

Practical Nursing

2021-2022



Cape May County Technical School

188 Crest Haven Road

Cape May Court House, NJ 08204

609-380-0243

www.capemaytech.com

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Important Contact Information:

Kathleen Rickards, Adult Post-Secondary Programs

Email: krickards@capemaytech.com

Ph. 609-380-0243

Fax 609-465-4962

Cape May County Technical School Website: www.capemaytech.com

State of New Jersey Board of Nursing

Ph. 973-504-6430 – Fax – 973-648-3481 – Website: www.njconsumeraffairs.gov/nursing

Cape May County Technical School District
188 Crest Haven Road
Cape May Court House, NJ 08210

Eligibility

- Candidates must be at least 18 years of age.
- Candidates must possess a High School diploma or its equivalent from an approved/accredited high school. Foreign transcripts must be evaluated and translated.
- Candidates must take and earn an eligible exam score on the ATI TEAS with an adjusted individual total score of 55.0% or higher in the four subject areas. Please refer to www.atitesting.com for the available test dates and to register. The cost of the exam is \$93.00. The district accepts TEAS scores taken up to two years prior to the Practical Nursing program start date.

Admission

- All Practical Nursing students are required to have a negative drug screen prior to their admission to the nursing program.
- Admitted Nursing students are required to meet specific health standards. Upon acceptance students will complete required program paperwork by given due date. Health requirements must be completed prior to starting the program.
- Please note, a positive Criminal background check is also an automatic denial for program admission. Further information and proper forms will be provided by the Adult Education office upon acceptance.
- After review of the student's related medical information, the Director of the Nursing Program reserves the right to request that an individual defer enrollment in the clinical nursing program, if the student demonstrates evidence of factors which may impede their ability to safely function in the clinical setting. These factors include but are not limited to: alcohol or drug abuse, current treatment for a chronic preexisting condition, or any physical or emotional illness identified by their physician which would affect the student's ability to provide safe, quality nursing care.
- Students will be required to receive the flu vaccination during the program.
- If you are an out-of-county student applying to the program, there will be additional steps required with your application. We will meet individually with out-of-county students to assist with the process.

General Program Information

- The Practical Nursing Program includes academic and clinical experience.
- The program is 11.5 months from 8am – 2:30pm theory with earlier hours during clinical.
- Students must have personal transportation to all classes and clinical.
- This is a post-secondary level program which is Accredited by N.J. Department of Education, Office of Career Readiness, and NJ State Board of Nursing.
- Upon successful completion of the program the Student earns a diploma from Cape May County Technical Schools.

License Information

- Students are eligible to take the NCLEX-PN exam upon successful completion of the program.
- Completers in the 2021-22 school year who register for and take the NCLEX-PN exam prior to January 1, 2023 will be reimbursed by the district for exam costs with proof of payment. Forms will be provided.
- Any 2021-22 program completer who does not take the NCLEX-PN exam prior to January 1, 2023 will not be eligible for reimbursement of costs from the district.

The Test of Essential Academic Skills (ATI TEAS)

The ATI TEAS is a proctored, online assessment containing 170 questions, including 20 “unscored” pretest questions, which cover the following content areas: reading; mathematics; science; and English and language usage. Each question on the ATI TEAS is mapped to one of 115 objectives, all of which address topics presented in grades 7 through 12. This 170 multiple-choice question test is offered at the Cape May County Technical School as well as other locations throughout New Jersey.

The Test of Essential Academic Skills (ATI TEAS) is required for all applicants seeking admission to the Cape May County Technical School Practical Nursing Program.

What is covered in each of the areas being assessed on the ATI TEAS?

The ATI TEAS assesses reading, writing, math and science.

- Reading (53 questions) - paragraph comprehension, passage comprehension, and informational source comprehension.
- Math (36 questions) – numbers and operations, algebraic applications, data interpretation, and measurement. ATI made the decision to allow calculators for the ATI TEAS assessment. The ATI TEAS will allow for the use of a four function calculator. The ATI TEAS will have a calculator embedded within the exam.
- Science (53 questions) – human body science; life science; earth and physical science; scientific reasoning.
- English and Language Usage (28 questions) – grammar and word meanings in context; sentence structure; punctuation and spelling.

How long does the ATI TEAS exam take?

The maximum amount of time allotted for the ATI TEAS is 209 minutes (about 3.5 hours). Each section is timed: Reading = 64 minutes; Math = 54 minutes; Science = 63 minutes; English = 28 minutes. There is not a break between sections.

How to register for the ATI TEAS exam?

Applicants will need to set up an ATI account (no cost to set up an account). Steps for setting up an account are as follows:

- Go to www.atitesting.com
- Under the “Username” and “Password” boxes select “Create an Account”. If you have an existing ATI account you will need to login and update your profile.
- Complete all the blue mandatory fields.
- Under “Institution” select Cape May Vocational School.
- Complete account set up process.

Where/When can applicants take the ATI TEAS exam?

You can register and take the TEAS exam here at CMC Tech, see website for dates

Practical Nursing Student Registration Checklist

Step 1 Eligibility

- ☐ 18 years of age or older (by October 15, 2021)
- ☐ High School Diploma or its equivalent (special instructions regarding foreign credentials provided in packet)
- ☐ Register, take and earn an eligible score on the TEAS exam
- ☐ Contact One Stop Career Center (if applicable, information enclosed)

Step 2 Conditional Acceptance: (due date is provided in application letter)

- ☐ Data Sheet/Application (provided in packet)
- ☐ Affidavit of Residence (provided in packet)
- ☐ Copy of HS Diploma or its equivalent
- ☐ Copy of Signed Social Security Card
- ☐ Copy of Permanent Residence Card/Naturalization No. (if applicable)
- ☐ Two Letters of Recommendation (not from family members)
- ☐ Essay (Why I want to be a Nurse, 250 word minimum)
- ☐ Signed Tuition Contract (provided in packet)
- ☐ Signed criminal background check release form (provided in packet.) The background check is conducted by the District and included in tuition.

Step 3 Final Acceptance: (due date provided in Final acceptance letter)

- ☐ Completed physical using forms provided by the school, including titers lab report.
- ☐ Current CPR certification which must include Adult, Child, & Infant CPR/AED.
- ☐ A negative drug screen from a District approved lab, a list is provided in the packet.
- ☐ Tuition Deposit
- ☐ Criminal background check is clear

Step 4 First week of School

- ☐ Handbook Review
- ☐ Signature pages (1st week handouts)

****NO ELECTRONIC SUBMISSION OF PAPERWORK****

CAPE MAY COUNTY TECHNICAL SCHOOL DISTRICT
PRACTICAL NURSING PROGRAM

188 Crest Haven Road
Cape May Court House, NJ 08210
609.380.0200, ext. 681

PN APPLICATION

PLEASE PRINT CLEARLY or TYPE

Name _____
first last middle initial maiden

Address _____
street apt# city state zip

County _____ EMAIL Address: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

United States Citizen? Yes _____ No _____ Permanent Resident/Naturalization No. _____

Social Security # _____/_____/_____ Date of Birth _____/_____/_____ Age _____ Gender _____

Ethnicity (please circle one) Black Caucasian Latino Asian Other _____

Marital Status (please circle one) Single Married Divorced

Applied and/or tested for this program before? Yes _____ No _____ month & year _____

EMERGENCY CONTACT PERSON: _____ Relationship _____

Phone _____ Address _____

HIGH SCHOOL DIPLOMA or HSE/GED:

Name of School _____ Year _____

PREVIOUS EDUCATION: Check all that apply

High School _____ Associate's Degree _____

Post Secondary _____ Bachelor's Degree _____
(or higher)

Some College _____

COLLEGE / POST SECONDARY EDUCATION:

Name of School & State	Courses	Dates Enrolled
------------------------	---------	----------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATIONS and/or LICENSES

MILITARY SERVICE & DATES

WORK EXPERIENCE

Employed
Full-Time _____ Part-Time _____ or Unemployed _____

Employer / City / Phone

Employment Dates

Position

1. _____

2. _____

Do you plan to work while attending this program? Yes _____ No _____ Hrs/Week _____ Days/Week _____

PROFESSIONAL REFERENCES

Name

Address

Phone

1. _____

2. _____

3. _____

SURVEY QUESTIONS:

Please complete the following information to allow us to provide information as requested to the Dept. of Education for Perkins Post Secondary State Funding or other state/federal departments for funding or statistical purposes.

Your assistance is appreciated, as it will help us to provide the most accurate statistical information, but disclosure is voluntary.

Did you have an IEP (Individual Education Plan) on file in High School? Yes _____ No _____

Do you have a documented disability? Yes _____ No _____

Are you a recent immigrant? Yes _____ No _____

Do you have a limited proficiency in English? Yes _____ No _____

Are you a displaced homemaker seeking employment training? Yes _____ No _____

Are you currently homeless? Yes _____ No _____

Are you a single parent? Yes _____ No _____

Economically Disadvantaged (receive special services or assistance)? Yes _____ No _____

Are you living with a military parent? Yes _____ No _____

Are you in or aged out of Foster care? Yes _____ No _____

Household size? _____

I certified that the statements and data I provided in this application are true and correct.

Signature _____ Date _____



Affidavit of Residence

- ☐ I, _____, hereby certify that I am currently a resident of Cape May County.

-Or-

- ☐ I, _____, understand that as an out-of-county resident, registering in the program, I am responsible to pay the out-of-county tuition.***

***Out-of-county residents may be eligible for a chargeback from their county if their county does not offer the same program of study. A chargeback is when the county of residence covers the difference in tuition from the in-county tuition. It will be the responsibility of the student to contact their county for information. If their county requires documentation from our school district, we will provide that information.

I certify that all of the answers are correct and accurate.

Signature_____ Date_____

Cape May County Technical School District
188 Crest Haven Road
Cape May Court House, NJ 08210
(609) 380-0200 Fax 609-465-4962

Adult/Post Secondary Student Information
Please Print

Name: _____
Last First MI Maiden Name

Address: _____
Street City State Zip

Telephone: _____ Date of Birth ____/____/____ Name of Program Enrolled In: _____

Health Insurance

Subscriber Name: _____ Name of Plan: _____ Plan Id#: _____

Person To Notify In Case of Emergency

Name: _____ Relationship: _____

Address: _____ Telephone(s): _____

Family Physician and Health Information

Physician's Name: _____ Telephone: _____

Indicate here any information we can share with the emergency medical personnel (E.M.T., Hospital) in the event of an emergency:

Health Conditions: _____

Medications you are currently taking: _____

ALLERGIES: Medications (list)_____ Food (list):_____

Latex Allergy: **YES** NO Insects Allergy (Indicate which ones): _____

Do you require emergency medication if exposed to the above allergen (circle)? NO YES

If Yes, medication name/dose/route (ie. Epinephrine auto injector 0.3 mg injection):

Student Signature: _____

Date: ____/____/____

Cape May County Technical School District - Adult/Post-Secondary Applicant Health History
Medical History: (To be completed by student)

Name: _____

Last First MI

Name of Program Enrolled In: _____

Medical History

YES NO If YES, describe or indicate condition:

Headaches, fainting spells or dizziness?	_____	_____	_____
Vision difficulties or eye trouble, color deficient	_____	_____	_____
Frequent respiratory symptoms?(colds, pneumonia, etc.)	_____	_____	_____
Asthma, reactive airway or other lung conditions?	_____	_____	_____
Do you have or ever been treated for tuberculosis	_____	_____	_____
Ear or hearing difficulties?	_____	_____	_____
Blood diseases, anemia?	_____	_____	_____
Diabetes?	_____	_____	_____
Hypertension or hypotension? (high or low blood pressure)	_____	_____	_____
Heart disease?	_____	_____	_____
Circulation problems? (Varicose veins, etc.)	_____	_____	_____
Hernia?	_____	_____	_____
Orthopedic conditions or back pain?	_____	_____	_____
Arthritis?	_____	_____	_____
Painful or swollen joints, muscles, bursitis, neuritis, etc.	_____	_____	_____
Muscular weakness or condition?	_____	_____	_____
Gastrointestinal disorder or condition?	_____	_____	_____
Jaundice or hepatitis?	_____	_____	_____
Genitourinary problems? (kidney stones, bladder problems)	_____	_____	_____
Neurological conditions? (seizures, etc.)	_____	_____	_____
Mental/Nervous conditions?	_____	_____	_____
Operations?	_____	_____	_____
Any other conditions?	_____	_____	_____
Do you use:			
Hearing aides	_____	_____	which ear(s) _____
Glasses	_____	_____	_____
Contact lenses	_____	_____	hard or soft? _____
Other adaptive devices	_____	_____	_____
Physical limitations the school should be aware of	_____	_____	_____
Are you under the care of a physician?	_____	_____	_____
Do you take any medications?	_____	_____	Name of medication(s): _____

I attest that the above information is true and accurate:

Student signature: _____ Date: _____

Information to be completed by Licensed Physician, Physician Assistant or Advanced Nurse Practitioner.

Student Name: _____ D.O.B. ____/____/____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
General Appearance	_____	_____	_____
Eyes Vision R 20/____ L 20/____	_____	_____	_____
Ears	_____	_____	_____
Throat/Mouth/Dental	_____	_____	_____
Nose/Sinuses	_____	_____	_____
Lungs/Chest	_____	_____	_____
Heart	_____	_____	_____
Vascular System	_____	_____	_____
Abdomen	_____	_____	_____
Upper Extremities	_____	_____	_____
Lower Extremities	_____	_____	_____
Spine	_____	_____	_____
Skin	_____	_____	_____
Neurological	_____	_____	_____
Psychiatric/Mental Illness	_____	_____	_____
Menses	_____	_____	_____

Current Medications: _____

Health History and Present Health Conditions: _____

Operations/Accidents/Injuries: _____

Tetanus/Diphtheria Toxoid (Required within last 10 years): ____/____/____ Type (circle one): Td or Tdap

*Health Care and Childcare Students: At least one **tdap** must be given in adulthood followed with 10 year td booster.*

Is applicant's health condition sufficient to endure the physical demands of the program specified on page two (2)?

____ Yes ____ No: Explain any limitations the applicant has: _____

Is applicant mentally and emotionally in condition to participate in the program designated on page two (2)?

____ Yes ____ No: Explain: _____

Is applicant free from any evidence of infectious, contagious or communicable disease which could reasonably be expected to be transmitted during the course of rendering services in the specified program?

____ Yes ____ No: Explain: _____

Certification of Health Care Provider (This information is required)

Name: _____

Signature: _____ Date: ____/____/____

Medical Office Stamp Required

Cape May County Technical School
Adult/Post-Secondary Physical Examination – Health Care Students

Student Name _____ Date of Birth ____/____/____

Required Titers Lab Part 1: Applicant must attach a copy of titers lab reports. Childhood vaccination records are not required. You must verify immunity through a titers blood test.

Measles (Rubeola) IGg	<input type="checkbox"/> Immune <input type="checkbox"/> Equivocal/not immune
Mumps IGg	<input type="checkbox"/> Immune <input type="checkbox"/> Equivocal/not immune
Rubella IGg	<input type="checkbox"/> Immune <input type="checkbox"/> Equivocal/not immune
Varicella IGg	<input type="checkbox"/> Immune <input type="checkbox"/> Equivocal/not immune

Titers Lab Part 2- This section is ONLY REQUIRED if titers lab does not show immunity or have “equivocal” result.

	Vaccine given (date) **	Type/Manufacturer of Vaccine Rec'd **
Measles (Rubeola) IGg	____ / ____ / ____	Type:
Mumps IGg	____ / ____ / ____	Type:
Rubella IGg	____ / ____ / ____	Type
Varicella IGg	____ / ____ / ____	Type

Tuberculosis (TB) screening

Option 1- 2-Step PPd

TB Skin Testing

Date given: _____

Date Read: _____

Reading: _____mm Result is: Negative Positive

Booster (1-2 weeks after 1st test)

Date given: _____

Date Read: _____

Reading: _____mm Result is: Negative Positive

Option 2- Interferon gamma release assay (IGRA) blood test

_____Attached negative lab report

CHEST X-RAY IF POSITIVE or PAST POSITIVE MANTOUX: DATE:_____ RESULT: _____

Certification of Health Care Provider (This information is required)

Name: _____

Signature: _____

Date: ____/____/____

Medical Office Stamp Required

***Medical contraindications to vaccination, with the specific reason and type of vaccine that is medically contraindicated, must be written by physician, Certified PA or Certified Advance Practice nurse.*

Cape May County Technical School District
188 Crest Haven Road
Cape May Court House, New Jersey

Hepatitis B Vaccination

*Hepatitis B Vaccination Dates: #1 ____/____/____ #2 ____/____/____ #3 ____/____/____

*Hepatitis B - Post vaccination titer (if done): ____/____/____ Result: _____

** If student is applying for a Hepatitis B waiver the below waiver form must be completed.*

Waiver for Hepatitis B vaccination and post-vaccination titers

Hepatitis B Vaccination: OSHA Bloodborne Pathogens Standard 1910:1030, Title 29 of the Federal Register stipulates that Hepatitis B Vaccine must be made available to all persons occupationally exposed to blood or other potentially infectious materials. My physician and I have discussed the importance of vaccination against Hepatitis B but I am declining vaccinations.

Student Name

PRINT: _____ Signature: _____ Date: ____/____/____

Certification of Health Care Provider (This information is required)

Name: _____

Signature: _____

Date: ____/____/____

Medical Office Stamp Required

** If student is applying for a Hepatitis B vaccination or Hepatitis B waiver the attached waiver form must be completed.*

***Medical contraindications to vaccination, with the specific reason and type of vaccine that is medically contraindicated, must be written by physician, Certified PA or Certified Advance Practice nurse.*

Review: School Nurse Initials: ____ Date: ____ Approved for Clinical? YES NO

Cape May County Technical School
188 Cape May Court House, NJ 08210
Disclosure and Authorization Release Form

Applicant's Full Name: _____
Last First Middle Suffix (Sr., Jr.)

Phone # _____

Previous Name Used: _____
Last First Middle Suffix (Sr., Jr.)

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____
(For Verification Only) Month Day Year

Current Address: _____
Street Address (Apt.)
City State Zip Code County

Previous Address: _____
Street Address (Apt.)
City State Zip Code County

By signing below I authorize Trionaid Associated, Inc. (TAI) and its agents to obtain a Consumer/Investigative Consumer Report on me as part of its pre-employment background investigation process for employment purposes. I understand that this report may include, but is not limited to records containing criminal, credit and driving history information, drug testing, work history and verification of academic and or professional credentials. If I am offered employment, I further authorize my employer to obtain additional consumer/investigative consumer reports on me for employment purposes at any time during my employment. I hereby release and discharge TAI, its affiliates, and its agents from any liabilities, expenses, losses, damages for this investigative process to include the accuracy or timeliness of information obtained from other sources.

I also acknowledge that my potential employer has provided me with a summary of my rights under the federal Fair Credit Reporting Act.

I certify that the information provided is true and complete. Any false statement on this form, the application, and/or on my resume shall be considered sufficient cause for termination at any time.

Signature: _____ **Date:** _____

Notice to California, Minnesota and Maine Residents only:

Upon request a free copy of the Consumer/ Investigative Consumer Report obtained as a result of this request will be provided.

Please initial: _____ **Yes I want a copy.** _____ **No I do not want a copy.**

New York Applicants: Under Article 25 Section 380-c (b) (2) of the New York General Business Law, you have the right, upon written request, to be informed of whether or not an investigative consumer report was requested.

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of criminal offences.

Please initial: _____ **I acknowledge receipt of Article 23-A of the New York Correction Law.**



188 Crest Haven Road, Cape May Court House, NJ 08210 (609) 380-0200 Fax: 609-465-4399

Nancy M. Hudanich, Superintendent
Nancy Wheeler Driscoll, Director of Curriculum & Instruction and Adult & Community Education

Student Name _____

**Practical Nursing Agreement
September 7, 2021 through August 15, 2022**

Tuition Payment Schedule

Due Date	Cape May County Tuition	Out-Of-County Tuition
August 1, 2021	\$1,150.00	\$1,400.00
September 1, 2021	\$1,150.00	\$1,400.00
October 1, 2021	\$1,150.00	\$1,400.00
November 1, 2021	\$1,150.00	\$1,400.00
December 1, 2021	\$1,150.00	\$1,400.00
January 1, 2022	\$1,150.00	\$1,400.00
February 1, 2022	\$1,150.00	\$1,400.00
March 1, 2022	\$1,150.00	\$1,400.00
Total Due	\$9,200.00	\$11,200

I understand that this agreement is not binding until three (3) business days after notification of acceptance.

I am responsible for all tuition costs as listed above, reduced by any financial support agencies might pay on behalf.

I understand and agree that tuition will be paid as prescribed in the tuition payment schedule. Personal checks, money orders and Mastercard, Visa and Discover debit/credit cards are accepted for tuition payment. Cash payments are not accepted.

The tuition stated above is guaranteed for the life of the contract. The tuition stated above is complete payment for program for which I am enrolled. There are no additional costs with the possible exception of field trips.

I understand that the total tuition and cost as outlined above includes emergency closings and holidays as posted in the Board of Education approved calendar, and agree that the above tuition will be paid in full according to the schedule.

In the event that I enter a training program and I withdraw or am dismissed prior to program completion, the Cape May County Technical School District will retain all tuition; and if a student is paying as per the tuition payment schedule, the student will be accountable for the tuition to be paid in full regardless of withdrawal date. If I have been granted a tuition sponsorship, I understand that if I withdrawal before completing the program I am responsible for the total balance of unpaid tuition, including balances remaining from the

Student Name_____

sponsoring agency. Students with outstanding tuition obligations will have their permanent record sealed until all obligations to the school are sufficed. In addition future requests for educational grants to any school may be denied due to tuition default and personal credit score may be affected.

Tuition may be refunded up to 100% if you officially drop prior to the first day of class; up to 90% (less distributed books/supply costs) of the tuition may be refunded if you officially drop during the first three days; up to 50% (less distributed books/supply costs) of the tuition may be refunded if you officially drop during days four through seven; and up to 25% (less distributed books/supply costs) of the tuition may be refunded if you officially drop during days eight through ten of class and you are obligated for the full tuition. Tuition will not be refunded if you drop after the tenth day of class and you are obligated for the full tuition. Note: books and supplies are not returnable and students are responsible for the cost once distributed regardless of the withdrawal date.

To be eligible for the above mentioned refunds, I understand that I must notify the Adult Education Office in writing of my intention to terminate attendance on or before time period applicable to the refund. The official date used will be receipt of the written notification by the Adult Education Office.

I certify that all the information provided by me as the applicant is true to the best of my knowledge.

I understand that applying for any financial assistance program does not relieve me of my tuition obligation to the school.

I, THE APPLICANT, HAVE READ THIS CONTRACT.

X_____ DATE_____

ACCEPTED BY CAPE MAY COUNTY TECHNICAL SCHOOL DISTRICT

SCHOOL OFFICIAL_____ DATE_____

The Technical School District in the County of Cape May is an equal opportunity vocational educational system. We do not discriminate on the basis of race, color, creed, age, handicap, national or ethnic origin, marital status, affectional or sexual orientation, gender religion, disability or socioeconomic status in the administration of employment, contract practices, educational policies, student enrollment and admission policies, scholarship, loans, grants and other school administered programs.

**Cape May County Commons
One Stop Offices
3801 U.S. 9
Rio Grande, NJ 08242**

Education and Training Grants

Cape May County's Workforce Development program offers eligible residents from any County education and training grants. These training grants can off-set part of your tuition and, in some programs all of your tuition. Education and training opportunity grants are available for in-demand jobs such as:

Cosmetology
Dental Assistant
Practical Nursing
Welding and more

The following are employment counselors from the Cape May County One Stop who can help you apply for the Education & Training Grant:

Alex Bruno
Alex.Bruno@dol.nj.gov
609-224-2027
Gwendolyn Jackson
Gwendolyn.Jackson@co.cape-may.nj.us
609-224-2023

Jocelyn McNear
Jocelyn.McNear@dol.nj.gov
609-224-2024

Course Content

This course is approved by the New Jersey Board of Nursing and the New Jersey Department of Education, and consists of both classroom and clinical experiences. The curriculum content includes:

Anatomy & Physiology & Sciences	Medical-Surgical Nursing
Chemistry	Mental Health
Community Health	Microbiology
Fundamentals of Nursing	Nursing Orientation
Geriatric Nursing	Nutrition
Growth & Development	Pediatric Nursing
Maternity Nursing	Personal & Professional Relations
Mathematics for Nursing	Pharmacology

Upon completion of the course and passing the state board examination, students are prepared to assume positions in hospitals, state institutions, extended care facilities for children and adults, local, state, and federal health agencies, doctors' offices and clinics.

1. The course includes approximately 50% classroom and 50% supervised clinical experience at approved affiliation sites.
2. The course emphasizes the basic nursing skills and information required to give safe and therapeutic care to patients.
3. The student will learn how to provide a suitable environment for the patient; to carry out nursing procedures, therapeutic measures, preparation of supplies and equipment and other special services.
4. The course is a minimum of 44 weeks (by New Jersey State Law) excluding school approved holidays and vacations.
5. Students are eligible to take the NCLEX-PN exam upon successful completion of the program. Completers in the 2021-22 school year who register for and take the NCLEX-PN exam prior to January 1, 2023 will be reimbursed by the district for exam costs with proof of payment. Forms will be provided. Any 2021-22 program completer who does not take the NCLEX-PN exam prior to January 1, 2023 will not be eligible for reimbursement of costs from the district.

ONE VERY IMPORTANT REQUIREMENT OF OUR ADMISSION POLICY IS:

You must submit an "OFFICIAL" U.S. High School Diploma and/or transcript of your grades or its equivalent to the Adult Post-Secondary office upon being conditionally accepted into the program. If you have completed high school in another country it is required that your credentials be "officially translated and evaluated" then submitted to the Adult Post-Secondary office.

Here are some possible sources:

WES/World Education Services, Inc.
PO Box 745, Old Chelsea Station
New York, NY 10113-0745
1-800-937-3895, ext. 316
www.wes.org

Globe Language Services
319 Broadway
New York, NY 10007
1-212-227-1994
www.globelanguage.com

DIRECTIONS TO THE CAPE MAY COUNTY TECHNICAL SCHOOLS

****Access is controlled and you will be required to enter via security screening process****

If traveling from the North: Take the Garden State Parkway South to Exit 11. Turn left onto Crest Haven Road. Stay on Crest Haven Road and follow all the way around until it brings you our school. Park in Lot C. Tozour Building only.

If traveling from the South: Take the Garden State Parkway North to Exit 11. Turn Right onto Crest Haven Road. Stay on Crest Haven Road and follow all the way around until it brings you to our school. Park in Lot C. Tozour Building only.

Note: If you are not familiar with the area, we suggest that you drive to the school prior to the first day of class. This will allow you to find the correct route for you and determine how much time you will need to arrive at the school on time every day.

Our postal mailing address:

188 Crest Haven Road
Cape May Court House, NJ 08210

Drug Screen Information

All Practical Nursing students are required to have a negative drug screen prior to their admission to the nursing program.

A positive or dilute positive drug screen is an automatic denial for the program admission. In the event of a dilute or an inconclusive result, the student must repeat a drug screen within 24 hours of receiving such results. If the repeated drug test reports any result other than a negative student will be automatically dismissed. Testing done outside the appropriate window of time will not be considered valid. All tests are performed at the student expense and must be performed by a district-approved lab. Any attempt to delay, hinder, or tamper with any testing will be considered a refusal to comply with a policy.

It is important that a person undergoing drug testing complete an accurate history and inform the testing lab of all over the counter or prescription drugs used prior to the time of a sample collection. Certain substances may result in false positives due to cross-reactivity with other substances, although many assays have been reformulated to avoid these possibilities.

Drug screen requirements include:

- Non DOT Urine Drug Screen (Chain of Custody 10 panel plus expanded opiates and oxycodone)
- Approximate cost is \$55 and is the student's responsibility to pay to the provider of the drug screen.
- Drug Test Providers are listed below.

Cape Regional Urgent Care:

- Cape May Court House Location
11 Court House South Dennis Rd, Cape May Court House, NJ 08210
- Wildwood Location
406 W Rio Grande Ave, Wildwood, NJ 08260
- Marmora Location
8 US Route 9, South Dr, Marmora, NJ 08223

Steps:

1. Visit the site of your choice.
2. Have the test performed at your cost.
3. The drug testing provider will provide the results for your pick up in a sealed envelope.
4. Pick up the results and deliver the sealed envelope containing the results to the Adult Education office. We will not accept results which are not sealed.

Drug Screen Form

Cape May County Technical School District's Practical Nursing Program

Please take this form with you to the drug screening.

Locations:

Cape Regional Urgent Care:

- Cape May Court House Location
11 Court House South Dennis Rd, Cape May Court House, NJ 08210
- Wildwood Location
406 W Rio Grande Ave, Wildwood, NJ 08260
- Marmora Location
8 US Route 9, South Dr, Marmora, NJ 08223

Test needed:

Non DOT Urine Drug Screen (Chain of Custody 10 panel plus expanded opiates and oxycodone)

Payment:

The student is self-paying for the test. This will not be part of Cape May Tech's Corporate Protocol.

Results: Must be in a Sealed Envelope Stamped by the Facility

The drug testing provider will provide the results for your pick up in a sealed envelope stamped by the facility. Pick up the results and deliver the sealed and stamped envelope, containing the results, to the Adult Education office. We will not accept results which are not sealed and stamped by the drug testing provider.

For any questions please contact:

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or

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