

Shawsheen Valley School of Practical Nursing Program

100 Cook Street  
Billerica, MA 01821  
978-671-3646

**APPLICATION BOOKLET**

**ROLLING ADMISSIONS**

**LENGTH OF PROGRAM**

**1110 hours  
AUGUST Through JUNE**

**PROGRAM HOURS**

**EVENINGS**

**MONDAY TO FRIDAY (5–10 pm)**

**You will have one designated evening off a week.**

**EVERY OTHER WEEKEND: 8 AM – 4 PM**

[www.shawsheenpracticalnursing.com](http://www.shawsheenpracticalnursing.com)

**FULLY APPROVED BY  
MASSACHUSETTS BOARD OF REGISTRATION IN NURSING  
PROGRAM INFORMATION and ADMISSION REQUIREMENTS**

Anthony McIntosh, M Ed [Superintendent/Director](#)  
Patricia A. Noonan, MSN, RN, PN Program Coordinator  
Lynne Burns, Financial Aid Coordinator

# Shawsheen Valley School of Practical Nursing Program

## **Board Approval and Accreditation**

### **Board Approval**

Massachusetts Board of Registration in Nursing

Site Visit: June 14 and 15<sup>th</sup>, 2011

Full Approval: March 2012

### **Accreditation**

The Shawsheen Valley School of Practical Nursing is a fully approved by the Council on Occupational Education.

Inquiries regarding the accreditation status by the Council on Occupational Education should be directed to the administrative staff of the institution. Individuals may also contact:

Council on Occupational Education, 7840 Roswell Road, Building 300, Suite 325, Atlanta, GA 30350, Telephone: 770-396-3898, FAX: 770-396-3790



Shawsheen Valley Technical High School has been continuously accredited by the Commission on Technical Institutions of the New England Association of Schools and Colleges since 1986. This accreditation is institutional in nature and covers all of the school's programs, including Licensed Practical Nursing. Inquiries regarding the accreditation status should be directed to: Paul Bento Director of the Commission, Commission on Technical and Career Institutions NEASC 209 Burlington Road, Bedford, MA 01730 T: 781-541-5416, F: 781-271-0950

**Admission to this program is based on a rolling basis. The maximum number of allotted students accepted into a class is 55.**

All nursing classes are held at Shawsheen Valley Regional High School on Monday, Tuesday and Wednesday evenings starting at 5PM until 10 PM. Nursing labs and clinical are scheduled Wednesday through Friday evenings and day shift on alternating Saturday and Sunday. Practicum hours may vary and may start at 7 AM and end at 4 PM on weekends. Weeknight clinical start at 5 PM and end at 11 PM. Transportation to campus and clinical sites is not provided.

Applicants to the Nursing program are advised that compliance with the "Good Moral Character" requirement of the Massachusetts Board of Nursing is evaluated for any applicant for initial licensure with a criminal conviction or disciplinary action by a licensure body.

# Shawsheen Valley School of Practical Nursing Program

## **Please see the Admission Policy for specifics**

### V Application Process for All Admissions (Step 5 from Admission Policy)

Candidates interested in applying for admissions must:

1. **Step 1:** Take the National League for Nursing Pre-Admission Exam for PN Applicants. Preferred site for taking this test is the Shawsheen Valley School of Practical Nursing. The verbal section assesses word knowledge, reading comprehension, and critical thinking. The math section assesses ability to solve mathematical problems involving integers, conversions, fractions, decimals, algebra and geometry. The science section assesses knowledge in areas of general biology, human anatomy and physiology, chemistry, health, and physics. (Found at <http://www.nln.org/docs/default-source/default-document-library/new-nln-catalog-2015.pdf?sfvrsn=2>). Candidates who score a 50% on the verbal and math sections will proceed to step 2. All sections must be taken. The science section is not an indicator for acceptance.

You must call the PN office to schedule a test or email Gina Cerbone at [jcerbone@shawtech.org](mailto:jcerbone@shawtech.org). Payment is cash or money order only. No credit or debit cards are accepted. Payment is due the day of the test. Additionally, candidates who do not set up their account as directed will need to re-schedule their test.

2. **Step 2:** Take the Stanford Diagnostic Test and Basic Math test. The Reading test is a 30 question, multiple choice format test. It is timed to allow for 40 minutes. It consists of three short reading passages with questions. Candidates must correctly answer 25 of the 30 questions. The math test is a 10-question basic math test consisting of addition, subtraction, multiplication, division, fractions and decimals. A calculator provided by the school may be used. Candidates who successfully complete step 2 will proceed to step 3.

3. **Step 3:** Application booklet. A hard copy of the application booklet that includes the application and three forms for reference letters will be given to the candidate. This application booklet is also located on our webpage, [www.shawsheenpracticalnursing.com](http://www.shawsheenpracticalnursing.com). Once the application materials are gathered, the candidate can call the PN office and schedule an interview.

- Complete application
- Complete a resume and ensure references correlate with positions on resume
- Obtain three completed Personal Evaluation forms two must be from a person directly supervising or instructing you. One can be a personal reference. Completing your own references result in non-acceptance (the forms are attached in booklet).
- Submit proof of high school graduation: An official transcript from a high school in the United States, an official GED (scores needed) or Official HiSET (scores needed). If educated in a foreign country, please follow the directions above for certifying translations of transcripts. Candidates without this information will not be interviewed.
- Submit your proof of US citizenship in the form of naturalization or asylum papers or a US passport or US birth certificate. Candidates with a valid Green Card or Employment Card are eligible for acceptance but may have restrictions as dictated by the Federal Government. You may bring this with you on the day of the interview. Candidates without this information will not be interviewed.
- Schedule your interview. A candidate will only be interviewed if the above are satisfied.

## Shawsheen Valley School of Practical Nursing Program

- On the day of the interview, a \$50 application fee will be collected in the form of cash or money order. No debit or credit cards are accepted.
  - On the day of your interview, the candidate will be asked to complete a writing sample.
4. If an incomplete application is received, the following procedure will be followed:
- The Administrative Assistant will notify the candidate of the incomplete application.
  - If after notifying the candidate the application remains incomplete for ten school days, the application will be voided.

# Shawsheen Valley School of Practical Nursing Program

It is your responsibility to make certain that all parts of the Application Process have been completed and that all requested information is submitted.

**A non-refundable application fee of \$50 must accompany application.**

1. **Email Address:** \_\_\_\_\_

2. **Name:** Last (Family Name) \_\_\_\_\_

First, Middle (Given Name) \_\_\_\_\_

3. **Previous Name:** if applicable \_\_\_\_\_

4. **Birth date: (optional)** In Number – Month, Day, and Year \_\_\_\_\_

5. **Mailing Address:** Number & Street: \_\_\_\_\_

City: \_\_\_\_\_

State, \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. **Telephone Number:** Home: \_\_\_\_\_

Employment/Cell: \_\_\_\_\_

7. **Gender: (optional)** Male  Female (F)

8. **Ethnic Background: (Optional)** (B) Black (Non-Hispanic), (H) Hispanic  
(W) White (Non-Hispanic), (A) Asian or Pacific Islander, (C) Cape Verdean,  
(N) American Indian/Alaskan Native, (U) Other

9. **Residency:** In-State (1), Out of State (0)

10. **Citizenship:** U.S. (C), Foreign Born/Permanent Resident (P), Foreign (F)

Country, if Foreign \_\_\_\_\_ Green Card Registration: \_\_\_\_\_

11. **Have you ever been convicted of a felony or a misdemeanor?** Yes (Y) No (N)

If yes, Date of Conviction \_\_\_\_\_ Court Decision \_\_\_\_\_

(You may not be able to take your state board exams without a review by the Board of Registration in Nursing.)

12. **Have you previously attended (matriculated) Shawsheen Valley Technical High School?**

Yes (Y) If yes, year(s) attended \_\_\_\_\_ No (N)

**Have you previously attended (matriculated) Shawsheen Valley Adult Technical Institute-?**

**School of Practical Nursing** Yes (Y) If yes, year(s) attended \_\_\_\_\_ No (N)

13. **List most recent high School attended or G.E.D. obtained. Request an official Transcript to be sent to PN Office**

---

Name of School	Attended (Month/Year-Month/Year)
----------------	----------------------------------

# Shawsheen Valley School of Practical Nursing Program

**Admissions**

**City-State**

**14. List all institutions or higher learning attended or attending. Submit official transcripts of all previous post-secondary courses.**

**Name of School**

**Attended (Month/Year-Month/Year)**

**Admissions**

**City-State**

**15. Higher diploma or certificates received.**

- |   |   |
|---|---|
| <input type="checkbox"/> General Education Diploma<br><input type="checkbox"/> High School Diploma<br><input type="checkbox"/> Associate of Arts (AA)<br><input type="checkbox"/> Associate of Science (AS) | <input type="checkbox"/> Bachelor of Arts (BA)<br><input type="checkbox"/> Bachelor of Science (BS)<br><input type="checkbox"/> Certificate _____<br><input type="checkbox"/> Other _____ |
|---|---|

**16. Full or Part-time employment experiences. (Indicate dates)**

Date/Month/Year	Company and Location	Position Held	Salary	Reason for Leaving
From _____				
To _____				
From _____				
To _____				

**17. School Honors, Awards, Athletics etc.**

**18. Emergency Contact: Name and telephone number you want the school to contact:**

\_\_\_\_\_  
**Name** **Telephone #**

**Signature:** \_\_\_\_\_  
**Name** **Date**

<b>The following information will be required on the day of your interview:</b>
<ul style="list-style-type: none"> <li>2-page Application,</li> <li>Resume</li> <li>Official High School Transcript, Copy of GED Post Secondary Transcripts if applicable.</li> <li>Three (3) completed Personal Evaluation forms</li> <li>Applicant will write a personal statement the day of interview</li> <li>Application fee of \$50 in check or money order.</li> <li>Submit your proof of US citizenship in the form of naturalization or asylum papers or a US passport or US birth certificate. Candidates with a valid Green Card or Employment Card are eligible for acceptance but may have restrictions as dictated by the Federal Government. You may bring this with you on the day of the interview. Candidates without this information will not be interviewed.</li> </ul>

# Shawsheen Valley School of Practical Nursing Program

## PERSONAL EVALUATION

Name:		
Address:		
City	State:	Zip:

The above-named person has applied to become a student in the Shawsheen School of Practical Nursing PN Program.

We would appreciate your evaluation of his/her potential for success and moral integrity so that we may better know the applicant.

### THE CANDIDATE FOR ADMISSION IS: (CHECK ONE (✓) FROM EACH COLUMN)

Unsuited for admission	( )	Not Endorsed	( )
Might do well	( )	Endorsed with Hesitation	( )
Endorsed with confidence	( )	Endorsed with Confidence	( )

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

### TO THE EVALUATOR

In accordance with a federal law, a student admitted to this school is entitled to review this evaluation in his/her file unless the student has signed a waiver to this right. The school does not require a waiver as a condition for admission to or receipt of any services or benefits from the school. Applicants are, therefore, free to decide whether they wish to waive the potential right to examine such evaluations.

### TO THE APPLICANT

The Family Educational Rights and Privacy Act permit us to request but not require that you waive your right to inspect this evaluation. The right would arise if you were an enrolled student in this school and if the evaluation was maintained after your enrollment. Be advised that the information on this form will be used to evaluate you as an applicant for admission to this school. If you choose to waive your right of access to and review of this information, please sign your name.

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

(Please see reverse)

# Shawsheen Valley School of Practical Nursing Program

## Personal Evaluation

Name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

**In what capacity (employer, teacher, friend, etc.)?** \_\_\_\_\_

## Candidate Evaluation - PLEASE EVALUATE ON THE FOLLOWING CRITERIA

	Poor	Fair	Satisfactory	Good	Excellent	N/A
<b><u>Creative Problem Solving</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Strengths:**

**Weaknesses:**

**Additional Comments:**



# Shawsheen Valley School of Practical Nursing Program

## PERSONAL EVALUATION

Name:		
Address:		
City	State:	Zip:

The above-named person has applied to become a student in the Shawsheen School of Practical Nursing PN Program.

We would appreciate your evaluation of his/her potential for success and moral integrity so that we may better know the applicant.

### THE CANDIDATE FOR ADMISSION IS: (CHECK ONE (✓) FROM EACH COLUMN)

Unsuited for admission	( )	Not Endorsed	( )
Might do well	( )	Endorsed with Hesitation	( )
Endorsed with confidence	( )	Endorsed with Confidence	( )

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

### TO THE EVALUATOR

In accordance with a federal law, a student admitted to this school is entitled to review this evaluation in his/her file unless the student has signed a waiver to this right. The school does not require a waiver as a condition for admission to or receipt of any services or benefits from the school. Applicants are, therefore, free to decide whether they wish to waive the potential right to examine such evaluations.

### TO THE APPLICANT

The Family Educational Rights and Privacy Act permit us to request but not require that you waive your right to inspect this evaluation. The right would arise if you were an enrolled student in this school and if the evaluation was maintained after your enrollment. Be advised that the information on this form will be used to evaluate you as an applicant for admission to this school. If you choose to waive your right of access to and review of this information, please sign your name.

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

*(Please see reverse)*

# Shawsheen Valley School of Practical Nursing Program

## Personal Evaluation

Name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

**In what capacity (employer, teacher, friend, etc.)?** \_\_\_\_\_

### Candidate Evaluation - PLEASE EVALUATE ON THE FOLLOWING CRITERIA

	Poor	Fair	Satisfactory	Good	Excellent	N/A
<b><u>Creative Problem Solving</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Strengths:**

**Weaknesses:**

**Additional Comments:**

## PERSONAL EVALUATION

# Shawsheen Valley School of Practical Nursing Program

Name:		
Address:		
City	State:	Zip:

The above-named person has applied to become a student in the Shawsheen School of Practical Nursing PN Program.

We would appreciate your evaluation of his/her potential for success and moral integrity so that we may better know the applicant.

### THE CANDIDATE FOR ADMISSION IS: (CHECK ONE (✓) FROM EACH COLUMN)

Unsuited for admission	( )	Not Endorsed	( )
Might do well	( )	Endorsed with Hesitation	( )
Endorsed with confidence	( )	Endorsed with Confidence	( )

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

### TO THE EVALUATOR

In accordance with a federal law, a student admitted to this school is entitled to review this evaluation in his/her file unless the student has signed a waiver to this right. The school does not require a waiver as a condition for admission to or receipt of any services or benefits from the school. Applicants are, therefore, free to decide whether they wish to waive the potential right to examine such evaluations.

### TO THE APPLICANT

The Family Educational Rights and Privacy Act permit us to request but not require that you waive your right to inspect this evaluation. The right would arise if you were an enrolled student in this school and if the evaluation was maintained after your enrollment. Be advised that the information on this form will be used to evaluate you as an applicant for admission to this school. If you choose to waive your right of access to and review of this information, please sign your name.

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

*(Please see reverse)*

# Shawsheen Valley School of Practical Nursing Program

## Personal Evaluation

Name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

**In what capacity (employer, teacher, friend, etc.)?** \_\_\_\_\_

## Candidate Evaluation - PLEASE EVALUATE ON THE FOLLOWING CRITERIA

	Poor	Fair	Satisfactory	Good	Excellent	N/A
<u><b>Creative Problem Solving</b></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Strengths:**

**Weaknesses:**

**Additional Comments:**