

Practical Nursing Program
Blackstone Valley Regional Vocational Technical High School
65 Pleasant Street, Upton, Massachusetts 01568-1499
508-529-7758, ext. 3122
email: pnv@valleytech.k12.ma.us
www.valleytech.k12.ma.us/practicalnursing
Program Year –August 2022- January 2024

DIRECTIONS FOR COMPLETING THE APPLICATION
(Please read all pages carefully)

Complete ALL sections, print clearly

- 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** – Handwritten
- 4. **Essay** – also handwritten. 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/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 an interview.
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 **\$1,000.00 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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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.

<i>Tuition</i>	<i>August 2021*</i>
In-District	\$12,000.00
Out-of-District	\$18,000.00
Out-of-State	\$18,000.00

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

Practical Nurse Program *Estimated Student Expenses 2022-2024	
Before Start of Program	
Achieve Success Course – <i>Optional but highly recommended</i>	\$150.00
TERM I	
Text Books (estimate)	\$1,075.00
Nursing Equipment	\$170.00
ATI Package	\$565.00
Liability Insurance (\$45.00 per year)	\$90.00
Uniforms - 1 Lab coat, 4 sets of scrubs	\$220.00
TERM II	
Test Books	Cost TBD
TERM III	
Pass Port Photo	\$20.00
Mandatory NCLEX- PN Review Course	\$300.00
Licensure Examination	\$430.00
Graduation Expenses	\$150.00
All Three (3) TERMS	
ID Replacement, if applicable	\$3.00
Transcripts, if applicable	\$5.00
Clinical/Class Make Up, if applicable	Daily rate for faculty (all 3 Terms)
Total Expenses*	3,178.00*

*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/completofafsa

www.fafsa.ed.gov

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APPLICATION FOR ADMISSION

Please complete ALL parts of this application and submit to: Blackstone Valley Regional Vocational Technical High School
 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 _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Social Security Number _____

Optional 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 should 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: _____

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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 Name: _____ Date: _____

Please Sign: _____

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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 Name: _____ Date: _____

Please Sign: _____

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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:

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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 Name: _____ Date: _____

Please Sign: _____

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Entrance Exam Registration Form

Name: _____ Date: _____
Address: _____
City/State/Zip: _____
Phone: Day: _____ Cell: _____
Email Address: _____

TEAS EXAMS

Dates and Times are available on our
BVT Webpage and Facebook page

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

Payment has been made (Please Circle one):

Money Order Enclosed

Business Office at BVT

Cash or Money Order/Certified
Check given to Business Office with
this application
(NO PERSONAL CHECKS)

Paid with Credit Card via online payment center

www.valleytech.k12.ma.us/PracticalNursingPaymentOptions

Credit cards will NOT be accepted in the business Office

TEAS 6.0 Version manual can be purchased from www.atitesting.com

Prior to exam you must create a username and password with ATI go to:
www.ATItesting.com

Institution: Blackstone Valley Vo Tech

On the date of the exam you **MUST HAVE**

- A photo ID
- Your ATItesting.com user name and password.

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

Due to COVID restrictions,

BVT PN will hold our Information Session via Zoom Meetings

Wednesday, November 10, 2021 5:30-6:30pm

UPDATED Dates and Times are available on our BVT Webpage and Facebook page
www.valleytech.k12.ma.us/practicalnursing

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ENTRANCE EXAMINATION INFORMATION
REGISTRATION IS REQUIRED TO TAKE AN EXAM

The BVT Practical Nursing TEAS Exam is via ATI Testing Proctorio software and BVT PN Proctor remotely after successfully completing the Proctorio Dry Run.

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.