



## Uintah Basin Technical College Practical Nursing Program

Thank you for your interest in the Practical Nursing Program at Uintah Basin Technical College (UBTech). The Practical Nursing Program at UBTech is accredited by the Accreditation Commission for Education in Nursing (ACEN). For more information, contact ACEN at 3343 Peachtree Road NE, Suite 850 Atlanta, GA30326, phone (404) 975-5000 [www.acenursing.org](http://www.acenursing.org).

### **This packet includes materials needed to start the application process:**

- Application Form
- Verification Form for Direct Patient Care
- Criteria Used for Allotment of Points

### **Items to be aware of:**

- **The application deadline is May 31<sup>st</sup>.**
- All Official Transcripts must be included or your application may not be accepted. We require an official (unopened) transcript of your college credits, as well as verification of High School graduation or GED.
  - Request Official Transcripts from all schools attended, except High School, include a copy of your high school diploma or GED certificate. **Do not open** these transcripts. They should be mailed directly to UBTech Practical Nursing Program at 1100 East Lagoon St. Roosevelt, UT 84066.
  - For any schools attended outside of Utah, you **must** provide a copy of the course description.
- **Placement testing** must be completed in the UBTech testing center sooner than one week (5 business days) before the application deadline. An appointment is required. Call Jim LaMuth at the Vernal campus (435) 725-7103 or Amber Thacker at the Roosevelt campus (435) 722-6914 to schedule your appointment.
- Program entrance is guided by point value. (See criteria below; Appendix A)
- Conditional acceptance may be granted, as space allows, to those who are currently enrolled in prerequisites during the summer semester. **Each prerequisite must be completed with at least a B- before class starts.**

- Students must have a printer and a laptop or tablet or similar device that is internet capable and equipped with Windows 8 or a newer operating system as well as Microsoft Word.
- Healthcare can be physically and emotionally demanding; if accepted, you will be required to submit a statement from your primary care provider attesting to your ability to safely carry out program duties.
- **Immunizations are required per facility protocol before clinical/externship.**
  - Proof of two MMR vaccinations or a therapeutic titer
  - Varicella: History of the disease, positive titer or proof of two vaccinations
  - Documentation of a three dose Hepatitis B vaccination series or a reactive titer
  - Current TB skin test (within the current school year)
  - Annual Influenza vaccination

\*\*\*An individual with severe or life-threatening allergy that prevents them from receiving one or more of these immunizations must provide documentation from their primary care provider. Ultimately, the decision to allow such an individual to engage in direct patient care rests with the administrator of the clinical facility. This policy is in place for the protection of students and patients alike.

- A urine drug screen will be performed upon acceptance to the program. Successfully passing this screen is required for continuation of the program.
- A criminal background check is required for acceptance to the program. Successfully passing this screen is required for acceptance and continuation of the program.
  - If you have ever been convicted of a crime, or have ever entered a guilty plea to a misdemeanor or a felony, we encourage you to contact the Utah State Board of Nursing at Heber M. Wells Building, 4<sup>th</sup> Floor, 160 East 300 South, Salt Lake City, UT 84111 Phone (801) 530-6628 or (866) 275-3675.
- Complete all portions of all pages indicated in the packet and submit them online through the form uploader at: [http://www.ubtech.edu/avada\\_portfolio/practical-nursing/](http://www.ubtech.edu/avada_portfolio/practical-nursing/)
- **Please call (435) 722-6900, or email kirby@ubtech.edu with any questions regarding the application process.**

# UBTech Practical Nursing Program

## Application Form FY 19/20

Date \_\_\_\_\_ Full Legal Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

(city/county/state/country)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

### List High School, Colleges, and Universities you attended:

Name of School	City and State	Degree Earned	Dates Attended
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### List any honors and/or special awards you received:

_____
_____
_____
_____

### Work Experience beginning with most recent: If none, write 'none'.

Position	Dates Employed	Company City/State	Supervisor Phone Number
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**UBTech Practical Nursing Program**

**Verification Form for Direct Patient Care FY 19/20**

This form is to be completed in order to verify at least 1000 hours of direct patient in the previous 12 months. **If you have not been employed or volunteered in a direct patient care role, do not complete this form.**

**Applicant- complete this portion:**

Name of Applicant \_\_\_\_\_

Name of Company \_\_\_\_\_

Address of Company \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Name of Direct Supervisor \_\_\_\_\_

Direct Care Position Job Title \_\_\_\_\_

**To be completed by direct supervisor:**

I verify that the person named above has completed at least 1000 hours of direct patient care in the previous 12 months while working under my supervision.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

## UBTech Practical Nursing Program

### Appendix A: Criteria Used for Allotment of Points FY 19/20

**Application Points:**

	Points Possible	Points Earned
Resident of Tri-County area	1	
Accepted student who declined last year	2	
Previous years' alternate list	1	
GPA on Prerequisites (GPA = Points) 3.0 = 3 points, 3.5 = 4 points, 4.0 = 5 points	5	
<b>Nursing Assistant UBTech Graduate*</b>	1	
<b>Pharmacy Technician UBTech Graduate*</b>	1	
<b>Medical Assistant UBTech Graduate*</b>	1	
Faculty Interview	5	
Student Essay	5	
**Verification of 1000 hours direct patient care employment or volunteer service in the previous 12 months	3	
	<b>Total Points Earned</b>	

**\*Note that only one of these is eligible for points- for example,** an applicant who completed both the certified nursing assistant course and the pharmacy technician courses at UBTech would be awarded one point, not three points.

\*\* (Verification of 1000 hours is not a requirement for admission to the program)