PRACTICAL NURSING

APPLICATION DEADLINE
April 1

PROGRAM OVERVIEW
Licensed Practical Nurses promote good health and perform care for individuals who are ill, injured, or experiencing alterations in normal health processes. All such nursing care is given under the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse. Practical Nursing is an 11-month program of study and clinical experience designed to facilitate the student in acquiring the attitudes, specialized skills, judgment, and knowledge essential to the role of a competent practical nurse.

Each student is rotated through a planned program of clinical instruction in hospitals, long-term care facilities, and community health facilities. Learning experiences are provided in the care of individuals in Obstetrics, Pediatrics, Newborn Nursery, Medical-Surgical Nursing, Community Health Nursing, Geriatrics, and Leadership.

AREAS OF STUDY
- Personal & Vocational Concepts
- Fundamentals of Nursing
- Human Nutrition (college credit)
- Life Span Development (college credit)
- Math for Nurses
- Basic Life Support for Healthcare Provider & CPR
- Nursing Care of the Adult I & II
- Maternal Health and Newborn Nursing
- Child Health Nursing
- Nursing Care of the Elderly I & II
- Pharmacology for Nurses I & II
- Administration of Medications
- Leadership Concepts for Successful Transition
- Community Health Mental Health Nursing
- Intravenous Infusion Treatment Administration

PROGRAM SPECIFICS
Practical Nursing is a full-time, daytime program which meets Mondays through Thursdays. During the 1st semester, students are in class from 8:00 a.m. to 4:30 p.m. During the 2nd and 3rd semesters, students are in class two days per week and at clinical sites two days per week. Clinical times vary with an occasional evening rotation.

ACCREDITATIONS/CERTIFICATIONS
- Fully approved by the Missouri State Board of Nursing
- Approved by the Missouri Department of Elementary & Secondary Education
- NCA CASI AdvancED
- Industry approval by regional advisory boards

STUDENT ORGANIZATIONS
- Missouri Association of Licensed Practical Nursing (MOSALPN)
- Missouri League for Nursing (MLN)
- South Central Missouri Nursing Coalition (SCMNC)
- Health Occupations Students of America (HOSA)

CERTIFICATION EXAMS AVAILABLE
- Graduates may be qualified to apply to take the National Licensure Exam for Practical Nursing (NCLEX-PN)
- American Heart Association Basic Life Support for Healthcare Provider
- Intravenous Infusion Treatment Administration
- Blood Borne Pathogen
- OSHA
COLLEGE DUAL CREDIT & ARTICULATIONS
- 6 hours of college credit awarded while in program for Life Span Development through Drury University and Human Nutrition through East Central College
- Articulation agreement with East Central College Associate Degree Nursing Program

RECOMMENDATION
It is highly recommended that college-level Introduction to Anatomy & Physiology or Anatomy & Physiology I, lecture & lab (four credit hours) and Human Nutrition (three credit hours) be taken prior to the program.

APPLICATION REQUIREMENTS
Admission to the Practical Nursing program is selective. Applications will be reviewed by members of the Admissions Committee and applicants whose records indicate the greatest potential for achievement in nursing will be selected.
- $50 nonrefundable application fee
- Completion of application form
- Background check
- Official HS transcript or GED scores
- Official college transcripts, if applicable
- Nursing Pre-entrance Exam
- 3 professional references
- Current resume
- Attendance at informational session
- Completion of the FAFSA online at www.studentaid.ed.gov regardless of ability to pay (school code 005429)

COST OF PROGRAM, 2013-2014 SCHOOL YEAR
$13,764.65 including RTC & ECC/Drury tuition, books, supplies, and all fees.

RTI/RTC accepts funding from A+, Pell Grants, veterans’ benefits, Trade Readjustment Act, Vocational Rehabilitation, and a variety of other agencies and scholarships. Federal Direct Loans as well as Federal College Work Study positions are available. Personal payment plans may be arranged through the Financial Aid Director.

AVERAGE WAGES
(Bureau of Labor Statistics, May 2012:
$18.09 hourly/$37,630 annually, Missouri
$20.39 hourly/$42,400 annually, United States

EMPLOYERS OF GRADUATES
Employment opportunities may be found in:
- Long-term care facilities
- Hospitals
- Physicians’ offices
- Schools
- Industry settings

CONTACT INFORMATION
Website: Rolla Public Schools—RTC Practical Nursing Program
http://www.rolla.k12.mo.us/schools/rtirtc/programs_offered/practical_nursing/

Rolla Technical Center
573-458-0160
Libby Oldham, RTI/RTC Counselor
573-458-0150 ext 15030
lodham@rolla.k12.mo.us

RTI/RTC Financial Aid Office
573-458-0101 ext 16008
mgalarza@rolla.k12.mo.us

Vikki Parsell, Program Director
573-458-0160 ext 16607
vparsell@rolla.k12.mo.us

RTI/RTC MISSION
RTI/RTC will provide quality career education and leadership opportunities through skilled training and community partnerships in a continually changing society.

Rolla Technical Institute/Center is an affirmative action institution. No person shall, on the basis of race, sex, creed, color, or handicap, be subjected to discrimination in employment or in admission to any educational program or activity. RTI/RTC is fully accessible to the individual with a handicap. Inquiries regarding the implementation of this policy should be directed to: Title IX Section 504 Coordinator, Assistant Superintendent of Human Resources, Rolla Public School District No. 31, 500 A Forum Drive, Rolla, MO 65401, 573-438-0100.

Revised 9/11/2013
### ADULT APPLICATION COMPONENTS/REQUIREMENTS CHECKLIST

#### April 1<sup>st</sup> - Deadline for Application for 2014-2015 Class

#### May 1<sup>st</sup> – Deadline for all completed application components!

<table>
<thead>
<tr>
<th>APPLICATION COMPONENT</th>
<th>CRITERIA</th>
<th>DONE</th>
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<tbody>
<tr>
<td>RTC Application Form</td>
<td>Complete, sign, and submit w/$50, non-refundable processing fee (or approval letter from funding agency). <strong>IMPORTANT NOTE:</strong> Applications can be submitted in a number of ways: mail, email and in person. If you email the file, your application will be on hold until the application fee and criminal background check is received. Payment can be made by cash, check or money order to: Head Cashier located at Rolla Public Schools Central Office, 500 Forum Drive, 2&lt;sup&gt;nd&lt;/sup&gt; floor.</td>
<td>✓</td>
</tr>
<tr>
<td>Criminal Background Check</td>
<td>Complete personal identifier search through the Family Care Safety Registry. Application will not be processed until criminal background check is completed and verified by RTC. If you have already registered with FCSR, you will not need to register a second time. <strong>Complete Verification Form and attach with application to allow RTC to verify your criminal history background check with FCSR.</strong> (Also attached to packet). Cost is $11.00 payable by debit or credit card only.</td>
<td></td>
</tr>
<tr>
<td>High School Transcript</td>
<td>High school transcript must be OFFICIAL with seal and mailed directly from high school or by person in a sealed envelope. <strong>Equivalency</strong> must be OFFICIAL with seal/official signature and mailed directly by person in sealed envelope. <strong>GED</strong> must be provided on official report form with scores.</td>
<td></td>
</tr>
<tr>
<td>College Transcripts</td>
<td>Provide “transcribed” proof of any college coursework particularly: Anatomy &amp; Physiology Lecture &amp; Lab, Nutrition, and Human Development/Life Span Development. Must be official transcripts and be mailed (with official seal) from any/all schools and/or colleges attended after high school. <strong>Highly recommended and preferred:</strong> Complete Anatomy &amp; Physiology Lecture &amp; Lab (introduction to or A&amp;P I) and Nutrition prior to admission into the program. More consideration will be given to students who have completed or are currently in the process of completing A&amp;P and Nutrition at the time of selection. Will allow student to complete during the first term of the program (fall semester) only outside of program hours and at own expense. <strong>A&amp;P can be no longer than five years.</strong></td>
<td></td>
</tr>
<tr>
<td>Professional References (must be a non-family member or non-friend)</td>
<td>Send to and be completed by those three persons listed on application. Address completed forms to: Rolla Technical Center/Admissions, 500 Forum Drive, Rolla, MO 65401.</td>
<td></td>
</tr>
<tr>
<td>HESI Entrance Exam</td>
<td>Pre-pay at RTC’s main office. The fee for the test is $40. There will be several testing dates available and you must pre-register to attend one session. <strong>Minimum reading score of at least 70% is required.</strong> You may purchase the study guide below if you wish: HESI Admission Assessment Exam Review 3&lt;sup&gt;rd&lt;/sup&gt; edition. ISBN 978-1-4557-0333-3.</td>
<td></td>
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<tr>
<td>Current Resume</td>
<td>Complete a typed, detailed resume to reflect your personal and professional accomplishments, i.e., education, Health Science Academy, work and/or health related experience, as well as any life experiences you wish to note.</td>
<td></td>
</tr>
<tr>
<td>Mandatory Attendance at an Informational Session</td>
<td>Notification of dates and times of available sessions will be announced by email/letter. You must call and schedule the session of your choice. Rescheduling will be allowed one time.</td>
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<tr>
<td>Essay</td>
<td>Complete a required, timed writing during the Informational Session.</td>
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</tr>
<tr>
<td>Financial Aid</td>
<td>Must have completed FAFSA on file with RTC Financial Aid Office by April 1&lt;sup&gt;st&lt;/sup&gt;. Complete free FAFSA application at <a href="http://www.fafsa.ed.gov">www.fafsa.ed.gov</a>. School code to enter: 005429.</td>
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</tbody>
</table>

**PLEASE NOTE:** It is the applicant’s responsibility to make sure ALL components and criteria of the application process are completed, submitted and scheduled. **Call 573-458-0160** for clarification or with questions.
### GENERAL INFORMATION

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Maiden Name</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tr>
<th>Social Security Number</th>
<th>Home Phone Number</th>
<th>Cell Phone Number</th>
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<th>Email Address</th>
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<tr>
<th>Designated Program Choices</th>
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### APPLICATION FEE & SUBMISSION

Please submit a non-refundable application fee of $50 for all RTI/RTC programs. The application fee for returning students in consecutive years is $25.

<table>
<thead>
<tr>
<th>Payment Method</th>
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<tbody>
<tr>
<td>Cash</td>
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<tr>
<td>Check/Money Order (payable to Rolla Public Schools)</td>
</tr>
<tr>
<td>Credit Card</td>
</tr>
</tbody>
</table>

*If paying by credit card, the card must be presented in person by the cardholder.*

### REFERENCES

Please list three professional references, such as an employer or teacher. Please give full name, complete address including city and state, and phone number.

<table>
<thead>
<tr>
<th>(1) Name</th>
<th>Address</th>
<th>City/State</th>
<th>Phone</th>
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<tr>
<th>(2) Name</th>
<th>Address</th>
<th>City/State</th>
<th>Phone</th>
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<tr>
<th>(3) Name</th>
<th>Address</th>
<th>City/State</th>
<th>Phone</th>
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Confidential Waiver Release: I □ waive □ do not waive my right to see professional reference letters from those I have listed on this application or identified in the future as needed in accordance with Federal Law PL93-380.
**EDUCATION INFORMATION**

Do you have a (check one):  
☐ GED  ☐ High School Diploma  ☐ Working towards GED  
Date Received:  Expected Date of Completion:  

Have you had training in the Armed Forces?  ☐ Yes  ☐ No  
If yes, what training did you receive? *(You may wish to attach additional pages to this application.)*  

What professional certifications or licenses do you hold?  

Is English your second language?  ☐ Yes  ☐ No  
Are you a citizen of the US?  ☐ Yes  ☐ No  If no, do you plan to gain citizenship?  ☐ Yes  ☐ No  

Have you ever been convicted of a misdemeanor or felony?  ☐ Yes  ☐ No  
If yes, please explain:  

Have you previously attended RTI/RTC or other school?  ☐ Yes  ☐ No  
If yes, where and what program?  Date attended:  

Specify year in which you wish to enroll:  ☐ August  ☐ January  

Have you ever violated a law or ordinance regarding alcohol or drug usage?  ☐ Yes  ☐ No  
If yes, please explain:  

If you are applying for one of the medical programs, do you have any other problems that would prevent you from providing quality medical care to patients?  ☐ Yes  ☐ No  
If yes, please explain:  

Do you intend to apply for financial assistance? *(response optional)*  ☐ Yes  ☐ No  
How do you plan to pay your tuition?  ☐ Federal Pell Grant  ☐ Eligible for VA Benefits  ☐ A+ Schools  ☐ Other source (please identify):  

**CONTACTS**

Please list three individuals, such as a parent or guardian, we may contact for follow-up purposes or in case of an emergency. Please give full name, complete address including city & state, and phone number.  

<table>
<thead>
<tr>
<th>(1) Name</th>
<th>Address</th>
<th>City/State</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) Name</td>
<td>Address</td>
<td>City/State</td>
<td>Phone</td>
</tr>
<tr>
<td>(3) Name</td>
<td>Address</td>
<td>City/State</td>
<td>Phone</td>
</tr>
</tbody>
</table>

**SIGNATURE**

*The information given on this form is true and complete* to the best of my knowledge.  

Signature  Date  

*Any misrepresentation, falsification or omission of information or any other attempt to deceive a school is cause for either denial of selection for admission or dismissal from enrollment. Any future application(s) shall not be considered by RTI/RTC.*

Rolla Technical Institute/Center is an affirmative action institution. No person shall, on the basis of race, sex, creed, color, or handicap, be subjected to discrimination in employment or in admission to any educational program or activity. RTI/RTC is fully accessible to the individual with a handicap. Inquiries regarding the implementation of this policy should be directed to: Title IX Section 504 Coordinator, Assistant Superintendent of Human Resources, RPS Public School District No. 31, 500 A Forum Drive, Rolla, MO 65401, (573) 458-6100.

How did you hear about RTI/RTC? Check all that apply:  
☐ Newspaper  ☐ Radio  ☐ School Counselor  ☐ Career Fair/Presentation  ☐ Friend  ☐ Other: _______________________________
BACKGROUND VERIFICATION

Upon completion of the online registration with the Family Care Safety Registry at http://health.mo.gov/safety/fcsr/, I authorize ROLLA TECHNICAL INSTITUTE/CENTER to verify my background information on the Family Care Safety Registry website.

If I am selected into the program for which I am applying, this authorization will be valid for the length of the program at RTI/C.

I understand that my social security number will only be utilized to verify the background information on the Family Care Safety Registry.

I hereby release ROLLA TECHNICAL INSTITUTE/CENTER from any claims, damages or liabilities of any kind that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me, as a result of this background check.

I have read the above, understand its contents, and voluntarily agree to its terms.

Other first and/or last name(s) that the registry may be listed under:

________________________________________________________

________________________________________________________

Signature: Date:

(Printed) First: Middle: Last:

Social Security Number: Birthdate (Month/Day/YYYY):

Primary Program Applying For:

Secondary Program Applying For:

Please note: The collection and reporting of race/ethnicity and gender data on students and completers are mandatory for all institutions which receive, are applicants for, or expect to be applicants for Federal financial assistance as defined in the Department of Education (ED) regulations implementing Title VI of the Civil Rights Act of 1964 (34 CFR 100), or defined in any ED regulation implementing Title IX of the Education Amendments of 1972 (34 CFR 106). The collection of race/ethnicity and gender data in vocational programs is mandated by Section 421(a)(1) of the Carl D. Perkins Vocational Education Act.

Select one:  ○ Male  ○ Female  Ethnicity:  ○ Hispanic or Latino  ○ Not Hispanic or Latino
Race:  ○ American Indian or Alaska Native  ○ Asian  ○ Black or African American  ○ White
○ Native Hawaiian or Other Pacific Islander  ○ Two or more races  ○ Nonresident alien
Transcript Request Form

PLEASE MAIL MY OFFICIAL TRANSCRIPT TO (please check one box ONLY):

| ☐ | Rolla Technical Institute  
  Office of Student Services  
  1304 East 10th Street  
  Rolla, MO 65401  
  Office: 573.458.0150  
  Fax: 573.458.0155 |
| ☐ | Rolla Technical Center  
  Office of Student Services  
  500 Forum Drive  
  Rolla, MO 65401  
  Office: 573.458.0160  
  Fax: 573.458.0164 |

COMPLETE THE FOLLOWING INFORMATION FOR YOUR HIGH SCHOOL AND/OR COLLEGE:

Name of Student ______________________________________________ (Please Print)

Current Address ______________________________________________ (Street Address)
                                                                 __________________________________________ (City, State, Zip Code)

Current Phone Number _______________________________________

Social Security Number _______________________________________

Date of Birth ________________________________________________

Name at Time of Enrollment __________________________________ (Please Print)

Enrollment & Graduation Date _________________________________

DATE: _____________________________________________________

SIGNATURE ________________________________________________

Revised 9/11/2012
Application Professional Reference Form

APPLICANT: ___________________________ PROGRAM: ______________________________

The above named applicant has identified your name as a reference. Please complete this form and place it in the self-addressed envelope provided (sealed & initialed, please) and mail it as soon as possible. The applicant has or has not signed a waiver of confidentiality. All information you supply will be kept confidential. Please give us your candid opinion of this applicant’s suitability for the duties in the medical profession.

Please indicate your relationship to applicant: __________________________________________

How long have you known this person? ______________________________________________

How well do you know above named person? __________________________________________

In order to protect confidentiality, we ask that you send this completed form in the enclosed addressed envelope (sealed & initialed please) and return to Rolla Technical Center* 500 Forum Drive* Rolla MO 65401 or fax to 573-458-0164. Please return this evaluation as soon as possible to allow the applicant to complete the application requirements.

Following is a list of characteristics that we feel are required for a student to successfully complete training in our health programs. Please rate according to the following rating scale listed below:

<table>
<thead>
<tr>
<th>Abilities &amp; Skills</th>
<th>5 – Outstanding</th>
<th>4 – More than Satisfactory</th>
<th>3 – Satisfactory</th>
<th>2 – Needs Improvement</th>
<th>1 – Unsatisfactory</th>
<th>NA – Not observed or no basis for judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility</td>
<td></td>
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<td></td>
<td></td>
<td>Accountable for one’s actions</td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
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<td></td>
<td></td>
<td>Has capacity to direct activities of others</td>
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<tr>
<td>Initiative</td>
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<td>Motivated to pursue actions independently</td>
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<tr>
<td>Flexibility</td>
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<td></td>
<td>Capable of responding or conforming to changing or new situations</td>
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<tr>
<td>Organization</td>
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<td></td>
<td></td>
<td>Arranges by systematic planning for optimal efficiency</td>
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<tr>
<td>Self-Confidence</td>
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<td>Assured in one’s abilities and skills</td>
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<tr>
<td>Independent Work</td>
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<td></td>
<td></td>
<td>Completes tasks with minimal supervision</td>
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<tr>
<td>Communication-Verbal</td>
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<td>Contributes knowledge and opinions in an articulate manner</td>
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<tr>
<td>Communication-Written</td>
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<td></td>
<td>Expresses self clearly in writing</td>
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<tr>
<td>Stress Response</td>
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<td>Maintains composure and able to function</td>
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<tr>
<td>Attitude</td>
<td></td>
<td></td>
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<td></td>
<td>Positive approach to work and coworkers</td>
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<tr>
<td>Manual Dexterity</td>
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<td>Ability to perform psychomotor skills</td>
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<tr>
<td>Group Interaction-Peers/CoWorkers</td>
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<td>Ability to get along with peers and coworkers</td>
</tr>
<tr>
<td>Teachers/Employers/Supervisors</td>
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<td>Ability to get along with teachers, employers, and supervisors</td>
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<tr>
<td>Maturity</td>
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<td>Demonstrates common sense, tact, and empathy</td>
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<tr>
<td>Knowledge Application</td>
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<td>Ability to apply academic theory to practice</td>
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<tr>
<td>Decision Making</td>
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<td>Ability to analyze a problem and formulate a solution</td>
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<tr>
<td>Dependability</td>
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<td>Follows through on assignments</td>
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<tr>
<td>Attendance</td>
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<td>Prompt, punctual, and prepared</td>
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</table>

Additional Information: Use to amplify or add to characteristics rated previously.

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Signature ___________________________ Date ___________________________

Please Print below
Name: ___________________________ Title: ___________________________ Organization: ___________________________

Address: ___________________________ City ___________________________ State _______ Zip_________

Telephone: _________________________ Fax: _________________________ email: ___________________________

Thank you for your assistance.

Reference Form
Updated 10/11
To the applicant: Review and sign this page to indicate you understand the performance standards listed on the next page. Return the signed page with your application materials by the April 1st deadline.

Student Responsibilities:
Licensed Practical Nurses (LPN’s) promote health, prevent disease, and help patients and families cope with illness. They have a unique scope of practice, yet work collaboratively with all members of the healthcare team. Nurses are hands-on professionals who provide focused and highly personalized care. Licensed Practical Nurses assess a patient’s health, help perform diagnostic tests, operate medical equipment, administer a variety of treatments and medications, and assist with patient follow-up and rehabilitation. They help manage a nursing plan of care and instruct patients and families on issues of health promotion, disease prevention, and disease management. Nurses also serve as advocates for patients, families, and communities.

A majority of Licensed Practical Nurses practice in hospitals, though a growing number are employed in long-term care settings, community-based facilities such as outpatient surgery centers and rehabilitation centers. Others work in community health, industrial or school nursing, clinics, and physician offices. During your academic experience, you will be exposed to learning environments which are challenging and reflective of job demands typical of future practice as a Licensed Practical Nurse. Your education also includes clinical work at varying facilities which will involve direct client contact and involvement with community professionals. Compliance and demonstration of performance skills related to physical as well as professional standards of practice are a requirement for successful completion of the RTC Licensed Practical Nursing Program.

Students are expected to follow professional standards set by the RTC Practical Nursing Program and to conduct themselves in an ethical and responsible manner with other students, faculty, administrators, community professionals and clients, equipment, and supplies.

Performance Standards for Successful Completion of the Nursing Program:
These Performance Standards should be used to assist each applicant and student to determine if they are otherwise qualified to be a Licensed Practical Nurse. It is the policy of Rolla Technical Center to provide reasonable accommodations for individuals with disabilities. If you need an accommodation due to a disability under the Americans with Disabilities Act, please contact the Administration Office at (573) 458-0160.

Upon completion of the Practical Nursing Program, the graduate will be able to meet the standards outlined on the next page.

I acknowledge receiving, reading, and understanding the Nursing Performance Standards and the Missouri State Board of Nursing licensure requirements and I realize that these Performance Standards must be met for successful completion of the RTC Nursing Program. I further understand that completion of the RTC Nursing Program does not guarantee licensure with Missouri State Board of Nursing (MSBN).

Student Name (printed): _____________________________________________________

Student Signature: __________________________ Date: _________________________

NOTE: Any applicant who is concerned about being eligible licensure may discuss this matter with the Nursing Program Director by contacting Vikki Parsell at (573) 458-0160, Extension 16607.
<table>
<thead>
<tr>
<th>ISSUE</th>
<th>STANDARD</th>
<th>EXAMPLES OF NECESSARY ACTIVITIES (Not All Inclusive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td>Critical thinking ability sufficient for clinical judgment</td>
<td>• Identify cause-effect relationships in clinical situations &lt;br&gt;• Develop nursing care plans &lt;br&gt;• Make rapid decisions under pressure &lt;br&gt;• Handle multiple priorities in stressful situations &lt;br&gt;• Assist with problem solving</td>
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<tr>
<td>Interpersonal</td>
<td>Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, educational, cultural, and intellectual backgrounds</td>
<td>• Establish rapport with patients/clients and colleagues &lt;br&gt;• Cope effectively with high levels of stress &lt;br&gt;• Cope with anger/fear/hostility of others in a calm manner &lt;br&gt;• Cope with confrontation &lt;br&gt;• Demonstrate high degree of patience</td>
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<tr>
<td>Communication</td>
<td>Communication abilities sufficient for interaction with others in verbal and written form</td>
<td>• Explain treatment procedures &lt;br&gt;• Initiate client education &lt;br&gt;• Document and interpret nursing actions and patient/client responses</td>
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<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from room to room, to maneuver in small spaces and to perform procedures necessary for emergency intervention</td>
<td>• Move around in patient’s rooms, workspaces, and treatment areas &lt;br&gt;• Administer cardio-pulmonary resuscitation procedures &lt;br&gt;• Walk the equivalent of 5 miles per day &lt;br&gt;• Remain on one’s feet in upright position at a workstation without moving about &lt;br&gt;• Climb stairs &lt;br&gt;• Remain in seated position</td>
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<td>Motor Skills</td>
<td>Gross and fine motor abilities sufficient to provide safe and effective nursing care</td>
<td>• Calibrate and use equipment &lt;br&gt;• Position patients/clients &lt;br&gt;• Perform repetitive tasks &lt;br&gt;• Able to grip &lt;br&gt;• Bend at knee and squat. &lt;br&gt;• Reach above shoulder level &lt;br&gt;• Lift and carry 25 pounds &lt;br&gt;• Exert 20-50 pounds of force (pushing/pulling)</td>
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<td>Hearing</td>
<td>Auditory ability sufficient to monitor and assess health needs</td>
<td>• Hear monitor alarms, emergency signals, auscultatory sounds, and cries for help &lt;br&gt;• Hear tape recorded transcriptions &lt;br&gt;• Hear telephone interactions</td>
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<tr>
<td>Visual</td>
<td>Visual ability sufficient for observation and assessment necessary in nursing care</td>
<td>• Observe patient/client responses &lt;br&gt;• Identify and distinguish colors</td>
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<tr>
<td>Tactile</td>
<td>Tactile ability sufficient for physical assessment</td>
<td>• Perform palpation, functions of physical examination and/or those related to therapeutic intervention, e.g., insertion of a catheter</td>
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<tr>
<td>Environmental</td>
<td>Ability to tolerate environmental stressors</td>
<td>• Adapt to shift work &lt;br&gt;• Work with chemicals and detergents &lt;br&gt;• Tolerate exposure to fumes and odors &lt;br&gt;• Work in areas that are close and crowded</td>
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</tbody>
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Revised 9/10/2012