Practical Nursing Program

Information Guide and Application
Classes Begin August 2017

Deadline for accepting Practical Nursing applications – April 27, 2017 @ 3:00 pm

FRANKLIN TECHNOLOGY CENTER @ MSSU
Mills Anderson Justice Center, Suite 50
3950 East Newman Rd
Joplin, MO  64801

Phone: (417) 659-4403
Fax: (417) 659-4408
Email: harry-b@mssu.edu
Definition of Practical Nursing as described in the Nurse Practice Act:

“The performance for compensation of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment, and knowledge. All such nursing care shall be given under the direction of a person licensed by the state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse.”

Licensed Practical Nurses (LPNs) care for the sick, injured, convalescing, and handicapped under the direction of physicians and registered nurses. Practical nursing graduates are highly sought after and upon successful completion of licensure exam are recruited nationwide. Achieving LPN status initiates a nursing career for many graduates, and for others may represent the first step to an advanced nursing career.

Approval and Accreditation: Organized in September 1957, the Franklin Technology Center (FTC) Practical Nursing Program is the second oldest program in Missouri. The program is fully approved by the Missouri State Board of Nursing and is currently in candidacy status for accreditation through Council of Occupational Education (COE).

You may contact the Missouri State Board of Nursing at:
P.O. Box 656, Jefferson City, MO 65102-0656 – Telephone (573) 751-0080.

The goal of the program is to prepare students for the NCLEX-PN licensing exam which is scheduled upon successful completion of the course. The Missouri State Board of Nursing determines eligibility for testing:

State of Missouri Nursing Practice Act Issued by Missouri State Board of Nursing:
Reference to Nursing Practice Act 335.066. Denial, revocation, or suspension of license, grounds for, civil immunity for providing information-complaint procedures. Excerpt:

1. The board may refuse to issue or reinstate any certificate of registration or authority, permit or license required pursuant to chapter 335 for one of any combination of causes stated in subsection 2 of this section or the board may, as a condition to issuing or reinstating any such permit or license, require a person to submit himself or herself for identification, intervention, treatment, or rehabilitation by the impaired nurse program as provided in section 335.067. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621, RSMo.

Curriculum Plan: The Practical Nursing Program is a 10-month program with students beginning in August of each year and graduating in May. Classes are held Monday through Thursday. This intense, accelerated program requires students to attend class and stay up-to-date with assignments and lecture material. Attendance is monitored closely as success is directly related to the students’ participation.

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Quality classroom instruction is combined with sound clinical laboratory experience in the curriculum content areas of Anatomy & Physiology, Personal & Vocational Concepts, Fundamentals of Nursing, Pharmacology & IV Therapy, Nutrition, Nursing of Adults, Maternal-Newborn Nursing, and Nursing of Children.

**Admission Criteria:** Completion of an application with $50 fee submitted, official high school or GED/High School Equivalency Test (HSE) transcripts, signed drug screen consent form, submission of criminal record check form, completion of entrance exam (TEAS), and attendance at orientation session.

Applicants for whom English is a second language must take the TOEFL test of English proficiency or Michigan Test and obtain a passing score. Applicants are responsible for making their own arrangements for testing.

**Advanced Placement:** The FTC Practical Nursing Program does not offer advanced placement for admission to students who have previously completed college level Anatomy & Physiology or Nutrition courses. Students wishing to transfer course work from another practical nursing program must provide the information outlined in the Practical Nursing Student Handbook.

**Additional Admission Requirements:** Once accepted into the program, the applicant must provide documentation for required immunizations and health screenings (Hepatitis B, Tdap, MMR, Varicella, Influenza and TB skin test or chest x-ray). In addition, the applicant must present with a negative drug screen and an acceptable criminal background check and caregiver background screening.

**Student Services:** A variety of student services are available to Practical Nursing students including Financial Aid assistance and vocational guidance and placement. In addition, students have access to many services offered through Missouri Southern State University (MSSU) such as access to the MSSU library, student health clinic, and food service vendors.

**Refund Policy:** Practical Nursing students are subject to the FTC Refund Policy section of the FTC Student Handbook which is located in the Forms & Documents section of the FTC website at franklintechnologycenter.com.

**Nondiscrimination Policy:** Franklin Technology Center endorses and practices the principle of equal education and employment opportunity for all persons regardless of race, color, sex, religion, ancestry, national origin, age or non-job related handicap or disability in the education programs, services or activities it operates.
Students who wish to qualify for admission and progression in the practical nursing program must meet both academic and performance requirements.

Academic requirements are described in the student handbook policies. In addition, the student must satisfy performance standards. These performance standards include motor skills, physical stamina, mobility, hearing, visual tactile, reading, arithmetic competence, emotional stability, analytical thinking, interpersonal skills, and communication skills.

Students must satisfy the following competencies and performance standards:

**Motor skills:** Gross and fine motor abilities sufficient to provide safe and effective nursing care.

- **Examples:** Positioning clients; obtaining and processing specimens, calibrating and properly using equipment; insert catheters; administer injections; use a computer; twist or squeeze with fingers; stand and maintain balance; reach and bend; move within confined spaces.

**Physical strength and endurance:** Physical stamina sufficient to perform full range of required client care activities for entire length of work role.

- **Examples:** Sustain repetitive movements; maintain physical tolerance; lift; push and pull; support 25 pounds; move heavy objects weighing 10-50 pounds; defend self against combative client; carry equipment; use upper body strength.

**Mobility:** Physical abilities sufficient to move from room to room and maneuver in small spaces.

- **Examples:** Twist, bend, stoop/squat, move quickly, climb and walk.

**Hearing:** Auditory ability sufficient for observation and assessment necessary in providing nursing care in a timely manner.

- **Examples:** Ability to detect auditory alarms, cries for help, and auscultatory sounds; ability to hear in situations when not able to see lips of speaker; ability to hear sounds of a normal or faint volume level.

**Visual:** Ability sufficient for accurate observation and assessment necessary for nursing care.

- **Examples:** Read graphs, scales, computer screens, oscilloscopes, or microscopes; distinguish colors and intensity; prepare and administer medications; observe client responses.

**Tactile:** Ability sufficient for physical monitoring and assessment of health care needs.

- **Examples:** Perform palpation; detect heat and cold; ability to perform functions of physical exam and/or those activities related to therapeutic interventions such as catheter insertion.

**Reading:** Ability to read and understand written documents.

- **Examples:** Read and understand policies, procedures, patient charts and medication administration records (MARs).
Arithmetic: Ability to perform computations at a minimum of an eighth grade level.

- **Examples:** Counting, measuring, and performing mathematical calculations.

Emotional stability: Able to assume responsibility and accountability for own actions.

- **Examples:** Establish therapeutic boundaries; provide client with emotional support; adapt to stress; deal with the unexpected; perform multiple responsibilities concurrently; handle strong emotion.

Analytical thinking: Reasoning skills sufficient to perform deductive/inductive thinking for nursing decisions.

- **Examples:** Process information; evaluate outcomes; problem-solve; prioritize tasks; use short and long term memory.

Interpersonal skills: Able to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.

- **Examples:** Negotiate interpersonal conflict; respect differences in clients; establish rapport with clients and co-workers; respect the cultural diversity of clients and co-workers.

Communication: Abilities sufficient for interaction with others in both verbal and written English; ability to operate information technology systems.

- **Examples:** Teach client and family; explain procedures; give oral reports; interact with others; speak on telephone; influence people; direct activities of others; convey information through writing.

*PLEASE REVIEW THE ABOVE COMPETENCIES AND PERFORMANCE STANDARDS. PLEASE DISCUSS ANY CONCERNS WITH THE PROGRAM COORDINATOR OR FACULTY.*
Practical Nursing Program Application Procedure

STEP 1:
In order to be considered for admission into the Practical Nursing Program, the first step in the process is to receive an application packet and complete the following:
___ Read Practical Nursing Information Sheet.
___ Review program cost sheet.
___ Review Competencies & Performance Standards.
___ Complete & sign application form.
___ Complete & sign consent forms for background check and drug testing.
___ Return signed application form, consent forms, and the non-refundable $50 application fee to the address below no later than April 28, 2016

STEP 2:
Once you have completed Step 1, you will be asked to provide the following by no later than April 28, 2016
___ Official high school or GED/HSE transcripts.

Applicants are responsible for requesting their own high school transcripts. A transcript request form is included in the application packet. You may make copies of this form and must send it to the appropriate institution(s), along with any fees they require for releasing your transcripts. The institution(s) will mail your official transcripts directly to the Practical Nursing Coordinator.

For students who obtained a GED/HSE through the State of Missouri, transcripts are no longer provided by the state. Therefore, please complete the GED/HSE information requested in the “Educational History” section of the Program Application and the Practical Nursing Coordinator will obtain your GED/HSE transcript through the state website. Students who have obtained a GED/HSE in other states are responsible for submitting official transcripts to the program coordinator and may use the transcript request form that is included in the application packet.

If you are an applicant for whom English is a second language, you must take the TOEFL test of English proficiency, and attain a minimum score of 600 on the Test of English as a Foreign Language. Applicants are responsible for making their own arrangements for the TOEFL and providing their TOEFL test score to the Practical Nursing Coordinator.

STEP 3:
___ All applicants must make an initial contact with the financial aid coordinator by April 27, 2017 even if you are not planning to use financial aid monies to pay for the program. You can contact the financial aid coordinator at 417-625-9865.
___ The FASFA must be completed by May 25, 2017. You may call the financial aid coordinator at 417-625-9865 if you need assistance completing the FASFA.
___ If you have a previous loan that was in default status but have completed the requirements take care of the default status, you must provide the financial aid coordinator with a letter from the State Department of Education by June 15, 2017 confirming that your loan is no longer in default status. Failure to do so will result in your name being removed from the applicant pool.

STEP 4:
The Practical Nursing Coordinator will contact you by mail with information for scheduling the TEAS entrance examination. You can expect to receive that information by no later than May 25, 2017

STEP 5:
The Admission Committee will select the incoming class from the pool of applicants who have completed the TEAS entrance exam and returned all required forms/documents by the deadline dates listed above. Students will be notified by mail regarding their admission status no later than June 15, 2017

Please direct all correspondence and inquiries to:
Franklin Technology Center at MSSU
Practical Nursing Program
3950 E. Newman Road
Joplin, MO 64801-1595
Telephone: 417-659-4403
FAX: 417-659-4408
Prior to acceptance into a Franklin Technology Center adult program, all applicants must demonstrate that they have earned a high school diploma or GED certificate. Proof requires an official transcript sent from the school or Department of Education directly to Franklin Technology Center. A copy of the diploma, transcript, or GED certificate does not qualify as an official transcript. Applicants should complete this form and mail it directly to the appropriate institution.

GED/ HIGH SCHOOL/ COLLEGE
OFFICIAL TRANSCRIPT
REQUEST FORM

THE FOLLOWING INFORMATION MUST BE INCLUDED ON THE TRANSCRIPT:

GED Transcript:
1. The state in which the GED was earned.
2. The month and year the GED was earned.
3. The scores received on all subject tests.
4. The official seal of the office issuing the transcript.

HIGH SCHOOL AND COLLEGE Transcripts:
1. The name of the institution and the city and state in which it is located.
2. The school seal and/or the official signature of the registrar mailing the transcript.
3. The month and year of entry into the institution.
4. The month and year of graduation from the institution.

My name on GED or school records

Date GED granted or graduated __________________ Social Security Number ____________

My present name ________________________________

Address ______________________________________

City __________________ State ________ Zip ________ Telephone __________

It is YOUR responsibility to request your transcript using this form.
(there may be a charge for this service)

Signature ___________________________ Date ______________

*******Attention School Official*******

Mail the official transcript and this form directly to the address below:

Franklin Technology Center@ MSSU
Practical Nursing Program
3950 E. Newman Road
Joplin, MO  64801-1595
**Tuition and Fees for 2017-18 are estimates only and are subject to change**

FRANKLIN TECHNOLOGY CENTER

Practical Nursing

School Year 2017-18

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<tr>
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<th>Amount</th>
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<tr>
<td>Beginning Date:</td>
<td>August 2, 2017</td>
</tr>
<tr>
<td>Ending Date:</td>
<td>May 24, 2018</td>
</tr>
<tr>
<td>Non-Refundable Application Fee of $50.00 Required Prior to Acceptance Into Program</td>
<td></td>
</tr>
<tr>
<td>TUITION**</td>
<td>$ 12,000.00</td>
</tr>
<tr>
<td>SUPPLIES, BOOKS and FEES**</td>
<td>$ 3,127.00</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>$ 15,127.00</td>
</tr>
</tbody>
</table>

**Tuition and Fees for 2017-18 are estimates only and are subject to change**

Revised 03/2017
DRUG SCREENING & CRIMINAL BACKGROUND CHECK CONSENT FORM

I, the undersigned, hereby authorize laboratory testing of my blood, urine, and/or breath for the presence of drugs, alcohol, and controlled substances. I give consent for the release of test results to the Practical Nursing Coordinator for appropriate review and action as described in the rules and policies of the school and program.

I understand that this testing is not part of any medical treatment, treatment for illness, or therapy. I agree to hold harmless and release from all liability all physicians, employees and agents who work to perform the testing or the disclosure of results from and against any claims, actions, or losses that arise as a result of the testing or disclosure of test results.

I acknowledge that this signed Drug Screening Consent Form is a requirement for consideration for acceptance into the Practical Nursing Program. If I qualify and am accepted into the program contingent on a negative drug screen, I realize that a positive result will compromise my acceptance into the program. I will not hold anyone responsible but myself if my acceptance is denied because of this testing.

I also consent to a Criminal Background Check and being screened on the Employee Disqualification List prior to acceptance into the Practical Nursing Program.

Print your name ____________________________________________________________

Signature of Applicant ________________________________ Date ______
SUBSTANCE ABUSE AND DRUG TESTING POLICY

Franklin Technology Center @ MSSU
Practical Nursing Program

The Practical Nursing Program adheres to the Drug-Free Schools and Communities Act Amendments of 1989. Students accepted into the program are required to follow the drug screening policy as stated below:

1. Use or suspected use of intoxicants or controlled substance and/or unlawful possession of any illegal or controlled substance during school or clinical hours or during any school related/sponsored activity shall subject a student to dismissal from the program. The student must submit to a drug or alcohol screen according to faculty instruction and within the time frame directed by the same. If the student refuses to complete a drug or alcohol screen, the student will be assumed to be under the influence of drugs or alcohol. Failure to comply with required testing will result in dismissal from the program. Not providing a specimen within a timely manner, or submitting an altered, diluted or substituted specimen will be grounds for immediate dismissal from the program.

2. FTC @ MSSU Practical Nursing Program reserves the right to perform unscheduled or random drug screens in order to comply with clinical site requirements and assure that students are not under the influence of intoxicants or illegal or controlled substances.

All offers of acceptance into the Practical Nursing Program are made as conditional offers. The conditions include a satisfactory background check and negative drug screen. Acceptance into the Program will be denied if there is refusal to read and sign the drug screen consent form, if an applicant is found in possession of specimen altering devices if applicant is unable to provide a specimen in a timely manner, or for submitting an altered/substituted specimen.

To ensure compliance with the Drug Free Schools and Communities Act Amendments of 1989, nursing students will be tested as a condition of admission to the Practical Nursing Program, upon reasonable suspicion, and post-accident or post-injury. (See FTC and Practical Nursing Student Handbooks for additional information.)

Students must abide by the terms of the above policy and must report any conviction under a criminal drug statute for violations occurring on or off College premises. A conviction must be reported with five (5) days after the conviction. Students convicted of involvement in a criminal drug offense will be dismissed from the nursing program.
FRANKLIN TECHNOLOGY CENTER
PRACTICAL NURSING PROGRAM
APPLICATION  □ Check Box if Reapplying

Deadline for accepting Practical Nursing applications – April 27, 2017 at 3:00 p.m.

PERSONAL INFORMATION (please print clearly)
Name: ___________________________________________ Nickname: ____________________ Maiden: _____________
(First)                       (M.I.)       (Last)
Address _______________________________________________________________________________________________________
(City)   (State)                    (Zip)
SS#:  ___________________________Date of Birth:  ________________Phone:  _______________________________
Email:  _______________________________

EDUCATIONAL HISTORY
I graduated in _________________ from _______________________________,  ______________________________
(MM/YY)   (Name of School)              (City)   (State)
I completed my GED/HSE in _________________ in the state of ___________________.
(MM/YY)
Have you completed any college coursework? ____Yes ____ No If yes, where?  _________________________________
(Include state)
List any college degrees or vocational certificates held:  ____________________________________________________

EMPLOYMENT HISTORY (list your last two places of employment beginning with most recent)
1. Employer w/ address: ______________________________________________________________________________
   Phone: _____________________ Date Employed: _______________ Date of Termination: __________________
   Reason for leaving (optional):  __________________________________________________________________
2. Employer w/ address: _____________________________________________________________________________
   Phone: _____________________ Date Employed: _______________ Date of Termination:  _________________
   Reason for leaving (optional):  __________________________________________________________________
3. ____ I have not been employed outside the home.

EMERGENCY CONTACT INFORMATION (List three people we may contact in case of emergency)
1. Name: ___________________________________________ Relationship: ____________________
   Home Phone: ___________________________________ Street Address: __________________
   Work Phone: ____________________________________ City, State, Zip: __________________
2. Name: ___________________________________________ Relationship: ____________________
   Home Phone: ____________________________________ Street Address: __________________
   Work Phone: ____________________________________ City, State, Zip: __________________
3. Name: ___________________________________________ Relationship: ____________________
   Home Phone: ____________________________________ Street Address: __________________
   Work Phone: ____________________________________ City, State, Zip: __________________

***A $50.00 non-refundable fee must accompany this application***
CRIMINAL BACKGROUND CHECK:

All applicants applying for FTC programs will be required to undergo a criminal background check. Failure to accurately list information may result in denial of entrance into the program. Students that are accepted through false or incorrect information for the background check will be terminated from the educational program. Students with an insufficient or questionable background check or adults attending programs located in a building with minors will be required to have fingerprints taken and sent to the FBI for review. Failure to have a clear background check will result in immediate dismissal from the program.

Have you ever been convicted as an adult offender of any crime? ______Yes ______No

If yes, is your name on the Department of Social Services Employee Disqualification List? (This list includes people who have pled guilty to any A or B felony violation of chapters 565, 566, 569 RSMo). The felonies covered in these chapters focus primarily on crimes against another person and are listed below. Please check which ones apply to you:

____ Voluntary Manslaughter ______ 1st & 2nd degree Arson ______ 1st & 2nd degree Robbery
____ 1st & 2nd degree Assault ______ Murder ______ Sexual Offender
____ Other (Specify) __________________________

LICENSURE:

If the program you are applying for requires a licensure exam, you may be unable to receive a license if convicted of a criminal prosecution.

Have you ever been denied a health license in this or any other state? ______Yes ______No

DRUG SCREENING:

As part of the final steps in the selection process the Practical Nursing applicants will be required to submit to a drug screening.

PROGRAM INFORMATION:

Have you ever previously applied for any Health Science program? ______Yes ______No

Where? ________________________________

Have you taken any entrance exam for a program? ______Yes ______No

Which test have you taken? ______HOBET ______TABE ______TEAS

How did you hear about Franklin Technology Center programs?

____ Radio ______ School Sign ______ Friend ______ Other

____ TV ______ Brochure ______ Newspaper

THE SCHOOL DISTRICT OF JOPLIN DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, ANCESTRY, SEX, DISABILITY OR VETERAN STATUS, NOR WITH ANY PROVISIONS FOR THE “AMERICANS WITH DISABILITIES ACT” OF THE APPLICANT (SECTION IV).

If accepted as a student, I give Franklin Technology Center permission to release a copy of my school records to inquiries such as employment for educational purposes, according to the Family Educational and Privacy Act of 1974. In connection with my application with the school, I understand that a consumer report, which may contain public record information, is being requested. This report may include the following types of information: Names and dates of previous employers, credit information, etc. I further understand that such report may contain public record information concerning my credit, bankruptcy proceeding, and etc. from federal, state and other agencies that maintain such records.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information.

I certify that the information provided on this application is correct to the best of my knowledge and that I am at least 17 years of age. Falsification of any part of this application may be grounds for dismissal from Franklin Technology Center.

NOTICE OF CONFIDENTIALITY:

Franklin Technology Center receives funds under certain programs of the US Dept of Education and is required by law to collect social security numbers (SSN) from its students for the administration of those programs. We are also required by law to maintain certain documents in accordance with Missouri’s records retention policies. We do not collect or share personal information for any purpose other than to respond to you and the governmental agencies requiring us to report such information.

Date: __________________ Signature: ____________________________________

***A $50.00 non-refundable fee must accompany this application***
1. Complete your FAFSA online at fafsa.ed.gov. Call the FTC Financial Aid Office at 417-625-9865 if you have questions on how to fill it out or if you don’t have access to a computer.

2. In order to fill out your FAFSA, last year’s federal tax return must be completed. If married, you must include spouse’s information or if you answer all questions with a NO on Step 3 of the FAFSA, you are required to include parent’s information on Step 4.

3. Once your FAFSA is submitted, wait 2-3 business days then call the FTC Financial Aid Office to set up an appointment to complete the financial aid process.
4. You will receive a Student Aid Report (SAR) from the US Department of Education in approximately 2 weeks. Verify that all information is correct.

5. Your FTC Award letter will be given to you at the beginning of the program.

6. Study hard and attend classes and you should receive your graduation certificate.

If a funding agency will be providing any monies toward your program costs we must have the following documentation on file before you can attend any program classes. It is the student’s responsibility to work closely with their counselor to insure proper documentation has been received by the FTC bookkeeping or financial aid office.

1. Written letter on agency letterhead for $50 application fee
2. Funding voucher, training agreement, etc. for any program costs
# WITHDRAWAL

## Tuition Withdrawal Policy

### For All Students -

A Title IV refund is completed on all financial aid recipients. The Title IV refund is calculated per payment period. If a student completes 60% of a payment period, a Title IV refund is not required.

**NOTE:** Any Title IV financial aid returned by FTC to the Direct Loan(s) and/or the US Dept. of Ed for Pell Grants will be charged back to the students account and will be his/her responsibility.

Institutional charges are due as follows: **Days = class days***

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Due Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student withdraws during the first 4 days of the pay-period</td>
<td>2% due*</td>
</tr>
<tr>
<td>*Fees, books, and supply fees will be assessed on usage</td>
<td></td>
</tr>
<tr>
<td>Student withdraws from the 5th day through 9th day of the pay-period</td>
<td>5% due</td>
</tr>
<tr>
<td>Student withdraws from the 10th through 15th day of the pay-period</td>
<td>10% due</td>
</tr>
<tr>
<td>Student withdraws from 16th day through 21st day of the pay-period</td>
<td>20% due</td>
</tr>
<tr>
<td>Student withdraws from 22nd day through 30th day of the pay-period</td>
<td>40% due</td>
</tr>
<tr>
<td>Student withdraws after 30th day of the pay-period</td>
<td>100% due</td>
</tr>
</tbody>
</table>

All costs including tuition, books, and supplies are considered institutional costs and are figured in the refund calculation. **Fees, books, and supply fees will be assessed on usage.**

All credit balances must be eliminated before a Title IV refund calculation can be performed.

All students completing a withdrawal form and received a Direct loan are required to complete an exit counseling session online at [www.nslds.ed.gov](http://www.nslds.ed.gov)

School will determine the student’s withdrawal date as the last date the student ceased attendance.

All Title IV funds WILL BE RETURNED no later than 45 days after it determines the student withdrew.

**NOTE:** If a student withdraws (a leave of absence is not included) from a program and wishes to re-enter at a later time, he/she will be responsible for any previous tuition, books, and fees owed and any additional and/or increased tuition, books, and fees of the year re-entered. If tuition has increased the student will be responsible for the additional costs. The re-entry request must be approved by the Program Coordinator and Director of FTC before a student can begin in the program.

If a student withdraws twice from any program at FTC, he/she will not be allowed to re-enter ANY FTC program.