Warrensburg Area Career Center Logo



Practical Nursing students at a bedside with a manikin

2027-2028
Practical Nursing Program Application Packet

1328 Hours / 44 Weeks

Warrensburg Area Career Center
205 South Ridgeview Drive Warrensburg, MO 64093
(660) 747-2283 / Fax: (660) 747-3778

WACC Director: Andrew Wakeman
PN Program Coordinator: Shiralee Beck, RN, BSN, MSCTE
Financial Aid Coordinator: Kathleen Stockton

WACC MISSION STATEMENT

Engaging students in relevant education through career-focused experiences.

PHILOSOPHY

This is a synopsis of the Philosophy outlined in the Student Handbook:

1. We believe that the Licensed Practical Nurse fulfills a vital role in meeting the health needs of the community.
2. We believe in the human dignity and worth of every individual.
3. We believe that based on knowledge of biological, social, and nursing science, the practical nurse can meet the needs of assigned patients.
4. We believe that learning is a never-ending process.

APPROVAL

Fully approved by:

Missouri State Board of Nursing

Missouri Department of Education

The Council on Occupational Education accredits Warrensburg Area Career Center. The contact information is listed below:

Council on Occupational Education
7840 Roswell Road
Building 300, Suite 325
Atlanta, GA 30350
Phone: (770) 396-3898 or (800) 917-2081

The Warrensburg Area Career Center adheres to the policy of non-discrimination on the basis of race, creed, socioeconomic status, sex, ethnic origin, age, political affiliation, or disability.

FACULTY

Shiralee Beck, RN, BSN, MSCTE, 2023, Program Coordinator

Kathy Loyd, RN, 2024, Clinical Instructor

The program is supervised by a nurse program administrator and nursing instructors who hold a Registered Professional Nurse License, have a BSN, and are certified by the Missouri Department of Elementary and Secondary Education as vocational instructors.

ADMISSION REQUIREMENTS

1. Be at least seventeen years of age.
2. Return the completed application immediately so that a file may be opened.
3. Give the THREE enclosed reference forms to the reference persons listed on the application. The reference forms should be mailed by the person preparing them. Please provide the reference with a stamped envelope addressed to the Practical Nursing Program. We recommend that applicants use immediate supervisors, former employers, or others familiar with their work characteristics.
4. Official copy of your driver's license or other state identification card and Social Security card. Bring the original documents to the Career Center, we will make a copy. If mailing you will need a notarized copy of the documents.
5. An official copy of your high school transcripts. Your high school can e-mail or mail an official set directly to the school. If you have attended college, we will need an official copy of those transcripts as well. Official transcripts can be sent to 205 S. Ridgeview Drive, Warrensburg, MO, 64093 or kstockton@warrensburgr6.org. Applicants with a GED must contact DiplomaSender and request documentation be sent directly to Warrensburg Area Career Center kstockton@warrensburgr6.org. The applicant can contact DiplomaSender at 855-313-5799 or diplomasender.com.
   If the official transcripts are from a foreign country, the student must have the diploma evaluated to determine if it is equivalent to a U.S. high school diploma before the file is complete. The following companies have been used, ECE, WES, and Spantran.
6. We would like a copy of an vocational education or certification that you have received. (EMT, C.N.A., CMT, HS Health Occupations, other)
7. Pre-Entrance testing: TEAS (Test of Essential Academic Skills). An adjusted total individual score of 58% or greater is preferred. If the class is not full, we will accept a maximum of 25% of the class with a score of 56% on the TEAS. The scores must be within three years of the program deadline, with any exceptions at the discretion of the Program Coordinator and Director. When applying for the WACC PN Program, applicants will be allowed to take the TEAS a maximum of two times for the academic year for which they are applying.
8. Complete the Family Care Safety Registry and mail it with a fee to the Missouri Department of Health and Senior Services before **March 19, 2027**.
9. Complete the MO Highway Patrol MACHS **NAME SEARCH** Background Check and submit the notarized results to the Career Center.
10. Complete the Free Application for Federal Student Aid (FAFSA) at studentaid.gov. Our school code is 014434. You may be eligible for Access Missouri Grant funds if you complete your FAFSA before February 1, 2027.
11. A personal interview may be required.
12. Selection reflects consideration of the potential for the applicant to complete the program and meet the standards to write the NCLEX-PN.
13. An applicant for whom English is a second language shall pass an English proficiency examination and/or demonstrate a working knowledge of spoken English. The Practical Nursing program will use the ETS TOEFL test as an English proficiency examination. **The website is** https://www.ets.org/toefl.

14. The Practical Nurse Program adheres to a policy of nondiscrimination on the basis of sex, religion, race, ethnic origin, age, political affiliation, or disability.
15. Any applicant who appears on the employee disqualification list at the Division of Aging will not be eligible for admission. Persons on this list would not be allowed to complete the program's clinical component.
16. A criminal background check will be required before admission or before any clinical experience. The results could result in denying admission or continuation in the program. Random drug screenings may be required at the faculty or clinical facilities' discretion. Drug Screening will be performed through a local lab. If additional drug screenings are required, the student is responsible for the cost of each test.

DEADLINES FOR THE APPLICATION MATERIALS

1. All application materials should be returned to the school as soon as possible. Files completed by **MARCH 19, 2027,** or until the class is full, will receive priority consideration. We will extend the deadline if the class is not full.
2. All materials received are dated and may contribute to the applicant's selection. If there are two files of equal strength and there are no other qualifiers, the file with the earliest completion date may be selected over the other.
3. Applications received after **March 19, 2027,** will be placed on a waiting list if the class is full at that time.
4. No student will be admitted later than five school days after the established start date.

ADMISSION REQUIREMENTS AFTER ACCEPTANCE INTO THE PROGRAM

1. Admission physical by an M.D., D.O., or Nurse Practitioner is required.
2. Applicants will be required to have **CPR for Health Care Providers certification through the American Heart Association.**
3. Applicants will present evidence of all required immunizations stated in the acceptance letter.
4. A passport, passport card, or Missouri Real ID for students who do not have Whiteman Air Force Base (WAFB) access. The Career Center will make a copy to have on record for the WAFB clinical.
5. No student shall be admitted later than five school days after the program's established entrance date per the Missouri Board of Nursing Minimum Standards.

One class is admitted each fall; no students will be admitted later than five days after the established start date.

Hours are Monday through Friday, 8:00 AM – 4:00 PM. Hours may change during clinical practice.

RE-ENTRY OF A STUDENT

Consideration of re-entry of any practical nursing student(s) is only allowed for the immediate school year following (tuition prorated) withdrawal and/or dismissal. An applicant desiring re-entry more than 365 days from withdrawal and/or dismissal will follow the standard admission process. For additional information, please contact the school.

ADVANCED PLACEMENT/ TRANSFER CREDIT STUDENT POLICY

The WACC Practical Nursing program does not have an advanced placement/transfer credit student policy and/or accept transfer credits.

TESTING

Your file will need a TEAS score by **March 19, 2027**. WACC does not administer the TEAS exam in our building. All tests will be remote through ATI at atitesting.com.
You must register and pay before taking the exam. Reviewing TEAS study materials before taking the exam is highly recommended, either by purchasing study materials or enrolling in an online course.

To be considered for the current application cycle, the TEAS results must not exceed a year old at the application deadline. You will need to have OFFICIAL TEAS results sent to us by mail, fax, or email from either the school you took the TEAS exam through or atitesting.com. Make sure to request within ATI that a transcript be sent to the Warrensburg Area Career Center.

Email: kstockton@warrensburgr6.org
Fax: (660) 747-3778
Mail: 205 S. Ridgeview Drive, Warrensburg, MO 64093

REGISTER FOR TEAS TEST (See Below)

1. Go to atitesting.com/teas/register and create a user account.
2. Be sure to select Warrensburg Area Career Center as an associated institution (This will allow results to be shared with our institution).
3. Select ATI (Remote proctored by ATI)
4. This will take you to the Store.
5. Once in the Store, click register for TEAS at ATI.
6. Select the session you would like.
7. Check your email for instructions.

Should you have additional questions, please contact our office at (660) 747-2283.

MACHS BACKGROUND CHECK

The Warrensburg Area Career Center is required to ensure that all students enrolled in an adult program submit to a background check through the MO State Highway Patrol MACHS portal.

Through the MO State Highway Patrol MACHS website, the applicant is responsible for registering and paying for the background check. Refer to the MACHS Tutorial for step-by-step instructions.

A name-based query costs $15.00* plus an additional payment processing fee. The processing fee payment schedule is 2.00% of the purchase amount plus $0.25*. Generally, the background checks are completed within seven business days. Applicants must provide a **notarized copy of the results** to the Warrensburg Area Career Center. *Subject to change.

TUITION/FEES

COLLECTED BY WACC

A non-refundable enrollment fee of $100.00 is due by the deadline provided in the acceptance letter. The fees are estimated and subject to change. Refunds for tuition are listed in the Refund Policy section.

SCHOOL YEAR: 2027-2028

TUITION: $16,789.00

BOOKS: $2,679.79; books will be distributed within the first week of class.

Students do have the option of purchasing textbooks on their own. Students must meet with the Program Coordinator by **May 3, 2027,** to get textbook approval. The titles and ISBNs must match what the school is purchasing. **Purchases must be made by the 1st day of class; no waivers in tuition and fees will be made.**

FEES & EXPENSES: $2,126.62

Some fees are lab supplies, organizational dues, liability insurance, graduation fees, and uniforms. All fees and expenses are mandatory. For a complete list, please see the financial aid office.

The use of iPads is required for the program. Outside iPads are prohibited due to the district's restrictions on loading school apps on non-school-purchased iPads. Therefore, the purchase of iPads through school is mandatory. The student keeps the iPad after completing the program. If a student is dismissed or withdrawn, the student will keep the iPad if paid for in full. Any waivers are up to the discretion of the Director.

FEES & EXPENSES NOT COLLECTED BY WACC/ADDITIONAL MISCELLANEOUS EXPENSES INCURRED THROUGHOUT THE YEAR:

Approximately $615.00 - shoes, a watch with a secondhand, khaki pants, graduation, and field trips. For a complete list, please see the financial aid office.

FINANCIAL AID

Complete the Free Application for Federal Student Aid (FAFSA) at studentaid.gov; our school code is 014434. You must submit your FAFSA by **February 1** each year to meet the priority deadline. Eligible students who apply on or before February 1 are guaranteed an award. You must submit your FAFSA by April 1 to meet the final deadline to be considered for eligibility, especially for specific State grants. Eligible students who apply between February 1 and April 1 will be awarded based on funding availability.

If you are applying for Direct Loans, please complete a Master Promissory Note and Loan Entrance Counseling at studentaid.gov. All financial aid documents must be submitted and signed before **June 10, 2027**. For additional information or to schedule an appointment, please get in touch with the Financial Aid Coordinator by email at kstockton@warrensburgr6.org or contact our office:

Warrensburg Area Career Center
205 S. Ridgeview Drive, Warrensburg, MO 64093
(660) 747-2283

WACC OFFERS THE FOLLOWING FINANCIAL AID TO STUDENTS

- Federal Pell Grant
- Federal Direct Loans
- VA Education Benefits (only to those eligible)
- Work Force Investment Act (WIA)
- Vocational Rehabilitation funds
- Missouri Access Financial Assistance Program
- Fast Track Workforce Incentive Grant
- A+ Scholarship Program
- MyCAA
- Missouri Nurse Loan Program
- Student Nurse Organization
- Private scholarship

VETERAN'S BENEFITS

Warrensburg Area Career Center will not impose any penalty, including the assessment of late fees, denial of access to classes, libraries, or other institutional facilities, or the requirement that a Chapter 31 or Chapter 33 recipient borrow additional funds to cover their financial obligations to the institution due to the delayed disbursement of payment by the U.S. Department of Veterans Affairs.

SECURITY REPORT

The Jeanne Clery Disclosure of Campus Security and Campus Crime Statistics Act, federal statute 20 v.s.c.1092, requires that Warrensburg Area Career Center (WACC) provide students with information regarding the numbers and types of crimes that have taken place on our campus beginning August 1, 1991. The Financial Aid Administrator of WACC prepares this report in cooperation with the School Resource Officer and includes various other elements of the Warrensburg R-VI School District.

The report is updated annually and is available to students and employees by October 1st. The report can be viewed on the Warrensburg Area Career Center website (under Financial Aid), and paper copies of the report can be requested by contacting the Financial Aid Coordinator at (660) 747-2283 or kstockton@warrensburgr6.org.

INSTITUTIONAL REFUND POLICY

Federal student assistance program regulations require institutions of higher education that participate in Title IV aid programs to have a fair and equitable refund policy for all students who withdraw, drop out, or are dismissed. This regulation can be found in the Department of Education Federal Student Assistance Program provisions.

A student receiving **Federal or State funds** and withdraws or is dismissed from any post-secondary program is eligible for a refund as defined below:

- The school will retain 25% of the tuition for students withdrawing in the first week of the payment period. Withdrawal may be voluntary or involuntary.
- The school will retain 50% of the tuition for students withdrawing in weeks 2, 3, and 4 of the payment period. Withdrawal may be voluntary or involuntary.
- The school will retain 100% of the tuition for students withdrawing during or after week 5 of the payment period. Withdrawal may be voluntary or involuntary.
- No textbooks or fees are refunded once a student has started the program. Any exception is at the discretion of the Director.
- Refunds will be returned to the student within 14 days after the determined date of the student's withdrawal or termination.
- The enrollment fee of $100.00 is nonrefundable when a student withdraws or is dismissed from either program.

A student who has their tuition and/or fees paid for with **personal funds** and withdraws or is dismissed from any post-secondary program at WACC is eligible for a refund as defined below:

- The school will retain 25% of the tuition for students withdrawing in the first week of the payment period. Withdrawal may be voluntary or involuntary.
- The school will retain 50% of the tuition for students withdrawing in weeks 2, 3, and 4 of the payment period. Withdrawal may be voluntary or involuntary.
- The school will retain 100% of the tuition for students withdrawing during or after week 5 of the payment period. Withdrawal may be voluntary or involuntary.
- No textbooks or fees are refunded once a student has started the program. Any exception is at the discretion of the Director.
- Refunds will be returned to the person who paid the tuition and/or fees within 20 days after the determined date of the student's withdrawal or termination.
- The enrollment fee of $100.00 is nonrefundable when a student withdraws or is dismissed from either program.

It will be at the discretion of the Instructor/Administrator and the Career Center Director to make any exceptions to this policy. For students leaving WACC with a balance due to the school, this balance must be paid in full or a monthly installment plan established to satisfy the debt.

Upon dismissal or withdrawal, students must complete an exit interview with the Financial Aid Coordinator.

SERVICES

1. Counseling, academic advisement, placement, and referral services are available from the faculty and support personnel.
2. No dormitory facility is provided. Students are responsible for their transportation.
3. The school provides only first aid health services. Each student is responsible for any health service required.

GRADUATE COMPETENCIES

The graduate of this program should be able to:

1. Perform nursing skills required of an entry-level practical nurse with the ability to make nursing judgments based on sound knowledge of normal physiology, pathology, sociology, mental health, and nursing principles.
2. Assess, plan, implement, and evaluate patient-centered care under the direction of a Registered Nurse, considering the needs of the patient and their family.
3. Communicate with patients and their families, peers, supervisors, and employers in such a way as to make the interaction meaningful, purposeful, and effective.
4. Recognize the importance of continuing education and self-development through participation in professional organizations and taking continuing education courses.
5. Recognize the role and responsibility of a practical nurse in meeting various health needs of the community.

STATEMENT OF ESSENTIAL ABILITIES/SKILLS

Nursing is a practice that requires the use of physical, sensory, affective, mental, and communication skills. The faculty in the Practical Nursing Department at the Warrensburg Area Career Center has specified essential requirements and standards critical to students' success in any nursing program. Students must demonstrate the following essential abilities in the classroom and clinical settings to succeed in this program of study.

ESSENTIAL PHYSICAL SKILLS

1. Physical ability to perform fine motor skills involved in palpating muscles, bony prominences, picking up objects with hands, grasping small objects, writing with pen or pencil for a minimum of four hours, typing on a computer for a minimum of four hours, squeezing fingers, and palpating pulses.
2. Physical endurance and mobility may include standing and walking in the clinical and classroom setting for a minimum of eight hours. The ability to perform a full range of motion activities such as standing, walking, bending, turning, twisting the body, reaching arms above the head and below the waist, grasping and squatting, kneeling, and moving quickly to emergency situations within a minimum of an eight-hour time frame.
3. Physical strength involves independently lifting objects/patients weighing up to 25 pounds, moving heavy objects weighing up to 50 pounds, and maintaining upper body strength when handling a patient or performing CPR. Physical strength is required to transport a patient by moving, lifting, or transferring from a wheelchair, bed, stretcher, or exam table. The ability to manipulate, move, or adjust a variety of medical equipment to perform various medical procedures and adapt as needed to meet the environment and patient's needs.

ESSENTIAL PERCEPTUAL/SENSORY SKILLS

1. Ability to monitor and assess patients through the senses of seeing, hearing, touching, and smelling so that correct judgments are made to engage in safe practice.
2. Visual requirements include reading the fine print on a measuring device and computer screens, seeing objects more than 20 feet away, recognizing depths, using peripheral vision, and the ability to monitor patients' conditions and charting in dimly lit conditions.
3. Auditory requirements include hearing monitor alarms, emergency signals, normal speaking levels, and auscultate sounds for basic physical assessment of the patient.
4. Tactile requirements include the ability to palpate vibrations such as pulse, temperature of skin and solutions, and fluctuating temperatures.
5. Smell or olfactory requirements include the ability to detect smoke or noxious odors.

ESSENTIAL EMOTIONAL AND COPING SKILLS

1. Demonstrate the mental ability to focus attention on the task at hand, monitor one's own emotions, perform multiple responsibilities, cope with unexpected situations, and manage strong emotions such as grief or disgust to safely engage in the practice of nursing.
2. Maintain appropriate emotional behavior in emergency situations and adapt rapidly to environmental changes and demands.
3. Demonstrate good judgment and appropriate behavioral skills to complete all responsibilities involved with patient care.
4. Provide emotional support and engage in appropriate conversation with the patient and the family.
5. Collaborate with others by seeking out information, asking for advice, and sharing with others to function as part of a team.

ESSENTIAL COGNITIVE AND INTELLECTUAL SKILLS

1. Solve problems involving measuring, calculating, reasoning, and analyzing.
2. Perform competently and safely within the guidelines of the Missouri State Board of Nursing Practice Acts.
3. Apply the instructions received from the classroom setting, skills laboratory, and learning projects in the clinical setting.
4. Comprehend, interpret and follow oral and written instructions.
5. Use critical thinking and problem-solving to recognize, assess, and understand conditions of one's surroundings for the purpose of arriving at the appropriate course of action.
6. Gather and assess data, establish priorities, develop a plan of action, and anticipate the needs of the patient.

ESSENTIAL COMMUNICATION SKILLS

1. Communicate in the English language with patients and their families with accuracy, clarity, and efficiency.
2. Communicate appropriately in the professional setting in both verbal and non-verbal communication.
3. Establish and maintain effective communication with all peers, instructors, and co-workers.
4. Read and understand healthcare setting materials such as textbooks, patient records, policy and procedure manuals, and medical supply packages.
5. Obtain accurate health history and assessments through appropriate, clear, and concise communication.

FAILURE TO MEET ESSENTIAL ABILITIES/SKILLS

Failure to meet one or more of the Essential Skills may result in dismissal from the Practical Nursing Program at the Warrensburg Area Career Center.

GRADUATION

Graduation: Upon successful completion, the student will be eligible to apply for the National Council of Licensure Examination to be licensed. Successful program completion does not guarantee eligibility to take the licensure examination or successful completion of the examination.

THE CURRICULUM

(Curriculum schedules are subject to change.)

INTRODUCTORY PERIOD

1. Academic Classes
   a. August, September, and Mid-October (8:00 am to 4:00 pm)
2. Academic Classes
   a. Mid-October, November, and December
      1) Monday, Tuesday, and Wednesday (8:00 am to 4:00 pm)
3. Student Success
   a. August-December
      1) See Calendar
4. Clinical Experience
   a. Mid-October, November, and December
      1) Thursday and Friday (times vary)

NURSING SPECIALTIES

1. Academic Classes
   a. January to Mid-June
      1) Monday, Tuesday, and Wednesday (8:00 am to 4:00 pm)
2. Student Success
   b. January to Mid-June
      1) See Calendar
3. Clinical Experience
   a. January to May
      1) Thursday and Friday (times vary)
         a) Hours of specific clinical rotations may vary based on the clinical site. The student will be informed ahead of the scheduled time to allow for planning.
         b) Additional schedules will be provided with classroom and clinical hours.

NOTE: An evening and/or night rotation may be scheduled into the clinical rotation. Students will be given adequate notice. ***Please be aware that the Clinical rotation schedule, times, and/or location may change for various reasons***. Your responsibility as a potential nurse is to be flexible and adaptable to change.

CLINICAL FACILITIES

Western Missouri Medical Center
Medical, Surgical, Telemetry Units
Emergency Room and Ambulatory Care
Wound Clinic
Hannah Surgery Center
Labor and Delivery
Building Blocks Pediatrics
Women's Health Clinic
Internal Medicine Clinics
Family Practice Clinics
Dialysis
Johnson County Community Health
Compass Health
509th Medical Group WAFB
Holden Manor Care Center
Missouri Veteran's Home
Warrensburg Manor Health Care
Crossroads Hospice
Sylvia G. Thompson Nursing Home
E.W. Thompson Health & Rehab Center
Ridge Crest
Country Club Care Center
Good Shepherd Community
John Knox East Meyer Care Center
Warrensburg School District

WARRENSBURG AREA CAREER CENTER
APPLICATION FOR ADMISSION TO PRACTICAL NURSING PROGRAM

NAME _____ DATE OF BIRTH_____
LAST FIRST MIDDLE MAIDEN

ADDRESS _____

STREET CITY STATE ZIP CODE

HOME PHONE _____ WORK PHONE _____

SOC. SEC. NO. _____ E-Mail _____

Optional: What is your primary native language? _____

Male_____ Female_____ Pronoun Preference_____ White_____ Black_____ Other_____ Marital Status_____

American Indian/Alaskan _____ Asian _____ African American _____Hispanic _____ Pacific Islander _____ White _____
Other _____

EDUCATIONAL BACKGROUND

NAME OF SCHOOL CITY, STATE, ZIP DATES ATTENDED GRADUATED

High School _____

College _____

List Other_____

If you did NOT graduate from high school, do you have a GED? _____ Have you previously attended WACC? _____

EMPLOYMENT BACKGROUND

Begin with the most recent:

NAME AND ADDRESS DATES KIND OF WORK REASON FOR LEAVING

1._____

2. _____

3. _____

Give name and address of three (3) persons to whom you have given reference forms to be forwarded to the school. We suggest using immediate supervisor, former employers or others familiar with your work characteristics (relatives and close friends excluded.)

NAME STREET, CITY, STATE, ZIP TITLE OR POSITION

1._____

2._____

3._____

Have you ever been convicted of a felony? _____

(Please read & sign the back of the application)

OVER

Do you have any physical limitations for clinicals? Please list:_____

_____

Do you have any special needs or physical or mental abnormalities/conditions that require special accommodation? Yes_____ No_____ If "Yes" please list_____

_____

(Please refer to the Practical Nursing Student Handbook regarding the process for special accommodation)

I certify that the information provided above is correct to the best of my knowledge.

_____

Signature Date

Warrensburg Area Career Center is an affirmative action school. No person shall, on the basis of race, sex, creed, color, or handicap, be subject to discrimination in employment or in admission to any educational program or activity. Rev. 9/99

Any applicant to the Practical Nursing Program of the Warrensburg Area Career Center who would be subject to refusal to sit for the Licensed Practical Nurse Examination by the Missouri State Board of Nursing could be denied admission to the Program.

As part of the application process, please read Section 335.066 RsMO of the Missouri Nurse Practice Act and sign and date the statement below:

I have read Section 335.066 RsMO (**Denial, revocation, or suspension of license, grounds for, civil immunity for providing information — complaint procedures)** and know of no reason that I would be denied the opportunity to sit for the state Board Examination following completion of the Practical Nursing Program.

_____

Signature Date

Practical Nurse Program
Warrensburg Area Career Center
Warrensburg, Missouri

This section is to be completed by the applicant:

WAIVER TO ACCESS LETTER OF RECOMMENDATION

I (do) (do not) waive my right to access letters of recommendation. (Unless this waiver is marked, WACC will consider the right to access waived.)

Under the Family Education Rights and Privacy Act of 1974, students may have access to letters of recommendation, or they may waive that right, and letters of recommendation will be considered confidential. Letters of recommendation are destroyed after the decision of acceptance has been made.

_____ _____

Applicant's Printed Name **Applicant's Signature**

The above applicant has given your name as a reference. Please give us your frank opinion in answering the following questions. Please return this form as soon as possible.

Please mail this to:

Nursing Admissions
Practical Nursing Program
Warrensburg Area Career Center
205 South Ridgeview Drive
Warrensburg, MO 64093

Candidate's Name _____

1. **How long have you known this candidate?**_____
2. **In what capacity?**_____
3. **From your experience, please rank the applicant on the following characteristics.**

	Superior	Average	Poor	Unable to Judge
Honesty				
Dependability				
Interest in People				
Punctuality/Attendance				
Initiative				
Perseverance				
Grooming				
Industriousness				
Ability to work with others				

If you rated poor, please explain your reason:_____

_____

Other qualities or comments which might be helpful in student selection:_____

_____

_____

With your present knowledge of this individual, would you be willing to have this person take care of you or your family as a patient after completion of the program? _____

Would you employ this individual for a position that requires responsibility and stability?

Yes ____No____

Please specify your answer._____

_____

Do You: _____**Recommend without reservation.**
_____**Recommend rather highly.**
_____**Recommend**
_____**Recommend with reservation.**
_____**Do not recommend.**

_____ _____
Date **Name (Please Print)**

_____ _____
Phone **Signature**

_____ _____
Title **Street, City, State, Zip**

Practical Nurse Program
Warrensburg Area Career Center
Warrensburg, Missouri

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Initiative				
Perseverance				
Grooming				
Industriousness				
Ability to work with others				

If you rated poor, please explain your reason:_____

_____

Other qualities or comments which might be helpful in student selection:_____

_____

_____

With your present knowledge of this individual, would you be willing to have this person take care of you or your family as a patient after completion of the program? _____

Would you employ this individual for a position that requires responsibility and stability?

Yes ____No____

Please specify your answer._____

_____

Do You: _____**Recommend without reservation.**
_____**Recommend rather highly.**
_____**Recommend**
_____**Recommend with reservation.**
_____**Do not recommend.**

_____ _____
Date **Name (Please Print)**

_____ _____
Phone **Signature**

_____ _____
Title **Street, City, State, Zip**

Practical Nurse Program
Warrensburg Area Career Center
Warrensburg, Missouri

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Honesty				
Dependability				
Interest in People				
Punctuality/Attendance				
Initiative				
Perseverance				
Grooming				
Industriousness				
Ability to work with others				

If you rated poor, please explain your reason:_____

_____

Other qualities or comments which might be helpful in student selection:_____

_____

_____

With your present knowledge of this individual, would you be willing to have this person take care of you or your family as a patient after completion of the program? _____

Would you employ this individual for a position that requires responsibility and stability?

Yes ____No____

Please specify your answer._____

_____

Do You: _____**Recommend without reservation.**
_____**Recommend rather highly.**
_____**Recommend**
_____**Recommend with reservation.**
_____**Do not recommend.**

_____ _____
Date **Name (Please Print)**

_____ _____
Phone **Signature**

_____ _____
Title **Street, City, State, Zip**

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
FAMILY CARE SAFETY REGISTRY

WORKER REGISTRATION

FCSR USE ONLY

Register online at www.health.mo.gov/safety/fcsr OR mail this form, copy of Social Security card, and payment to **Missouri Dept. of Health and Senior Services, Fee Receipts, PO Box 570, Jefferson City, MO 65102.** Register only once!

REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)

- ☐ Adoptive Parent
  Agency Name: _____
- ☐ Child Care
- ☐ Missouri Foster Parent/Family Member of Foster Parent
  Children's Division County Office: _____
- ☐ Hospital
- ☐ Long Term Care/Personal Care (Please choose subcategory at right ▸.)
- ☐ Mental Health/Psychiatric Hospital
- ☐ Voluntary *(Select voluntary if no other registration type applies.)*

A one-time registration fee of **$15.00** applies to all categories except Missouri Foster Parents, who must list the Missouri Children's Division county office.

Have you or an immediate family member ever served in the U.S. Armed Forces? ☐ Yes ☐ No

If Yes, would you like information about military-related services in Missouri? ☐ Yes ☐ No

Long Term Care / Personal Care Subcategories
(Complete if LTC/PC selected at left.)

- ☐ Adult Day Care
- ☐ Assisted Living Facility
- ☐ Hospice
- ☐ Hospital LTAC/Swing Bed
- ☐ Mental Health – Residential Facility/ICF
- ☐ Nursing Facility/Skilled Nursing
- ☐ Personal Care – Home Health
- ☐ Personal Care – In-Home Services
- ☐ Personal Care – Consumer Directed Services/Center for Independent Living
- ☐ Personal Care – HCY/PDW/DDD/Other

SOCIAL SECURITY NUMBER (Mail copy of card with form.)

— —

PERSONAL INFORMATION (Provide all names you have used, starting with most recent. Include legal names and nicknames.)

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (JR., SR., II, III)

BIRTH NAME (LIST FULL NAME)	PRIOR NAMES USED (IF APPLICABLE, LIST FIRST AND LAST NAMES.)	DATE OF BIRTH (MM-DD-YYYY)	GENDER
			☐ M ☐ F

CONTACT INFORMATION

MAILING ADDRESS (ENTER YOUR STREET ADDRESS OR POST OFFICE BOX. THIS ADDRESS MUST BE DIFFERENT FROM EMPLOYER ADDRESS.)

CITY	STATE	ZIP CODE	COUNTY

TELEPHONE	EMAIL ADDRESS (REQUIRED)	COUNTRY (COMPLETE ONLY IF OUTSIDE U.S.)

EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)

☐ My current/potential child care, long term care or mental health care employer is:

EMPLOYER NAME

EMPLOYER ADDRESS

EMPLOYER CITY	STATE	ZIP

EMPLOYER TELEPHONE	EMPLOYER CONTACT NAME	EMPLOYER CONTACT TITLE

☐ No Employer, because I am a(n):

- ☐ Adoptive Parent
- ☐ Foster Parent/Family Member
- ☐ Home Child Care Provider
- ☐ Private Pay/Private Duty
- ☐ Student
- ☐ Volunteer
- ☐ Other (Explain:_____)

REGISTRATION AGREEMENT

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT	DATE OF SIGNATURE (MUST BE WITHIN SIX MONTHS OF SUBMISSION.)

WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Elementary and Secondary Education
- Foster parent records maintained by the Missouri Department of Social Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor.** Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select "Voluntary." (A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 et seq., RSMo.) If you checked Long Term Care / Personal Care, please also make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Registry may contact you to request a personal email address if one is not provided.

Employer Associated with this Registration - If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right. The employer entered in this section will not receive a copy of the registration notification. Employers eligible to use the Registry for caregiver screenings must make a separate request for your background information.

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the **Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102.** If you have questions, please call the Registry using the toll-free telephone number, **866-422-6872.**

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your contact information. Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to fcsr@health.mo.gov, or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).