



ADULT & COMMUNITY EDUCATION

COLUMBUS CITY SCHOOLS



Application Packet

Columbus School of
Practical Nursing
2024-2025



**Adult & Community Education,
Columbus City Schools
2323 Lexington Avenue
Columbus, OH 43211**

**www.ccssoh.us/PracticalNursing
Phone 380.997.7617**

ACE Mission Statement: Adult & Community Education improves the lives of adult students through personalized, quality learning.

You should be a nurse!

- A rewarding and fulfilling career in a rapidly growing industry
- Job security
- Above average salary for a short-term investment

Why Columbus School of Nursing is the best choice:

- Nationally accredited by the Council on Occupational Education, and approved by the Ohio Board of Nursing and the Ohio Department of Higher Education.
- Outstanding graduate success on the state board examination. We consistently exceed the state average for NCLEX passage. In order to be a licensed practical nurse (LPN) passing the Ohio Board of Nursing exam is required. Our passage rate gives us full approval by the Ohio Board of Nursing
- Expert nursing faculty who provide outstanding individual and group support, and diverse clinical experiences to gain competency in nursing skills.

Location: 2323 Lexington Avenue, Columbus, OH 43211

Hours: Classes 8 a.m. – 3:30 p.m. Monday-Friday, Clinicals begin at 7 a.m.

Cost: Tuition \$18,000 (plus books, supplies, uniforms, and graduation fees)

APPLICATION DEADLINES	ORIENTATION AND STUDENT SUCCESS (mandatory)	PROGRAM BEGINS	PROGRAM ENDS
March 28, 2025	April 15-17, 2025	May 5, 2025	April 24, 2026
August 1, 2025	August 20-22, 2025	September 2, 2025	August 21, 2026
December 5, 2025	December 17-19, 2025	January 5, 2026	December 18, 2026

We reserve the right to reschedule or cancel any course that does not meet our minimum enrollment requirements. All posted dates and times for course offerings are dependent upon sufficient staffing availability. If a course is cancelled or rescheduled, all fees paid are subject to reimbursement or transference, upon presentation of a receipt.

PN Application Checklist

All items are due at time of application. Incomplete packets will not be reviewed for admission.

All items are due at the time of application:	
<input type="checkbox"/>	Completed Applicant Information Form
<input type="checkbox"/>	HESI Entrance Exam Score _____% 75% composite required for Reading, Vocabulary, Grammar and Math sections. Scores must be no more than 2 years old at the time the application packet is submitted.
<input type="checkbox"/>	Social Security Card
<input type="checkbox"/>	Legal Photo I.D. or Driver's License
<input type="checkbox"/>	BLS Provider CPR Card (BLS Provider or BLS for Healthcare Provider or BLS for the Professional Rescuer) Must be current for the whole time you are in school. Online CPR training courses are not acceptable. You are not limited to these suggestions: https://columbus.gov/public-safety/fire/programs-and-training/BLS-for-Healthcare-Providers/ http://www.citywidecpr.com/find-a-cpr-class/cpr-classes-columbus-oh/ www.centralohiocpr.com
<input type="checkbox"/>	High School Diploma/High School Equivalency Verification Foreign High School transcripts will need to be evaluated by a credential evaluation service. A general statement or summary is sufficient; we do NOT need a course by course evaluation. The process may take several weeks. Have the evaluation sent directly to: Adult & Community Education, CCS Some evaluation companies: https://usces.org/ 2323 Lexington Avenue https://validential.com/ https://www.ece.org/ECE Columbus, OH 43211
<input type="checkbox"/>	Criminal History Attestation Complete the form inside this packet.
<input type="checkbox"/>	Criminal Background Checks Both BCI & FBI are required. Have them sent directly to Adult & Community Education, CCS 2323 Lexington Ave., Columbus, OH 43211. Submit the receipt with your application packet. Find a location near you at: https://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Webcheck-Community-Listing If asked for a code, use 4723.09
<input type="checkbox"/>	Personal Medical History
<input type="checkbox"/>	Physical Exam Form Physician must use the forms included in this packet.
<input type="checkbox"/>	Documentation of Immunity (Printout of vaccine or titer results) <input type="checkbox"/> 2-step TB <input type="checkbox"/> MMR (2 doses) <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella (2 doses)
<input type="checkbox"/>	<input type="checkbox"/> Hepatitis B waiver OR <input type="checkbox"/> Hepatitis B immunization verification
<input type="checkbox"/>	Request for Advanced Standing - <i>Optional</i> To be submitted only if you are asking for transfer credit for A&P I, A&P II, or Nutrition. Official transcripts within last 2 years indicating a "C" grade or better must be provided with course syllabus. See Student Services or our website for the form which must be submitted along with the application packet in order to be considered.



Practical Nursing Applicant Information Form 2024-2025

- ☐ I am a new student.
- ☐ I am a returning student: last month/year of attendance _____

Today's Date: _____ **Program Start Date:** _____

Name as it appears on ID:

Last Name: _____ **First Name:** _____

Middle Name: _____ **Other Names (Maiden)** _____

Social Security Number: _____ - _____ - _____ **Birth Date** _____

E-Mail: _____

Street: _____ **APT #** _____

City: _____, OH **Zip:** _____

Cell Phone: () _____ - _____

Have you previously attended college or a post-secondary school? Yes ____ No ____

The Columbus Board of Education does not discriminate based upon race, sex, sexual orientation, religion, color, national origin, age, gender identity or expression, ancestry, familial status, military status, disability, genetic information, or any other legally protected category (collectively, "protected classes") in its educational programs, activities, treatment of people and employment practices.

Signature: _____ **Date:** _____

HESI Entrance Exam Resources

This is not an easy test! Please allow yourself plenty of time to prepare for it.

The passing score for the Columbus School of Practical Nursing is a composite (average) score of 75% on these four sections:

Reading Comprehension – 55 questions to be completed in 60 minutes

• Paragraph/Passage Comprehension	• Identify main and supporting ideas	• Determine the author's purpose
• Create logical inferences	• Determine the meaning of words	

Grammar – 55 questions to be completed in 60 minutes

• Parts of Speech (usage)	• Correcting grammatical errors	• Subject-Verb agreement
• Sentence construction	• Punctuation	• Spelling

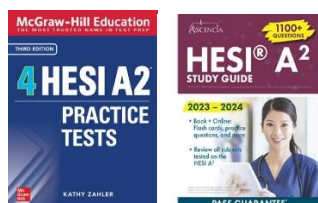
Math – 55 questions to be completed in 60 minutes

• Fractions	• Ratios & Proportions	• Algebra
• Decimals	• English Standard Measurements	• Roman Numerals
• Percents	• Metric Measurements	• Time & Temperature conversions

Vocabulary and General Knowledge – 55 questions to be completed in 60 minutes

Students are presented with vocabulary terms and expressions and are expected to find the correct definition or synonym.

Books:



ISBN:9781260462210
ISBN:9781635308921

Online Resources:



<https://tinyurl.com/zidmk7ps>

To Register:



<https://tinyurl.com/rrrw75xt>

For a list of test dates go to: www.ccsnh.us/practicalnursing

HESI Examination Testing location is 2323 Lexington Avenue, Columbus, OH 43211.

Arrive 15 minutes prior to the scheduled time. Payments and test date reservations are final.



Medical Packet (Pg.1 of 5)

Personal Medical History

Complete this form prior to your physical examination and give it to the doctor for review.

Name: _____ **Date of Birth:** _____

Street: _____ **City/State:** _____ **Zip:** _____

Phone: _____ - _____ - _____ **E-mail:** _____

Height: _____ **Weight:** _____ **Gender:** ☐ Male ☐ Female

Check the appropriate column for each body system or condition, based on your personal medical history:

	YES	NO		YES	NO		YES	NO		YES	NO
Neurological			Lymph nodes			Chest pains			Malaria		
Eyes			Genitals			Chest Palpitations			Rheumatic fever		
Ears			Dizziness			Shortness of breath			Paralysis		
Nose			Frequent headaches			High blood pressure			Cancer or tumors		
Throat			Deafness			Swollen ankles			Jaundice		
Heart			Runny nose			Poor appetite			Diabetes		
Lungs			Frequent sore throats			Chronic indigestion			Arthritis		
Stomach			Frequent colds			Recurrent nausea			Rheumatism		
Intestinal			Chronic cough			Recurrent vomiting			Depression		
Liver			Difficulty Breathing			Stomach ulcers			Nervous breakdown		
Spleen			Coughing up blood			Hernia			Seizures		
Gallbladder			Sinus			Chronic constipation			Major injuries		
Kidneys			Pneumonia			Black or bloody bowel movements			If so, what?		
Bladder			Asthma			Frequency or Painful urination			Allergies		
Bones			Hay fever			Bloody urine			List allergies:		
Joints			Pleurisy			Kidney stones			Operations		
Back			Tuberculosis			Nephritis			List operations:		
Skin			Bronchitis			Mental illness					

Medical Packet (Pg.2 of 5)

Personal Medical History continued

Name: _____

Please do not leave any boxes blank. If a question does not apply to you, please mark with N/A.

List any serious conditions or illnesses that could affect your ability to perform as a health occupations student.

Describe the details of any prior injuries or operations that could affect your ability to complete the classroom, laboratory, and/or clinical components of the program.

What accommodations do you need in order to perform the functions of a health occupations student?

Do you have any sensitivity to rubber, latex, or powder? ☐ Yes ☐ No

By signing below, I hereby attest that I have answered the above questions thoroughly and truthfully, to the best of my knowledge.

Applicant Signature: _____ **Date:** _____

Medical Packet (Pg.3 of 5)

Physical Exam Form

This form must be completed by a qualified medical professional (M.D., D.O., or N.P.).

Do not substitute other forms or formats.

Patient's Name: _____ **Date:** _____

Record of Physical Examination to be completed by qualified medical professional:

Height		Weight	
Blood Pressure		Rate of Respiration	
Pulse		Visual Acuity	
Eyes/Pupils		Hearing	
Ears		Mouth/Dental	
Nose		Heart	
Neck		Abdomen	
Lungs		Back	
Extremities		Hips	

Medical Professional's Certification

This certifies that I have examined this patient with regard to his/her physical fitness to attend a health occupations education program. To the best of my knowledge, this individual is physically and mentally capable of pursuing a health occupations career as indicated below. Signature below indicates patient is endorsed without limitations.

Physician's (M.D., D.O., N.P., P.A.) Signature: _____ **Date:** _____

Printed Name and Title _____

Address _____

Phone Number/Fax Number _____

Medical Packet (Pg.4 of 5)
Documentation of Immunity

Name: _____

1. **MMR** (Measles/Mumps/Rubella): 2 doses at least 28 days apart.
Printout showing dates of immunizations or titer results indicating immunity.
Circle proof submitted: **IMMUNIZATION or TITER.**

2. **Varicella** (Chickenpox): 2 doses at least 4 weeks apart.
Printout showing dates of immunizations or titer results indicating immunity.
Circle proof submitted: **IMMUNIZATION or TITER.** (Titers may be done anywhere- an economical choice is Heart of Ohio Family Health 614-416-4325.)

3. **Tetanus & Diphtheria:** A printout showing vaccine was administered within last 10 years.

4. **Tuberculosis (TB):** Documentation of one of the three options below is required:

☐ **2-step Mantoux Tuberculin Skin Test**

Step #1: Inject Tuberculin and have **read in 48 to 72 hours.**

Mantoux Step #1: Date given _____ Given by _____ Skin Site _____
Date Read _____ Read by _____ Result _____

If Step #1 is **negative**, wait 7-21 days AFTER the read date and proceed with step # 2.

Do not start Step #2 outside of the 7-21 day window.

If Step #1 is **positive**, omit step #2, and obtain chest x-ray.

Mantoux Step #2: Date given _____ Given by _____ Skin site _____
Date read _____ Read by _____ Result _____

DOCUMENTATION PRINTOUT of 2-step results must be provided

OR

☐ **Chest x-ray:** Must be within the last year. Printout of results must be provided.

OR

☐ **IGRA Blood test:** Must be within last year. Copy of IGRA results must be provided.

Medical Packet (Pg.5 of 5)

5. Hepatitis B

General Information

A highly contagious virus that infects the liver causes Hepatitis B. The virus is found in the blood and body fluids of infected people. Safe, effective Hepatitis B vaccines are recommended for health care professionals because of their exposure to blood and body fluids. The vaccination series, generally given as 3 doses over a 6-month period, protects those at risk and contributes to the elimination of Hepatitis B. The Hepatitis B vaccine is recognized as the first anti-cancer vaccine because it can prevent liver cancer caused by Hepatitis B infection. The potential risks associated with the Hepatitis disease far outweigh the potential risk associated with the Hepatitis B vaccine.

Signature Required in ONE of the boxes below:

I understand that I have the opportunity to ask questions and that I understand the benefits and risks of the Hepatitis B immunization. I understand that I must have three (3) doses of the vaccine to develop immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I understand that, due to my occupational exposure as a health professional to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B. I understand that I may choose to be vaccinated with the Hepatitis B vaccine at my own personal expense.

I refuse to receive the Hepatitis B vaccination at this time. I understand that, by refusing to receive this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease. If I decide to receive the vaccine at a later date, I will provide the Columbus School of Practical Nursing with the information.

Printed Name: _____

Signature: _____ **Date:** _____

OR

I understand that I have the opportunity to ask questions and that I understand the benefits and risks of the Hepatitis B immunization. I understand that I must have three (3) doses of the vaccine to develop immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I understand that, due to my occupational exposure as a health professional to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B. I understand that I may choose to be vaccinated with the Hepatitis B vaccine at my own personal expense

I have received the Hepatitis B vaccination.

Printed Name: _____

Signature: _____ **Date:** _____

The following information must be provided by a qualified medical professional or his/her representative with a printout as documentation, if you have received the Hepatitis B vaccination:

Date of Dose #1: _____ **Date of Dose #2:** _____ **Date of Dose #3:** _____

Physician Name/signature _____



CRIMINAL HISTORY FACT SHEET

Currently, there are eleven offenses that are automatic bars to obtaining a nursing license for applicants who entered a prelicensure nursing education program after June 1, 2003. This means that the Board of Nursing (Board) is prohibited from issuing a license to a person who has pled guilty to, been convicted of, or has a judicial finding of guilt for one of the offenses listed below.

• Aggravated Murder • Murder • Voluntary Manslaughter • Felonious Assault • Kidnapping • Rape • Aggravated Robbery • Aggravated Burglary • Sexual Battery • Gross Sexual Imposition • Aggravated Arson • or a substantially similar law of another state.

In addition, the Board may propose to deny an application, or place restrictions on a license granted, for a conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for intervention in lieu of conviction for the following: (1) any felony (that is not an absolute bar); (2) a crime involving gross immorality or moral turpitude; (3) a misdemeanor drug law violation; or (4) a misdemeanor in the course of practice. **In regard to these four types of offenses, the Board is unable to advise or give a definitive answer about the effect a criminal history will have on the ability to obtain a nursing license in the State of Ohio.**

The Board does not have the authority to make a determination or adjudication until an application has been filed. If an applicant has a criminal history, the Board conducts a thorough investigation and considers a number of factors, including but not limited to: whether the applicant has made restitution, completed probation and/or otherwise been rehabilitated; the age of the offense; the facts and circumstances underlying the offense; and the total number and pattern of offenses.

Please also be advised that although the Board may grant a license to an applicant who has a criminal offense history, an individual may be restricted from working in certain settings based on his or her criminal history due to federal and state laws, which require criminal records checks prior to employment in certain settings, and which may impose absolute or discretionary bars to employment in certain patient care settings, for example, in facilities or settings involving care provided to older adults or children. *See, e.g., Ohio Administrative Code Chapter 3701-13.*

Similarly, the Board cannot answer questions regarding one's eligibility to attend nursing school or participate in clinical instruction. Nursing programs vary in regard to enrollment criteria, so it is recommended that you contact the nursing program to determine whether you are eligible to enroll.

Criminal History Attestation

Please read the previous page from the Ohio Board of Nursing and this form carefully before signing it.

Please check **ONE** statement below:

- ☐ I have NEVER been convicted of, pled guilty to, or have had a judicial finding of guilt for a crime as identified in the Ohio Board of Nursing CRIMINAL HISTORY FACT SHEET or,
- ☐ I HAVE been convicted of, pled guilty to or have had a judicial finding of guilt for a crime that is an automatic bar, as identified on the Ohio Board of Nursing CRIMINAL HISTORY FACT SHEET.
- ☐ I HAVE been convicted of, pled guilty to or have had a judicial finding of guilt for a crime as identified on the Ohio Board of Nursing CRIMINAL HISTORY FACT SHEET. However, the exclusionary period has expired.

The Ohio Board of Nursing may also deny an application for a license or place restrictions on a license for other offenses that may not be automatic bars to licensure. All applicants are advised that they should carefully review the four other types of offenses listed on the CRIMINAL HISTORY FACT SHEET for which the Ohio Board of Nursing may take action. Adult & Community Education, Columbus City Schools does not assume any responsibility or liability for the denial of an application or any restrictions that may be placed on a license by the Ohio Board of Nursing.

Please be aware that some programs have required clinical/job shadowing experiences in order to obtain a certificate and graduate from the program. A clinical/job shadowing site may request that a student provide their criminal history in order to participate at the clinical/job shadowing site. Most sites have policies which prevent them from admitting students who have been convicted of certain criminal offenses. Decisions about clinical/job shadowing site admissions are made by each site. These decisions are neither the responsibility of nor influenced by Adult & Community Education, Columbus City Schools.

If a student is unable to gain admission to a site for clinical/job shadowing experiences, the student will not be able to obtain their certificate nor graduate from the program. If a student is denied admission to a site, the student will be subject to immediate dismissal from the program and will forfeit all program costs and fees. Adult & Community Education, Columbus City Schools does not assume any responsibility for the denial of access to a clinical/job shadowing site. Please reference Ohio Administrative Code Chapters 3701-60-07; 173-9-07; 5101:3-45-11; 5123:2-2-02 copies available in Student Services or <http://codes.ohio.gov>.

By signing this form, I acknowledge **ALL** of the following:

- I have neither withheld information from nor provided false information to the Department of Adult & Community Education.
- I have been informed regarding the requirement to complete clinical/job shadowing site experiences in order to obtain my certificate and graduate from the program.
- I have been informed that access to clinical/job shadowing sites may be denied to students with criminal convictions. I have referenced Ohio Administrative Code Chapters listed above and understand clinical sites may deny access based on Ohio Administrative Code.
- I understand that if I am unable to complete clinical/job shadowing experiences, I will be subject to immediate dismissal from the program and will forfeit all program costs and fees.
- I understand that if I have pled guilty to, been convicted of or have had a judicial finding of guilt for a criminal offense which is an automatic bar to licensure by the Ohio Board of Nursing, I will not be granted a nursing license by the Ohio Board of Nursing.

Applicant Signature

Date

Financial Aid Resources

Financial Aid Coordinator, Jennifer Wells 380-997-7620 jwells@columbus.k12.oh.us

Federal Resources

FILING THE FAFSA

The FAFSA may be filed online at www.studentaid.gov

You will need the following:

- Your most recent completed Federal Income Tax Return
- Our school code: **015235**

Steps to complete FAFSA:

- Establish a FSA ID on <https://studentaid.gov/fsa-id/create-account/launch>
- Complete & Submit your application at <https://studentaid.gov/h/apply-for-aid/fafsa>
- You will receive a Confirmation Page with EFC (Estimated Family Contribution) which provides an estimate of what you can afford. Print this page for your records.
- You will receive an email that your FAFSA has been processed. Give the Financial Aid office 3-5 business days to receive your application.

State Resources

Second Chance Grant- Have you stopped out of an Ohio public college or university within the last 5 years? You may qualify for up to \$3,000 to enroll and complete your Practical Nursing Certificate. Contact Student Services for details.

Ohio Reach Grant- Network of resources designed to support former foster youth as they go through their higher education journey.

Other Resources

Columbus City School Scholarship – One full tuition scholarship is awarded to a graduating Columbus City Schools senior attending Columbus School of Practical Nursing. Contact Student Services for more information.

WIOA funding- Local counties MAY have funds available to cover part of your tuition costs. Participants who qualify for the WIOA program may receive an "Individual Training Account" to assist with tuition costs. Call Franklin County Ohio Means Jobs: 614-559-5052.

Check with your employer. Many employers offer tuition assistance. Countless scholarships are available to the general public. A simple Internet search may save you money.

Conduct an internet search. Many scholarships are available.

Consumer Information:

See the ACE website at <https://www.ccsch.us/Page/2207> for consumer information on financial aid.

Rigor of the Practical Nursing Program

The Practical Nursing program is rigorous, demanding determination, stamina, planning, and time devoted to study. Preparation for classroom, laboratory, and clinical activities requires full-time concentration; therefore, students are encouraged to reduce employment to a minimum in order to maintain their education focus. Also, personal transportation to class and clinical settings is the responsibility of the student. Having back up plans for child care should also be made.

Effective time management is key to student success, as this program is very time-intensive. All courses require additional study time beyond the scheduled classroom and clinical settings. Each student is responsible for meeting program requirements, including submission of course assignments, as well as availability for all clinical experiences and make-up exams.

Communication with instructors is essential to student success. Students are expected to use their school email address to contact their instructors with questions or concerns.

Other Financial Responsibilities

We want to make you aware of other expenses you are responsible for so you can prepare accordingly. You are expected to have the following by the **first day of class**:

- Drug Screen \$25 - cash only (done at orientation);
- Uniforms/shoes - estimated \$225 (details and order placed by student at orientation);
- Books for Trimester 1 - estimated \$500 (list on our website and list given at orientation); and
- Supplies - estimated \$150 (list given to students at orientation).