

PRACTICAL NURSING Admission Information

OCEAN COUNTY VOCATIONAL TECHNICAL SCHOOL

Application for PRACTICAL NURSING ADMISSION



MISSION STATEMENT

The mission of the Ocean County Vocational Technical School system is to prepare students for job placement or further education leading to successful employment. We develop partnerships with affiliated schools, parents, business, industry and community agencies to create and deliver opportunities for students to participate in quality occupational programs and support services. These programs and services are designed to meet the needs of high school students and adult learners, as well as the requirements of employers, colleges, technical schools and the community. All students will achieve the New Jersey Core Curriculum Content Standards at all grade levels. Our most important products are our quality graduates and our most important service is to provide them with skills for a lifetime.

We measure our success by: enrollment in our programs; student attainment of marketable occupational skills; graduates capable and desirous of life-long learning; employer and graduate satisfaction; cost effectiveness of our total system; achievement of our graduates; and organizational and individual recognition and awards received.

It is the policy of the Board of Education of Ocean County Vocational Technical School not to discriminate in its technical programs, vocational opportunities, activities, employment practices or admission policies and practices on the basis of race, color, creed, religion, sex, ancestry, national origin, affectional and sexual orientation, disability or social or economic status. Lack of English language skills will not be a deterrent to admission to any program at the Ocean County Vocational Technical School. Inquiries regarding affirmative action, discrimination (including Federal Title IX requirements), sexual harassment or equity should be directed to:

Nancy Weber-Loeffert, Title IX/Affirmative Action Officer
Ocean County Vocational Technical School
732.240.6414 (ext 3332)

Thomas McInerney, Federal Section 504 Officer
Ocean County Vocational Technical School
732.286.5665 (ext 3412)

Kevin Dineen, Americans with Disabilities Act (ADA) Officer
Ocean County Vocational Technical School
732.473.3100 (ext 3123)

APPROVAL

- New Jersey State Department of Education
- Middle States Association
- New Jersey Board of Nursing

ADMISSION REQUIREMENTS

1. All students must be eighteen years of age or older.
2. All students must have a high school diploma, General Equivalency Diploma or equivalent.
3. All students must take an admissions examination.

ADMISSION PROCEDURES

1. Applications may be secured by calling Practical Nursing Admissions Office at 732.473.3100 ext. 3145.
2. The application must be completed and forwarded to OCVTS Practical Nursing Program, 1299 Old Freehold Road, Toms River 08753. The application must be accompanied by a \$25 application fee, which is nonrefundable.*
3. Some programs may require additional testing.
4. The applicant will be notified of acceptance into a particular program.
5. In most cases, it is recommended that the applicant visit a program prior to formal acceptance.

METHOD OF PAYMENT

1. The \$25 application fee is nonrefundable.*
2. Tuition may be paid by either certified check, money order or credit card. No personal checks.
3. The registration fee is non-refundable.

TUITION REFUND POLICY

Tuition refunds will only be given during the first month of school using the following schedule:

Prior to first day of class	100%
Within the first 5 days of class	75%
Within the second five days of class	50%
From the 11th-20th days of class	25%
After the 20th day of class	0%

TUITION, FEES, BOOKS AND OTHER EXPENSES

You may inquire at the Admissions Office for tuition cost, current book prices and other miscellaneous expense rates.

GRIEVANCE POLICY

In an effort to resolve complaints as expeditiously as possible and in keeping with federal/state antidiscrimination legislation, the Board of Education adopts and hereby publishes the following grievance procedure.

Step 1. The grievant should report the incident to the building administrator or the district affirmative action officer, at which time, the incident will be investigated. A conference will be scheduled with the student if necessary. If within five days the grievance is not resolved, proceed to Step 2.

Step 2. A written complaint should be submitted to the proper administrator, who will continue to investigate the incident. The administrator will respond, in writing, within 10 days. If the issue is not resolved, proceed to Step 3.

Step 3. The chief school administrator should be contacted within five days, at which time he/she will review the details

of the grievance and respond within 20 school days. If the grievance is not resolved, proceed to Step 4.

Step 4. The grievant should appeal in writing to the Board of Education within five school days. The Board will review all documentation at a regularly scheduled board meeting. At this time a due process hearing will take place. The decision of the Board will be by a majority of its members. The Board will respond to the grievant in writing within five school days after the meeting.

SPECIAL SERVICES

1. Career counseling offered at the Skill Clinic is provided to individuals in need of job seeking and keeping skills. One may choose to take advantage of vocational aptitude and interest testing administered by certified counselors. The Skill Clinic is located in the Toms River Center. You may contact the office at 732.473.3100 ext. 3129.
2. Personal counseling is available for all of our students.
3. Job placement services are available to all students who graduate from any of our programs.
4. Basic skills support services are available for all students needing functional academic skills in their career training programs.

*Prices subject change as approved by the OCVTS Board of Education

OCVTS is an Equal Opportunity School District.
The Carl D. Perkins Vocational Technical Education Act provides partial funding for this publication.

Visit our website at www.ocvts.org



Commission on Secondary Schools
Middle States Association

Please complete the following application and return to

Ocean County Vocational Technical School, Practical Nursing Program, 1299 Old Freehold Road, Toms River, NJ 08753.

PLEASE PRINT ALL INFORMATION CLEARLY

Last Name		First Name		Middle Initial	
Maiden Name		<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Mailing Address - Street / PO Box					
City		State		Zip Code	
Home Phone Number (include Area Code)		Cell Phone Number (include Area Code)		Business Phone (Include Area code)	
Student's Date of Birth	Age	City of Birth	County of Birth	State of Birth	Country of Birth
Email Address			NJS Student Number		
High School Last Attended		City		State	
Highest Grade Completed			Date of High School Graduation (Month / Year)		
Do you have a General Equivalency Diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If "YES", from which state?				Date Completed	
Have you attended OCVTS, any school, college or university since leaving high school? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Schools Attended		City & State		Dates Attended (From/To)	
				Date of Degree/Diploma	
How did you learn about OCVTS? <input type="checkbox"/> School Presentation <input type="checkbox"/> Print Advertisement <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Other, please explain:					

CALL OCVTS PRACTICAL NURSING ADMISSIONS AT 732.473.3100 X3145 FOR ASSISTANCE WITH THIS APPLICATION

A criminal background check and drug screening will be required for all students over the age of 18 in health career programs.
School Publicity Release: I understand that I may occasionally be the subject of individual or group photographs or videos taken in my career area. I approve the use of my image in various media including, but not limited to newspapers, television and electronic media to be used in the promotion of programs at the Ocean County Vocational Technical School.

By signing below, I certify that all of the above information is correct and accurate. I accept all of the above agreements and agree to abide by all school policies, safety rules and procedures.

PLEASE ATTACH NONREFUNDABLE
\$25 APPLICATION FEE.
MAKE MONEY ORDER PAYABLE TO OCVTS

Survey in Compliance with
Affirmative Action Program (Optional)
ETHNIC ORIGIN:

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Native American or Alaskan
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> No Response

Applicant's Signature _____ Date _____

N.J.A.C. 6:3-2.2 allows educational, occupational, and military personnel access to school information. If you do not want this information released, please initial here _____



Life's a Journey...Better Get Good Directions

Revised November 2009

