



# Practical Nursing Application Packet

All applicants must be 18 years old at the time of application submission.

**2024-2025**

**January and August Enrollment**

**Practical Nursing  
Full Time – 1350 Hours (Total)**

**Class (675 Hours)**

**Monday, Tuesday, Wednesday, Thursday, and Friday**

**Time: 7:05 a.m. – 2:00 p.m.**

**Clinical (675 Hours)**

**Days, Requirements, and Site Vary based on  
Clinical Agency**

**Time: 6:30 a. m. – 5:30 p. m.**

**ONLINE APPLICATION now available**

**@ [www.osceolaschools.net/otech](http://www.osceolaschools.net/otech)**

**All students must meet admissions and clinical agency requirements for the program.**

**Application acceptance does not guarantee admission into the program.**

Dear Practical Nursing Applicant:

Welcome and thank you for your interest in enrolling in the Osceola Technical College (oTECH) Practical Nursing Program. Nurses are highly regarded healthcare professionals. They are held to higher ethical and moral standards in the community. Nurses serve their communities in a variety of ways that include working within the healthcare setting to directly care for many patients and their families, promoting healthy lifestyles, advocating for patients, and providing health education.

Attached you will find the nursing application, estimated costs, additional forms, and information necessary to complete the application process. To be considered as a prospective practical nursing student, you must complete the entire application packet. Please be advised, applying to the nursing program does not guarantee a seat in the class. Acceptance to the program requires the successful completion of testing, all forms, drug screen, and background check. Application packets will be reviewed, and students will be selected based on HESI scores, overall nursing packet and interview. You may submit an online application at [Osceola Technical College \(oTECH\) / Homepage \(osceolaschools.net\)](http://osceolaschools.net).

If you have any questions, concerns or would like additional information please contact the Program Advisor Trina Ortiz at [trina.ortiz@osceolaschools.net](mailto:trina.ortiz@osceolaschools.net)

## Overview of Application Process

*Use this sheet to organize your application progress.*



	<p><b>STEP ONE</b></p> <p><b>A. <u>TESTING</u></b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Basic Skills Test (TABE/CASAS) waiver or testing whichever is applicable             <ol style="list-style-type: none"> <li>a. READ – Pre-Admission Testing Information Sheet</li> <li>b. Required Score: 11.0 (in Reading, Math and Language)</li> </ol> </li> <li>2. <input type="checkbox"/> Health Education System, Incorporated (HESI)             <ol style="list-style-type: none"> <li>a. READ – Pre-Admission Testing Information Sheet</li> <li>b. Required Score: 70% (in Reading, Vocabulary, Grammar, Math, Anatomy and Physiology)</li> </ol> </li> </ol>
	<p><b>B. <u>MEET WITH PROGRAM ADVISOR</u></b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Schedule appointment with Program Advisor</li> </ol>
	<p><b>C. <u>SUBMIT DOCUMENTS TO PROGRAM ADVISOR</u></b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Application - Online at OTEC.OSCEOLASCHOOLS.NET             <ol style="list-style-type: none"> <li>a. Complete entire Practical Nursing application leaving no questions blank or unanswered.</li> </ol> </li> <li>2. <input type="checkbox"/> Transcripts             <ol style="list-style-type: none"> <li>a. College or Florida High School/GED                 <ol style="list-style-type: none"> <li>a. Note: An awarded college degree or standard diploma from a Florida public high school earned after 2007 may exempt from the CASAS/TABE test</li> </ol> </li> </ol> </li> <li>3. <input type="checkbox"/> Driver License and Social Security</li> <li>4. <input type="checkbox"/> Proof of Florida Residency for In-State Tuition</li> <li>5. <input type="checkbox"/> References             <ol style="list-style-type: none"> <li>a. Letters of professional recommendation (3)</li> </ol> </li> <li>6. <input type="checkbox"/> 10-panel Drug Screen results</li> <li>7. <input type="checkbox"/> Background Check results</li> <li>8. <input type="checkbox"/> Physical Examination</li> <li>9. <input type="checkbox"/> Laboratory Test             <ol style="list-style-type: none"> <li>a. Tuberculin Test (Mantoux)</li> <li>b. Titers for Measles, Mumps, Rubella, Varicella, and Hepatitis B</li> </ol> </li> <li>10. <input type="checkbox"/> Immunization – Influenza (October thru April), Tetanus</li> </ol> <p><b><i>STOP – Applicants will be notified if they can continue the admission process based on submission of all documents.</i></b></p>
	<p><b>STEP TWO</b></p> <p><b>A. <u>Application Review</u></b></p> <ol style="list-style-type: none"> <li>1. Selection Committee reviews all completed application packets</li> </ol>
	<p><b>STEP THREE</b></p> <p><b>A. <u>Interview</u></b></p> <ol style="list-style-type: none"> <li>1. Student Interview for final acceptance             <ol style="list-style-type: none"> <li>a. Professional dress is required on this date</li> </ol> </li> </ol>

The Practical Nursing Program Advisor can be reached at 407-344-5080 or via email at: [trina.ortiz@osceolaschools.net](mailto:trina.ortiz@osceolaschools.net)  
 Feel free to contact oTECH office if you have any questions or concerns about application progress.

## **PRE – ADMISSION TESTING Information Sheet**

To schedule pre-admission testing follow the instructions listed.

### **Basic Skills Test (CASAS/TABE)**

CASAS/TABE may be scheduled using the link below, or by clicking the “Appointments” tab on our website:  
<https://outlook.office365.com/owa/calendar/TestingCenter@osceolak12.onmicrosoft.com/bookings/>

1. Fee: \$25.00
2. Required Scores:
  - ❖ **11.0 in Reading**
  - ❖ **11.0 in Math**
  - ❖ **11.0 in Language**
3. **Day of Testing bring your ID and fee. Arrive 15 minutes prior to testing.**

### **Health Education System, Incorporated (HESI)**

HESI may be scheduled using the link below, or by clicking the “Appointments” tab on our website:  
<https://outlook.office365.com/owa/calendar/TestingCenter@osceolak12.onmicrosoft.com/bookings/>

#### **Taking the HESI exam is a 2-part process:**

- **Part 1**- You must register for the exam. This is done by clicking on the “admission ticket” link on the Practical Nursing page of our website and following the instructions.
- **Part 2**- You must schedule the exam by clicking on the “BOOK NOW” tab on the same page.

1. Fee: \$60.00  
Retake Fee \$55.00

#### A. Required Scores:

- ❖ **70% in Reading**
- ❖ **70% in Vocabulary**
- ❖ **70% in Grammar**
- ❖ **70% in Math**
- ❖ **70% in Anatomy & Physiology**

#### B. Preparation:

- A study guide for the HESI is available and can be purchased at <https://www.us.elsevierhealth.com>, click on student site, then click on Buy Books on Evolve, name of book is Admission Assessment Exam Review.
- **YOU WILL NOT BE TESTED ON CHEMISTRY, BIOLOGY OR PHYSICS**

C. **Retake:** After the **first HESI** test administration, applicants must wait at least 14 days before a retake.  
**Only 1 HESI retake will be allowed per applicant during a registration period.**

**Note: Once the above testing requirements are met, the applicant will then schedule an appointment with the Program Advisor to continue the enrollment process.**

## **PRACTICAL NURSING APPLICATION Information and Instructions**

**Please read all the information and follow the instructions on each page carefully before completing the application.**

### **1. STUDENT APPLICATION (located in this packet)**

Print all answers clearly in **BLACK** ink or type, mark N/A if a section does not apply to you. Use a separate sheet of 8-1/2 x 11 if the space available is insufficient and answer all sections accurately and completely. If you are not selected for this class, you will be able to reapply and update your original application. Additional fees for reapplication may be incurred.

### **2. TRANSCRIPTS**

It is your responsibility to ensure that oTECH receives official transcripts from the colleges or nursing schools you have attended. They can be mailed from these educational institutions **directly** to oTECH's Health Science Department. When you request transcripts, provide your social security number, Florida Student ID number (if you graduated from a Florida Public School after July 1, 1988) and the name(s) you used while attending that institution. Some institutions require a fee for this service. Contact the individual institutions to determine how to obtain a transcript.

#### **HIGH SCHOOL TRANSCRIPTS REQUIRED**

- For out of the country high school diplomas, they will need to be translated and evaluated, we use [www.wes.org](http://www.wes.org) or [aes-edu.org](http://aes-edu.org) for translation and evaluation.
- Out of state high school transcripts/diplomas will be reviewed and approved on an individual basis.

### **3. CLINICAL ROTATION REQUIREMENTS**

To protect the health of the patients that are served during student learning experiences, Osceola Technical College Practical Nursing Program adheres to the policies and procedures of all department affiliated clinical partners (health care agencies). Clinical requirements vary from agency to agency and include background checks, health insurance, professional liability insurance, and health information (physical examination, immunizations, titers (for measles, mumps, rubella, varicella, hepatitis B), drug screen, tuberculin, and N-95 Respirator testing). Clinical requirements are set forth by the clinical agency and not by Osceola Technical College. The health care agency reserves the right to request from the nursing program student clinical requirement information at any time and might require additional information.

To complete clinical experience requirements, Osceola Technical College Practical Nursing Program has contracted with First Advantage Solution for the collection and processing of all health requirement documentation, background check, and testing. All health documents including any waiver (for certain cases) must be signed by a healthcare provider.

Students must be cleared by the Osceola Technical College Nursing Program via First Advantage Solution prior to start of program and is expected to maintain current agency clinical requirements for the duration of enrollment in nursing program.

#### **A. DRUG SCREENING**

You must have a full 10 Panel drug screening done. **Drug screenings from other locations will not be accepted.** It may take 3-5 days to obtain the results.

## **B. PHYSICAL EXAM**

A medical physical examination is required prior to starting the program (form is attached).

## **C. LABORATORY TEST REQUIRED**

### **1. TITERS**

This is a blood test that assesses the presence of antibodies in the immune system that are from previous vaccinations (laboratory form is attached). Please have titer test done for **VARICELLA, MEASLES, MUMPS, RUBELLA, AND HEPATITIS B.** **All immunization records must list the student's name, date, licensed healthcare provider name, signature of licensed healthcare provider giving immunization and stamp. If, the clinical agency allows waiver, the waiver must be provided by the agency, and is based on medical reasons signed by a licensed healthcare provider, or a religious exemption based on the clinical agency requirements and policies.**

- **Varicella (Chicken Pox):** The student must submit documented proof of immunity (positive titer). If the student has had chicken pox a positive titer is necessary.
- **MMR (Measles (Rubeola), Mumps, and Rubella (German Measles):** The student must submit documented proof of immunity (positive titer) for each.
- **Hepatitis B:** The student must submit documented proof of positive titer. If the student is in the process of completing series, the student must maintain and submit documented evidence of beginning/completing series.
- **Tdap (Tetanus, Diphtheria and Pertussis):** Vaccination is required every 10 years. The student must submit and maintain for the duration of program documented evidence of current vaccination record.
- **Influenza (Flu):** The student is required to submit annual vaccination from October thru April. If, the student has any allergy documentation must be submitted from licensed medical healthcare provider.

### **2. OTHER TEST**

- **Tuberculosis: Current negative skin test, blood test or chest x-ray signed by licensed healthcare provider stating student does not have active tuberculosis.**

### **3. BACKGROUND CHECK**

Any student who has been arrested, convicted or found guilty of a crime regardless of adjudication should consult with the Director of Nursing. There is a possibility the offense may prevent admission into the program.

### **4. ESSENTIAL TASKS**

Health related occupations are both physically and emotionally demanding. Before entering a program in the health field, it is important to review the following “tasks” which have been established and their performance is essential for success in the Health Science Education Programs.

Physical Requirements <i>Candidates must be able to do the following:</i>	Mental and Emotional Requirements <i>Candidates must be able to do the following:</i>
<b>Perform repetitive tasks.</b> Walk the equivalent of five miles per day. Reach above shoulder level. Interpret audible sounds of distress. Distinguish colors Adapt to shift work	<b>Cope with a high level of stress</b> Make fast decisions under high pressure Cope with the anger/fear/hostility of others in a calm manner Manage altercations Concentrate

Possess a high degree of manual dexterity Work with chemicals and detergents Tolerate exposure to dust and/or odors Grip Bend at the knees Sit or stand for long periods of time Lift 40 pounds Perform CPR	Cope with confrontation Handle multiple priorities in a stressful situation Assist with problem resolution Work alone and in a group setting Demonstrate a high degree of patience Adapt to shift work Work in areas that are close and crowded
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5. **FINANCIAL AID-** If you will be seeking financial assistance, please see our Financial Aid Department here at oTECH.

**Estimated Program Costs**

(All costs are approximate and subject to change)

Tuition	\$3942.00	Lab	\$256.93
Books/Online Curriculum	\$1852.16	BLS/First Aid Cert.	\$120.00
<b>Total Estimated Cost of Program: \$6,171.09.</b>			

**Cost of textbooks, uniforms, equipment, and supplies may vary and change without notice.**

**Student Out of Pocket Cost**

- Casas Test \$25 Retake \$5
- Registration, Liability and Parking Fee \$75
- First Advantage \$153.14 (Background and drug screening, plus immunity track)
- School Uniforms (3) plus jacket \$114.96 @ Uniform Outfitters
- HESI \$60 Retake \$55
- Physical at your doctor's office\*\*
- NCLEX \$400 License, background, and test.
- Nursing shoes (no Crocs)

\*\* CVS, or Walgreens or CentraCare does physicals please use physical form attached to this packet. \*\*

Please note that an AHCA background check/screening will have to be completed by the end of the first month of classes. Cost range \$50 - \$80 determined by agency.

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA  
OSCEOLA TECHNICAL COLLEGE- OTECH  
HEALTH SCIENCE EDUCATION DEPARTMENT  
501 Simpson Road \* Kissimmee, Florida 34744-4495 \* (407) 344-5080**

**PRACTICAL NURSING STUDENT APPLICATION**

Please Read Directions Before Completing Application

PERSONAL HISTORY

Last Name	First	Middle (initial)	Maiden Name
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Street Address	Apt. #	Social Security Number
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City	State	Zip Code	County
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Home Phone (Area Code) ( ) _____	Cell Phone (Area Code) ( ) _____	Date of Birth _____	Place of Birth _____
Email address: _____			

**Civil Rights Category:** The Federal Government requires the School District of Osceola County to collect statistical data to show applicant flow by race and sex. Completing this portion of the application is voluntary. Your responses will be kept confidential and will not be used to evaluate your application.

Sex:  Male    Race:  White (Non-Hispanic)     Asian or Pacific Islander     American Indian or Native Alaskan  
 Female     Black (Non-Hispanic)     Hispanic     Multi-Racial

EDUCATIONAL HISTORY

Have official transcripts been requested?    Yes        No   

**\* All transcripts must be sent directly to OTECH Health Science Department.**

*List all general and all professional education in chronological order. ALL students must have a High School Diploma or G.E.D.*

Name of School	Location	Date(s) Attended	Major Field	Diploma or Degree
<i>High School/GED</i>				
<i>College/Voc. Tech./University</i>				



**LIST ALL THE HEALTH AND NURSING PROGRAMS THAT YOU HAVE ATTENDED**

NAME OF SCHOOL	PHONE CONTACT	DATE ATTENDED	REASON FOR LEAVING	

**HEALTH CARE LICENSE HISTORY**

Have you ever been denied or is there now any proceeding to deny your application for any health care license to practice in Florida or any other state, jurisdiction, or country?

Yes    No

Have you ever had disciplinary action taken against your license to practice any health care related profession by the licensing authority in Florida or any other state, jurisdiction, or country?

Yes    No

Have you ever surrendered a license to practice any health care related profession in Florida or in any other state, jurisdiction, or country while any such disciplinary charges were pending against you?

Yes    No

If you answered YES to any of the above questions, indicate all states, jurisdictions or countries involved in, and the circumstances surrounding, the denial or disciplinary action or the surrendering of a license.

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**EMPLOYMENT HISTORY**

List below all employment you have held within the last five (5) years, beginning with the most recent.

Name & Address of Employer	Phone Number (Area Code)	Position Title	Dates of Employment	Reason for Leaving

**CRIMINAL HISTORY**

**THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS:**

Have you ever been convicted, pled *nolo contendere* (no contest), been placed on probation, enrolled in a pretrial diversion program or had adjudication withheld in a criminal offense, felony, misdemeanor or otherwise, or are there any criminal charges now pending against you other than a non-criminal or minor traffic violation?    Yes    No

If yes, give details below. If you have any doubt that an offense you were convicted of is not a minor traffic violation, record the offense. For example, DUI (Driving Under the Influence) is NOT a minor traffic violation and must be recorded. **NOTE:** Having a criminal or drug/alcohol abuse history DOES NOT necessarily exclude you from the program or licensure. The program director is available to assist you in contacting the Compliance Division of the Florida Board of Nursing to check eligibility for licensure.

Location of Offense	Date(s)	Nature of Charge(s)	Disposition(s)

When you graduate from the Practical Nursing Program, you will be required to petition the State of Florida Board of Nursing (BON) prior to being granted permission to sit for the licensing examination. Official court documentation of these charges and resolution must be submitted to the BON two months before completion of the program. Review of each case is conducted by the BON on an individual basis and the BON reserves the right to refuse licensure. Any applicant whose name has ever been submitted to the HRS Abuse Registry may have limited employment opportunities.

#### ADDITIONAL INFORMATION

Will you be seeking financial assistance?  Yes  No If yes, you will need to contact oTECH Financial Aid Officer.

Once you have been interviewed and selected for the program, you will need a health examination by a physician and you will need to show proof of immunizations on the Physical Examination form, provided through the Health Science Education Department.

Prior to your interview, please provide two references (1 must be from a supervisor, teacher or other official) using the reference form provided.

#### STATEMENT OF AFFIRMATION

I affirm by my signature below that all information on this application is true and complete and I agree to have all transcripts and test scores released to OTECH. I understand that by signing below, while attending OTECH, I have given consent to and agree to uphold the policies of OTECH and the Health Science Education Program. I further understand that it is fraudulent to misrepresent any information on this application or on any accompanying documentation. Discovery of misrepresentation will result in denial of admission to the Licensed Practical Nursing Program.

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Applicant Signature

/

Date

**OSCEOLA TECHNICAL COLLEGE- OTECH**  
**HEALTH SCIENCE PROGRAM**  
 501 Simpson Road \* Kissimmee, Florida 34744-4495 \* (407) 344-5080

**PHYSICAL EXAMINATION**

**TO BE COMPLETED BY APPLICANT BEFORE EXAMINATION**

Last Name    First Name    M.    (Area Code) Home Phone    Birthdate

Street Address    Apt.    City    State    Zip

Emergency Contact:    Name    (Area Code) Home Phone    Relationship

I understand that I may be asked to submit additional data.

Applicant's Signature    /    Date

**TO BE COMPLETED BY EXAMINER**

Blood Pressure	TPR	Height	Weight	Hair Color	Eye Color
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Vision:	Right eye with with corrective lens	Without corrective lens	
	Left eye with with corrective lens	Without corrective lens	

Hearing:    Right ear    Left ear

Review of Systems:    (+) = *Positive Findings*    (-) = *Negative Findings*

ENT		GU/Reproductive	
Respiratory		Neuro/Muscular	
Cardiovascular		Endocrine	
GI		Integumentary	

EXPLANATION OF POSITIVE FINDINGS: \_\_\_\_\_  
 \_\_\_\_\_

Do you consider this person to be physically and emotionally capable of performing the essential tasks required in the program stated in the attached Essential Job Functions?     Yes     No

Remarks: \_\_\_\_\_

Examining Physician/Nurse Practitioner Signature    /    Date

Physician's Address    (Area Code) Phone Number

NAME: \_\_\_\_\_

**LABORATORY TEST REQUIRED**

*Proof of the following immunizations is required:*

**Tuberculin Skin Test (TST) or TB Blood Test (Interferon Gamma Release Assay (IGRA))  
MAN-TOUX PPD**

**TUBERCULIN SKIN TEST** Date Administered \_\_\_\_\_ Date of Results \_\_\_\_\_ Result \_\_\_\_\_  
**If results of tuberculin test are positive, a chest x-ray must be done.**

**CHEST X-RAY** Date of Results \_\_\_\_\_ (after chest x-ray is completed, you must provide us with that form)

**INTERFERON GAMMA RELEASE ASSAY (IGRA):** Date of Results \_\_\_\_\_ Result \_\_\_\_\_

**INFLUENZA (FLU)** Lot # \_\_\_\_\_ Date of Results \_\_\_\_\_  
**(October thru April)**

**TETANUS** Date \_\_\_\_\_ If you have not had a tetanus shot within the last **Ten years**, you must have one. Proof of tetanus vaccination must be shown through doctor's statement or "shot" record.

**TITERS (Physician must list result, interpretation, and recommendation)**

**VARICELLA (CHICKEN POX)**

**If the titer results are negative, it is recommended that the student be vaccinated.**

**Titer Date** \_\_\_\_\_ **Level** \_\_\_\_\_ **Interpretation** \_\_\_\_\_  
**Date of Booster (if needed)** \_\_\_\_\_

**HEPATITIS B**

**Upon administration of titer, if results of Hepatitis B is low you must have the series done again**

**Titer Date** \_\_\_\_\_ **Level** \_\_\_\_\_ **Interpretation** \_\_\_\_\_

**1<sup>st</sup> Vaccine Date** \_\_\_\_\_ **2<sup>nd</sup> Vaccine Date** \_\_\_\_\_ **3<sup>rd</sup> Vaccine Date** \_\_\_\_\_

**MEASLES RUBEOLA: Titer Date** \_\_\_\_\_ **Level** \_\_\_\_\_ **Interpretation** \_\_\_\_\_

**MUMPS: Titer Date** \_\_\_\_\_ **Level** \_\_\_\_\_ **Interpretation** \_\_\_\_\_

**RUBELLA: Titer Date** \_\_\_\_\_ **Level** \_\_\_\_\_ **Interpretation** \_\_\_\_\_

**If result of screening is negative, a vaccination is recommended.**

I certify that the above tests and/or vaccinations were performed in this office or laboratory. (If the above tests and/or vaccinations were not performed in the above office or laboratory, please provide documentation of agency performing the tests and/or immunizations.)

\_\_\_\_\_  
Physician Signature

/ \_\_\_\_\_  
Date

**Physician place stamp in area below:**

**OFFICIAL PHYSICIAN STAMP**

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**

**OSCEOLA TECHNICAL COLLEGE**

HEALTH SCIENCE EDUCATION DEPARTMENT

501 Simpson Road, Kissimmee, Florida 34744

407-344-5080

**APPLICANT REFERENCE**

**TO BE COMPLETED BY APPLICANT**

Name of Applicant \_\_\_\_\_ S.S.# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First M.

**I have applied for admission to the Practical Nursing Program at Osceola Technical College (oTECH). I authorize you to provide oTECH with information regarding my suitability for admission. I further agree that the information will not be disclosed to me, and I hereby waive my right to review this reference.**

\_\_\_\_\_  
Applicant's Signature / Date

**TO BE COMPLETED BY REFERENCE**

- How long have you known the applicant? \_\_\_\_\_
- In what capacity have you known the applicant?  Teacher  Co-Worker  
 Supervisor  Other \_\_\_\_\_
- How well does the applicant work with people? \_\_\_\_\_
- Do you have any reservations regarding the applicant's potential for this career?  No  Yes

Please consider this applicant in relation to the Personal Qualities below. Indicate your rating by checking the appropriate box.

PERSONAL QUALITIES	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT APPLICABLE	COMMENTS
Ability to handle stress					
Ability to work under pressure					
Accepts criticism					
Adaptability/accepts change					
Appearance & grooming					
Attitude					
Dependability/Reliability					
Emotional maturity					
Friendliness					
Initiative					
Interpersonal communication					
Judgment					
Loyalty					
Mental alertness					
Performance/Productivity					
Punctuality/Attendance					
Safety awareness					
Sincerity/Honesty					
Social skills					

**NOTE: Please return this form to the oTECH Health Science Education Department as quickly as possible. Applicant cannot be considered until this reference is returned. We ask for your further comments and observations. Attach a separate sheet of paper if necessary.**

\_\_\_\_\_  
Reference Signature / Date

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Your Occupation/Position / Company Name

( ) \_\_\_\_\_  
Phone Number for Verification

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA  
OSCEOLA TECHNICAL COLLEGE**

HEALTH SCIENCE EDUCATION DEPARTMENT  
501 Simpson Road, Kissimmee, Florida 34744  
407-344-5080

**APPLICANT REFERENCE**

**TO BE COMPLETED BY APPLICANT**

Name of Applicant \_\_\_\_\_ S.S.# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First M.

**I have applied for admission to the Practical Nursing Program at Osceola Technical College (oTECH). I authorize you to provide oTECH with information regarding my suitability for admission. I further agree that the information will not be disclosed to me, and I hereby waive my right to review this reference.**

\_\_\_\_\_/\_\_\_\_\_  
Applicant's Signature Date

**TO BE COMPLETED BY REFERENCE**

- How long have you known the applicant? \_\_\_\_\_
- In what capacity have you known the applicant?  Teacher  Co-Worker  
 Supervisor  Other \_\_\_\_\_
- How well does the applicant work with people? \_\_\_\_\_
- Do you have any reservations regarding the applicant's potential for this career?  No  Yes

Please consider this applicant in relation to the Personal Qualities below. Indicate your rating by checking the appropriate box.

PERSONAL QUALITIES	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT APPLICABLE	COMMENTS
Ability to handle stress					
Ability to work under pressure					
Accepts criticism					
Adaptability/accepts change					
Appearance & grooming					
Attitude					
Dependability/Reliability					
Emotional maturity					
Friendliness					
Initiative					
Interpersonal communication					
Judgment					
Loyalty					
Mental alertness					
Performance/Productivity					
Punctuality/Attendance					
Safety awareness					
Sincerity/Honesty					
Social skills					

**NOTE: Please return this form to the oTECH Health Science Education Department as quickly as possible. Applicant cannot be considered until this reference is returned. We ask for your further comments and observations. Attach a separate sheet of paper if necessary.**

\_\_\_\_\_/\_\_\_\_\_  
Reference Signature Date

\_\_\_\_\_  
Please print name.

\_\_\_\_\_/\_\_\_\_\_  
Your Occupation/Position Company Name

(\_\_\_\_\_)\_\_\_\_\_  
Phone Number for Verification

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**  
**OSCEOLA TECHNICAL COLLEGE**

HEALTH SCIENCE EDUCATION DEPARTMENT  
 501 Simpson Road, Kissimmee, Florida 34744  
 407-344-5080

**APPLICANT REFERENCE**

**TO BE COMPLETED BY APPLICANT**

Name of Applicant \_\_\_\_\_ S.S.# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Last First M.

**I have applied for admission to the Practical Nursing Program at Osceola Technical College (oTECH). I authorize you to provide oTECH with information regarding my suitability for admission. I further agree that the information will not be disclosed to me, and I hereby waive my right to review this reference.**

\_\_\_\_\_  
 Applicant's Signature / Date

**TO BE COMPLETED BY REFERENCE**

3. How long have you known the applicant? \_\_\_\_\_
2. In what capacity have you known the applicant?     Teacher     Co-Worker  
     Supervisor     Other \_\_\_\_\_
3. How well does the applicant work with people? \_\_\_\_\_
4. Do you have any reservations regarding the applicant's potential for this career?     No     Yes

Please consider this applicant in relation to the Personal Qualities below. Indicate your rating by checking the appropriate box.

PERSONAL QUALITIES	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT APPLICABLE	COMMENTS
Ability to handle stress					
Ability to work under pressure					
Accepts criticism					
Adaptability/accepts change					
Appearance & grooming					
Attitude					
Dependability/Reliability					
Emotional maturity					
Friendliness					
Initiative					
Interpersonal communication					
Judgment					
Loyalty					
Mental alertness					
Performance/Productivity					
Punctuality/Attendance					
Safety awareness					
Sincerity/Honesty					
Social skills					

**NOTE: Please return this form to the oTECH Health Science Education Department as quickly as possible. Applicant cannot be considered until this reference is returned. We ask for your further comments and observations. Attach a separate sheet of paper if necessary.**

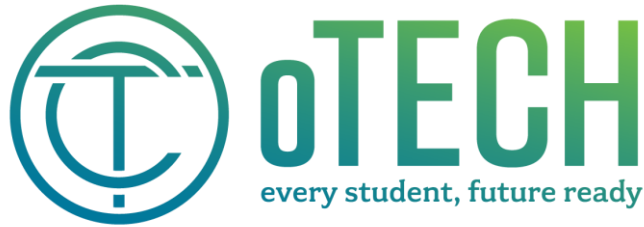
\_\_\_\_\_  
 Reference Signature / Date

\_\_\_\_\_  
 Please print name.

\_\_\_\_\_  
 Your Occupation/Position / Company Name

(\_\_\_\_\_) \_\_\_\_\_  
 Phone Number for Verification





## Practical Nursing Program Package 1 Instructions

### Before Starting:

- A valid email is REQUIRED.
- Have your credit card (Visa/MasterCard/American Express/Discover) information ready in order to process payment. Your credit card will be charged **\$153.14** for the service.

### Getting Started:

- Visit our website at [www.VerifyStudents.com](http://www.VerifyStudents.com) and click **Students Start Here** to create an account. If you've previously created an account with Verify Students, press on **Returning Student Login** and sign in with your email address and unique password.



- Use this special promotional code: **OSCEC21F**
- Complete profile & e-sign forms as they appear.
- After completing payment, you will be directed to DAON fingerprint registration process. See screenshots below for detailed instructions.

Fingerprinting Instructions

**Important -- Please print this page**

1. Click on the following link: <https://www.daontis.com/home.do?from=CSB>

2. Click on the create account button to establish your fingerprinting account

3. After establishing your fingerprinting account you will be prompted to enter the access code listed below (you will not be able to schedule your fingerprint appointment without this access code)

**ACCESS CODE: OBESFS**

Next



Click on the "Create Account" link and follow the on-screen prompts to complete your fingerprint registration process. You will then receive a validation email with a link to complete the scheduling process.

- After completing your fingerprinting account, be sure to click on the Next button as indicated on the Verify Students site.

Fingerprinting Instructions

**Important – Please print this page**

1. Click on the following link: <https://www.daontis.com/home.do?from=CSB>
2. Click on the create account button to establish your fingerprinting account
3. After establishing your fingerprinting account you will be prompted to enter the access code listed below **you will not be able to schedule your fingerprint appointment without this access code!**

**ACCESS CODE: OBESFS**

Click on the "Next" button to continue with your order



- You will then be taken to the drug screening self-scheduling tool. Follow the on-screen instructions to register for your drug test and be sure to click on the "Finish" button when complete.

**After completing online process:**

- Complete your Immunitrax profile: after completing steps identified above, you will receive an e-mail from no-reply@immuware.com containing instructions for submitting your health and immunization documents (via electronic upload) no later than **/    /**.
- Drug testing: You will receive an e-mail from [info@medicalreviewoffice.com](mailto:info@medicalreviewoffice.com) containing your ePassport. Bring ePassport and government photo ID (example: driver's license) to the collection site listed on the ePassport. Please review your authorization form closely, as you will have a limited amount of time to complete your drug test.

**Please Note:** You should receive an email with login instructions for Immunitrax within one hour of completing your profile. If you do not receive an email with instructions on how to log in to Immunitrax within 24-hours of completing your profile, please submit a support request at <https://help.fadv.com/s/contactsupport>.