



T: 610.892.1500
800 MANCHESTER AVENUE
MEDIA, PA 19063-4089
WWW.PIT.EDU

RE: Practical Nursing Program

Dear Interested Candidate,

Thank you for your interest in the Practical Nursing program. The program is a twelve (12) month, day program. Two (2) day classes will be admitted each year (one in January and one in July). Attached is the *Recommended Course Sequence* which details the terms and courses. Admission to the Practical Nursing Program is highly competitive. We anticipate that the number of interested candidates will exceed the number of seats available.

The pre-screening process establishes eligibility for admission into the Practical Nursing Program. You must:

- have an official high school transcript or GED diploma with scores.
- if you are a high school graduate from a foreign country or **have an out-of-state GED**, obtain a Certificate of Preliminary (CPE) Education from the Pennsylvania Department of Education.
- be at least 17 years' old
- be a U. S. citizen, permanent resident, or eligible non-citizen.

Applicants who meet the following requirements are considered for admission (meeting the requirements is not a guarantee of admission into the program):

1. Meet the pre-screening requirements listed above.
2. Complete an application.
3. To qualify for admission into the Practical Nursing program, students must complete (5) credits of Anatomy and Physiology (or the equivalent of Anatomy & Physiology I and Anatomy & Physiology II) and achieve a grade of C or higher, which can be completed at P.I.T. or transferred from a Middle States Accredited institution.
4. Complete AHT180 TEAS Smartprep course with a grade of C or higher.
5. Submit official college or post-secondary education transcripts, if applicable.
6. Satisfactory background check including a criminal record check and child abuse clearance for every state lived in within past 10 years. A FBI background check is required.
7. Completion of satisfactory drug screening.
8. Satisfactory physical examination including immunizations, titers, Tdap, and tuberculosis screening.
9. IF tuberculosis screening is positive, Chest X-ray with a doctor's note within last 5 years is required.
10. CPR- Adult, Infant, child
11. Flu vaccine
12. COVID-19 vaccine

Enclosed are the *MINIMUM ADMISSION REQUIREMENTS DECLARATION* and *FREQUENTLY ASKED QUESTIONS* which provide further information about the Practical Nursing program.

If you do not meet the requirements, Pennsylvania Institute of Technology has other programs for people interested in a health care career. I encourage you to call (610) 892-1500 or (800) 422-0025 and ask to speak with an Enrollment/Admissions Specialist about these programs.

Best wishes to you as you begin the process of admission into the Practical nursing program.

Sincerely,

Danielle Giuliano

Dr. Danielle Giuliano, PhD, RN
Director, Practical Nursing Program

Enclosures

**PENNSYLVANIA INSTITUTE OF TECHNOLOGY
PRACTICAL NURSING PROGRAM
MINIMUM ADMISSION REQUIREMENTS DECLARATION**

Eligibility Requirement:
<ul style="list-style-type: none"> • Official high school transcript or GED with scores.* • * Please note: GED from a state or jurisdiction other than PA requires a Certificate of Preliminary Education (CPE) from PA DOE. • Foreign high school also requires a Certificate of Preliminary Education (CPE) from PA DOE. • At least 17 years of age - provide documentation • U. S. citizen, permanent resident, or eligible non-citizen - provide documentation
Pre-requisite Requirements
<ul style="list-style-type: none"> • Must complete (5) credits of Anatomy and Physiology (or the equivalent of Anatomy & Physiology I and Anatomy & Physiology II) and achieve a grade of C or better from a Middle States Accredited institution • AHT180 TEAS Smartprep course C grade or higher OR a TEAS score of 55 or higher within 2 years of start date
Admission requirements:
<ul style="list-style-type: none"> • Pennsylvania Institute of Technology College Enrollment Application • Official high school transcript, GED transcript, or PA DOE CPE • Official college transcripts, if applicable • Completion of a PA Criminal background check within 12 months <ul style="list-style-type: none"> • Non-resident of Pennsylvania must also submit a Criminal Record check from the state in which he/she resides • Completion of a PA Child Abuse background check within 12 months <ul style="list-style-type: none"> • Non-resident of Pennsylvania must also submit a Child Abuse Record check from the state in which he/she resides • FBI Background Check is required within 12 months <ul style="list-style-type: none"> • Depending on results additional background checks maybe required • Completion of satisfactory drug screening within 12 months; IF positive drug screening result, test may be redone <u>one time AFTER 60 days.</u> • Physical exam by health care provider within 12 months <ul style="list-style-type: none"> • Please note: form MUST be signed and dated by provider • Proof of immunization vaccination record OR Mumps, rubella, rubeola, and varicella titers showing immunity • Booster vaccination(s) of mumps, rubella, rubeola, and/or varicella if titer non-reactive/non-immune with a repeat titer to verify immunity • Tetanus-diphtheria (TdaP) booster vaccination within the last 10 years • Tuberculosis screening 1 step OR Quantiferon blood test: negative results within 12 months <ul style="list-style-type: none"> • Please note: if positive results must provide Chest X-ray result done within last 5 years showing no active TB • Hepatitis B vaccination series of three (3) doses completed OR in progress • If declining Hepatitis B series must sign waiver • Seasonal Flu vaccine is required • COVID-19 vaccine is required • Current Certification in Adult, Infant and Child Healthcare Provider Cardiopulmonary Resuscitation (CPR) (American Heart Association is recommended) However, if using another vendor it MUST include all 3: adult, infant, child CPR • Health insurance strongly recommended • No outstanding fees owed to college



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Clinical Health Programs Medical Marijuana Procedure and Acknowledgement

The Pennsylvania Department of Health has implemented the Pennsylvania Medical Marijuana Program, a component of the Medical Marijuana Act (MMA) that was signed as law on April 17, 2016. This program provides access to medical marijuana for patients with serious medical conditions as defined by the Pennsylvania Department of Health.

Currently, the federal government regulates drugs through the Controlled Substances Act, which does not recognize the difference between medical and recreational use of marijuana. Under federal law, marijuana is a Schedule 1 controlled substance, which means that it is considered to have no medical value. Practitioners may not prescribe marijuana for medical use under federal law.

Students entering any Clinical Health Programs are required to have laboratory screenings for drugs and alcohol upon admission to the clinical phase of the program and on a yearly basis while participating in the clinical experiences. As per current policy, if the results are positive, the student will be dismissed from the program.

Students using medical marijuana will not be eligible for clinical placement in any P.I.T. clinical program, due to the current discrepancy between state and federal law regarding Drug Free Work Place Act and the MMA. Businesses who are not in compliance with federal law are at risk for criminal or civil charges; and additionally may find issue with eligibility for federal contracts and grants.

Additionally, Pennsylvania's Medical Marijuana statute specifically provides that an employer does not have to accommodate an individual in a safety sensitive position if that person is under the influence of medical marijuana. Most positions involving direct patient care will be considered safety sensitive positions.

Students should also understand that under current Pennsylvania State Board law, many health career licensing boards require drug screening at the time of application for licensure. Similarly, most health care employers will perform routine drug screening as a condition for employment, as these positions involve direct patient care, and are considered safety sensitive positions. This discrepancy between federal and state law allows our clinical partners to deny student placement for clinical experiences and the State of Pennsylvania to deny licensure.

In order to be transparent with this entire process, we recognize our responsibility to fully inform students of P.I.T.'s procedure regarding the use of medical marijuana. Due to current laws we cannot provide admission to the clinical phase in any of our Clinical Health Programs and students who have been admitted and are later to be found positive for medical marijuana will be removed.

By signing below, you are indicating that you have read and understand the aforementioned statute. Further, you accept the potential ramifications of a positive medical (or non-medical) marijuana test.

Student Name (Print): _____

Sign: _____ Date: _____

Pennsylvania Institute of Technology
Practical Nursing Program
FREQUENTLY ASKED QUESTIONS

1. What is the Practical Nursing (PN) Program?

The PN Program is a Certificate Program and is designed to prepare the student for a successful nursing career and employment in the healthcare field, to facilitate personal growth experience, and to provide Registered Nurse program transfer opportunities.

2. What are the requirements for admission into the PN Program and who is responsible for paying for the cost, if any?

See attached **MINIMUM ADMISSION REQUIREMENTS DECLARATION** document.

3. Is the PN Program approved?

Yes. The program is approved by the Pennsylvania State Board of Nursing.

4. Will criminal history prevent acceptance into the program?

It depends on the specific details of the criminal history. One misdemeanor may not prelude acceptance into the program while more than one and/or a felony conviction usually does. To participate in clinical experiences a “no record” status must be reported on child abuse background checks, therefore, a history of child abuse precludes acceptance into the program.

If there is an “arrest” or “charge” listed on your criminal background check that does not have the “disposition” you will be required to provide official documents such as criminal background check from that state.

The Pennsylvania State Board of Nursing requires that the program inform applicants that the State Board of Nursing:

- **may deny a license or the privilege of sitting for licensing examination** to an applicant who has been convicted* of a felonious act prohibited by the act of April 14, 1972 (P.L.233, No.64) known as “The Controlled Substance, Drug, Device and Cosmetic Act,” or convicted of a felony related to controlled substance in a court of law of the United States or any other state, territory or country unless:
- **may refuse a license in any case where the board finds the applicant:**
 - (1) Is guilty of gross immorality;
 - (2) Is unfit or incompetent by reason of negligence, habits or other causes;
 - (3) Has been convicted of a felony or a crime of moral turpitude, or been dishonorably discharged or discharged under circumstances amounting to dishonorable discharge from the military;

7. What are the roles and responsibilities of a licensed practical nurse?

Nursing is an art and science dedicated to meeting the healthcare needs of individuals of all ages and communities. Licensed practical nurses (LPNs) provide healthcare in a variety of settings such as long-term care facilities, hospitals, physician's offices, homes, rehabilitation facilities, and clinics. LPNs work under the supervision of a licensed professional (registered) nurse, a licensed physician, or a licensed dentist.

The nursing actions performed by LPNs are extensive. The list includes, but is not limited to, provide fundamental care, collect client information and data, perform routine monitoring, administer medications, enteral feedings, and intravenous therapy, and perform wound care, dressing changes, and respiratory treatments. LPNs provide health teaching, monitor effectiveness of treatments, and document data, actions and responses. LPNs are integral members of the healthcare team working together to assist the individual or family in the prevention of illness, restoration of health or adaptation to illness, and achievement of comfort.

8. Is there tutoring available?

P.I.T. is organized for student success. There are opportunities for peer, group, and private tutoring in our Student Resource Center, Student Innovation Center, Nursing instructors will be available for academic advising, tutoring, guidance, and support of nursing students.

9. What types of student services are available on campus?

Student Services provides academic support and career and transfer counseling as well as referral to social and community services. Other student services available include: cafeteria, student lounge, and student lockers. P. I. T. van service between P.I.T. and SEPTA's 101 Trolley Station at Providence Road and State Road is available.

10. Will I receive a license immediately upon completion of the PN program?

No. Graduation from the PN program qualifies you to apply for a license and apply to take the NCLEX-PN[®] (National Council of Licensure Examination-Practical Nursing). You must apply to the State Board of Nursing and register for the examination. The State Board of Nursing determines if you are eligible to take the examination. When you pass NCLEX-PN[®] you will be issued a license.

11. What sites are used for clinical learning experience? Is transportation provided to and from the clinical sites?

Clinical environments are: hospitals, nursing homes, assisted living, acute care facilities, community centers, pediatric facilities, correctional facilities, and elementary schools. Clinical also occurs on campus in the Simulation lab and may also occur online with a Virtual client and assignments. Negotiations for additional clinical environments for clinical learning experiences are ongoing. The possibility of evening/weekend clinical rotations exists. Clinical sites are not limited to Delaware County, and maybe out of state. Students are responsible for their own transportation. Clinical site placement is decided by nursing faculty. Requests for clinical site placement with peers or at specific agency will not be honored.

12. What type of patient/patients do student nurses care for during clinical learning experiences?

The Pennsylvania State Board of Nursing requires that clinical learning experiences provide opportunities for students to care for men, women, and children in a variety of age groups. Therefore, each student will be assigned to (and expected to) care for men, women, and children with a variety of health problems. Students are not permitted to refuse a patient care assignment.

13. What resources are available to help fund my nursing education?

Financial aid is available for those students who qualify, through federal, state, institutional, and special programs. Student loans are available. Some employers offer tuition forgiveness (repay outstanding loans for education) programs in exchange for employment. There are also professional and community organizations that offer scholarships to nursing students. For further information on federal, state or college aid go to www.fasfa.gov. P. I. T. Student Financial Aid Office is available to assist students in applying for financial aid.

14. Are there computer requirements for the nursing program?

Yes. All exams that are given online are recorded and monitored live via a Webcam. In addition, virtual patients can only be accessed through a laptop or desktop. iPads and smart phones can be used for lecture but are not compatible with other products, learning platforms, and software.

15. Is my acceptance into the program guaranteed?

Acceptance into the Practical nursing program is a highly competitive process with limited seating available. All prospective students must ensure that they have all minimum admission requirements met by the deadline prior to beginning the program.



Hepatitis B Declination Form

I understand that I may be at risk of acquiring Hepatitis B Virus infection during my clinical experiences, as a result of working with blood or other potentially infectious body fluids. I have read the attached statement about Hepatitis B and the Recombivax vaccine and understand the benefits and risks of Hepatitis B vaccination.

However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. I also understand that placement in a clinical facility may be denied. If in the future I continue to have occupational exposure to blood or other potentially infectious body fluids and I want to be vaccinated with Hepatitis B vaccine, I may do so.

Signature _____

Date _____

**PENNSYLVANIA INSTITUTE OF TECHNOLOGY
PRACTICAL NURSING PROGRAM
ADMISSION REQUIREMENTS DECLARATION**

- I understand all submitted documents and completed forms become the property of the College and are nonreturnable.
- I understand deceit in the application procedure is cause for dismissal from the program.
- I understand I must provide official high school transcript, GED transcript, or PA Department of Education (DOE) Certificate of Preliminary Education (CPE).
- I understand a student will not be admitted in the program with a disqualifying criminal history or child abuse clearance.
- I understand a student will not be admitted with a disqualifying result in the drug screening.
- I understand a student accepted into the program must submit a health examination form completed by a healthcare provider with immunization history which can include verification through blood work. I understand a student will not be admitted with a disqualifying result. o I understand in circumstances of student illness, injury or other health limitations, if the clinical agency does not accept me it may result in my not being accepted into the program or will result in failure of the course. I understand that I should give careful consideration to the mental and physical demands of the program prior to beginning the program.
- I understand that I must provide proof of documentation of a COVID vaccination or I cannot attend clinical which will result in failure of the course.
- I understand that I must provide proof of documentation of a seasonal flu vaccine or I cannot attend clinical which will result in failure of the course.
- I understand I must provide documentation of current Adult, Child and Infant CPR (Healthcare Provider) certification.
- I have read and understand the Clinical Health Program Medical Marijuana Procedure at Pennsylvania Institute of Technology.
- I understand the Practical Nursing program is a 1500 clock hour, 12 month, day program.
- **I understand failure to provide documents or failure to meet deadlines is ground for rescinding of admission or dismissal from the program.**
- **I understand that the Practical Nursing program at Pennsylvania Institute of Technology has a limited number of spaces and admission to the program is a competitive process.**
- I, the undersigned:
 - Have read and understand the Practical Nursing Program Admission Requirements.
 - I understand that I am responsible for doing or obtaining and paying for the cost of requirements' designated to the candidate.
 - I understand that meeting the requirements is not a guarantee of admission into the program.
 - I understand that the program has a limited number of spaces and admission is not guaranteed.

Signature of candidate

Date

**Pennsylvania Institute of Technology
Practical Nursing Program
Health and Immunization Record**

Name (PRINT) _____ Date of Birth _____

Part A. Must have titers (within last 5 years) for the following OR an immunization record showing vaccinations:	If titer result is non-immune/non-reactive, need to receive a vaccine AND FOLLOW UP RESULTS. Document below administration of vaccine AND FOLLOW UP RESULTS
<ul style="list-style-type: none"> • Rubeola immunization <input type="checkbox"/> (attach a copy of record) Rubeola titer results (attach a copy of titer results) Results <input type="checkbox"/> immune <input type="checkbox"/> non-immune/non-reactive 	Date of rubeola vaccine, if necessary: Results <input type="checkbox"/> immune <input type="checkbox"/> non-immune/non-reactive Date: _____
<ul style="list-style-type: none"> • Rubella immunization <input type="checkbox"/> (attach a copy of record) Rubella titer results (attach a copy of titer results) Results <input type="checkbox"/> immune <input type="checkbox"/> non-immune/non-reactive 	Date of rubella vaccine, if necessary: Results <input type="checkbox"/> immune <input type="checkbox"/> non-immune/non-reactive Date: _____
<ul style="list-style-type: none"> • Varicella immunization <input type="checkbox"/> (attach a copy of record) Varicella titer results (attach a copy of titer results) Results <input type="checkbox"/> immune <input type="checkbox"/> non-immune/non-reactive 	Date of varicella vaccine, if necessary: Results <input type="checkbox"/> immune <input type="checkbox"/> non-immune/non-reactive Date: _____
<ul style="list-style-type: none"> • Mump immunization <input type="checkbox"/> (attach a copy of record) Mump titer results (attach a copy of titer results) Results <input type="checkbox"/> immune <input type="checkbox"/> non-immune/non-reactive 	Date of mump vaccine, if necessary: Results <input type="checkbox"/> immune <input type="checkbox"/> non-immune/non-reactive Date: _____

Part B. Vaccinations
Tetanus/Diphtheria vaccine within the last 10 years?

If yes, date : _____ If no, needs booster, date administered : _____

Hepatitis B vaccine* (must begin vaccination series prior to start of program)

Dates received	First dose _____	Administered by _____
	Second dose _____	Administered by _____
	Third dose _____	Administered by _____

*If had the series but doesn't have documentation, needs Hepatitis B titer Results immune non-immune/non-reactive
Attach a copy of result and if non-immune/non-reactive, date of Hepatitis B vaccine booster

****Please note: If declining Hepatitis B vaccine series please sign and upload Hepatitis B waiver**

Part C. Tuberculosis screening -
Tuberculin skin test (Mantoux), 1-step PPD administered within 12 months:

1. Administered on _____ Date read _____ Results negative positive

OR if not a candidate for tuberculin skin test provide date of Quantiferon administered within 12 months:

Quantiferon Date _____ Results negative positive (if positive must have chest x-ray) **Attach a copy of result WITH a PCP note**

Chest x-ray Date _____ Results normal abnormal **Attach a copy of chest x-ray report WITH a PCP note**

Part D. Results of physical exam. Health Care Provider please check one of the following statements. Thank you.

_____ There were no findings or health conditions indicative of limitations in physical activity, or cognitive function or ability to perform the functions required of a student in a Practical Nursing program.

_____ There are findings or health conditions* that require special accommodations or may indicate limitations in physical activities, cognitive function, and/or ability to perform the functions required of a student in a Practical Nursing Program. ***Attach a list of those findings or health conditions.***

PRINT Name of Health Care Provider _____ **Phone number** _____

SIGNATURE of Health Care Provider _____

DATE: _____

Instructions for this form:

***UPLOAD THE COMPLETED, SIGNED, AND DATED FORM TO YOUR CLEARANCES ACCOUNT**

*** UPLOAD THE COMPLETED, SIGNED AND DATED HEPATITIS B WAIVER FORM TO YOUR CLEARANCES ACCOUNT IF APPLICABLE.**

**PENNSYLVANIA INSTITUTE OF TECHNOLOGY
PRACTICAL NURSING PROGRAM
Plan of Study***

Course Code	Course Title	Lecture Hours/Week	Lab Hours/Week	Clinical Hours/Week	Credits	Total Hours
Pre-Req:	A&P and AHT180 or equivalent					
TERM 1						
NUR 140	Nursing Fundamentals	6.81	10.9	10.9	11	315
NUR 145	Role Development of the Practical Nurse	1.36	0	0	1	15
	Semester totals	90	120	120	12	330
TERM 2						
NUR 152	Nursing Care of Adults	8.18	0	21.8	10	330
NUR 155	Principles of Pharmacology	1.36	2.72	0	2	45
	Semester totals	105	30	240	12	375
TERM 3						
NUR 162	Intravenous Therapy	1.36	1.36	0	1.5	30
NUR 165	Nursing Practice Specialties	4.09	4.09	21.8	8.5	330
NUR 167	Clinical Concepts of Pharmacology	1.36	2.72	0	2	45
	Semester totals	75	90	240	12	405
TERM 4						
NUR 170	Acute and Complex care of Adults	9.54	0	21.8	11	345
NUR 175	Practical Nursing Capstone	4.09	0	0	3	45
	Semester totals	150	0	240	14	390
	Total Program Months = 12					
	Total Program Weeks= 44					
	Classroom Hours: 8:30am- 3:30pm or 8:30am-12:30pm					
	Clinical Hours: 6:45 am-2:15 pm * times vary per site					
	Program Totals	Total Lecture	Total Lab	Total Clinical	Total Credits	Total Hours
		420	240	840	50	1500

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