



**Northwest Technical Institute**  
rethink education

*“Changing lives through education, training, and skill development.”*

# Practical Nursing Application Packet

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[www.nwti.edu](http://www.nwti.edu)

Revised 2/12/20

## PRACTICAL NURSING ADMISSION CRITERIA

### FILE COMPLETION

To be considered for this program, you must have a complete file:

- Nursing Application (\$10.00) Application Fee must be paid when application is turned in.**
- Copy of your state or federal picture ID (ex. driver's license or military card), and Social Security card.**
- Certified Nursing Assistant Certification or equivalent required.**
- Next-Generation Accuplacer test (\$10.00) must score a minimum 260 for Reading Comprehension and 249 for Arithmetic Math.** Exam can be taken Monday through Friday from 7:30-11 a.m., in room 130. Photo I.D. is required.  
  
Students must score a 260 or above on Next-Generation Accuplacer Reading Comprehension to be considered for admissions and will be given credit for NPR 1403 Technical Communications
- Official High School Transcript or GED**  
All high school and college transcripts need to be **OFFICIAL** transcripts. (An "Official Transcript" means it has the embossed school seal imprint and is **sent directly** to the NWTI Admissions Office. You will be responsible for any fees involved.)
- College Transcripts**  
All College transcripts need to be official transcripts (An "Official Transcript" means it has the embossed school seal imprint and sealed in an envelope and sent directly to the NWTI Admissions Office. Please see cover page about transfer credit.)
- Immunization Records-2 MMR (measles, mumps, and rubella) or a lab test to prove that you are immune to measles, mumps, and rubella). Current TB skin test and Flu Vaccine between September 1<sup>st</sup> and November 1<sup>st</sup>. For additional immunizations needed once you are accepted into the program, please see Immunization Policy on page 5-6.**
- Two Employment References from current employer:** Both references can be from the same workplace as long as they are above your pay grade.
- You will be required to pay for a witnessed 10 panel drug screen and take the drug screen within 7 days if you are selected into the Practical Nursing. Failure to obtain this drug screen with-in the time frame, will forfeit the admission seat and placement will be offered to a alternate.
- A holistic interview with the Director of Nursing will be conducted once your application is complete.

**ATTN: All paperwork must be turned in all at once. Except the employment references & transcripts, this must be mailed in no later than November 1st.**



## FINANCING YOUR EDUCATION AT NORTHWEST TECHNICAL INSTITUTE

### APPLYING FOR FINANCIAL AID

Step 1: Complete the Free Application for Federal Student Aid (FAFSA). It can be completed online at [www.fafsa.gov](http://www.fafsa.gov). Paper forms are available and must be requested individually on the FAFSA website. The online FAFSA is free, fast, and secure.

Step 2: Make sure you are filling out the FAFSA for the appropriate school year. It may be submitted after October 1 for the school year beginning the next fall. Information from prior year tax returns is needed (school year 2020-2021 will require you to have 2018 tax information). It is best to submit the FAFSA as early as possible.

Step 3: **Northwest Technical Institute's Federal School Code is 014044**. NWTI's school code should be listed in the school code section of the FAFSA so that the application data will be sent to NWTI and eligibility for assistance can be determined.

Step 4: When applying electronically be sure to submit the application by selecting the "Submit my FAFSA now" button on the last page. It is recommended to print a copy of the Confirmation Page for your files.

Step 5: If any further information or documents are necessary, NWTI will notify the student. It is important to respond to requests in a timely manner. Once an application is finalized, NWTI will send an award notice indicating types and amounts of assistance for which the student is eligible.

*TIP:* FAFSA4caster is a tool that provides students with an early estimate of their expected family contribution (EFC) and eligibility for federal student aid. A link to FAFSA4caster is also available on the FAFSA on the Web homepage. Remember this is simply an estimate to help students make important decisions as they prepare to further their education.

### GRANTS

#### *Federal Pell Grant:*

This is a federal program providing funds based upon financial need as demonstrated by the FAFSA. The grant does not need to be repaid. This award is based upon student eligibility, enrollment status, and federal appropriations. The amount can range from \$652 to \$6,095 per year (for the 2020-2021 school years). Students who have a Bachelor's degree are not eligible.

***NOTICE:*** *Students who attend Northwest Technical Institute are not eligible for the Arkansas Academic Challenge Scholarship. In addition, NWTI does not participate in any federal student loan programs (e.g. Stafford or Perkins loans).*

### Alternative Loans

#### *Arkansas Rural Endowment Fund, Inc.*

This private, uninsured student loan program provides up to a maximum of \$2,625.00 per year. This loan accrues interest while the student is in school, but repayment does not begin until six months after school attendance ceases. For information and application forms, contact the Arkansas Rural Endowment Fund, Inc. at 501-375-2358 or visit <http://www.aref.org>.

#### *Sallie Mae Career Training Smart Option Alternative Student Loan:*

This private, uninsured student loan for professional training and trade certificate courses at a non-degree granting school. This loan accrues interest while the student is in school, but repayment does not begin until six months after school attendance ceases. For information and application forms please visit <https://www.salliemae.com/student-loans/career-training-smart-option-student-loan/?Inkid=SM-HP-loanoptions-careertraining>

#### *Wells Fargo Private Career Student Loans:*

This private, uninsured student loan program provides up to a maximum of the students cost of attendance. This loan accrues interest while the student is in school, but repayment does not begin until six months after school attendance ceases. For information and application forms, contact Wells Fargo at 877-437-8234 or visit

## **OTHER GRANTS AND SCHOLARSHIPS**

**Arkansas Futures-** will cover Tuition and Fees for Associate and Certificate Programs in STEM & Regional High Demand. Focus will be awarded to both Traditional and Non-Traditional Students, including part time students too. Combine with other Financial Aid to cover Tuition and Fees. However this grant is “Last Dollar” and will pay only for tuition and fees not already covered by a student’s other scholarships and grants. Must have graduated from an Arkansas High School, Home School or have a GED (or) must have a high school diploma and lived in Arkansas for the last three years. Must be enrolled in a STEM or Regional High Demand Credential Program and complete the Free Application for Federal Student Aid at <https://fafsa.ed.gov/> .Must not already hold an Associate’s Degree.

Students will Apply through the YOUuniversal System, will be awarded on a first come, first serve basis. Students apply at <http://scholarships.adhe.edu/>

**Arkansas Rehabilitation Services** - This state agency provides funding to students with documented disabilities. For further information, contact the Department of Rehabilitation Services at 479.582.1286.

**Arkansas Single Parent Scholarship Fund** - This privately funded program provides financial support to single parents who live in Arkansas Counties. Applicants must reside in Arkansas to apply. Please apply at <http://spsfbc.com>.

**Nursing Student Loan Program** - The Arkansas State Board of Nursing offers a loan program to Arkansas students who are enrolled full time in an approved nursing education program. The loans may be changed into scholarship grants by working full-time as an LPN or RN in qualified employment in the state of Arkansas. Information and application forms are available at [www.arsbn.org](http://www.arsbn.org) or by contacting the Arkansas State Board of Nursing at 501.686.2701.

### **NWTI Tuition Waiver Scholarship**

Students are encouraged to apply for the NWTI Tuition Wavier Scholarship online through the NWTI Student Services website. The Northwest Technical Institute Tuition Waiver Scholarship is awarded to selected full time diploma seeking students who are currently attending NWTI or will be attending NWTI for the 2019/2020 school year. Students are selected for the NWTI Tuition Waiver by the NWTI Scholarship Committee and are awarded for the fall and spring semesters. Students must meet the scholarship requirements listed below and complete this application by the scholarship deadlines. This scholarship is awarded for one semester, but can be extended if the student maintains a 2.5 grade point average and passes all classes in which he or she was enrolled in.

#### Requirements:

Student must be enrolled or will be enrolled full time at NWTI in one of the 9 diploma programs.  
Student must have completed all admissions paperwork prior to submitting application.  
Students must complete all sections of the application.

#### Applications Deadlines:

Fall 2020 (Applications must be completed by July 1, 2020)  
Spring 2021 (Applications must be completed by December 1, 2020)

#### Notification of Award:

Students who are selected to receive the NWTI Tuition Waiver Scholarship will be notified by letter within three weeks after the application deadline.

**SWH Nursing Scholarship Program** – This scholarship is awarded to students who are enrolled in or have been accepted to a formal nursing program (LPN). Applicants must be full time and have a current cumulative GPA of 2.75 or higher and commit, through a binding contract, to be employed at Washington Regional Medical System (WRMS) approximately 1,041 hours each subsidized semester. For further information please call Washington Regional Foundation at 479.444.9888.

**Veterans Affairs Educational Assistance Program** - Monetary benefits are available to qualifying veterans and their dependents. To start the application process, contact the NWTI veterans’ advisor at 479.751.8824, ext. 240.

**Workforce Innovation and Opportunity Act** - This state program assists individuals who meet low income guidelines or who have lost employment due to a plant closing or reduction in workforce. Contact an Arkansas Workforce Center for further information: Fayetteville 479.587.7047 or Rogers 479.636.4755 or Siloam Springs 479.524.5181

## **Immunization Policy**

It is the student's responsibility to make sure they are compliant at all times with these immunizations throughout their time as a student enrolled in the practical nursing program.

### **Deadlines:**

Failure to meet established deadlines may result in a withdrawal and or dismissal from the program. Noncompliance with any of the immunizations will result in the student being administratively removed from courses, which could result in being removed from the program. Required Immunizations are subject to change at any time.

### **Required Immunizations**

#### **TETANUS/DIPHTHERIA/PERTUSSIS**

- Tetanus-diphtheria-pertussis documented in the last 10 years, and at least one dose after age 20.

#### **MEASLES/MUMPS/RUBELLA (MMR)**

- Students born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of two doses of Measles, Mumps, and Rubella-containing vaccine administered since January 1, 1968 or documentations of at least one of the following:
  - Laboratory (serologic) evidence of MMR immunity
  - Official documentation of immunizations with TWO (2) doses of MMVAR

#### **VARICELLA (CHICKENPOX)**

Students are required to have received one dose of varicella vaccine on or after the student's first birthday or if the first dose was administered on or after the student's thirteenth birthday, two doses of varicella vaccine are required. Students can be considered compliant for Varicella only if they have documentation of at least one of the following:

- Official documentation of one (1) dose of varicella vaccine after 1<sup>st</sup> birthday or before 13<sup>th</sup> birthday
- Official documentation of two (2) doses of varicella vaccine if initiated on or after 13th birthday
- Laboratory (serologic) evidence of Varicella immunity

#### **HEPATITIS B**

Students are required to receive a complete series of hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to Hepatitis B. Students can be considered compliant for Hepatitis B only if they have documentation of at **least one** of the following:

- Official documentation of immunization with THREE (3) doses of Hepatitis B vaccine.

- Laboratory (serologic) evidence of Hepatitis B immunity
- If a non-seroconverted then must have, two (2) complete Hepatitis B series documented in immunization history

Students may attend clinical after 2 doses of Hepatitis B vaccine and sign a agreement to complete the third dose on schedule.

## **TUBERCULIN SKIN TEST**

### **Students with no previous history of TB or positive testing must have:**

- Official documentation of negative Tuberculin Skin Test (TST) or a negative IGRA (TSpot or QuantiFerron Gold) within the last 365 days and a completed Baseline Individual TB risk Assessment Form.

### **Students with previous positive IGRA or TST**

- Student with a positive IGRA or TST must have a documented normal chest radiograph and a negative Symptoms Evaluation Form with in the last 365 days.

### **Students that have had Tuberculosis Vaccine**

- Students who have had the tuberculosis vaccine or Bacille Calmette-Guerin (BCG) vaccine must have a documented IGRA (TSpot or QuantiFerron Gold)
- Serologic negative test within the last 365 days.

## **INFLUENZA**

One dose of influenza vaccine annually is required for all students. Must receive vaccine in the fall between Sept 1 and Nov 1. Students starting in the Spring semester will require documentation of immunization with the current flu season vaccine.



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**Spring I-Prerequisite Classes**

Course Number	Course Name	Clock Hours	Credit Hours	FA Hours
NPR1003	Nursing Career Management	45	3	1.2
NPR1103	Technical Mathematics	45	3	1.2
NPR 1503	Health Care Informatics	45	3	1.2
NPR 1502	Drug Calculations for Clinical Practice	30	2	.80
NPR1204	Medical Terminology	66	4	1.76
NPR1206	Anatomy & Physiology	93	6	2.48
NPR1303	Nutrition	45	3	1.2
NPR1403	Technical Communications	45	3	1.2
	<b>Total</b>	<b>414</b>	<b>27</b>	<b>11</b>

**Fall-Nursing I Classes**

Course Number	Course Name	Clock Hours	Credit Hours	FA Hours
LPN1312	Fundamentals	186	12	4.96
LPN1204	Pharmacology I	60	4	1.60
LPN1604	Mental Health	30	2	.80
LPN1402	Geriatrics I	30	2	.80
LPN1702	Adult I	30	2	.80
LPN1104	Nursing Practicum	216	4	5.76
	<b>Total</b>	<b>552</b>	<b>26</b>	<b>14</b>

**Spring II-Nursing II Classes**

Course Number	Course Name	Clock Hours	Credit Hours	FA Hours
LPN1404	Family-OB/PEDS	60	4	1.60
LPN1502	Health Promotion & Management	30	2	.80
LPN1704	Adult II	60	4	1.60
LPN1203	Pharmacology II	48	3	1.28
LPN2208	Nursing Practicum II	376	8	10
LPN1804	Adult III	60	4	1.60
	<b>Total</b>	<b>634</b>	<b>25</b>	<b>16.88</b>

**Summer I-Nursing III Classes**

Course Number	Course Name	Clock Hours	Credit Hours	FA Hours
LPN1902	Vocational, Legal & Ethics	30	2	.80
LPN3302	Nursing Practicum III	96	2	2.56
	<b>Total</b>	<b>126</b>	<b>4</b>	<b>3.36</b>

**Total Hours 1,729**

**82**

**46**

**Total Theory Hours=1,062**

**Total Practicum Hours=688**



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## LPN Program Itemized Costs

Spring I Semester		
Tuition	27 credit hrs	1560.00
Institution Fees		395.00
Program Fees (Lab \$100 HESI testing \$300)		400.00
Text Book Estimate		800.00
<b>TOTAL</b>		<b>\$3,155.00</b>
Fall Semester		
Tuition	26 credit hrs	1560.00
Institution Fees		390.00
Program Fees (Ins \$30.00 Lab \$100 HESI \$300 drug screen \$45)		475.00
Text Books Estimate		800.00
Supply bag		170.00
Uniforms/Shoes/Stethoscope ect		300.00
CPR/Physical Exam		100.00
Precheck (background and credentialing data base)		125.00
<b>TOTAL</b>		<b>\$3,920.00</b>
Spring II Semester		
Tuition	25 credit hrs	1500.00
Institution Fees		390.00
Program Fees (Lab \$100 HESI \$300)		400.00
Books and Supplies Estimate		150.00
<b>TOTAL</b>		<b>\$2,440.00</b>
Summer Semester		
Tuition	4 credit hrs	240.00
Institution Fees		195.00
Program Fees (Lab \$100 Graduation \$125 HESI NCLEX Review \$200)		425.00
Licensure Fees (NCLEX Person Vue \$200 ASBN License \$130 Finger print/background \$75)		405.00
<b>TOTAL</b>		<b>\$1,265.00</b>
<b>ESTIMATED TOTAL COST OF PROGRAM</b>		<b>\$10,780.00</b>

**NWTI should collect all Lab fees, SIM fees, ATI fees, ATI NCLEX review fees, and Drug screen fees graduation fees. Student pays individually for Verified, NCLEX Person Vue testing, ASBN Licensure application and finger printing and background check for licensure, uniforms, shoes, stethoscope**



Northwest Technical Institute  
P.O. Box 2000  
709 S. Old Missouri Road  
Springdale, AR 72765-2000  
(479) 751-8824 ext. 116

**APPLICATION FEE \$10.00**

**Practical Nursing Application for Enrollment**

Name \_\_\_\_\_  
Last First Middle

Nickname \_\_\_\_\_ Maiden Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

High School Attended \_\_\_\_\_

High School Address \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If so, what year? \_\_\_\_\_

If high school equivalency achieved, give name of test and date \_\_\_\_\_

College Attended \_\_\_\_\_ Hours \_\_\_\_\_ Degree \_\_\_\_\_

Other Educational Experience \_\_\_\_\_

Please select one or more of the following, as applicable: \*Additional Information (Used for research purposes and federal and state reporting requirements, not for admission consideration.)

- American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

**Are you Hispanic or Latino?**  Yes  No **Are you a citizen of the U.S.?**  Yes  No If no, Country or origin \_\_\_\_\_

**Marital Status**  Married  Single  Divorced  Separated  Widowed **Are you a veteran?**  Yes  No

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

\_\_\_\_\_  
Date

# PRACTICAL NURSING APPLICATION FOR ENROLLMENT

## ARKANSAS STATE BOARD OF NURSING AND CRIMINAL BACKGROUND CHECK INFORMATION

### ACA 17-87-312 and ACA 17-3-102

The Arkansas State Board of Nursing and the Nurse Practice Act require students pay for and submit to a complete federal and state background check at the time of the ASBN licensure application. Criminal Background Checks – ACA 17-87-312 and Licensing Restrictions Based on Criminal Records- ACA 17-3-102 outline the process restrictions for obtaining an Arkansas nursing license.

**Students are advised to acknowledge on their licensure application all past crimes, including those that have been sealed or expunged as these may appear on their background checks.**

Copies of documentation proving the offense was sealed or expunged will need to be submitted to the ASBN with your licensure application. Please read these laws closely. **Your signature acknowledges receipt and understanding of this information.**

Answer the following questions that will also appear on the Arkansas State Board of Nursing licensure application. Any “Yes” response could hinder or delay your request for licensure

- Have you ever been convicted of a misdemeanor or felony or pled guilty or nolo contendere to any charge in any state or jurisdiction?  
YES  NO
- Have you ever had a nursing license, certificate or registration disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any state or jurisdiction?  
YES  NO
- Do you currently engage in drug-related behavior, including the use of mood-altering drugs/substances and/or alcohol that would affect your functional abilities to perform while working as a nurse?  
YES  NO
- In the last two years, have you been the subject of a chemical or alcohol dependency intervention or participated in chemical or alcohol dependency treatment/rehabilitation?  
YES  NO

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

\_\_\_\_\_  
Date

**Your signature indicates you have received and understand the laws concerning the ASBN Criminal Background Check and Licensure Restrictions Based on Criminal Records.**

For information concerning Northwest Technical Institute's Campus Security Report, please visit the Following link: <http://www.nwti.edu/campus-security.html>

## CRIMINAL BACKGROUND CHECK INFORMATION

17-87-312. Criminal background checks.

(a)

(1) Each first-time applicant for a license issued by the Arkansas State Board of Nursing shall apply to the Identification Bureau of the Division of Arkansas State Police for a state and national criminal background check, to be conducted by the Federal Bureau of Investigation.

(2) At the time a person applies to an Arkansas nursing educational program, the program shall notify the applicant in writing of the provisions and requirements of this section.

(b) The check shall conform to the applicable federal standards and shall include the taking of fingerprints.

(c) The applicant shall sign a release of information to the board and shall be responsible to the Division of Arkansas State Police for the payment of any fee associated with the criminal background check.

(d) Upon completion of the criminal background check, the Identification Bureau of the Division of Arkansas State Police shall forward to the board all releasable information obtained concerning the applicant.

(e) For purposes of this section, the board shall follow the licensing restrictions based on criminal records under § 17-3-102.

(f)

(1) The board may issue a nonrenewable temporary permit for licensure to a first-time applicant pending the results of the criminal background check. (2) The permit shall be valid for no more than six (6) months.

(g)

(1) Any information received by the board from the Identification Bureau of the Division of Arkansas State Police under this section shall not be available for examination except by:

(A) The affected applicant for licensure or his or her authorized representative; or

(B) The person whose license is subject to revocation or his or her authorized representative.

(2) No record, file, or document shall be removed from the custody of the Division of Arkansas State Police.

(h) Any information made available to the affected applicant for licensure or the person whose license is subject to revocation shall be information pertaining to that person only.

(i) Rights of privilege and confidentiality established in this section shall not extend to any document created for purposes other than this background check.

(j) The board shall adopt the necessary rules to fully implement the provisions of this section.

(k)

(1) The board may participate at the state and federal level in programs that provide notification of an arrest subsequent to an initial background check that is conducted through available governmental systems.

(2) The board may submit an applicant's fingerprints to the federal Next Generation Identification system.

(3) The fingerprints may be searched by future submissions to the Next Generation Identification system, including latent fingerprint searches.

(4) An applicant enrolled in the Next Generation Identification system is not required to re-fingerprint when a subsequent request for a state or federal criminal history background check is required if:

(A) A legible set of the applicant's fingerprints is obtained when the applicant enrolls in the Next Generation Identification system; and

(B) The applicant is subject to the Rap Back service of the Next Generation Identification system.

(l) The Identification Bureau of the Division of Arkansas State Police and the Federal Bureau of Investigation may maintain fingerprints in the Integrated Automated Fingerprint Identification System.

## **LICENSING RESTRICTIONS BASED ON CRIMINAL RECORDS**

17-3-102. Licensing restrictions based on criminal records.

(a) An individual is not eligible to receive or hold a license issued by a licensing entity if that individual has pleaded guilty or nolo contendere to or been found guilty of any of the following offenses by any court in the State of Arkansas or of any similar offense by a court in another state or of any similar offense by a federal court, unless the conviction was lawfully sealed under the Comprehensive Criminal Record Sealing Act of 2013, § 16-90-1401 et seq., or otherwise previously sealed, pardoned or expunged under prior law:

(1) Capital murder as prohibited in § 5-10-101;

(2) Murder in the first degree and second degree as prohibited in §§ 5-10-102 and 5-10-103;

(3) Manslaughter as prohibited in § 5-10-104;

(4) Negligent homicide as prohibited in § 5-10-105;

(5) Kidnapping as prohibited in § 5-11-102;

(6) False imprisonment in the first degree as prohibited in § 5-11-103;

- (7) Permanent detention or restraint as prohibited in § 5-11- 106;
- (8) Robbery as prohibited in § 5-12-102;
- (9) Aggravated robbery as prohibited in § 5-12-103;
- (10) Battery in the first degree as prohibited in § 5-13-201;
- (11) Aggravated assault as prohibited in § 5-13-204;
- (12) Introduction of a controlled substance into the body of another person as prohibited in § 5-13-210;
- (13) Aggravated assault upon a law enforcement officer or an employee of a correctional facility as prohibited in § 5-13-211, if a Class Y felony;
- (14) Terroristic threatening in the first degree as prohibited in § 5-13-301;
- (15) Rape as prohibited in § 5-14-103;
- (16) Sexual indecency with a child as prohibited in § 5-14-110;
- (17) Sexual extortion as prohibited in § 5-14-113;
- (18) Sexual assault in the first degree, second degree, third degree, and fourth degree as prohibited in §§ 5-14-124 — 5-14-127;
- (19) Incest as prohibited in § 5-26-202;
- (20) Offenses against the family as prohibited in §§ 5-26-303 — 5-26-306;
- (21) Endangering the welfare of an incompetent person in the first degree, as prohibited in § 5-27-201;
- (22) Endangering the welfare of a minor in the first degree as prohibited in § 5-27-205;
- (23) Permitting the abuse of a minor as prohibited in § 5-27- 221;
- (24) Engaging children in sexually explicit conduct for use in visual or print media, transportation of minors for prohibited sexual conduct, pandering or possessing visual or print medium depicting sexually explicit conduct involving a child, or use of a child or consent to use of a child in a sexual performance by producing, directing, or promoting a sexual performance by a child, as prohibited in §§ 5-27-303 — 5-27-305, 5-27-402, and 5-27-403;
- (25) Computer child pornography as prohibited in § 5-27-603;
- (26) Computer exploitation of a child in the first degree as prohibited in § 5-27-605;
- (27) Felony adult abuse as prohibited in § 5-28-103;
- (28) Theft of property as prohibited in § 5-36-103;

- (29) Theft by receiving as prohibited in § 5-36-106; (30) Arson as prohibited in § 5-38-301;
- (31) Burglary as prohibited in § 5-39-201;
- (32) Felony violation of the Uniform Controlled Substances Act, §§ 5-64-101 — 5-64- 510, as prohibited in the former § 5-64-401, and §§ 5-64- 419 — 5-64-442;
- (33) Promotion of prostitution in the first degree as prohibited in § 5-70-104; (34) Stalking as prohibited in § 5-71-229;
- (35) Criminal attempt, criminal complicity, criminal solicitation, or criminal conspiracy, as prohibited in §§ 5-3-201, 5-3-202, 5-3-301, and 5-3-401, to commit any of the offenses listed in this subsection; and
- (36) All other crimes referenced in this title.

(b)

(1) If an individual has been convicted of a crime listed in subsection (a) of this section, a licensing entity may waive disqualification or revocation of a license based on the conviction if a request for a waiver is made by:

- (A) An affected applicant for a license; or
- (B) The individual holding a license subject to revocation.

(2) A basis upon which a waiver may be granted includes without limitation:

- (A) The age at which the offense was committed;
- (B) The circumstances surrounding the offense;
- (C) The length of time since the offense was committed;
- (D) Subsequent work history since the offense was committed;
- (E) Employment references since the offense was committed;
- (F) Character references since the offense was committed;
- (G) Relevance of the offense to the occupational license; and
- (H) Other evidence demonstrating that licensure of the applicant does not pose a threat to the health or safety of the public.

(c) If an individual has a valid criminal conviction for an offense that could disqualify the individual from receiving a license, the disqualification shall not be considered for more than five (5) years from the date of conviction or incarceration or on which probation ends, whichever date is the latest, if the individual:

- (A) Was not convicted for committing a violent or sexual offense; and

(B) Has not been convicted of any other offense during the five-year disqualification period.

(d) A licensing entity shall not, as a basis upon which a license may be granted or denied:

(1) Use vague or generic terms, including without limitation the phrase "moral turpitude" and "good character"; or

(2) Consider arrests without a subsequent conviction.

(e) Due to the serious nature of the offenses, the following shall result in permanent disqualification for licensure:

(1) Capital murder as prohibited in § 5-10-101;

(2) Murder in the first degree as prohibited in § 5-10-102 and murder in the second degree as prohibited in § 5-10-103;

(3) Kidnapping as prohibited in § 5-11-102;

(4) Aggravated assault upon a law enforcement officer or an employee of a correctional facility as prohibited in § 5-13-211, if a Class Y felony;

(5) Rape as prohibited in § 5-14-103;

(6) Sexual extortion as prohibited in § 5-14-113;

(7) Sexual assault in the first degree as prohibited in § 5-14-124 and sexual assault in the second degree as prohibited in § 5-14-125;

(8) Incest as prohibited in § 5-26-202;

(9) Endangering the welfare of an incompetent person in the first degree as prohibited in § 5-27-201;

(10) Endangering the welfare of a minor in the first degree as prohibited in § 5-27-205;

(11) Adult abuse that constitutes a felony as prohibited in § 5-28-103; and

(12) Arson as prohibited in § 5-38-301.

(f) This chapter does not preclude a licensing entity from taking emergency action against a licensee as authorized under § 25-15-211 for the sake of public health, safety, or welfare.

(g) The permanent disqualification for an offense listed in subsection (e) of this section does not apply to an individual who holds a valid license on the effective date of this chapter.





## PRACTICAL NURSING APPLICATION FOR ENROLLMENT

**Employment History:** List work in health related fields first. Employers must use the employment reference form that is attached to the application

EMPLOYER	MAILING ADDRESS	JOB	DATES FROM                      TO

**PERSONAL REFERENCES:** Other than relatives

NAME	MAILING ADDRESS

**Employment Reference Letters should be completed and mailed by the employer and sent directly to NWTI no later than November 1st. *Employment reference letters submitted to NWTI directly from the applicant will not be accepted!***

In keeping with the guidelines on Title VI, Sections 602, Civil Rights Act of 1964; Title IX, Section 901, Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, this school assures that no person in the United States shall, on the basis of race, color, national origin, sex, or handicap be excluded from the participation in, be denied benefit of, or be subjected to discrimination under any person or activity administered by the school.

**I hereby affirm that all information supplied for this application is complete and accurate. It is my understanding that I shall not be considered for admission until I have submitted all credentials specified. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment. I also understand that upon discovery of any falsified information on this application I will be subject to immediate dismissal from the program.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NORTHWEST TECHNICAL INSTITUTE  
PRACTICAL NURSING**

P.O. BOX 2000  
SPRINGDALE, AR 72765-2000  
Phone: (479) 751-8824 Ext. 116

**EMPLOYMENT REFERENCE LETTER**

**Employment reference letters submitted to NWTI directly from the applicant will not be accepted.**

Employment Reference Letters should be completed and mailed by the employer and sent directly to NWTI no later than November 1st. *Employment reference letters submitted to NWTI directly **from the applicant will not be accepted!***

**PART I – TO BE COMPLETED BY PN APPLICANT. ONCE COMPLETED, SEND TO EMPLOYER.**

**Employer Name and Address,** \_\_\_\_\_

**& Phone Number:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

I authorize the above named employer to release to Northwest Technical Institute any information in my personnel file for the purpose of entry into the Practical Nursing Program.

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

\_\_\_\_\_  
Date

**PART II–FOR EMPLOYER. PLEASE COMPLETE AND MAIL TO NWTI.**

The above person has applied for admission to our Practical Nursing Program and has given your name as a reference. Will you kindly give us your candid opinion of this applicant's suitability for the duties of nursing? All information will be kept confidential. Thank you for your assistance.

Employment Dates: \_\_\_\_\_ Would you rehire this applicant? \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Evaluate the applicant on the following 1 – 5 scale:

	1=Unacceptable		2=Poor		3=Fair		4=Good		5=Excellent		
Ability to get along with others	1	2	3	4	5	Initiative	1	2	3	4	5
Reaction under stress	1	2	3	4	5	Responsibility	1	2	3	4	5
Character	1	2	3	4	5	Dependability	1	2	3	4	5
Honesty	1	2	3	4	5	Efficiency	1	2	3	4	5

**Please give us any further information that you might have about this individual that will help us to decide upon his/her suitability for nursing.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

**NORTHWEST TECHNICAL INSTITUTE  
PRACTICAL NURSING  
P.O. BOX 2000  
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**& Phone Number:** \_\_\_\_\_  
\_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date