our website, www.cpsadulthood.org, or stop by our Customer Services office at 2323 Lexington Avenue, Columbus, OH 43211. Register as soon as possible for the TEAS V examination. Please contact our Financial Aid coordinator at 614.365.6000, ext. 244. A non-refundable deposit of \$200 is required at registration.

Start Date	End Date	Registration Due Date	Day(s)	Time	Location	Course Cost
10/03/11	09/14/12	09/09/11	M,T,W,Th,F	8 am – 3:30 pm	ACE @ Hudson	\$11,600
02/06/12	01/19/13	01/13/12	M,T,W,Th,F	8 am – 3:30 pm	ACE @ Hudson	\$11,600
06/04/12	05/17/13	05/13/12	M,T,W,Th,F	8 am – 3:30 pm	ACE @ Hudson	\$11,600



Adult and Community Education

Columbus City Schools

Columbus City Schools Mission Statement:

Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.



614.365.6000 ext. 239

2323 Lexington Avenue, Columbus, OH 43211 www.cpsadulthood.org

Practical Nursing Curriculum Overview

TRIMESTER I	HOURS TOTAL	THEORY	LAB/ CLINICAL
Theoretical Foundations of Nursing I (a)		108	76/60
Anatomy & Physiology I (b)		72	24/0
Pharmacology I (c)		48	
Nursing Care of the Adult I (Medical-Surgical Nursing) (e)		24	
Nutrition		24	
General Psychology		21	
Communications through Technology and Documentation		23	
TOTAL HOURS	480	320	100/60
TRIMESTER II			
Theoretical Foundations of Nursing II (d)		24	78/114
Anatomy & Physiology II (b)		72	24/0
Pharmacology II (f)		72	
Nursing Care of the Adult II (Medical-Surgical Nursing)		96	
TOTAL HOURS	480	264	102/114
TRIMESTER III			
Nursing Leadership (g)		48	42/114
Nursing Care of the Adult III (Medical-Surgical Nursing)		24	
Community Health		48	
Pediatric Nursing		48	8/16
Maternal-Child Nursing		48	8/16
Mental Health Nursing		48	0/12
TOTAL HOURS	480	264	58/158
PROGRAM TOTAL HOURS	1,440	848	260/332

Practical Nursing Program Costs

Program Fees

Program costs for the Practical Nursing program total \$11,600 (subject to change). Please refer to the Application Checklist in this packet for payment information.

Additional Costs

In addition to programs costs there are expenses that relate to the application process and/or classroom and clinical experiences. These expenses may include, but are not necessarily limited to (all costs are approximated):

Application Process Expenses:

Health assessment: \$250
 Immunizations: \$275
 Drug Screens: \$50
 TEAS Entrance Exam: \$55
 TEAS study materials (optional): \$58
 Background check prior to clinical: \$70

Classroom/Clinical Expenses:

Textbooks: \$1,213
 Uniforms and scrubs: \$260
 Medical accessories: \$100
 Graduation Uniform: \$180

Post Graduation Expenses:

Background check prior to applications: \$70
 Ohio Board of Nursing Application: \$75
 NCLEX Application: \$200

For information on our student performance in the classroom, drug/alcohol abuse prevention, campus crime statistics, student records security precautions, and Family Educational Rights & Privacy Act (FERPA), please visit our web site: www.cpsadulted.org

Application Checklist—Practical Nursing Program (page 1 of 2)

The following activities must be completed prior to being accepted and admitted into the program. This checklist will help you keep track of the requirements. For assistance, contact our Customer Services office at 614.365.6000 x239.

Name: _____

- Take the TEAS V entrance examination:** See TEAS V Information Packet for test registration and minimum passage/cut scores. Contact our Customer Services office or visit our web site for testing dates and times.
- Program Application:** Complete the Program Application included in this packet.
- Proof of Eligibility:** Show proof of legal residency (Social Security Card and Green Card).
- Photo Identification:** Provide a current Ohio Driver's license or other Government issued ID. Only Government issued IDs are accepted (driver's license, State IDs, Military IDs, and Passports). No other ID will be accepted.
- Criminal Background Check:** Additional information about the Background Check is included in this packet. This must be received prior to acceptance into the program. Receipt needs to be turned in with packet.
 - BCI results mailed directly to the school
 - FBI results mailed directly to the school
- Criminal History Attestation:** Fill out and sign the Criminal History Attestation form included in this packet.
- Proof of Education:** High School Diploma, or GED. Foreign High School and College transcripts must be evaluated for U.S. equivalency by a Foreign Transcript Evaluator. A list is available in this packet or on our website www.cpsadulthood.org.

- STNA:** Successful completion of course and current state test certification.
- Current CPR Card** with Healthcare Provider or Professional Rescuer endorsement.

All application documentation (above requirements) must be submitted to Customer Services at the same time. The documentation will be reviewed and applicant will be informed if he/she is approved or denied acceptance into the program. If accepted, the applicant then must pay program fees. The following are recommended steps.

- Apply for Financial Aid:** Meet with our Financial Aid Coordinator and plan for out-of-pocket expenses.
- Advanced Standing Request:** If applying for advanced standing, the form included in this packet must be submitted with an official transcript and course description when submitting the application packet. Request will not be accepted once registration process is complete. Foreign College Transcripts must be evaluated by a Foreign Transcript Evaluator. A list is available in this packet or on our website www.cpsadulthood.org.
- WorkKeys Examination:** Yes No (within the last year)
If yes, applicant will not be required to take the WorkKeys examinations during Orientation if you provide documentation that you have taken the following examinations: **Reading, Math and Locating Information.**

Application Checklist—Practical Nursing Program (page 2 of 2)

- Pay Program Fees:** Upon acceptance into the program, applicant will receive an acceptance letter indicating applicant must pay program fees. There are two payment options:

A. Pay Program Fees in Full: Payable to Columbus City Schools (checks, money orders, and credit cards accepted) no later than ONE MONTH BEFORE the class begins.

OR

B. Pay a Deposit: \$200.00 payable to Columbus City Schools. The balance of your program fees will be paid through a payment plan.

AND

Meet with the Customer Services Coordinator to review the payment plan. The Practical Nursing Program is broken down into three trimesters. One-third of the tuition is due before the beginning of each of trimester. Those receiving Financial Aid have a 30-day extension for Trimester 1 to allow for receipt of loans, grants, etc.

Note: Deposit is applied to program fees once applicant starts school, but it is neither refunded nor transferred if applicant fails to attend or withdraw early.

Upon acceptance and payment of required fees, applicant will be assigned a seat in the courses and considered registered for the program. Applicant must attend the required New Student Orientation in order to retain the registration status. CONGRATULATIONS!

The following Medical/Background Check information must be completed and returned within 10 days to Customer Services after being accepted into the program.

- Personal Medical History Form:** Applicant must fill out the form and have their doctor review it.
- Physical Examination Form:** Applicant's doctor must fill out the form and give applicant a 2-step Tuberculosis skin test.
- Hepatitis B Immunization Form:** Applicant must read and sign the form.
- Drug Screening (due first week of classes)**

Applicants who are applying to ACE programs and who have failed out of or been dismissed from a similar program at another school must present documentation as to the reasons for failure/dismissal. ACE retains the right to refuse admission to these applicants.



Adult & Community Education Columbus City Schools

Program Application 2011 – 2012

Program: Practical Nursing STNA Medical Assisting
 Auto Mechanics HVAC Stationary Engineering
 Other: _____

Today's Date: _____ **Program Start Date:** _____

Last Name: _____ **First Name:** _____ **M.I.:** _____

Social Security Number: _____ **E-mail:** _____

Street: _____ **City/State:** _____ **Zip:** _____

Phone: () _____ - _____ **Cell Phone:** () _____ - _____

- If applicant is paying a deposit by check or money order, a receipt will be issued immediately upon processing. If applicant's payment is made by credit card, a receipt will be issued upon approval of the charge.
- ACE reserves the right to reschedule or cancel any course that does not meet our minimum enrollment requirements. If a course is cancelled or rescheduled, all fees paid are subject to reimbursement or transference, upon presentation of a receipt.
- The Columbus City Schools does not discriminate on the basis of race, color, national origin, religion, sex, or disability with regard to admission, access, treatment, or employment. This policy is applicable to all district programs and activities.

Signature: _____ **Date:** _____

For Office Use Only

Staff: _____ **Date:** _____ **Amount received:** \$ _____ **Receipt #:** _____ **ST ID#:** _____

Check MO Credit Other: _____ **Reference #:** _____

TEAS V: R _____ M _____ E _____



Adult & Community Education Columbus City Schools

Background Check Information

Concealed Carry Permit Office, Franklin County Sheriff's Office

410 South High Street. Columbus, Ohio 43215. (614) 462-5090

Hours of Operation: Monday through Friday 9:00 am - 2:00 pm

Enter through the North side doors

Closed Saturday, Sunday and all Legal Holidays

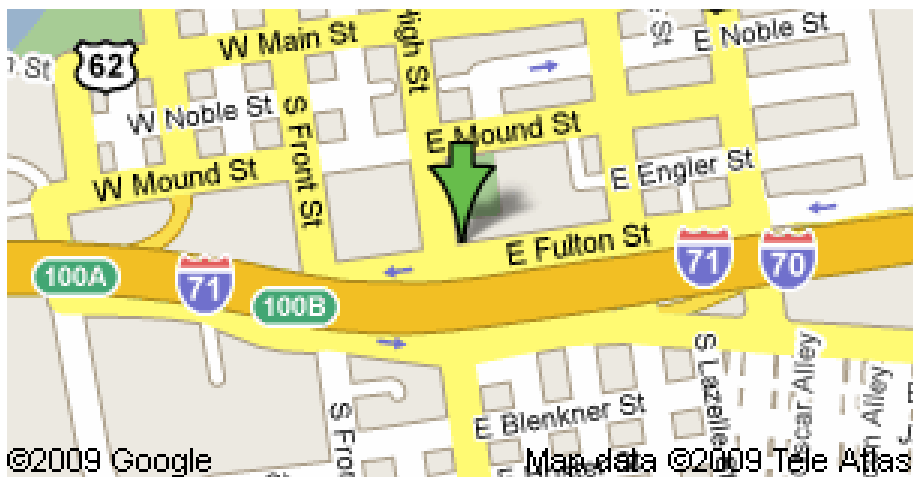
Visit the Concealed Carry Permit Office and request that they do a FBI/BCI background check. The fee is usually \$60.00. The Sheriff's Office accepts cash or money orders as payment. Please remember to bring your Ohio Driver's License or state of Ohio identification.

Note: Background Check may also be obtained at many Bureau of Motor Vehicles (BMV) locations.

Make arrangements so that the original copy of the BCI/FBI results is sent to:

Columbus City Schools, Department of Adult and Community Education
2323 Lexington Avenue, Columbus, OH 43211
Attention: Sandy Zeno

It takes between 3 and 30 days for them to complete the checks. If applicant has any questions on the status of the background check, please call them at 740-845-2000.



410 South High Street
Columbus, Ohio 43215
614-462-5090



Adult & Community Education Columbus City Schools

Criminal History Attestation

Applicant Name

Program of Enrollment

We are committed to student success and want to make all applicants aware of some very important information that could impact one's ability to graduate from the program. Please read this form carefully before signing it.

Please check **ONE** statement below:

- I have NEVER been **convicted** of a crime and have NEVER been **charged** with a criminal offense, as identified in the Violations Section of the Ohio Revised Code or,
- I HAVE been **charged**, but NEVER **convicted** of a crime or,
- I HAVE been **charged** and convicted of a crime.

Please be aware that some programs have required clinical/job shadowing experiences in order to obtain a certificate and graduate from the program. A clinical/job shadowing site may request that a student provide their criminal history in order to participate at the clinical/job shadowing site. Most sites have policies which prevent them from admitting students who have been convicted of certain criminal activities. Decisions about clinical/job shadowing site admissions are made by each site. These decisions are neither the responsibility of nor influenced by the Department of Adult & Community Education.

If a student has a past, pending, or future criminal offense and is unable to gain admission to a site for clinical/job shadowing experiences, the student will not be able to obtain their certificate nor graduate from the program. If this happens, the student will be subject to immediate dismissal from the program and will forfeit all program costs and fees. The Department of Adult & Community Education will not assume any responsibility for the denial of access to a clinical/job shadowing site.

By signing this form, I acknowledge **ALL** of the following:

- I have neither withheld information from nor provided false information to the Department of Adult & Community Education;
- I have been informed regarding the requirement to complete clinical/job shadowing site experiences in order to obtain my certificate and graduate from the program;
- I have been informed that access to clinical/job shadowing sites may be denied to students with past, pending, or future criminal offenses;
- I understand that if I am unable to complete clinical/job shadowing experiences, I will be subject to immediate dismissal from the program and will forfeit all program costs and fees.

Applicant Signature

Date



Adult & Community Education

Columbus City Schools

School of Practical Nursing

Advanced Standing Request

Instructions: This form must be completed and submitted with required documents when applying for the Practical Nursing Program. Advanced standing applicants may also have the TEAS V entrance examination waived. For further information and assistance, contact our Customer Services office at 614.365.6000 x239.

Last Name: _____ **First Name:** _____ **MI:** _____
Street: _____ **City/State:** _____ **Zip:** _____

Phone: () _____ - _____ **Alternate Phone:** () _____ - _____
E-mail: _____ **Program Start Date:** _____

Put a check mark next to the course(s) for which you are requesting Advanced Standing:

(All courses must have been completed within the last 2 years unless noted otherwise)

- Anatomy & Physiology I (proficiency exam may be required, passing score 80%)
- Anatomy & Physiology II (proficiency exam may be required, passing score 80%)
- Pharmacology I (proficiency exam may be required, passing score 80%)
- Nutrition
- General Psychology (within last 5 years)
- College Level Academic Courses (within last 5 years)
- Nursing Care of the Adult I (Med-Surgical) (proficiency exam may be required, passing score 80%)
- Theoretical Foundations of Nursing I (proficiency exam may be required, passing score 80%)

Applicants who are applying to ACE programs and who have failed out of or been dismissed from a similar program at another school must present documentation as to the reasons for failure/dismissal. ACE retains the right to refuse admission to these applicants.

Attach the following official documentation for each course checked above:

- Transcripts that show my letter grade and cumulative GPA
- Documentation of all clinical skills acquired
- Syllabus and course description

Has applicant failed any nursing courses in the past ? YES NO

If applicant answered "yes" to the question above, please provide details below:

Signature: _____ **Date:** _____

Resources for Program Applicants

<p><u>Transcript Evaluation Services</u> All foreign transcripts must be evaluated for U.S. High School and College equivalency.</p> <p>The process usually takes 15-20 business days.</p>	<p>Education Credential Evaluators, Inc. PO Box 514070 Milwaukee, WI 53203-3470 414.289.3400 phone; 414.289.3411 fax www.ece.org</p> <p>World Education Services, Inc. P.O. Box 5087 Bowling Green Station New York, NY 10274-5087 Phone: (212) 966-6311 Fax: (212) 739-6100 email: info@wes.org http://www.wes.org</p> <p>Foreign Academic Credentials Service, Inc. P.O. Box 400 Glen Carbon, IL 62034 Phone: (618) 307-6036 (9:30 – 12:00 CST) (618) 656-5291 (1:00 – 5:00 CST) Fax: (618) 656-5292 email: admin@facusa.com http://www.facusa.com</p>	
<p><u>CPR Certification</u> Professional Rescuer or Healthcare Provider must be printed on the CPR card Must include Adult and Infant CPR.</p>	<p>Central Ohio CPR Chris Alexander 614.562.7297 www.centralohiocpr.com</p> <p>Jackson Township Fire Department Grove City 614.875.5588</p> <p>American Heart Association (various locations) Grove City (614.877.9503) Gahanna (614.471.6151) Columbus (614.566.9111) Worthington (614.885.5488)</p>	<p>AK Educators 614 .589.5794</p> <p>M.E.D.I. Larry Alvaro 614.771.4775</p>
<p><u>Drug Screening</u> After orientation and before the first day of class, students must complete a drug screen. Please visit the location listed between 8 a.m. and 5:00 p.m., Monday through Friday. For fees and other information, call 614.410.3927.</p>	<p>Health Research Systems/EMSI 1545 Bethel Road Columbus, OH 43220</p>	



Adult & Community Education Columbus City Schools

Personal Medical History

Directions: Applicant should complete this form prior to the physical examination and give it to the doctor for review.

Name: _____ **Date of Birth:** _____

Street: _____ **City/State:** _____ **Zip:** _____

Phone: () _____ - _____ **E-mail:** _____

Height: _____ **Weight:** _____ **Gender:** Male Female

Has applicant experienced problems with any of the following? (Please check either "Yes" or "No" after each)

	YES	NO		YES	NO		YES	NO		YES	NO
Neurological			Lymph nodes			Chest pains			Malaria		
Eyes			Genitals			Chest Palpitations			Rheumatic fever		
Ears			Dizziness			Shortness of breath			Paralysis		
Nose			Frequent headaches			High blood pressure			Cancer or tumors		
Throat			Deafness			Swollen ankles			Jaundice		
Heart			Runny nose			Poor appetite			Diabetes		
Lungs			Frequent sore throats			Chronic indigestion			Arthritis		
Stomach			Frequent colds			Recurrent nausea			Rheumatism		
Intestinal			Chronic cough			Recurrent vomiting			Depression		
Liver			Difficulty Breathing			Stomach ulcers			Nervous breakdown		
Spleen			Coughing up blood			Hernia			Seizures		
Gallbladder			Sinus			Chronic constipation			Major injuries		
Kidneys			Pneumonia			Black or bloody bowel movements			If so, what?		
Bladder			Asthma			Frequency or Painful urination					
Bones			Hay fever			Bloody urine					
Joints			Pleurisy			Kidney stones			Operations		
Back			Tuberculosis			Nephritis			List operations:		
Skin			Bronchitis			Mental illness					



Adult & Community Education Columbus City Schools

Personal Medical History (continued)

Name: _____

List any serious conditions or illnesses that could affect your ability to perform as a health occupations student.

Describe the details of any prior injuries or operations that could affect your ability to complete the classroom, laboratory, and/or clinical components of the program.

What accommodations do you need in order to perform the functions of a health occupations student?

Allergies: Latex Food _____ Medications _____

Current Medications _____

Do you have medical insurance coverage? Yes No

By signing below, I hereby attest that I have answered the above questions thoroughly and truthfully, to the best of my knowledge.

Signature: _____ **Date:** _____



Adult & Community Education Columbus City Schools

Physical Examination Form

Page 1 of 2

Directions: This form must be completed by a qualified medical professional (M.D., D.O., or N.P.). Please do not substitute other forms or formats.

Patient's Name: _____ **Date:** _____

Record of Physical Examination

Height		Weight	
Blood Pressure		Rate of Respiration	
Pulse		Visual Acuity	
Eyes/Pupils		Hearing	
Ears		Mouth/Dental	
Nose		Heart	
Neck		Abdomen	
Lungs		Back	
Extremities		Hips	

Tuberculosis: 2-step Mantoux Tuberculin Skin Test (Submit dates and results of both steps)

Directions for 2-step Mantoux Skin Test for Tuberculosis.

The law requires that individuals newly hired at a health care facility obtain an initial 2-step test followed by the annual test thereafter. Since health occupations students have clinical experiences in a variety of health care institutions during their education, this standard applies to them also. Proof of a negative chest x-ray in the last year will be acceptable. Students who have had a 1-step Mantoux skin test will need to repeat the 2-step Mantoux skin test unless it was done within the last two weeks. In accordance with Ohio Law, individuals who have a documented history of a positive Mantoux skin test will show evidence of a chest x-ray within 90 days prior to the start of their first clinical experience. Thereafter, a chest x-ray need not be repeated unless there are symptoms of tuberculosis. For known positive reactors, instead of an annual skin test, students are required to complete the *Tuberculosis Questionnaire for Positive Reactors*, found in the Health Occupations office. Step #1: Inject Tuberculin and read in 48 to 72 hours. If negative, proceed with step # 2. If positive, omit step #2, and obtain chest x-ray. Step #2: Repeat skin test within 14 days. If step # 2 is positive, obtain chest x-ray.

Mantoux Step #1: Date given _____ Given by _____ Skin site _____
Date read _____ Read by _____ Results _____

Mantoux Step #2: Date given _____ Given by _____ Skin site _____
Date read _____ Read by _____ Results _____

Chest X-ray: Date given _____ Given by _____
Date read _____ Read by _____ Results _____

Physical Examination Form

Page 2 of 2

Patient's Name: _____

MMR (Measles/Mumps/Rubella): *Booster required if MMR was administered before 1980. If the patient was born after 1957 and is without an immunization record, Rubella and Rubeola (Measles) titers are also required.*

Date of MMR: _____ Date of Booster: _____ N/A

Date of Rubella titer: _____ Results: _____ N/A

Date of Rubeola titer: _____ Results: _____ N/A

Tetanus and Diphtheria: *Booster required within the past 10 years.*

Date of Booster: _____

Chickenpox (Varicella): *Patient must demonstrate immunity through a history of illness, titer, or immunization.*

History of chickenpox: YES NO

Date of immunization: _____

Date of titer: _____ Results: _____

Hepatitis B: *Vaccination or Waiver required. See attached Hepatitis B Immunization Form.*

Physician's Certificate

This certifies that I have examined this patient with regard to his/her physical fitness to attend a health occupations education program. To the best of my knowledge, this individual is physically and mentally capable of pursuing a health occupations career as indicated below.

Endorsed without limitations.

Endorsed with the following limitations: _____

Not endorsed for the following reasons: _____

Physician's Signature: _____ **Date:** _____



Adult & Community Education Columbus City Schools

Hepatitis B Immunization Form

Page 1 of 2

Directions: Complete page 1 and either Section I or II on page 2.

General Information

A highly contagious virus that infects the liver causes Hepatitis B. The virus is found in the blood and body fluids of infected people. Safe, effective Hepatitis B vaccines are recommended for health care professionals because of their exposure to blood and body fluids. The vaccination series, generally given as 3 doses over a 6-month period, protects those at risk and contributes to the elimination of Hepatitis B. The Hepatitis B vaccine is recognized as the first anti-cancer vaccine because it can prevent liver cancer caused by Hepatitis B infection.

Hepatitis B vaccine is safe and effective. The potential risks associated with the Hepatitis disease far outweigh the potential risk associated with the Hepatitis B vaccine.

I understand that I have the opportunity to ask questions and that I understand the benefits and risks of the Hepatitis B immunization. I understand that I must have three (3) doses of the vaccine to develop immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

I understand that, due to my occupational exposure as a health professional to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B. I may choose to be vaccinated with the Hepatitis B vaccine at my own personal expense. I will contact a private physician or health clinic in order to receive the vaccine.

Printed Name: _____

Signature: _____ **Date:** _____

Hepatitis B Immunization Form

Page 2 of 2

I refuse to receive the Hepatitis B vaccination at this time. I understand that, by refusing to receive this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease. If I decide to receive the vaccine at a later date, I will provide the Columbus School of Practical Nursing with the information.

Printed Name: _____

Signature: _____ **Date:** _____

OR

I have received the Hepatitis B vaccination.

Printed Name: _____

Signature: _____ **Date:** _____

The following information must be provided by a qualified medical professional or his/her representative if you have received the Hepatitis B vaccination:

Date of Dose #1: _____

Date of Dose #2: _____

Date of Dose #3: _____

Physician Name: _____

Clinic/Office address: _____

Physician's/Representative's Signature: _____ **Date:** _____

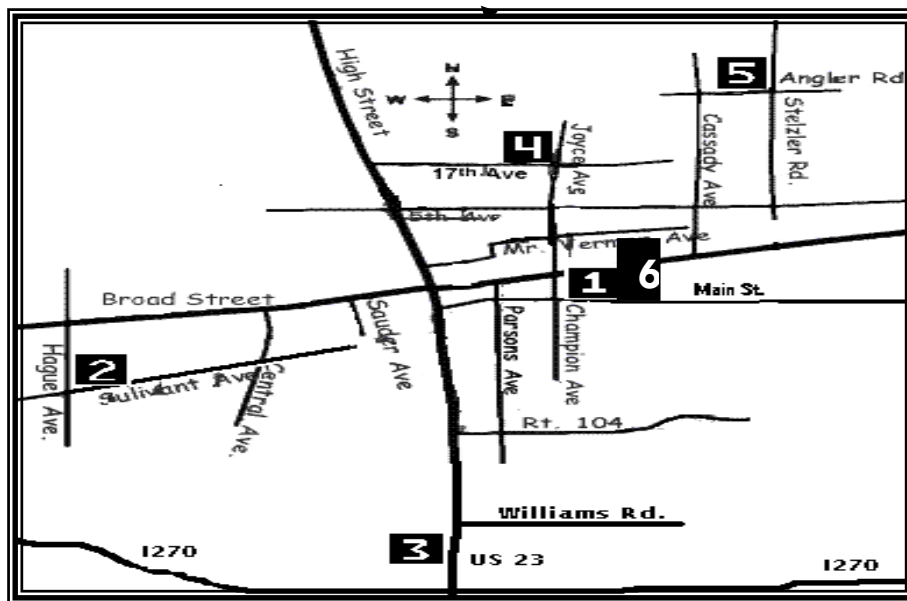


Adult & Community Education Columbus City Schools

Columbus Health Clinics

Listed below are health centers in the Columbus Area where physical examinations and TB testing can be conducted at a reasonable rate (usually \$60.00 for a physical and \$20.00 for the 2-step TB test). For low-income individuals, the costs may be less depending on one's income. If you're in this category, be sure to bring income verification with you. Examples of income verification include: pay stubs, County Job and Family Services cash assistance, food stamps, rental agreements, child support award letters, SSI.

These centers are usually very busy. Therefore, it is a good idea to **call first** and determine whether an appointment is necessary.



1.

East Central Health Center
1180 East Main Street
Columbus, Ohio 43205
(614) 645-5535

3.

John R. Maloney South Side Health Center
3781 South High Street
Columbus, Ohio 43207
(614) 645-3163

5.

Columbus Northeast Health Center
3433 Agler Road
Columbus, Ohio 43219
(614) 645-1600

2.

Hilltop Health Center
2500 Sullivant Avenue
Columbus, Ohio 43204
(614) 645-2300

4.

Saint Stephen's Health Center
1500 East 17th Avenue
Columbus, Ohio 43219
(614) 645-2700

6.

Main Street Medical Center
881 East Main Street
Columbus, Ohio 43205
(614) 253-8537
(corner of 18th and Main Street)



STUDENT FINANCIAL AID

Financial Aid Coordinator, Emerson Foster
Phone: 614.365.6000 (Ext. 244)

PRIMARY SOURCES OF FEDERAL FINANCIAL AID

Federal Pell Grant

This grant is based on financial need and typically does not have to be repaid.

The maximum grant award for 2011-2012 is \$5550.

Note: Nursing Students may be eligible for an additional Pell Grant award during their program.

Federal Subsidized Stafford Loan

This loan is based on financial need and repayment begins six months after you leave school.

The maximum subsidized loan amount is \$3500 for most programs and \$5750 for Practical Nursing.

Federal Unsubsidized Stafford Loan

This loan is not based on financial need and payment begins six months after you leave school. The maximum amount that you may borrow is \$6000 for most programs and \$9000 for Practical Nursing.

Federal PLUS Loan

For students designated "Dependent" on the FAFSA, your parents may apply for the Federal PLUS loan.

This loan requires a standard credit check by the lending agency. See our Financial Aid Coordinator for a PLUS Loan application.

FEDERAL FINANCIAL AID ELIGIBILITY REQUIREMENTS

These are general requirements for receiving Federal Financial Aid. Other forms of assistance may require additional documentation or have their own specific requirements.

- You must have a high school diploma or GED.
- You must have a valid Social Security Number.
- You must be enrolled in an approved training program:
 - Practical Nurse (PN)
 - Heating, Ventilation and Air Conditioning (HVAC)
 - Auto Mechanics
 - Medical Assisting
- You must be a U.S. Citizen or eligible Non-Citizen.
- Male students must comply with current Selective Service Requirements.
- You cannot be in default on any Federal Title IV student loan, or owe a repayment of any Federal Title IV grant.
- You must maintain Satisfactory Academic Progress after enrollment as defined in the Student Handbook.

FAFSA :

The Free Application for Federal Student Aid (FAFSA) must be completed to determine if a student is eligible for financial aid (Pell Grant/Stafford Loan). You should apply for financial aid at least two months prior to your course start date, or you risk not having a determination in time for the start of class. Your FAFSA will determine which types of federal financial aid may be available to you. Note: Subsidized and Unsubsidized loans may be combined for a total maximum amount of \$9500 for most programs and \$14,750 for Practical Nursing.



FILING THE FAFSA

The FAFSA may be filed online at www.fafsa.ed.gov. Filing online is the quickest way to get a determination of Federal Financial Aid. You may file it from your own computer, or use the computer in our Customer Services office. Be sure to bring all financial information needed for the completion of the form.

Before completing the FAFSA, you will need:

- Your Personal Identification Number (PIN). (See below)
- Your most recent completed Federal Income Tax Return.
- The school code. (015235)

FEDERAL SCHOOL CODE

The 6-digit Federal School Code for Adult and Community Education @ Hudson is **015235** and must be entered in all FAFSA applications in the appropriate section in order for the school to receive the results of the application.

ONLINE APPLICATION PROCEDURE

1. Apply for a PIN at www.fafsa.ed.gov. This will allow you to “sign” the FAFSA electronically, meaning the entire application process may be completed online.
2. Fill out the FAFSA by clicking the “Start Here” button and then complete each page of the form. Use **015235** as the Title IV school code for Adult and Community Education programs. This will allow the school to electronically receive the results of your application.
3. Review your answers carefully and, if necessary, correct them before submitting your FAFSA.
4. Sign your application. You can electronically sign your application using your PIN, or print a paper signature page and mail in.
5. **IMPORTANT:** Submit your application by selecting the “Submit My FAFSA Now” button on the last page of the form. You will be taken to a Confirmation Page that shows a confirmation number and your Estimated Family Contribution (EFC), which is the determination of how much money your family can afford to contribute to your educational expenses based on the information you provided on the FAFSA. Print a copy of the Confirmation Page for your records.

To obtain a student loan you must also complete Entrance Counseling and a Direct Loan Master Promissory Note (MPN) loan application. To complete these on-line documents, you will need: Your PIN from the FAFSA, Your Social Security Number and Driver’s License, and the name, address, and phone numbers of 2 references (The first reference should be a parent or relative, the second reference may be a friend that you have known for at least 3 years).

Complete Entrance Counseling (allow 30 minutes)

- 1) Go to: <https://studentloans.gov>
- 2) Sign In to Manage My Direct Loan
- 3) Click on My Profile
- 4) Click on Entrance Counseling
- 5) Click on Complete Entrance Counseling
- 6) Follow the four steps to complete Entrance Counseling

Complete the Master Promissory Note (this is the loan application / allow 30 minutes)

- 1) Go to <https://studentloans.gov> website
- 2) Click on Complete Master Promissory Note
- 3) Click on Subsidized/Unsubsidized

4) Follow the four steps to complete and submit the Master Promissory Note (MPN).
If you have any questions, you may contact Financial Aid at (614) 365-6000 ext. 244

Other Sources of Financial Aid (not direct federal aid) include:

- Individual Training Account (ITA) through the Workforce Investment Act (WIA)
- Trade Adjustment Act (TAA)
- Bureau of Vocational Rehabilitation (BVR)
- Veterans Educational Assistance Program (VEAP)
- State of Ohio Workforce Development
- Employer Tuition Assistance

Central Ohio Workforce Investment Corporation (COWIC)



1111 East Broad Street, Suite 201
Columbus, OH 43205
Phone 614.559.5028

COWIC provides a variety of Employment and Training related services through their JOBLeaders One-Stop Center. Note: The services are free, but you should contact a JOBLeaders counselor up to three months before your class begins if you would like to receive financial assistance.

Individual Training Account (when funds are available)

Individuals who do not find employment through COWIC's Core or Intensive Services may be recommended for an Individual Training Account (ITA) from WIA for up to \$7500 to assist with the cost of tuition and other training related costs. ITAs are customized to assist those requiring longer-term training and support in order to become self-sufficient. Financial aid, advice, guidance and support are provided through a career counselor as well as the key information on the performance outcomes of the training and education providers. If you are awarded training dollars, you must reapply each term with a renewal ITA voucher.

Trade Adjustment Act (TAA) Funding

The TAA program helps workers who have lost their jobs as a result of foreign trade. The TAA program offers a variety of benefits and services to eligible workers, including job training, income support, job search and relocation allowances, a tax credit to help pay the costs of health insurance, and a wage supplement to certain re-employed trade-affected workers 50 years of age and older. Persons who have been laid off by employers affected by the North American Free Trade Agreement may qualify for TAA funding for training. If you are eligible, your employer should have provided all necessary information for accessing these funds. You may also apply for services through the Ohio Department of Job and Family Services.

Bureau of Vocational Rehabilitation (BVR)

Persons demonstrating a disability as a barrier to employment may qualify for training funds in addition to other services, through the Ohio Rehabilitation Services Commission. Anyone seeking services may refer themselves. Contact the local BVR office and set an appointment with a counselor.
Call or visit the BVR office located at 899 East Broad Street, Suite 200, Columbus, OH 43205-1119, 614.466.6031.

Veterans Educational Assistance Program

Veterans interested in education services may check online at <http://jfs.ohio.gov/veterans/index.stm> or call the toll free veterans information line at 1.888.442.4551 or contact the Veterans' representative at the COWIC JOBLeaders One-Stop Center.

State of Ohio Workforce Development

Ohio provides tuition assistance for state of Ohio employees wishing to participate in training activities in their area of employment. Contact your supervisor or union representative to learn how to access these funds.

Employer Tuition Assistance

Your employer may offer tuition assistance as an employee benefit. Contact the human resources department at your place of employment to see what type of assistance may be available.

Scholarship, Grant and Loan Websites

Ohio Nurses Foundation Scholarships

www.ohnurses.org

Click on Ohio Nurses Foundation.

Choose "Apply for ONF Scholarship and/or Research Grants"

Deadline is July 15th each year.

Discover Nursing.com

<http://www.discovernursing.com/scholarship-search>

Fast Web

Register to receive information on scholarships in your area of interest.

<http://www.fastweb.com>

Mid-Ohio District Nurses Association

<http://www/modna.org/scholce.htm>

Minority Nurse.com

There are pages of scholarships available. Please visit the site to get information on requirements.

<http://www.minoritynurse.com/financial/scholarships.html>

Human Resources and Services

Administration – Applicants with zero Expected Family Contribution on FAFSA.

<http://www.hrsa.gov/help/healthprofessions.htm>

National Student Nurses Association

<http://www.nsna.org/foundation/scholarships/undergrad.asp>

General Nursing Scholarships

There are pages of scholarships available. Please visit the site to get information on requirements.

<http://www.nursingscholarship.us/GeneralNursingScholarship.html>

Christopher Columbus Education Foundation

Founded in 1994, the Christopher Columbus Education Foundation is one of the largest Italian American Scholarship programs in Central Ohio.

<http://www.ccefi.org/honor.html>

http://www.ccefi.org/form_app.html

Scholarships for Graduates of the Columbus City School District

http://www.iknowican/org/students_dollargrant.html

The Columbus Foundation Searchable Scholarship Database

Offers over 140 scholarships.

<http://www.edonorcentral.com/scholarship/scholarshipmatch.aspx>