



# PRACTICAL NURSING

CAREER TECHNOLOGY CENTER  
OF LACKAWANNA COUNTY

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Application Packet

**December 2024 start**

Expected Graduation:

March 2026



## CAREER TECHNOLOGY of LACKAWANNA COUNTY PRACTICAL NURSING

**Welcome! Thank you for your interest in our Practical Nursing Program. We are looking forward to offering you an excellent educational process leading to a rewarding career.**

Enclosed you will find:

- Application for Admission
- CTCLC Practical Nursing Tuition Schedule
- Kaplan Entrance Exam Registration and Payment Instructions
  - We highly recommend the following study guide:
    - **Nursing School Entrance Exams Prep: Your All-in-One Guide to the Kaplan and HESI Exams (Kaplan Test Prep) Tenth Edition** by Kaplan Nursing
    - Prior students have also recommended Quizlet Kaplan Flashcards
      - This book can be purchased online
- Entrance Exam Test Dates
- Reference forms
  - To be completed by employer, teacher, nurses, counselors, etc.
  - References should not be relations

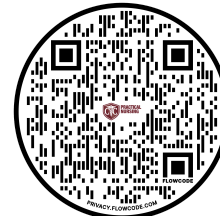
Please read all instructions carefully. Once registered for Entrance Examination, contact our PN Department 570-346-8728 to reserve your seat for the exam.

A copy of your high school or G.E.D. is required for admission and should be available on the day of Admission Testing. In the event the transcript is from out of the U.S.A., please have the transcript **verified** with the Pennsylvania Department of Education prior to testing.

Any questions, please do not hesitate to contact the program administrative secretary at 570-346-8728 or email [molivetti@ctclc.edu](mailto:molivetti@ctclc.edu)



 (facebook page link)



(CTC Practical Nursing Website link)



**CAREER TECHNOLOGY of LACKAWANNA COUNTY  
PRACTICAL NURSING**

3201 Rockwell Avenue  
Scranton Pennsylvania 18508  
Office 570-346-8728 Fax 570-346-7306

**NURSING STUDENT  
APPLICATION FOR ADMISSION**

1. **NAME:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. List any other name under which past records might have been filed:  
\_\_\_\_\_

3. Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ PA \_\_\_\_\_

4. How long have you lived at this address? \_\_\_\_\_

How long have you been a resident of Pennsylvania? \_\_\_\_\_

5. Contact information: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email: \_\_\_\_\_

6. Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

7. List **ALL** High School(s) or Post-Secondary (after 12th grade) school(s) attended:

**(Most Recent First)**

Name of School	Address	Certificate/Diploma

8. List the three (3) most recent jobs you held (Most recent first)

Employer	Address/Phone	Position	Dates employed	Description of job duties

**Signature of Applicant** \_\_\_\_\_ **/Date** \_\_\_\_\_



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**NURSING STUDENT  
APPLICATION FOR ADMISSION**

**Short Answer Essays**

1. What has directed you to the nursing profession?

2. What contributions will you bring to the community as a practical nurse?

3. Why should you be accepted to this program?

4. What are 3 of your strengths?

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5. What are 3 of your weaknesses?

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6. What is your proudest achievement/accomplishment to date?

7. What are your plans for managing the changes in your schedule(family and work) as you progress through the nursing program?



## CAREER TECHNOLOGY of LACKAWANNA COUNTY PRACTICAL NURSING

**Please read this important information**  
**Signature of understanding required**

The CAREER TECHNOLOGY CENTER of Lackawanna County will not discriminate in its education programs, activities, and employment practices based on race, color, national origin, sexual preference, disability, age, religion, ancestry, union membership, or any other legal protected classification as required by the Title VI, Title VII, Title IX, and Section 503 and 504.

Information regarding civil rights, grievance procedures, services, activities, programs, facilities, or information about accommodations for persons with disabilities, contact the Title IX Coordinator at the Career Technology Center, 3201 Rockwell Avenue, Scranton, PA. 18508 or at 570-346-8471.

The opportunity to prepare for practical nursing is available to any person that meets the admission criteria and has the ability to meet the outcomes of the program, without regard to age, race, color, creed, gender or functional challenge.

**\*Once you are accepted, the following are required prior to entry to class and clinical rotations:**

- ACT34-Criminal History Clearance form PA State Police
- ACT151 Public Welfare Abuse Check
- FBI Finger Printing
- Drug Screen

**\*\*The Rules and Regulations of the Pennsylvania State Board of Nursing:**

- The Board shall not issue a license or certificate to an applicant who has been convicted of a felonious act prohibited by the Act of April 14, 1972 (P.L. 233, No. 64), know as the “Controlled Substance, Drug, Device and Cosmetic Act”, or convicted of a felony related to a controlled substance in a court of law of the United States of any other state, territory, or country- UNLESS:
  1. At least ten (10) years have elapsed from date of conviction
  2. The applicant satisfactorily demonstrates to the Board that the student has made significant progress in personal rehabilitation since the conviction such that the licensure of the application should not be expected to create a substantial risk of further criminal violations
  3. The applicant otherwise satisfies the qualifications contained in or authorized by this act.
- As used in this subsection the term “convicted” shall include a judgment, an admission of guilt, or a plea of nolo contendere. An applicant’s statement on the application declaring the absence of a conviction shall be deemed satisfactory evidence of a conviction, unless the Board has some evidence to the contrary.
  4. The licensee has committed fraud or deceit in the practice of nursing, or in securing admission to such practice or nursing school.
  5. The licensee has been convicted, or has pleaded guilty, or entered a plea of nolo contendere, or has been found guilty by a Judge or jury, of a felony or a crime of moral turpitude, or has received probation without verdict, disposition in lieu of trial or an Accelerated



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- Rehabilitative Disposition in the disposition of felony charges, in the course of this Commonwealth, The United States, or any other state, territory, possession, or country.
6. The licensee has a license suspended or revoked and has received other disciplinary action by the proper license authority in another state, territory, possession, or country.
  7. The licensee has acted in such a manner as to present an immediate and clear danger to the public health or safety.
  8. The licensee possessed, used, acquired, or distributed a controlled substance or caution legend drug for other than an acceptable medical purpose.

**I have read the above and understand the information provided:**

Student Name:(Print Clearly)\_\_\_\_\_Date\_\_\_\_\_

Student Signature:\_\_\_\_\_

Revised 11/12  
Revised 1/13  
Revised 10/13  
Revised 10/16  
Reviewed 10/19  
Revised 10/22



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**TUITION 2024-2025**

**Start August 2024**

**The Following depicts the current tuition. Please note that Financial Aid and Loans will be applied after completion of FAFSA (<https://studentaid.gov/h/apply-for-aid/fafsa>)**

**\*Fees are subject to change\***

<b>LEVEL</b>	<b>TUITION</b>	<b>ACTIVITY/LAB FEE</b>	
<b>I</b>	<b>\$4550.00</b>	<b>\$350.00</b>	
<b>II</b>	<b>\$4550.00</b>	<b>\$200.00</b>	
<b>III</b>	<b>\$4550.00</b>	<b>\$200.00</b>	
<b>IV</b>	<b>\$4550.00</b>	<b>\$200.00</b>	
<b>Total Cost</b>	<b>\$18,200</b>	<b>\$950.00</b>	<b>\$19,150</b>

<b>Approximate Book/Online Resource Cost</b>	\$600.00 (dependent on ebook/text) \$120.00 optional resource texts
<b>Uniform Cost-approximate</b>	\$140.00
<b>CTCLC Laptop Rental (optional)</b>	\$200.00 optional

**Total Costs:**

**Tuition/Fees: \$19,150**

**Other: \$940 (approximate)**

**Total: \$20,140**

**JOC APPROVED 02.27.2024**



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PRACTICAL NURSING

**Admission Test Instructions**

***PLEASE CONTACT molivetti@ctclc.edu or 570-346-8728 PRIOR TO REGISTERING FOR THE ADMISSION TEST to confirm date availability***

**Test Used:** Kaplan Admissions Test **Cost:** \$100.00

**How do I register for the admission test?**

Below is the custom link that you will use to register for your admission test. Please click on the custom link to create a Kaplan account and register for the test. You must do this **immediately** upon scheduling your exam. Pay Kaplan directly when you register online.

Link to register for Kaplan test: Custom CTCLC Link:

<https://www.kaptest.com/nclex/partner/career-technology-center-of-lackawanna-county>

**Please only register once** – be sure you only add the test to your shopping cart **once** before submitting your registration. If necessary, you are welcome to use the school computer lab to register your test. A pre-scheduled appointment for this service is required. **No walk-ins are permitted.**

You will schedule online for the specific date and time you requested with the PN program at CTC. You may modify/cancel the scheduled test if necessary. **Please notify the school (570)346-8728 BEFORE** you reschedule your test to assure availability for the new test date desired.

**IMPORTANT:** You will be using the **email and password** you create during test registration. **Please be sure to remember the email and password you created** when you come to the test.

**Where do I test:** You will test in the Practical Nursing suite at CTCLC on your scheduled date. The Practical Nursing entrance is on the right side of the school building near the Greenhouse. You may park in the front right side or near Greenhouse and enter through the side door marked Practical Nursing. Please use the buzzer on the right to obtain entry and proceed up the steps and through the doorway toward the first office on the **left** side of the hallway.

**Time:** Please arrive by **8:45 AM**. Testing will begin promptly at **9:00 AM**

**Address:** 3201 Rockwell Avenue, Scranton, PA 18508

**\*\*Remember to bring your Kaplan User Name and Password for test access\*\***





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We **ENCOURAGE** all applicants to test **EARLY** in the event the **CTCLCPN** Admission Committee recommends retesting and to avoid placement on a waitlist: You must register via the Kaplan Website for testing.

**Note:** there is a \$100 fee through Kaplan.

Link to register for the Kaplan test:

Custom CTCLC Link:

<https://www.kaptest.com/nclex/partner/career-technology-center-of-lackawanna-county>

Below are the Nursing KAPLAN Entrance Examination TEST DATES for the next Practical Nursing Class Starting **December 3, 2024** with an expected graduation and potential to sit for the NCLEX-PN State Boards: **March 2026**

**Testing Dates are conducted on Tuesday Mornings. Please note if unable to attend these dates, contact the program administrative secretary at 570-346-8728 or email [molivetti@ctclc.edu](mailto:molivetti@ctclc.edu) for available alternative options.**

<b>MONTH</b>	<b>DAY</b>	<b>DAY</b>	<b>DAY</b>	<b>DAY</b>	<b>DAY</b>
<b>AUGUST</b>	<b>6</b>	<b>13</b>	<b>20</b>		
<b>SEPTEMBER</b>	<b>10</b>	<b>17</b>	<b>24</b>		
<b>OCTOBER</b>	<b>1</b>	<b>8</b>	<b>15</b>	<b>22</b>	<b>29</b>
<b>NOVEMBER</b>	<b>5</b>	<b>12</b>	<b>19</b>		



## CAREER TECHNOLOGY of LACKAWANNA COUNTY PRACTICAL NURSING

### Outline for Kaplan Nursing Admissions Test:

The Admissions Test consists of four sections with a total of 91 questions. The total testing time is up to 165 minutes.

**READING:** 22 questions: time allotted is 45 minutes. Candidates read four passages and answer questions that measure the essential skills required for reading:

- Determining the logic of a passage
- Comprehending details
- Drawing basic inferences
- Identifying the purpose of a passage

**MATH:** 28 questions: time allotted is 45 minutes. The test measures the candidate's ability to apply mathematical principles in the following areas:

- Conversions
- Operations
- Ratios
- Word Problems

**WRITING:** 21 questions: time allotted is 45 minutes. Candidates read nine passages and answer questions that measure the essential skills required for writing:

- Assessing passage development
- Assessing paragraph logic
- Assessing mechanics of writing

**SCIENCE:** 20 questions: time allotted is 30 minutes. The test measures the candidate's knowledge of physiology in the following areas:

- Cardiovascular system
- Electrolytes
- Gastrointestinal System
- Immune System
- Nervous System
- Renal System
- Hematological System
- Homeostasis
- Respiratory System
- Sensory System

**Nursing School Entrance Exams Prep: Your All-in-One Guide to the Kaplan and HESI Exams  
(Kaplan Test Prep) Tenth Edition**

ISBN-10 1506290361

ISBN-13 978-1506290362 \*This book can be purchased online



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**CTCLC PRACTICAL NURSING  
Student Applicant Reference Form**

**(at LEAST one from current/former employer/educator)**

\_\_\_\_\_ **(Please Print Name)** has applied for admission to the Career Technology Practical Nursing Program. In your opinion does this applicant have the qualities necessary for practical nursing to include: unquestioned integrity, dependability, emotional poise, positive work ethic, and ability to learn and perform psychomotor skills.

1. How long have you known the applicant? \_\_\_\_\_
2. What is the relationship to the applicant?  
 Personal: \_\_\_\_\_ Employer: \_\_\_\_\_ Educator: \_\_\_\_\_  
 If an employer:  
 Date of Employment: \_\_\_\_\_ Position \_\_\_\_\_  
 Work Record \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Please complete the following checklist in reference to the applicant-**

	poor	fair	good	excellent		Poor	fair	good	excellent
<b>Appearance</b>					<b>Emotional Stability</b>				
<b>Neatness</b>					<b>Character</b>				
<b>Dependability</b>					<b>Attentiveness</b>				
<b>Organization skills</b>					<b>Self-Control</b>				
<b>Reliability</b>					<b>Efficient</b>				
<b>Problem Solving</b>					<b>Moral Judgment</b>				

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

Date: \_\_\_\_\_ **Printed Name(and Credentials)** \_\_\_\_\_

Signature: \_\_\_\_\_

**Contact information:**

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_



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Organization skills					Self-Control				
Reliability					Efficient				
Problem Solving					Moral Judgment				

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

Date: \_\_\_\_\_ **Printed Name(and Credentials)** \_\_\_\_\_

Signature: \_\_\_\_\_

**Contact information:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_