



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 3390 Peachtree Road NE, Suite 1400, Atlanta, GA 30326, phone (404) 975-5000 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 October 31st.**
- 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 Trinity Long at the Vernal campus (435) 725-7103 or Holly Mickelson 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.**

- It is preferable if students 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.**
 - Two-Step PPD (Mantoux) test **or** a negative QuantiFERON-TB Gold (blood test)
 - Measles, Mumps, and Rubella (MMR): 2 documented doses of the MMR vaccine **or** a positive IgG titer for Measles, Mumps, and Rubella
 - Varicella: 2 documented doses of the varicella vaccination **or** a positive IgG titer for Varicella
 - Tdap/Td vaccine within the last 10 years
 - Hepatitis B: 3 documented doses of the Hepatitis B vaccination **and** a positive titer of Hepatitis B surface antibody
 - Covid-19: 2 doses ○ Annual influenza vaccine

***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 criminal background check and urine drug screen will be performed upon acceptance to the program. Successfully passing both of these are required for 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, 4th 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/

**If you have questions regarding the application process, call
(435) 722-6900 or email kirby@ubtech.edu.**

After submitting your application through the UBTech website, please call (435) 722-6973, or email kirby@ubtech.edu, to confirm we received it.

UBTech Practical Nursing Program Application Form

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 |
|----------------|----------------|---------------|----------------|
|----------------|----------------|---------------|----------------|

List any honors and/or special awards you received:

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

[illegible]

UBTech Practical Nursing Program Verification Form for Direct Patient Care

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

Application Points:

| | | |
|--|-----------------|---------------|
| | Points Possible | Points Earned |
|--|-----------------|---------------|

| | | |
|--|----------------------------|--|
| Resident of Tri-County area | 1 | |
| Accepted student who declined last year | 1 | |
| Previous years' alternate list | 1 | |
| Nursing Assistant UBTech Graduate* | 1 | |
| Medical Assistant UBTech Graduate* | 1 | |
| Faculty Interview | 5 | |
| Student Essay (Part of Interview Process) | 2 | |
| **Verification of 1000 hours direct patient care employment or volunteer service in the previous 12 months | 3 | |
| | Total Points Earned | |

***Note that only one of these is eligible for points-for example,** an applicant who completed both the certified nursing assistant course and the medical assistant course at UBTech would be awarded 1 point, not two points

**Verification of 1000 hours is not a requirement for admission to the program.

| ACT Grade Level Equivalency | |
|------------------------------------|-------------|
| ACT Score | GLE |
| 19 | 12th |
| 18 | 11th |