

# Practical Nursing



# Application Packet

*Future Nurses in the Making.*

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

## **January and August Enrollment**

Practical Nursing  
Full Time – 1350 Hours (entire program)

Class (675 Hours)  
Monday, Tuesday, Wednesday, Thursday, and Friday  
Time: 7:05 am – 2:00 pm

Clinical (675 Hours)  
Days, requirements, and site vary based on Clinical Facility  
Time: 6:30 am – 5:30 pm

## **April Part Time**

Class (675 Hours)  
Monday, Tuesday, Thursday  
4:00 pm -9:00 pm  
Clinicals will be Monday, Tuesday, Thursday  
3:00 pm - 9:00 pm  
and every other Saturday 12 hour clinical  
6:30 am – 6:30 pm

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://Osceola Technical College (oTECH) / Homepage (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.*



	<b>STEP ONE</b>
	<p><b>A. <u>TESTING</u></b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Basic Skills Test (CASAS) waiver or testing whichever is applicable             <ol style="list-style-type: none"> <li>a. Required Score: (249 Reading, and 245 in Math)</li> </ol> </li> <li>2. <input type="checkbox"/> Health Education System, Incorporated (HESI)             <ol style="list-style-type: none"> <li>a. Required Score: 70% (in Reading, Vocabulary, Grammar, Math, Anatomy and Physiology)</li> </ol> </li> </ol>
	<b><u>START YOUR APPLICATION</u></b>
	<p><b>B. <u>SUBMIT DOCUMENTS TO PROGRAM ADVISOR AFTER YOU COMPLETED ALL</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 the CASAS 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 (if under 24 your parents/legal guardian proof must be provided)</li> <li>5. <input type="checkbox"/> 3 References (Forms are attached)</li> <li>6. <input type="checkbox"/> 10-panel Drug Screen results</li> <li>7. <input type="checkbox"/> AHCA Background Check results (if you are working in Health Field must be less than 1 year old)</li> <li>8. <input type="checkbox"/> Physical Examination form is attached</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> <li>11. Insurance Card</li> <li>12. Respirator Fit Test</li> <li>13. COVID-19 Card if immunized</li> </ol> <p><b><u>STOP</u> – Applicants will be notified if they can continue the admission process based on submission of all documents.</b></p>
	<b>STEP TWO</b>
	<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>
	<b>STEP THREE</b>
	<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 day</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)**

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 PASSING SCORES MATH 245 AND READING 249
2. Day of Testing bring your ID and fee. Arrive 15 minutes prior to testing.

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

HESI should be scheduled in person; the cost of the exam is \$60. To schedule you must have a Florida high school diploma or college degree that exempts you from the CASAS test, and then you can sign up for the HESI.

**There are no REFUNDS for CASAS or HESI test.**

1. Fee: \$60.00 Retake Fee \$55.00
  - A. Required Scores:
    - ❖ 70% IN ALL AREAS: Reading, Vocabulary, Grammar, Math, and Anatomy & Physiology  
YOU WILL NOT BE TESTED ON CHEMISTRY, BIOLOGY OR PHYSICS
  - B. 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.**
  - C. 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. Also on Amazon HESI Admission Assessment Exam Review ISBN: 978-0443114090.
  - D.

**Note: Once the above testing requirements are met, the applicant will then continue the instructions to enrollment in this packet. Start the background check, physical, titers, drug screen, application in packet, and references.**

**Please read all 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. 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.

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

We use **ANYLABTESTNOW** located at 1325 East Vine Street, Kissimmee, Fl 34744, 407-344-8378. Please wait for the results, except for TITERS takes a few days.

## 2. 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.

## 3. 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 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	<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 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

- 4. FINANCIAL AID-** please visit [www.studentaid.gov](http://www.studentaid.gov) and enter school code 031279. Once you have received a SAR letter from financial aid. Please allow our officers 3-5 days to be able to process your financial application and contact you regarding the amount you will receive. If you have any issues filling out the application, contact our financial aid officer Shannon Morrow at 407-344-5080 extension 15247, or email [shannon.morrow@osceolaschools.net](mailto:shannon.morrow@osceolaschools.net)
- 5. Career Source Central Florida** – Located at Valencia College, 1800 Denn John Lane, CIT Building, Suite 300, Kissimmee, Fl 34744. (Parking Available in Lot G) offers grants for those who don’t qualify for financial aid.

### **Estimated Program Costs**

(All costs are approximate and subject to change)

Tuition	\$3942.00	Lab	\$295.50
Books/Online Curriculum	\$1852.16	BLS/First Aid Cert.	\$120.00
<b>Total Estimated Cost of Program: \$6,793.78</b>			

### **Student Out of Pocket Cost**

Casas Test \$25 Retake \$5	HESI \$60 Retake \$55
Castle Branch Bridges \$41 for hospital documents	Registration, Liability and Parking Fee \$75
Physical at your doctor's office**	Titers cost depends on Facility \$200
Respirator Fit Test (Form and address provided, \$20	
School Uniforms (3) plus jacket \$114.96 @ Uniform Outfitters	Pen Light
Sneakers for classroom use all white	Nursing shoes (no Crocs)
Stethoscope and Blood Pressure Cuff	NCLEX \$400 License, background, and test

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

\*\* 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 as part of the enrollment process. Cost approximate \$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 _____
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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
High School/GED				
College/Voc. Tech./University				

**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 three 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

/

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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

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**

**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**

1. 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

**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.

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY REFERENCE**

2. 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

**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