



**PRACTICAL NURSING  
APPLICATION  
PROCESS CHECKLIST  
2018-19**

**STEP 1:**

- Complete the Locklin Tech Program Application form as your Intent to Apply to the 2018-19~Practical Nursing Program (separate form) and pay \$15 program application fee.
- Schedule Test of Adult Basic Education (TABE) at 850.983.5700 ext. 209. The fee is \$20 and must be prepaid at the front desk.
- Schedule a Kaplan admission exam. Potential students are encouraged to purchase Kaplan Nursing School Entrance Exam, 7<sup>th</sup> Edition, to prepare for this exam. Information is in the packet. This exam will be \$10 the first time you take it and must be prepaid in Building 1 prior to your testing date. You may opt to take it a 2<sup>nd</sup> time if you would like to improve your score. The 2<sup>nd</sup> exam will be \$20 and must be prepaid in Building 1 prior to your 2<sup>nd</sup> testing date (pp. 3-4). You may not have time to schedule a retest if your initial testing date is after March 15, 2018. **No call, no show for test date eliminates you from the program. Come 15 minutes early as there will be a short interview before the test.**
- Must complete the Academic Assessment tests by April 6, 2018.
- May enroll in \$30.00 Remediation Course for TABE.
- Complete the 2018-19 Free Application for Federal Student Aid (FAFSA) ([www.fafsa.gov](http://www.fafsa.gov)) to see if you qualify for a PELL Grant. You will need to complete your 2016 tax return prior to completing this application and use the IRS data retrieval tool to transfer 2016 income tax info into the FAFSA. (pp. 5-6)
- Have official high school and/or college transcripts mailed or faxed to Locklin Tech (cumulative GPA should be 2.0 or higher). (p. 6)
- Read and sign off on the Practical Nursing Program's Attendance Agreement. (p. 7)
- Read and sign off on the Practical Nursing Program's Drug Panel Testing requirements. (p. 8)
- Read and sign off on the Cost and Fee Sheet to attend the Practical Nursing Program. (p. 9)
- Physical form (p. 19)

All of STEP 1 must be completed and turned in to Locklin Tech's Student Services Department by **April 6, 2018.** Pre-admission to the Practical Nursing program will be determined by **May 4,** based on the above information and test scores. You will be notified of your pre-admission acceptance and you will need to proceed to STEP 2.

## **STEP 2:**

- Submit background screening results. Information is included in this packet. Please review this information carefully and make sure you understand the process. Instructions are included. (pp.10-13)
- Complete fingerprinting process. Instructions are included. (pp. 14-17)
- Proof of the following current immunizations and a physical exam (pp. 18-19) or completed in the past 12 months). Immunization and/or titer information are included in this packet. (pp. 18)
  - MMR
  - Tetanus
  - Varicella (Chickenpox)
  - Hepatitis B

All of STEP 2 must be completed and turned in to Locklin Tech's Student Services Department by **May 25, 2018**.

## **STEP 3:**

- Applicant status letters will be mailed no later than **June 8, 2018**.
- Pay tuition and fees for the first semester by July 27, 2018 or provide evidence of funding source (i.e. PELL, Vocational Rehab, VA, etc.). Tuition and fees for second semester will be due by December 4, 2018.

## **GENERAL INFORMATION**

- Classes begin on **August 13, 2018** and end on **July 30, 2019**. This is two semesters plus an eight-week summer term.
- Class hours will be 8:00 a.m. – 2:41 p.m. Monday - Friday. **Class hours will vary during clinical rotations.**
- A drug screening will be completed as part of a class project AFTER admission to the program. The cost will be \$25 and will consist of a 10-panel rapid drug test. Any positive results may dismiss you from the program immediately.
- PPD (TB screening) and flu shot are required prior to the beginning of clinical hours (between 08/01/18 and 09/14/18).
- Practical Nursing spaces are limited so potential students need to adhere to the date deadlines. When making further determination concerning enrollment into the program, your transcript, TABE, KAPLAN scores, background screening results and interview will be taken into consideration.
- Students must be in attendance every day. The program is fast-paced and intense. Absences **will not be tolerated**. If you know you will not be able to attend every day and be on time, please refer to attendance policy on page 7.

## **Academic Admission Assessment**

The Test of Adult Basic Education (TABE) consists of three twenty-five-minute multiple choice exams and one fifteen minute multiple choice exam. Areas tested include Reading, Math Computation, Applied Math, and Language. A study guide is available at area bookstores or online.

TABE is not an entrance exam, but certain scores are required for exit from a program. If the potential student does not meet the state-mandated exit requirements on the first attempt, he/she may still be accepted into the program. If accepted, students who did not meet the requirements will be enrolled in remediation courses for the appropriate subject(s) until scores are brought up to the required levels.

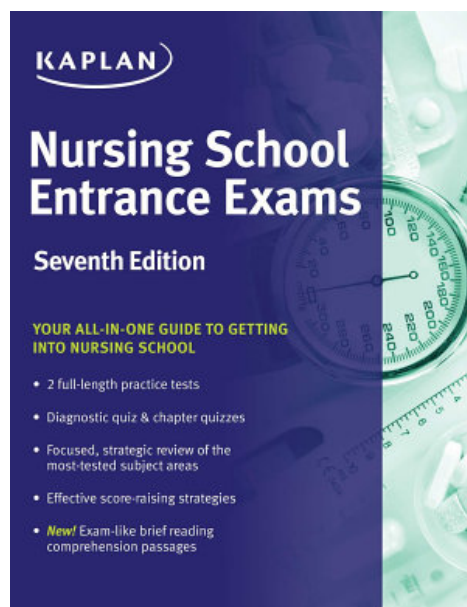
The TABE is scheduled in the testing lab at Locklin Tech most Tuesday mornings at 9:30 a.m. and Thursday afternoons at 1:00 p.m. There is a \$20 fee that must be pre-paid when scheduling the exam. Call 850.983.5700, ext. 209 to schedule and pay for the exam with a credit card. If paying by cash or check, the exam must be scheduled in Locklin Tech's Building 1.



The Kaplan Admissions Test is a tool used to determine if students have the academic skills necessary to perform effectively in a school of nursing. The Admissions Test is a 91-question, online, multiple-choice test that evaluates the basic reading, math, writing, and science skills of students seeking entry into a nursing program.

Kaplan suggests the following preparatory text, available at local bookstores or through Amazon.com: "**Kaplan Nursing School Entrance Exams: Your Complete Guide to Getting into Nursing School**". Please note the text is for all nursing entrance exams and includes more information than is on this specific Admissions Test. Kaplan recommends that prospective students use the areas listed in the "**Outline of the Admissions Test**" (attached).

The testing window will be open until April 6, 2018. The KAPLAN test will be given in the testing lab (Building 11) every Tuesday at 12:30 p.m., and every Thursday at 9:00 a.m. during this testing window. The cost for this exam is \$10 and must be pre-paid. Please sign up for a testing session with Mrs. Simmons in Student Services after you have paid for the test. If you would like to improve your scores you may take the exam a 2<sup>nd</sup> time for the cost of \$20. Register through Locklin Tech's Students Services. You may not have time to schedule a retest if your initial testing date is after March 15, 2018.



## OUTLINE OF THE KAPLAN ADMISSIONS TEST

**The Admissions Test consists of 4 sections with a total of 91 questions. The total testing time is up to 165 minutes.**

**READING** – 22 questions; time allotted – 45 minutes. Candidates read four passages and answer questions that measure the essential skills required for reading:

- Determining the logic of a passage
- Comprehending details
- Drawing basic inferences
- Identifying the purpose of a passage

**MATH** – 28 questions; time allotted – 45 minutes. The test measures the candidate's ability to apply mathematical principles in the following areas:

- Conversions
- Operations
- Ratios
- Word Problems

**WRITING** – 21 questions; time allotted – 45 minutes. Candidates read nine passages and answer questions that measure the essential skills required for writing:

- Assessing passage development
- Assessing paragraph logic
- Assessing mechanics of writing

**SCIENCE** – 20 questions; time allotted – 30 minutes. The test measures the candidate's knowledge of physiology in the following areas:

- Cardiovascular system
- Electrolytes
- Gastrointestinal system
- Immune system
- Neurology
- Renal system
- Hematological system
- Homeostasis
- Respiratory system
- Sensory system



## FINANCIAL AID OFFICE FAFSA Application Procedures

Please follow the checklist below, which will guide you through the steps required to measure your financial need and determine your eligibility. If you have questions, contact the Financial Aid Office for assistance at 850.983.5700 ext. 209 or 211.

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### 1. Paperwork – Here’s a checklist! You should have the following information available to you as you fill out the FAFSA:

- Federal tax information – **for tax return filers use the IRS Data Retrieval Tool that is part of FAFSA on the web.** This tool will allow you to transfer IRS income information directly into the FAFSA.
- Locklin Tech **requires** all tax return filers to use the IRS Data Retrieval Tool. In rare circumstances, Locklin Tech may allow the student to submit an **IRS tax return transcript**—not a photocopy of the income tax return. To obtain an IRS tax return transcript, go to [www.irs.gov](http://www.irs.gov) or call 800.908.9946. **Make sure to request the “IRS tax return transcript” and not the “IRS tax account transcript.”**
- **For tax return non-filers**, the student must report and list any employers and the amount earned from each employer. The student will be required to obtain written documentation from the IRS stating that the student was not required to file a tax return.
- If you have low or no income, you must document how you are able to live on reduced or no income. **Extra forms will be required for verification purposes.**

### 2. Complete your FAFSA Application ON-LINE

- Go to: [www.fafsa.gov](http://www.fafsa.gov) to complete your on-line application.
- Locklin Tech’s school code number is **017198**
- Instructions are provided for each FAFSA question in the Help and Hints section on the right side of the page and are also available by clicking **Need Help?** at the bottom of the page.
- Be patient! The FAFSA is user-friendly and easy to complete--follow the steps and read each question carefully.

**If you need help STOP and call 800.433.3243 for assistance or visit [studentaid.ed.gov](http://studentaid.ed.gov). The Educational Opportunity Center at Pensacola State College (Milton Campus) offers free FAFSA help services. Call for an appointment – 850.484.4455.**

### 3. Check your EFC – Maximum Award for 2018-19 = \$5,920.00

After you finish your FAFSA, you will receive your student aid report (SAR) via email, or postal mail if you did not give an email address. Your SAR has your Expected Family Contribution (EFC) number. This number is a measurement of your financial strength and is used by the Financial Aid Office to determine your eligibility. Upon receipt of your SAR, contact Locklin Tech Student Services/Financial Aid at 850.983.5700 ext. 209 or 211 to make an appointment with the Financial Aid Counselor.

# TRANSCRIPTS

All high school and/or college transcripts must be mailed or faxed to Locklin Technical Center. Transcripts must have an official seal from the issuing institution and should be mailed or faxed to the attention of "Student Services." The **cumulative GPA should be 2.0 or higher for admission to the practical nursing program.**

Mailing Address:

Locklin Technical Center

5330 Berryhill Road

Milton, FL 32570

ATTN: Student Services

Fax Number:

850.983.5715

ATTN: Student  
Services





**PRACTICAL NURSING  
PROGRAM  
ATTENDANCE POLICY**

Research indicates a high correlation between attendance, punctuality and job success. Business and industry can function only when their employees are working; the same is true for instructional programs. Locklin Tech strives to teach high standards for job prep and employability skills. Students who have excessive absences miss classroom experiences which cannot be recaptured. Students are expected to be in class on a regular basis, be on time and remain there unless excused or dismissed by the instructor. Student success in the program is contingent upon meeting program hours and competency requirements. **Excessive or unexcused absences, tardiness, leaving early or not making adequate progress in a program may result in an administrative withdrawal.** The purpose of this policy is to promote an efficient learning atmosphere and minimize unscheduled absences.

The Practical Nursing Program at Locklin Tech has a very stringent attendance policy. Students who violate this policy will be administratively withdrawn. Be sure you are able to commit to this program's policies before enrolling.

Six absences are considered excessive whether they are excused or unexcused. It is your responsibility to understand the program's attendance procedures.

- Written warning is issued on 4<sup>th</sup> absence.
- Notice of Conference is issued on 5<sup>th</sup> absence.
- Administratively withdrawn upon accrual of the 8<sup>th</sup> absence.
- Three missed clinical days will result in an administrative withdrawal.

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Print Student Name

I understand that I am responsible for understanding and adhering to the Practical Nursing Program's Attendance Policy.

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Student Signature

Date

This form is due to Locklin Tech Center Student Services on April 6, 2018.

A copy of this signed form will be provided for your instructor and you.



**PRACTICAL NURSING PROGRAM  
10 PANEL RAPID DRUG TEST POLICY**

Locklin Tech will provide drug kits to students for the cost of \$25. This will be done after the school year begins as a class project. This is required for ALL students. Any positive results from the drug screen will result in immediate dismissal from the program. The drug test screens for the following drugs:

- Amphetamines
- Barbiturates
- Benzodiazepine
- Cocaine
- Marijuana
- Methadone
- Methamphetamines
- Opiates/Morphine
- Phencyclidine
- Tri-Cyclic Antidepressants

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Print Student Name

I understand that I am required to have a drug test screening at a cost to me of \$25.

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Student Signature

Date

This form is due to Locklin Tech Center Student Services on April 6, 2018.

A copy of this signed form will be provided for your instructor and for you.



**COST AND FEE SHEET  
PRACTICAL NURSING PROGRAM  
2018-19 SCHOOL YEAR**

The following is a list of approximate costs and is subject to change without notice. Items listed on this sheet are **required** to complete the practical nursing program.

Tuition*	\$4200 (2 semesters + summer term)
Books	\$950
TABE	\$20
Parking Decal	\$10
KAPLAN Testing	\$10 for first test (2 <sup>nd</sup> KAPLAN is \$20)
Drug Screening	\$25
Background Screening & Fingerprinting	\$100
Uniforms/Supplies	\$325
TB Screening/Flu Shot	\$70 (before clinical rotation)
Physical	Varies (due by first day of school)
Immunizations, if applicable	MMR: \$150 - Tetanus: \$40 - Hepatitis B: \$240
NCLEX-PN (Licensure Exam and fees)	\$400 (at end of program)
CPR Certification	\$35

**\*Tuition is paid by semester/term NOT in full at the beginning of the program. Tuition & fees are for the 2018-2019 school year and include cost of technology, scholarship, capital improvement, & lab fees.**

Prospective students should complete the Free Application for Federal Student Aid (FAFSA). All students are encouraged to apply even if you feel you may not qualify. To be considered for scholarships or other financial opportunities a completed FAFSA is required. Applicants should discuss financial aid with the Financial Aid Counselor in Student Services.

**Hepatitis B immunization is REQUIRED for participation in the clinical portion of the program. Please make arrangements to complete this series by November 7, 2018.**

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Print Student Name

I understand that I am responsible for ALL expenses for this program not covered by financial aid, scholarships or other funding sources.

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Student Signature

Date

This form is due to Locklin Tech Center Student Services on April 6, 2018.

A copy of this signed form will be provided for your instructor and you.

## **Instructions for Background Screening**

You will fill out the following 3 pages and then once you are selected you come back in and pay a \$32.00 fee and Student Services will go online and request the background screening.

## MORE INFORMATION ABOUT BACKGROUND SCREENINGS

If a potential student has an arrest record from any state at any time or has been terminated for cause from a Medicaid or Medicare program in any state, the student may not be eligible for licensure in Florida.

- Clinical hours are a requirement for completion of a nursing program. Students with an arrest record may not be admitted for clinical rotations. Each clinical facility has its own admission policy for students.
- Completion of a nursing program is required before applying for a license. If a student cannot be admitted to clinical rotations, the student cannot complete the nursing program.
- If the student is admitted to clinical rotations and completes the nursing program, the Board of Nursing must approve each “non-routine” applicant to sit for the licensing exam.

The following information is published on the Board of Nursing website. Please go to <http://www.doh.state.fl.us/mqa/nursing> for frequently asked questions and additional information.

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“Pursuant to Section 456.0635, *Florida Statutes*, effective July 1, 2009, health care boards or the department shall refuse to issue a license, certificate, or registration and shall refuse to admit a candidate for examination if the applicant has been:

1. Convicted or plead guilty or nolo contendere to a felony violation regardless of adjudication of: chapters 409, 817, or 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C ss. 1395-1396, unless the sentence and any probation or pleas ended more than 15 years prior to the application.
2. Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent five years).
3. Terminated for cause by any other State Medicaid Program or the Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent five years).”

You are strongly encouraged to speak to a member of the nursing faculty if you have questions about background screening and the licensing process.

## CONSENT TO PERFORM NON-EMPLOYMENT BACKGROUND CHECK FOR VOLUNTEERING ACTIVITIES

Last Name	First Name	Middle Name or Initial	
Maiden or other name(s) used in any and all other records of birth or records of residence			
*Address			Apartment or #
			FL
City	County Zip	State	
**Date of Birth	Social Security Number	**Gender	**Race

**\*\*TO BE USED FOR NON-EMPLOYMENT BACKGROUND CHECK PURPOSES ONLY**

In connection with my application and desire to engage in volunteer activities, I have been advised and I hereby consent and authorize **Locklin Tech** and its agent, at any time during or subsequent to my application process, to conduct a background check that may include a criminal record check and such additional verifications and reference checks as deemed necessary. I do hereby consent to **Locklin Tech's** use of any information provided on this form or during the application process in performing the non-employment related background check. I agree to release, indemnify and hold harmless **Locklin Tech** and any agency used by **Locklin Tech** with regard to any information provided by the agency. I have been informed that I will have a reasonable opportunity to clear up any mistaken information provided by the agency within a reasonable time frame established within the sole discretion of **Locklin Tech**. I acknowledge that facsimile, copy of electronic version of this form, shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1.  YES  NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors).

If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

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Details of Conviction: \_\_\_\_\_

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2.  YES  NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

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Details of Offense: \_\_\_\_\_

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3. \_\_\_\_YES\_\_\_\_NO Have you ever-received probation or community supervision for any federal, state or municipal offense?

If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of

Supervision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_YES\_\_\_\_NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of Conviction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_YES\_\_\_\_NO As of the date of the consent form, do you have any pending charges against you?

If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of Conviction: \_\_\_\_\_

\_\_\_\_\_

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN

COUNTY

STATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT THIS WILL BE GROUNDS FOR DENYING OR TERMINATING MY ABILITY TO PROVIDE VOLUNTEER SERVICES FOR LOCKLIN TECH.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

APPLICANT/VOLUNTEER \_\_\_\_\_ (PRINT NAME) APPLICANT/VOLUNTEER \_\_\_\_\_ (SIGNATURE)



What to do to get fingerprinted

At **Locklin Tech** we fall under the Program (**VECHS**) Volunteer/ Employees Criminal History Search –

We have a VECHS number (**V57020002**) also known as the ORI # that is required for the fingerprinting process. This VECHS #/ORI # indicates who is asking for the background check and is where to send the results. FDLE uses this number to send the results to the school. Putting in the wrong VECHS #/ORI # will result in having to start the process over again, including additional payment and fingerprinting.

What you need from Locklin Tech	What to bring with you to the appointment:
Program <b>VECHS Volunteers</b> ORI# <b>V57020002 (Locklin Tech)</b>	Government issued ID with photo
<a href="http://www.daontis.com/fl">www.daontis.com/fl</a>	12 digit number printed on the receipt

**1. To start the process, you must go online and register.**

Navigate to [www.daontis.com/fl](http://www.daontis.com/fl)

Start the registration process by clicking Register on top left hand corner of our website.

**2. Follow the steps below. Please note that you CANNOT hit the back button at any time during the registration process. Please ensure that all information is correct, entering the wrong information will result having to repeat the process and additional monies.**

**Step 1:** Enter the requested information –

Create a DTIS username and password, confirm the password. The system will show the strength of the password if not acceptable you will not be able to proceed. (Min 6 characters and Max 20. Should contain a mix of upper and lower case letters, numbers and symbols. Leading and trailing spaces are removed)

Check that you have read and agree with the Privacy policy.

Click **Create Account**

Enter the Captcha Words and the click **Create Account**.

## 1. Program

**You must select a Program -- VECCHS Volunteers**

ORI: **V57020002** (Locklin Tech)

**Reason - Volunteer**

Click **Next** to continue.

## 2. Applicant

Enter your first and last name and email address and phone number, providing the correct email will ensure that your final receipt is emailed to you once the account is created and process completed.

Please ensure that all areas marked with (\*) are completed

Click **Next** to continue.

## 3. Alias

Enter any Alias information (ie: Maiden name) if applicable.

Click **Done with Aliases** to continue.

## 4. Home

Enter your home address. Click **Next** to continue. – The system requires applicant to enter a home address

## 5. Work

Enter your work address if applicable. Click **Next** to continue.

## 6. Biographic

Enter all required biographic information. (\* indicates required field) Click **Next** to continue.

## 7. Appointment

Click on the search and select one of the 4 options.

You must select a location to be fingerprinted. Enter a city and or zip code to search by listed address. You can also search by your home or work address if you provided that information on (tab 4. Home) and (tab 5. Work).

The search will generate a list of fingerprinting locations for you to choose from; click on the location at which you would like to be fingerprinted. Click on the location to pick a date and time for your appointment.

A list of available time will be generated. Select the time during which you would like to be fingerprinted.

Click **Register and Schedule Appointment**

**At this point the system will request a credit card payment**

Once payment is processed a receipt with your TCN or account number will be generated. Please print this receipt and take it, along with a government issued photo ID, to your fingerprinting appointment.

Click Logout to Exit

**Should you have any further question please contact our call center 703-797-2562**



**Form A**

Florida Department of Law Enforcement  
Criminal Justice Information Services Division/User Services Bureau



**VECHS WAIVER AGREEMENT AND STATEMENT**

Volunteer & Employee Criminal History Systems  
(VECHS) for Criminal History Record Checks  
under the National Child Protection Act of 1993, as  
amended, and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contactor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*enter Name of Qualified Entity*) **Locklin Tech** to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

\_\_\_\_\_  
(Name and Address of Previous Qualified Entity) (Year of Request)

I \_\_\_\_\_ have **OR** \_\_\_\_\_ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ do **OR** \_\_\_\_\_ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): \_\_\_\_\_ Employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Contractor/Vendor

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_, FL \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**TO BE COMPLETED BY QUALIFIED ENTITY:**

Entity Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ FDLE Assigned Qualified Entity

Number: \_\_\_\_\_

**ORIGINAL MUST BE RETAINED BY QUALIFIED ENTITY**

## SPECIAL PRICING FOR LOCKLIN TECH STUDENTS

~for immunizations and physical~

<b>Hepatitis B vaccine</b> .....	\$80 each dose
(3 separate vaccinations)	
<b>Hepatitis B titer</b> .....	\$45
<b>TB screening (PPD)*</b> .....	\$30
<b>MMR vaccine</b> .....	\$75 each dose
<b>MMR titer</b> .....	\$75
<b>Varicella vaccine</b> .....	\$112 each dose
(Administered in two different vaccinations)	
<b>Varicella titer</b> .....	\$45
<b>Tetanus/diphtheria</b> .....	\$40
<b>Tdap</b> .....	\$55
(one or the other in the past 10-years, i.e. Tetanus/diphtheria <u>or</u> Tdap)	
<b>Flu vaccine/shot*</b> .....	\$32
<b>FluMist*</b> .....	\$38
( <u>either</u> the Flu vaccine/shot OR FluMist)	

***(All prices are approximates & subject to change without notice)***

\*TB screening and Flu vaccine/FluMist (whether it be the Flu vaccine/shot or FluMist) should be done after school starts but before clinicals (August/September 2018).

### Office Locations:

Vaccines and titers can be done at any location. Physicals are only available at the **ProClinic** and the fee is \$40.00.

5825 Highway 90  
Milton, FL 32583  
850.626.3430  
Monday: 10:00 am – 2:00 pm  
T-F: 8:00am - 2:00pm

3298 Summit Boulevard, Suite  
33 Pensacola, FL32503  
850.434.6168  
M-F: 7:30am - 4:30pm

1157 Gulf Breeze Parkway Gulf  
Breeze, FL 32561 850.677.0737  
M-T-TH-: 8:00am – 3:30 pm  
W: 8:00am - 3:30pm  
F: 8:00 am – 3:30 pm  
S: 12:00pm - 5:00pm

1100 Airport Boulevard, Suite B  
Pensacola, FL 32504  
850.549.3379  
M-T: 8:00am - 5:00pm  
W-F: 8:00am - 3:00pm  
Sat: 8:00am-12:00noon

**ProClinic Health**  
formerly Professional Health Examiners

11 Racetrack Road NE, Suite D-1  
Fort Walton Beach, FL 32547  
850.243.2900  
M-F: 8:00am - 3:00pm

4942 Highway 98, Suite 23  
Santa Rosa Beach, FL 32459  
850.267.0360  
M-F: 7:30am - 1:00pm

102 Alabama Street, Suite B  
Crestview, FL32536  
850.689.7592  
M-F: 8:00am – 1:30pm

## LOCKLIN TECHNICAL CENTER PRACTICAL NURSING PROGRAM PRE-PARTICIPATION PHYSICAL EVALUATION FORM

This form must be complete and on file in the Nursing Department before a student is allowed to participate in the clinical portion of any nursing program.

<b>Part 1. Student Information: (to be completed by student and/or parent).</b>			
Student Name:	Gender:	Age:	Birthdate:
Grade: 10 ___ 11 ___ 12 ___ Adult ___			
Home Address:			
Home Phone: (    )		Work Phone: (    )	
Cell Phone: (    )		Parent/Guardian Name:	
Emergency Contact Name:		Contact Phone: (    )	
Contact Relationship to Student:		Personal Physician:	

**Part 2. Physical Examination (to be completed by physician).**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Visual Acuity: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_ Corrected: Yes No

Findings	Normal	Abnormal
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
Neck		
Back		
Arm/Shoulder/Wrist/Hand		
Hip/Thigh		
Leg/Ankle/Foot		

RECOMMENDATIONS: 1. \_\_\_ Cleared without limitation.  
2. \_\_\_ Cleared with the following limitation(s). \_\_\_\_\_  
3. \_\_\_ Not cleared. Reason \_\_\_\_\_

Name of Physician/Nurse Practitioner/Licensed Physician Assistant: \_\_\_\_\_

Physician/ARNP/PA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Part 3. Statement of Understanding</b>
Locklin Technical Center does not provide health insurance for students nor is Locklin Technical Center or any clinical facility utilized by Locklin Technical Center students responsible for student injury or accident.
Student/Responsible Party's Signature: _____