

# Practical Nursing Program

Blackstone Valley Regional Vocational Technical High School

65 Pleasant Street, Upton, Massachusetts 01568-1499

508-529-7758, ext. 3122

Fax: 508-529-4579, ATTN: PN Program

email: [besposito@valleytech.k12.ma.us](mailto:besposito@valleytech.k12.ma.us)

[www.valleytech.k12.ma.us/community/practicalnursing](http://www.valleytech.k12.ma.us/community/practicalnursing)

## DIRECTIONS FOR COMPLETING THE APPLICATION

(Please read all pages carefully)

**Complete ALL sections**, Applications MUST BE TYPED

- 1. **OFFICIAL High School/GED** Provide satisfactory evidence of secondary school graduation or its equivalent. For example, Official High School transcript, Official GED Scores transcript, or approved home schooling program. Official transcripts must be received from the secondary institution mailed directly to the BVT Practical Nursing Program.
- Foreign Transcripts:** If you did not receive a secondary school graduation or its equivalent (High School or GED) from the United States, must provide an evaluation through the **Center of Education Documentation (CED)** in Boston, MA. The CED contact information is **617-338-7171** or **www.cedevaluations.com**.
- 2. **Passport, birth certificate or approved documentation.** *Minimum Age of at least 17.5 years of age before entrance into the program.*
- 3. **Resume** – Typed
- 4. **Essay** – Typed. Essays are graded during the interview process, it should be neat, coherent, proper punctuation and if you cite a source please add that at the bottom of the essay.
- 5. **References** -Distribute enclosed reference forms to employer or others who have agreed to support your application. Please put your name in the space provided at the top of each reference form.
- 6. **Application fee** of \$125.00, must be made at the time you are applying and registering for the TEAS Exam. Payment of the application fee (which includes (1) one TEAS Exam Fee) can be made by cash, certified check or money order at the Business Office during school business office hours (between 8:30 AM – 3:30 PM) or by credit card using the BVT on-line payment center at [www.valleytech.k12.ma.us/community/practicalnursing](http://www.valleytech.k12.ma.us/community/practicalnursing). Credit cards are NOT be accepted in the Business Office. Personal checks are never accepted. **The application/TEAS exam registration fee is NON-REFUNDABLE.**
- 7. After the requirements above are received and you have successfully passed the TEAS Exam, you will be contacted for next steps.

**It is your responsibility** to check that all parts of the Application process have been completed and the all requirements have been received by the Practical Nursing Program. **Note:** Information that you provide on your application will be kept confidential and only released to members of the Admissions Committee.

If accepted into the BVT Practical Nursing Program to hold your seat there is a **\$1,250.00 NON-REFUNDABLE Seat Fee**

### NOTICE OF NON-DISCRIMINATION

It is the policy of the Blackstone Valley Vocational Regional School District not to discriminate on the basis of race, color, sex, religion, national origin, gender identity, sexual orientation, or disability in its educational policies as required by Title VI, Title IX, Section 504 and Chapter 622.

Chapter 622 is a state law and Title VI, Title IX, and Section 504 are federal laws. All require that equal educational opportunities must be given to all, regardless of sex. But Chapter 622 takes this one step further by saying that no one can be excluded or discriminated against in admission or obtaining the advantages, privileges and courses of study in public schools based on race, color, religion, national origin, gender identity, sex, or sexual orientation.

Inquiries regarding compliance with Title VI, Title IX, Section 504 and Chapter 622 may be directed to Assistant Superintendent-Director / Principal, Anthony E. Steele II, Blackstone Valley Regional Vocational Technical High School, 65 Pleasant St., Upton, MA 01568, (508) 529-7758.

If there is a student with limited English proficiency, a qualified representative from Blackstone Valley will assist the applicant in completing the necessary forms and assist in interpreting during the entire application process upon the request of the applicant.

Students with disabilities may voluntarily self-identify for the purpose of requesting reasonable accommodations during the entire application process.

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<b>Student Expense/Fee</b>	<b>Due Date</b>	<b>Policy/Description</b>	<b>Amount</b>	<b>Payment to BVT/Vendor</b>
Application Fee	3 days prior to exam date	Non-refundable fee that includes the application fee and one TEAS exam fee. Each additional TEAS Exam will be \$95.	\$125	Payment to <b>BVT</b>
Seat Fee	10 business days from date of acceptance	Non-refundable seat fee is not part of the tuition. Ensures student's seat in the program for the upcoming cohort. Includes the ATI Launch Module Program.	\$1,250	Payment to <b>BVT</b>
Tuition Deposit	Deposit due by August 1 of the first cohort year	Students cannot begin the program until a minimum tuition deposit of \$4,000 is made.	\$4,000	Payment to <b>BVT</b>
Tuition	Balance due by December 31 of first cohort year	Individual financial aid appointments can be made with the Financial Aid/Program Support Assistant prior to the start of the program to discuss payment options after the minimum tuition deposit is made. The tuition deposit paid by August 1 is deducted from the total tuition owed.	\$12,300 In District  -OR-  \$18,300 Out of District	Payment to <b>BVT</b>
Bundled Fees	August 1 of the first cohort year	<b>Bundled Fees Include:</b> ATI Package Supreme/Swift River (\$1,400) Books (\$830) Copy/Print (\$20) Lab Pack/Nursing Equipment (\$140) Visible Body (\$35)	\$2,425	Payment to <b>BVT</b>
Uniforms	August 1 of the first cohort year	Guidance will be given on specifics of uniform needs during New Student Orientation. (Vendor: Grateful Thread Custom Embroidery)	\$175	Payment to <b>Vendor</b>
Liability Insurance	Annually	Students must maintain liability insurance for the duration of the PN program. Terms of liability insurance are annual. Students will need to renew their policy once, as the program runs for 60 weeks.	\$45 per year	Payment to <b>Vendor</b>
CPR	August 1 of the first cohort year	CPR - (Dependent on facility) (Vendor: American Heart or American Red Cross)	TBD	Payment to <b>Vendor</b>
Health Records	August 1 of the first cohort year	Ordered directly by the student (If applicable)	TBD	Payment to <b>Vendor</b>
Graduation Fee	November 1 in Term III	Student collected and managed class dues, deposited to a fiduciary account.	\$150	Payment to <b>BVT</b>

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Monthly Payment Plan	Upon request	One-time processing fee to participate in the monthly payment plan (if applicable)	\$35	Payment to <b>BVT</b>
<b>AFTER GRADUATION EXPENSE</b>				
NCLEX-PN application	End of Term III	Required to apply via online application with passport photo required for NCLEX-PN application	\$450	Payment to <b>Vendor</b>

*NOTE: Financial Assistance may be available to qualified applicants through the Title IV Federal Financial Assistance Program (Pell Grant Program and the Federal Family Education Loans Programs)  
Information can be found at the following websites (school code 012187)*

[www.FederalStudentAid.ed.gov/completefafsa](http://www.FederalStudentAid.ed.gov/completefafsa)

[www.fafsa.ed.gov](http://www.fafsa.ed.gov)

Information on limited English proficiency and disability submitted voluntarily by the applicant, for the purpose of receiving assistance and accommodations during the entire application and admission process, will not affect the applicant's admission to the school.

*\*Estimated Students Tuition and Expenses pending Administrative Review and Approval*

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## APPLICATION FOR ADMISSION

Please complete **ALL** parts of this application. **PLEASE TYPE YOUR APPLICATION**

The completed application can be emailed to [besposito@valleytech.k12.ma.us](mailto:besposito@valleytech.k12.ma.us) or can be mailed directly to:

Blackstone Valley Regional Vocational Technical High School

ATTN: Practical Nursing Program,

65 Pleasant Street, Upton, Massachusetts 01568-1499

### Part I: General Information:

Name \_\_\_\_\_  
(Last name) (First name) (Middle name)

Other last name under which records may appear (maiden)  
\_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Security NO. \_\_\_\_\_ DOB:: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Additional information:** This information will not be used as a condition of admission. It is used for equal opportunity purposes only:  
Please check:

Are you a U.S. Citizen?  Foreign born, Permanent resident  Other: \_\_\_\_\_  
Are you a veteran?

*Ethnicity*

White	<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
Hispanic or Latino	<input type="checkbox"/>	Two or more races	<input type="checkbox"/>
Asian	<input type="checkbox"/>		

Other (Please Specify) \_\_\_\_\_

**Sex:** Male  Female

### Education: Please have OFFICIAL transcripts sent directly to:

Blackstone Valley Regional Vocational Technical High School,

Practical Nursing Program, 65 Pleasant Street, Upton, Massachusetts 01568-1499

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

GED (where obtained): \_\_\_\_\_ Date of GED: \_\_\_\_\_

Approved Home School): \_\_\_\_\_ Date Obtained: \_\_\_\_\_

Colleges attended or graduated from: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_







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**Part IV: References**

Please list the names, addresses and phone numbers of three (3) persons who will provide a professional reference for you. One must be an immediate supervisor (past or present), an employer (past or present), no family members. Suggested other references include: co-workers, teachers or counselors, or a person with whom you may have collaborated and completed a community service project. References from friends are not accepted. Provide these persons with a copy of the reference form three (3) forms are available for download) on which you have written your name and signed the waiver release statement.

The completed reference forms can be emailed to [besposito@valleytech.k12.ma.us](mailto:besposito@valleytech.k12.ma.us) or can be mailed directly to:

**Blackstone Valley Regional Vocational Technical High School**  
**ATTN: Practical Nursing Program,**  
**65 Pleasant Street,**  
**Upton, Massachusetts 01568-1499.**

**Applications will not be considered complete without all three references being submitted.**

1. Name: \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Address/Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Address/Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Address/Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

I certify that this information is true and accurate I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to and including dismissal from the program with no right to appeal or a tuition refund.

\_\_\_\_\_  
(Signature of Applicant) (Date)

Applicant Name: \_\_\_\_\_

\*You may email your entire application and supporting documents to [besposito@valleytech.k12.ma.us](mailto:besposito@valleytech.k12.ma.us).

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Blackstone Valley Regional Vocational Technical High School Practical Nursing Program

## ADMISSION REFERENCE FORM #1

\_\_\_\_\_ has applied for admission to the Practical Nursing Program. He/she has indicated that you are willing to provide a reference. Please assist the Admissions Committee in their decision-making by completing the following information. Upon completion, please mail to:

**Blackstone Valley Regional Vocational Technical High School**

**ATTN: Practical Nursing Program**

**65 Pleasant Street**

**Upton, Massachusetts 01568-1499**

Applicant will sign here if he/she will not request access to the reference form after the person providing the reference completes it.

I waive all rights to review this form.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)

1. How long have you known this applicant? \_\_\_\_\_

2. In what capacity were you familiar with this applicant? \_\_\_\_\_

Employer: [ ] Co-Worker: [ ] Supervisor: [ ] Teacher: [ ] Counselor: [ ]

Scale	4 - Always	3 - Most	2 - Some	1 - Never
Can work in a team				
Able to follow and complete assignments				
Dependable				
Prompt				
Trustworthy				
Motivated				
Can work independently with directions				

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print

Date:

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

Please Sign: \_\_\_\_\_

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Blackstone Valley Regional Vocational Technical High School Practical Nursing Program

## ADMISSION REFERENCE FORM #2

\_\_\_\_\_ has applied for admission to the Practical Nursing Program. He/she has indicated that you are willing to provide a reference. Please assist the Admissions Committee in their decision-making by completing the following information. Upon completion, please mail to:

**Blackstone Valley Regional Vocational Technical High School**

**ATTN: Practical Nursing Program**

**65 Pleasant Street**

**Upton, Massachusetts 01568-1499**

Applicant will sign here if he/she will not request access to the reference form after the person providing the reference completes it.

I waive all rights to review this form.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)

1. How long have you known this applicant? \_\_\_\_\_

2. In what capacity were you familiar with this applicant? \_\_\_\_\_

Employer: [ ] Co-Worker: [ ] Supervisor: [ ] Teacher: [ ] Counselor: [ ]

Scale	4 - Always	3 - Most	2 - Some	1 - Never
Can work in a team				
Able to follow and complete assignments				
Dependable				
Prompt				
Trustworthy				
Motivated				
Can work independently with directions				

Comments: \_\_\_\_\_

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

Print

Date:

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

Please Sign: \_\_\_\_\_

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Blackstone Valley Regional Vocational Technical High School Practical Nursing Program

## ADMISSION REFERENCE FORM #3

\_\_\_\_\_ has applied for admission to the Practical Nursing Program. He/she has indicated that you are willing to provide a reference. Please assist the Admissions Committee in their decision-making by completing the following information. Upon completion, please mail to:

**Blackstone Valley Regional Vocational Technical High School**  
**ATTN: Practical Nursing Program**  
**65 Pleasant Street**  
**Upton, Massachusetts 01568-1499**

Applicant will sign here if he/she will not request access to the reference form after the person providing the reference completes it.

I waive all rights to review this form.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)

1. How long have you known this applicant? \_\_\_\_\_

2. In what capacity were you familiar with this applicant? \_\_\_\_\_

Employer: [ ] Co-Worker: [ ] Supervisor: [ ] Teacher: [ ] Counselor: [ ]

Scale	4 - Always	3 - Most	2 - Some	1 - Never
Can work in a team				
Able to follow and complete assignments				
Dependable				
Prompt				
Trustworthy				
Motivated				
Can work independently with directions				

Comments:

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

Print

Date:

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

Please Sign: \_\_\_\_\_

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### TEAS EXAM INFORMATION

**TEAS EXAMS MUST BE SCHEDULED BY CONTACTING THE PRACTICAL NURSING PROGRAM OFFICE AT**

**508-528-7758 X-3122**

**OR**

**EMAIL AT [BESPOSITO@VALLEYTECH.K12.MA.US](mailto:besposito@valleytech.k12.ma.us)**

<input type="checkbox"/> Money Order Enclosed PLEASE SPECIFY NAME AND EMAIL ADDRESS	<p style="text-align: center;"><u>Business Office at BVT</u></p> Cash or Money Order/Certified Check given to Business Office with this application <b>(NO PERSONAL CHECKS)</b>	<p style="text-align: center;">Paid with Credit Card via online payment center <a href="http://www.valleytech.k12.ma.us/PracticalNursingPaymentOptions">www.valleytech.k12.ma.us/PracticalNursingPaymentOptions</a></p> <p style="text-align: center;"><b>Credit cards will NOT be accepted in the business Office</b> <b>NO VISA IS ACCEPTED</b></p>
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**ALL TEAS EXAM'S ARE PROCTORED REMOTELY – YOU MUST SETUP A RESPONDUS DRY RUN PRIOR TO TAKING THE EXAM – THIS CAN BE COMPLETED BY CONTACTING [BESPOSITO@VALLEYTECH.K12.MA.US](mailto:besposito@valleytech.k12.ma.us)**

TEAS 7.0 Version manual can be purchased from [www.atitesting.com](http://www.atitesting.com)

Prior to exam you must create a username and password with ATI go to:

[www.ATItesting.com](http://www.ATItesting.com)

Institution: Blackstone Valley Vo Tech

**\*TEAS Retake fee is \$95.00 and must be made 5 days prior to exam date**

YOU MUST REACH THE FOLLOWING SCORES TO QUALIFY:

TEAS EXAM	PASSING RATE	TIME LIMIT – MINUTES	NUMBER OF QUESTIONS
<b>READING</b>	<b>60.00 %</b>	<b>55</b>	<b>44</b>
<b>MATH</b>	<b>50.00 %</b>	<b>57</b>	<b>38</b>
<b>SCIENCE</b>	<b>33.00 %</b>	<b>60</b>	<b>50</b>
<b>ENGLISH</b>	<b>50.00 %</b>	<b>37</b>	<b>37</b>

If you do not have your username and password you WILL NOT be able to take the exam and will have to reschedule, paying a \$25.00 reschedule fee

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ENTRANCE EXAMINATION INFORMATION  
REGISTRATION IS REQUIRED TO TAKE AN EXAM

The BVT Practical Nursing TEAS Exam is via ATI Testing Proctorial or Respondus Extension Software and BVT PN Proctor remotely after successfully completing the Proctorial/Respondus Dry Run.

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Alternative testing arrangements that are reasonable in the context of this examination and supported by documentation may be provided, upon request, to candidates that would not be able to take the exam under standard conditions. Candidates who may be eligible for alternative testing arrangements are:

- Candidates whose religious practices do not allow them to take exams on Saturdays; or
- Candidates with physical disabilities (e.g., visual impairments, motor disabilities, illness, or injury) or cognitive or emotional disabilities (e.g., learning disabilities)

You may make a request for alternative testing arrangements when you register for the practical nursing program examination only during the regular registration period. To ensure that there is adequate time to process your request, you are required to register and submit all required information no later than 30 calendar days prior to the scheduled examination. The practical nursing program coordinator will review each request as it is received and determines on a case-by-case basis whether to grant requested alternative testing arrangements.

In some cases, the supporting documentation submitted with a request for alternative testing arrangements may not be sufficient to make a determination or may not support the requested accommodation. In such cases, you will need to submit additional documentation. The practical nursing program may contact you directly to discuss suitable testing arrangements.