

## PRACTICAL NURSE APPLICATION CHECK LIST

This Document Must Be Returned to Portage College (Please Print Clearly)

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

|                                  |                            |                            |                     |
|----------------------------------|----------------------------|----------------------------|---------------------|
| <b>Name (Last, First, M.I.):</b> | <input type="checkbox"/> M | <input type="checkbox"/> F | <b>DOB:</b>         |
| <b>Mailing Address:</b>          |                            |                            |                     |
| <b>City:</b>                     | <b>Province:</b>           |                            | <b>Postal Code:</b> |
| <b>Telephone Home:</b>           | <b>Work:</b>               |                            | <b>Cell:</b>        |

Please check  program applied for:

- Cold Lake Campus Face to Face Format    Lac La Biche Campus Blended Delivery Format    St. Paul Campus Blended Delivery Format

**I have provided proof of completion of the following prerequisites (please check  what you have provided):**

- Age Requirement: minimum age of 18 prior to first practicum placement
- Application for Admission form and Application Fee (form provided in this package or Apply on line at [www.portagecollege.ca](http://www.portagecollege.ca))
- Application Fee (needs to be paid before an application can be processed)
- Official High School Transcripts
- Official Post-Secondary Transcripts
- The following educational admission requirements:
  - Biology 30 with a Minimum of 60% or equivalency
  - English 30 or 30-1 with Minimum of 60% or English 33 or 30-2 with a Minimum of 70% or equivalency
  - Math 20 Pure or Math 20-1 with Minimum of 50% OR Math 20 Applied or Math 20-2 with Minimum of 60% or equivalency.
  - Chemistry 30 is strongly recommended.
- Copy of CPR Heart & Stroke BLS. Must be valid until the end of April first year of program.
- Completed and signed Health Status Form (enclosed)
- Signed Immunization and Placement Disclosure Waiver (enclosed)
- Signed Police Information Check Waiver (enclosed)

**TO BE COMPLETED PRIOR TO CLINICAL PLACEMENT**

- Current and signed Immunization Record – up to date immunizations, including hepatitis B and one step Mantoux (TB) (form provided in this package)
- Police Information Check and Vulnerable Sector Search (see waiver for required submission dates)

**PLEASE RETURN ALL REQUIRED DOCUMENTS TO A STUDENT ADVISOR**

Email: [studentadvisor@portagecollege.ca](mailto:studentadvisor@portagecollege.ca)

Fax: 780-623-5519 Attention: Student Advisor

Mail: Student Advisor  
Portage College Student Services  
Box 417  
Lac La Biche AB, T0A 2C0

If you have any questions call: 780-623-5579 or toll free 1-866-623-5551 ext. 5579

NOTE:

1. Proof of all pre-requisites must be provided before an application can be processed for selection; ***incomplete applications cannot be processed.*** Students whose first language is not English must meet screening requirements. Please speak with an advisor to clarify.
2. Students admitted into the program must also meet all practicum pre-requisites prior to any clinical placements. For further clarification regarding these pre-requisites students may visit the Alberta Health Website at [www.albertahealthservices.ca](http://www.albertahealthservices.ca) and look under careers/students/student placement requirements. Students are also encouraged to call 780-639-0030 and ask to speak with Practical Nurse/Health Care Aide Program Faculty.



# Application for Admission

We are collecting your personal information under the authority of the Colleges Act (RSA 2000, Chapter F- 25), which mandates the provision of programs and services. We ask this information to determine your eligibility for training and applicable services, and for research and statistical purposes. If you have any questions about the collection, use and/or disclosure of this information, you may contact the Registrar's Office at 780-623-5580.

**Please be advised that we cannot process your application until the non-refundable application fee has been paid in full. Please check the Program Dates & Costs schedule on our website for the current application fee rates.**

\*Continuing Education short courses are not required to pay the application fee. Please contact Student Services for verification.

|                                       |   |                                       |   |
|---------------------------------------|---|---------------------------------------|---|
| <b>Program/Course(s) Applied For:</b> |   | Program Start Date: _____             |   |
|                                       |   | Year: _____                           |   |
| <b>Campus Location:</b>               | <input type="checkbox"/> Cold Lake                  | <input type="checkbox"/> Lac La Biche | <input type="checkbox"/> St. Paul   |
|                                       | <input type="checkbox"/> Other Portage Campus _____ |                                       |   |
|                                       |   | <input type="checkbox"/> Full time    | <input type="checkbox"/> Part time  |
|                                       |   | <input type="checkbox"/> Fall Term    | <input type="checkbox"/> Winter Term <input type="checkbox"/> Spring Term |

**How did you find out about this program?** (Check ONE only)

|  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Newspaper           | <input type="checkbox"/> Television        | <input type="checkbox"/> Radio              | <input type="checkbox"/> Facebook/Twitter/YouTube | <input type="checkbox"/> College Website  |
| <input type="checkbox"/> Viewbook/Brochure   | <input type="checkbox"/> Word of Mouth     | <input type="checkbox"/> Career Day         | <input type="checkbox"/> Open House               | <input type="checkbox"/> Agency Referral  |
| <input type="checkbox"/> Community Info Fair | <input type="checkbox"/> High School Visit | <input type="checkbox"/> Other website/link | <input type="checkbox"/> High School Counsellor   | <input type="checkbox"/> Previous Program |

Have you previously applied to Portage College?  Yes  No If yes, what year? \_\_\_\_\_

## PERSONAL INFORMATION (Please print in all areas or check the appropriate box (es).

|   |  |   |   |   |  |   |  |                |
|---|--|---|---|---|--|---|--|----------------|
| Date of Birth<br>(____ / ____ / ____)<br>day month year   |  | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |   | Student ID Number (if known)  |  | Alberta Student Number (if known) (ASN)                     |  |                |
| Last Name   |  |   | First Name  |   | Middle Name  |   | Maiden Name (if applicable)  |                |
| Current Mailing Address (Box Number or Street Address)  |  |   | City/Town   |   | Province   | Country   | Postal Code  |                |
| Alternate Mailing Address (Box Number or Street Address)  |  |   | City/Town   |   | Province   | Country   | Postal Code  |                |
| Home Telephone Number<br>(include area code)<br>(____)  |  | Work Telephone Number<br>(include area code)<br>(____)                  |   | Cell Telephone Number<br>(include area code)<br>(____)  |  | Alternate Telephone Number<br>(include area code)<br>(____) |  | Home Community |
| E-mail address (please print clearly):  |  |   |   | Are you a person with a disability/special needs that requires special considerations? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If yes, please indicate below)<br>This could include: <input type="checkbox"/> Learning <input type="checkbox"/> Emotional/Mental Health <input type="checkbox"/> Medical or Addictions <input type="checkbox"/> Physical |  |   |  |                |
| <b>Citizenship Status</b><br><input type="checkbox"/> Canadian<br><input type="checkbox"/> Student Visa<br><input type="checkbox"/> Permanent Resident/Landed Immigrant:<br><input type="checkbox"/> Other Visa |  |   | <b>Marital Status</b><br><input type="checkbox"/> Married/Common-law<br><input type="checkbox"/> Single<br><input type="checkbox"/> Other |   | In the past year, I was<br><input type="checkbox"/> A Student<br><input type="checkbox"/> Employed<br><input type="checkbox"/> Other |   | In the past year, I resided in<br><input type="checkbox"/> Alberta<br><input type="checkbox"/> Another Province<br><input type="checkbox"/> Outside Canada |                |
| First Language Spoken   |  | Country of Citizenship  |   | Are you interested in inter-Collegiate Athletic Competition? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, which sport?   |  |   |  |                |

If you wish to declare that you are an Aboriginal person, please specify:  
 Status Indian/First Nations  Non-status Indian/First Nations  Métis  Inuit

Alberta Advanced Education and Technology is collecting this personal information pursuant to section 33 C of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal Learner success.

For further information or if you have questions regarding the collection activity, please contact the Office of the Director, Business Operations and Reporting, Post-Secondary Excellence Division, Alberta Advanced Education and Technology, 10155-102 Street, Edmonton, AB, T5J 4L5, 780-427-7145 or Portage College Registrar's Office.

**Apprenticeship Students ONLY**

Apprenticeship Number: \_\_\_\_\_

**ACADEMIC INFORMATION**Are You Attending High School Now?  Yes  NoWill you or do you have a High School Diploma?  Yes  No

If Yes, What Grade? \_\_\_\_\_ When Will You Finish? \_\_\_\_\_

If No, Last Grade Completed? \_\_\_\_\_ When Did You Last Attend? \_\_\_\_\_

Last High School Attended or Attending?

| NAME:  | CITY:    | PROVINCE:   | COUNTRY:          |  |
|--|----------|---|-------------------|--|
| Post-Secondary Education – Name of Institution | Location | Year Last Attended / Currently Attending (year/month) | Length of Program | Certificate / Diploma / Degree Obtained Or Number of Years Completed |
|  |          |   |                   |  |
|  |          |   |                   |  |
|  |          |   |                   |  |

**CONSENT TO RELEASE INFORMATION**

I authorize Portage College to disclose relevant personal information about me collected on this form, as required:

- to affiliated service providers for the purposes of confirming my enrolment status to determine my eligibility for services
- to Alberta Advanced Education and Technology, Alberta Human Services (Alberta Employment and Immigration) to maintain enrolment and statistical reporting
- to my funding agency(ies), as required, to confirm my eligibility for funding or continued funding
- to authorize information on this application to be entered into the Apply Alberta system
- to authorize Alberta Education and Apply Alberta's participating institutions to send official transcripts to Portage College
- to authorize Portage College to send a copy or record of this consent to any of the Apply Alberta participating institutions from whom Portage College will be collecting my transcripts.

Applicant's Signature

Date Signed

**How to Apply for Admission**

1. Submit a completed Application for Admission form to the any of the locations below, by mail or in person. Please enclose a non-refundable application fee. We cannot process your application until payment is received.

**Admissions  
Portage College  
Cold Lake Campus**  
101, 7825 – 51 Street  
(Cold Lake Energy Centre)  
Cold Lake, Alberta T9M 0B6  
780-639-0030

**Admissions  
Portage College  
Lac La Biche Campus**  
Box 417 (9531 - 94 Avenue)  
Lac La Biche, Alberta T0A 2C0  
Toll Free: 1-866-623-5551 or 780-623-5580

**Admissions  
Portage College  
St. Paul Campus**  
Box 1471 (5205 - 50 Avenue)  
St. Paul, Alberta T0A 3A0  
780-645-5223

\*\* Apprenticeship Programs: Please Contact The Lac La Biche Location for Additional Requirements.

2. Applicants who have completed out of province education or non-participating institutions with Apply Alberta must contact the appropriate department of education or educational institution to obtain official transcripts. Official transcripts must be sent directly from the issuing institution to the Registrar.
3. Letters of reference, medical forms and questionnaires are often used to assist in evaluating the suitability of applicants for certain programs. When requested, this information must be submitted to complete an application. Your file must be complete to be considered for admission.

**Note: All documents submitted become the property of Portage College. They will not be returned to you.****FOR OFFICE USE ONLY**

Application Fee Assessed? \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_

 Accepted  Conditional acceptance  Selection Pending  Waitlisted  Denied

Conditions:

| Program (if different from program applied for) | Program Start Date | Program End Date | Authorized by |
|---|--------------------|------------------|---------------|
|   |                    |                  |               |

## HEALTH STATUS FORM for Health Career Programs

The personal information collected on this form will be used to determine your eligibility for admission to a Health Career Program at Portage College. It is collected under the authority of the Colleges Act and Section 33 (c) of the Freedom of Information and Protection of Privacy Act and is protected under the latter Act. If you have any questions about the collection of this information, please contact Student Services at 780-623-5580.

|                         |  |                  |                     |  |
|-------------------------|--|------------------|---------------------|--|
| <b>Name:</b>            |  |                  |                     |  |
| <b>Mailing Address:</b> |  |                  |                     |  |
| <b>City:</b>            |  | <b>Province:</b> | <b>Postal Code:</b> |  |
| <b>Telephone:</b>       |  | <b>Work:</b>     | <b>Cell:</b>        |  |

The Health Career programs at Portage College are both physically and academically challenging. As a student in our program, you need to be in good physical and emotional health in order to be successful in the program and to ensure patient safety while on clinical/ambulance placements.

**Student Declaration:**

- I am aware that a good state of health is required to participate in the lab and clinical/ambulance placement courses in the program.
- I have no outstanding conditions/illnesses that would prevent progress in the program and/or jeopardize patient safety.
- I understand that if my health status is a concern to program staff, a medical clearance will be required to enroll/continue in laboratory and/or the clinical/ambulance placements.

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

**Physician's Statement:**

To the best of my knowledge, this applicant can perform the duties of a Health Care Provider, not limited to but including the following:

- Lifting and moving immobile clients or heavy items
- Lifting and carrying a loaded stretcher with a partner and appropriate equipment
- Maneuvering in a confined space
- Working with hazardous materials and exposure to communicable diseases
- Working under conditions that may include evenings, nights or extended shifts
- Performing fine motor skills
- Operating medical equipment and/or an emergency vehicle, and
- Managing stressful and traumatic situations

There are no medical or physical conditions that will inhibit this applicant from performing these duties.

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Physician's Signature: \_\_\_\_\_  
Year      Month      Day

**Advisor to date and sign once copy of waiver provided to the Program Area**

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

Date Discussed with Student: \_\_\_\_\_

Follow-up required: \_\_\_\_\_

Program Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Immunization and Placement Disclosure Waiver Form Health Career Program Admission

This Document Must Be Returned to Portage College (Please Print Clearly)

To participate in the placement component of your program, you must meet the immunization standards established for Alberta health care workers under the Public Health Act. A complete immunization record is an admission requirement to ensure these standards have been met.

**I am aware that there are placement course(s) and/or sessions in the program.**

**I understand that;**

- ***I am expected to travel for placements and am responsible for all placement costs.***
- Submission of a complete immunization record will be required before I will be able to participate in any placement courses.
- Submission of a complete immunization record is a requirement of the health service organization hosting the placement students from Portage College and that the health service organization may decline any students without an immunization record.
- While on placement, I am governed by the guidelines and policies of the health service organization in which the placement is taking place.

Full disclosure of any issues related to completion of scheduled placement hours must be discussed with a Student Advisor and/or Program Coordinator prior to registration (i.e. religious holidays, childcare issues, etc.).

**I understand that not providing a complete immunization record or having issues that may prevent completion of placement within scheduled timelines;**

- may prevent me from participating in the placement course in the program
- may prevent me from meeting program requirements and obtaining my certificate or diploma
- may prevent me from obtaining a license to practice
- may prevent me from obtaining employment

**I am aware that, if I am denied access to a placement site by a health service organization for immunization reasons, the College will be unable to provide placement training and I will be withdrawn from the program.**

**I am aware that, if I am withdrawn from the program;**

- my academic transcript will show that I was required to withdraw from the program
- any refund of tuition will be subject to the tuition refund policy

**Please check one of the following;**

- NO**, I do not have any issues related to immunization or scheduled placement completion
- YES**, I do have issues related to immunization or scheduled placement completion

**If YES, the above information has been discussed with me; I enter a Health Career program with a full understanding of the possible consequence of lack of immunization records or issues that may impact completion of scheduled placement.**

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**I have discussed the above information with this student.**

\_\_\_\_\_  
Program Representative or Designate (please print)

\_\_\_\_\_  
Program Representative Signature

\_\_\_\_\_  
Date

**Advisor to date and sign once copy of waiver provided to the Program Area**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The personal information collected on this form will be used to determine your eligibility for admission to a Health Career program at Portage College. It is collected under the authority of the Colleges Act and Section 33 (c) of the Freedom of Information and Protection of Privacy Act and is protected under the latter Act. If you have any questions about the collection of this information, please contact Student Services at 780-623-5580.

An Immunization Record is required prior to practicum in any Health Career program. To complete this form, please contact your local Public Health Clinic for an appointment; be sure to bring this form and any immunization records you may have with you.

|                            |   |                     |
|----------------------------|---|---------------------|
| <b>Name (Last, First):</b> | <input type="checkbox"/> M <input type="checkbox"/> F | <b>DOB: D/M/Y</b>   |
| <b>Mailing Address:</b>    |   |                     |
| <b>City:</b>               | <b>Province:</b>                                      | <b>Postal Code:</b> |
| <b>Telephone Home:</b>     | <b>Work:</b>  | <b>Cell:</b>        |

**RECOMMENDATIONS: See Part 5 of Alberta Immunization Manual**

- Diphtheria/Tetanus      History of primary series & booster within past 10 years
- Varicella                      History of disease or positive titer or vaccination
- Measles                        History of measles vaccine or M.M.R., if born after 1969
- Rubella                         History of Rubella vaccine or positive Rubella titer
- Tuberculin Test              Two step skin testing, unless known positive
- Hepatitis B                     If no history of immunization series, will be available at local Public Health Clinic

|  |   |               |
|--|---|---------------|
| <input type="checkbox"/> Influenza Vaccine                                   | Date: _____   |               |
| <input type="checkbox"/> Tuberculin Test                                     | Date: 1. _____  | Result: _____ |
|  | 2. _____  | Result: _____ |
|  | Date of X-ray, if TB positive   | _____         |
| <input type="checkbox"/> Diphtheria/Tetanus                                  | Date: _____   |               |
| <input type="checkbox"/> Hepatitis B Vaccine                                 | Date: 1. _____  |               |
|  | Date: 2. _____  |               |
|  | Date: 3. _____  |               |
| <input type="checkbox"/> Hepatitis B Serology to determine Baseline Immunity | Date: _____   |               |
| <input type="checkbox"/> Rubella Titer                                       | Date: _____   | Result: _____ |
| <input type="checkbox"/> Measles   | Date: _____   |               |
| <input type="checkbox"/> Rubella   | Date: _____   |               |
| <input type="checkbox"/> M.M.R.  | Date: _____   |               |
| <input type="checkbox"/> History of Varicella (chicken pox)                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain |               |
| <input type="checkbox"/> Varicella Titer                                     | Date: _____   | Result: _____ |
| <input type="checkbox"/> Varicella Vaccine                                   | Date: _____   | Result: _____ |

 \_\_\_\_\_  
 Public Health Nurse (Signature)

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Public Health Clinic and Address

 \_\_\_\_\_  
 Telephone

**RE: Police Information Check and Vulnerable Sector Search and Waiver Form**

Dear Student,

Since your program requires you to complete a placement, it is necessary for you to provide, at your own expense, a recent Police Information Check with Vulnerable Sector Search and a signed Police Information Check and Vulnerable Sector Search Waiver form (prior to registration). All forms must be on your file prior to the commencement of your studies.

You will find a copy of the Police Information Check and Vulnerable Sector Search Waiver form in this package. Read it carefully, sign it and fax it back to 780-639-9842 or mail it to:

Practical Nurse Program Administrative Support  
Portage College  
#101 7825 – 51 Street  
COLD LAKE AB T9M 0B6

Portage College will not be responsible for students who are unable to complete the program requirements, obtain employment or professional licensing, or become a member of a professional association due to unclear Police Information Checks and Vulnerable Sector Searches. Please contact a Student Advisor at 1-866-623-5551 or Program Coordinator at 780-639-7125 for more information.

Sincerely,

Janice Cooley  
Coordinator, Practical Nurse Program  
Portage College



## Police Information Check and Vulnerable Sector Search Waiver Form for Admission to the Practical Nurse Program

Documents Required:

- Police Information Check (PIC – due Jan 15<sup>th</sup> following admission to program Year 1 or on admission to Year 2)
- Vulnerable Sector Search (VSS – to be obtained with the PIC)
- Other (please specify) \_\_\_\_\_

I am aware that there are placement course(s) and/or session(s) in the program.

I understand that:

- Submission of a Police Information Check and Vulnerable Sector Search is required by the first day of admission to the PN program. It must be dated no earlier than Oct 15<sup>th</sup> for Year 1 or 3 months prior to the start of Year 2.
- Submission of a Police Information Check and Vulnerable Sector Search is a requirement of the agencies hosting the Portage College students for placement.
- Agencies may reject any student with an unclear record.
- Full disclosure to the Program Advisor of any possible legal issues which may or may not mean having a criminal record must be discussed prior to registration.

I understand that an unclear Police Information Check and/or Vulnerable Sector Search:

- May prevent me from participating in the placement course in the program.
- May prevent me from obtaining employment.
- May prevent me from obtaining registration with the College of Licensed Practical Nurses of Alberta.
- May prevent me from meeting program requirements and obtaining my diploma.

I am aware that, if I have an unclear Police Information Check and/or Vulnerable Sector Search, I will have to:

1. Obtain a full Police Information Check and/or Vulnerable Sector Search on my own, at my own expense.
2. Forward the full Police Information Check and/or Vulnerable Sector Search to the Student Advisor prior to registration, or to the Program Coordinator and/or Placement Coordinator after registration.
3. The hosting agency will notify the Program Coordinator and/or Placement Coordinator of its decision. The Program Coordinator and/or Placement Coordinator will discuss the decision with me.
4. Take responsibility to disclose this information to my sponsor prior to registration. By signing this form, I provide consent to the Student Advisor and/or Coordinator to discuss this matter with my sponsor.

I am aware that, if I am not able to receive permission from the hosting agency to participate in the placement course at their location, the College will not provide an alternative placement location and I will be withdrawn from the program.

**I am also aware that, if I am charged or convicted of a criminal offense any time during my enrollment in the program, I am required to self-disclose this to the coordinator of my program.**

I understand that, if I am withdrawn from the program:

- My academic transcript will show that I was required to withdraw from the program.
- Any refund of tuition will be subject to the tuition refund policy.

Please check on of the following:

- NO, I do not have any legal issues that may result in having a criminal record.
- YES, I may have legal issues (past or present) that may result in having a criminal record.

If YES, the above information has been discussed with me; I enter the **Practical Nurse Program** with a full understanding of the possible consequences of unclear criminal record and/or background checks.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I have discussed the above information with this student.

\_\_\_\_\_  
Program Representative or Designate (please print)

\_\_\_\_\_  
Program Representative Signature

\_\_\_\_\_  
Date

**Advisor to date and sign once copy of waiver provided to the Program Area**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date