



**Northland Pioneer College**

**LICENSED PRACTICAL NURSE TO REGISTERED NURSE PROGRAM  
APPLICATION PACKET  
DEADLINE: OCTOBER 1, 2019**

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

Thank you for your interest in the Northland Pioneer College, Associate of Applied Science Degree – Nursing Program. Only complete applications received in the Nursing Department Office by October 1, 2019 at 4:30 p.m. will be considered for admission. Late applicants will be considered on a space available basis if they meet the admission criteria, but will not be accepted before applications submitted on time. Please include this checklist as the first page of your application packet. Acceptance to the LPN to RN Program does not guarantee space availability in the 3<sup>rd</sup> semester of the Nursing Program.

If you are not already an NPC student, please enroll and obtain a Student ID# prior to submitting an application. You may enroll online at <https://www.npc.edu/Application> , by going to your nearest campus or center or by calling the Admissions Office at 1-800-266-7845 x 7459.

**Submit the following items:**

- The completed notarized application and the Notice of No Guarantee of Licensure/Certification forms. (This should be submitted as soon as possible, so that you can be contacted regarding your application)
- Copy of current Arizona LPN (Licensed Practical Nurse) license, active and in good standing with the Arizona State Board of Nursing.
- HESI A2 Admission Assessment Exam Cumulative Report. If you do not take your exam at NPC, the results must be emailed directly from the test administrator to the Nursing Department at [cathy.reed@npc.edu](mailto:cathy.reed@npc.edu) or [debra.mcginity@npc.edu](mailto:debra.mcginity@npc.edu). HESI scores must meet the minimum requirements of the current student cohort. The exam will be offered after the application deadline date; Cathy will contact you with the testing date.
- Two professional or academic references submitted from someone who has served as your supervisor or instructor in a work or school setting. One reference must be from your current supervisor, if you are currently employed.
- Current Resume.
- Include a copy of your current Arizona DPS Level 1 Fingerprint Clearance Card (front and back). Apply as a health care student at: <http://www.azdps.gov/services/public/fingerprint>. **Plan ahead** as the process could take **several weeks**.
- Transfer students must submit official transcripts (in original sealed envelope) from previous colleges for all prerequisite and co-requisite courses to the Records and Registration (R&R) office at PO Box 610 Holbrook, AZ 86025. Submit the attached Request for Evaluation of Transfer Credit form to R&R at the time you order your transcript(s) to [evaluations@npc.edu](mailto:evaluations@npc.edu). The online submission version of this form is available at: <https://www.npc.edu/registered-nursing-rn> We recommend that your transcripts are received in the R&R office by **September 15, 2019**. Please plan accordingly. If we have previously received official transcripts you do not need to order them again unless additional coursework has been taken.
- Degree Audit printed by an NPC Academic Advisor (after transfer credits have posted).
- Submit pharmacology syllabi from previous nursing courses of study and course descriptions of previous nursing courses.
- A one page typed double spaced “Personal Statement” must be submitted with the application. The “personal statement” should address why you wish to return to school, what you have done to meet your goals, and what strengths you bring to our nursing program.

MAIL all materials to:  
**Northland Pioneer College**  
**Nursing Program**  
**P.O. Box 610**  
**Holbrook, AZ 86025**

or

HAND DELIVER to:  
**Nursing Office**  
**White Mountain Campus**  
**1001 W. Deuce of Clubs**  
**Show Low, AZ 85901**

# NORTHLAND PIONEER COLLEGE

Nursing Program ♦ P.O. Box 610 ♦ Holbrook, AZ 86025 ♦ (928) 532-6136

## LICENSED PRACTICAL NURSE TO REGISTERED NURSE CURRICULUM

### Required Courses/Licensure to gain Admission to the LPN to RN Program

Before the student will be considered eligible to apply to the nursing program, all courses must be completed with a grade of "C" or higher. A cumulative GPA of 3.0 "B" or higher is preferred for the following prerequisite courses:

	<u>Credits</u>
BIO 181 General Biology	4
BIO 201 Human Anatomy & Physiology I	4
BIO 202 Human Anatomy & Physiology II	4
BIO 205 Microbiology	4
CHM 130 Fundamental Chemistry	4
ENL 101 College Composition I	3
NUR 117 Pharmacology I	<u>2</u>
Total	23

### Licensure:

Must submit a current Arizona LPN (Licensed Practical Nurse) License, active and in good standing with the notarized application.

### Required Courses to Complete the Nursing Program

<u>Spring Semester:</u> Core Requirements	<u>Credits</u>
NUR 116 LPN – RN Transitions	3
NUR 118 Pharmacology II	2
General Education Requirements, if not already completed	
PSY 240 Developmental Psychology	3
ENL 102 College Composition II	<u>3</u>
Total	11

Any of the above courses may be taken in conjunction with NUR 116. All of the above courses must be completed before admission into the 3<sup>rd</sup> semester of the ADN program.

### Fall (3<sup>rd</sup>) Semester: Core Requirements

NUR 117 Pharmacology I (credit for prior learning may apply)	2
NUR 221 Nursing III	8
General Education Requirement	
SOC 101 <u>or</u> ANT 102 General Sociology <u>or</u> Cultural Anthropology	<u>3</u>
Total	13

### Spring (4<sup>th</sup>) Semester:

NUR 222 Nursing IV	8
NUR 219 NCLEX Review Course	<u>2</u>
Total	10

All of the general education or non-NUR courses may be completed before entering the program, but must be completed as listed above and no later than beginning of the next semester. IF THE COURSES ARE NOT COMPLETED AS STATED THE STUDENT CANNOT CONTINUE IN THE NURSING PROGRAM. All courses require a grade of "C" or better for advancement in the program.

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## **DRUG SCREENING AND SUBSTANCE ABUSE PROCEDURES**

A pre-clinical drug screening is required for all student nurses. It is done during the first part of the semester prior to the student nurses' clinical experiences. Students are given a twelve-hour or twenty-four-hour notice to proceed with this drug screening (urine specimen). In addition, there is a "For Cause" substance abuse procedure for student nurses who exhibit mental or physical impairment due to use of alcohol, illegal or prescribed drugs while carrying out student nursing responsibilities in the college and health care settings. Both procedures are in the Nursing Student Handbook

## **PHYSICAL EXAMINATION**

A physical examination and immunization record will be required after admission to the Nursing Program and prior to starting any clinical rotations.

## **CPR**

All students must have valid Healthcare Provider CPR certification prior to admission and kept current throughout the program.

## **DPS FINGERPRINT CARD**

All students must have a current DPS fingerprint level 1 clearance card from the Arizona Department of Public Safety prior to admission to the 3<sup>rd</sup> semester of the nursing program.

Apply at: <http://www.azdps.gov/services/public/fingerprint> As a health care student.

## **MEDICAL INSURANCE**

All students must provide proof of medical insurance coverage prior to clinical rotations and must keep the coverage current throughout the program. A physical examination and immunization records are required by July 1<sup>st</sup> and must be kept current; this fulfills the requirements of NPC and our clinical facilities. Some facilities also have seasonal requirements pertaining to the flu immunization.

## **CLINICAL ASSIGNMENTS**

Clinical assignments are selected each year and are subject to change based on current clinical needs and facility requirements. The program requires that students complete a Capstone clinical experience of 108 hours during NUR222; placements are as assigned and may include days, nights, and weekends.

## **UNIFORMS**

The program dress code includes navy blue pants and steel gray scrub tops, a watch with a second hand, name tag, stethoscope, bandage scissors, Kelley forceps, and appropriate shoes. See the Nursing Student Handbook for complete details.

## **NURSING STUDENT HANDBOOK**

For complete nursing student requirements, policies and procedures see the Nursing Student Handbook available at: <https://www.npc.edu/registered-nursing-rn> under Entry Requirements.

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## NURSING PROGRAM LICENSED PRACTICAL NURSE TO REGISTERED NURSE

### ESTIMATED STUDENT COST FOR ARIZONA RESIDENTS (Nursing and General Education Courses included)

1 <sup>st</sup> Year	Spring Semester		Total
1. Registration & Course Fee	\$ 1,302.00		\$1,302.00
2. Books	500.00		500.00
<b>1<sup>st</sup> Year Total</b>	<b>\$ 1,802.00</b>		<b>\$1,802.00</b>
2 <sup>nd</sup> Year	1 <sup>st</sup> Semester	2 <sup>nd</sup> Semester	Total
1. Registration	\$1,001.00	\$ 770.00	\$1,771.00
NUR Course Fees	435.00	425.00	860.00
Media Fee	45.00	45.00	90.00
2. Books	444.00	263.00	707.00
HESI Package	85.00	85.00	170.00
DocuCare Access	200.00		200.00
3. NCLEX-RN		550.00	550.00
<b>2<sup>nd</sup> Year Total</b>	<b>\$ 2,210.00</b>	<b>\$ 2,138.00</b>	<b>\$ 4,348.00</b>
Optional Fees	1 <sup>st</sup> Semester	2 <sup>nd</sup> Semester	Total
Optional - Pin	\$ 100.00	---	\$ 100.00
<b>Estimated Nursing Program Total</b>			<b>\$ 6,250.00*</b>

\*Travel expenses may be required for clinicals.

**PUBLIC NOTICE OF NONDISCRIMINATION:** Northland Pioneer College does not discriminate on the basis of race, color, national origin, veteran status, religion, marital status, gender, age or disability in admission or access to, or treatment or employment in its educational programs or activities. District grievance procedures will be followed for compliance with Title IX and Section 504 requirements. The Affirmative Action Compliance Officer is the Director of Human Resources, 2251 E. Navajo Blvd., Holbrook, Arizona 86025, (800) 266-7845. The Section 504 Compliance Officer is the Coordinator of Disability Resource and Access, 1001 W. Deuce of Clubs, Show Low, Arizona 85901, (800) 266-7845. The lack of English language skills will not be a barrier to admission and participation in vocational education programs. Revised 9-12-14

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## LICENSED PRACTICAL NURSE TO REGISTERED NURSE PROGRAM APPLICATION FOR ADMISSION

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

Other names used now or in the past \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Number Street City State Zip

Phone \_\_\_\_\_ / \_\_\_\_\_ NPC Student ID# \_\_\_\_\_  
Home Work/Cell (please circle)

When do you anticipate starting the Nursing Program? Fall semester \_\_\_\_\_

High school graduation date \_\_\_\_\_ or GED date \_\_\_\_\_

You must fill in the following information and provide OFFICIAL sealed transcripts for all completed courses (including NPC transcripts).  
**Please note: College courses over eight years old may be accepted with appropriate documentation.**

COURSE	DATE COMPLETED OR SCHEDULED FOR COMPLETION	SCHOOL/COLLEGE ATTENDED	INSTRUCTOR	GRADE
BIO 181 General Biology 4 cr				
BIO 201 Human Anatomy & Physiology I 4 cr				
BIO 202 Human Anatomy & Physiology II 4 cr				
BIO 205 Microbiology 4 cr				
CHM 130 Fundamental Chemistry 4 cr				
ENL 101 College Composition I 3 cr				
ENL 102 College Composition II 3 cr				
NUR 117 Pharmacology I 2 cr				

Are you an AZ LPN? \_\_\_\_\_ If so, License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

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Explain your career goals as an RN. (What do you want to do when you graduate from NPC?)

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Where would you prefer to attend classes?

White Mountain Campus, Show Low \_\_\_\_\_ Little Colorado Campus, Winslow \_\_\_\_\_ Either Campus \_\_\_\_\_

**NORTHLAND PIONEER COLLEGE**  
**LICENSED PRACTICAL NURSE TO REGISTERED NURSE**  
**PROGRAM APPLICATION FOR ADMISSION CONTINUED**

Current Employment: \_\_\_\_\_

Last place and dates of employment as a Licensed Practical Nurse: \_\_\_\_\_

Any disciplinary actions on your nursing license:  Yes  No

If yes, please explain: \_\_\_\_\_

Bearing in mind the essential functions delineated in the Admission Information, are you able, with or without reasonable accommodations, to successfully perform these functions?  Yes  No

Are you a legal resident of the United States of America?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Are you currently using illegal drugs, misusing prescription drugs?  Yes  No

Is there now or has there ever been any investigation, disciplinary action, or denial of certification or licensure by a nursing regulatory agency or nursing assistant regulatory agency in the United State or its territories?  Yes  No

If yes, please explain:

(Regulatory action against any licenses you hold may be grounds for dismissal. Failure to report regulatory actions against your license may constitute a basis for dismissal. Felony conviction, history of drug and/or alcohol addiction may be reason for denial of Registered Nurse License by the State Board of Nursing.)

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**AFFIDAVIT**

STATE OF \_\_\_\_\_

County of \_\_\_\_\_

The undersigned being duly sworn declares that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application: that he/she will conform to the ethical standards of conduct in the profession of nursing; and that he/she has read and understands this affidavit.

\_\_\_\_\_  
SIGNATURE

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Commission Expires:

\_\_\_\_\_  
Notary Public

*Notary Seal*

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## NURSING PROGRAM

### NOTICE OF NO GUARANTEE OF LICENSURE/CERTIFICATION

Admission or graduation from the Program does not guarantee obtaining a license or certificate to practice nursing. Licensure and certification requirements and the subsequent procedures are the exclusive right and responsibility of the Arizona State Board of Nursing. Students must satisfy the requirements of the Nurse Practice Act: Statutes, Rules, and Regulations independently of any college or school requirements for graduation as they exist at the time of licensure/certification. Although this explanation and handbook materials may provide information concerning the licensing process, the applicant/student is solely responsible for understanding and meeting licensure/certification requirements. NPC does not guarantee the accuracy of any of the information presented here or in any other materials presented to the applicant/student concerning the licensure process. Verifying the accuracy of such information is solely the responsibility of the applicant/student.

If convicted of a felony, an applicant for licensure/certification must submit proof that he/she "has received an absolute discharge from the sentences for all felony convictions three or more years prior to the date of filing an application" (Nursing Practice Act 2018, 32-1632 and 32-1637). Such proof includes completion of any sentence including imprisonment, probation, parole, community supervision or any form of court supervision. Examples of unprofessional conduct, but not limited to, are felony or misdemeanor convictions, substance abuse, conviction of an offense involving immoral behavior, or being guilty of acts which deceive, defraud or harm the public in any way.

Fingerprinting will be part of the application process for the nursing assistant, LPN and RN applicants.

If there is any question about eligibility for licensure or certification, contact the Arizona State Board of Nursing (602-889-5150).

I have read and understood the above statement.

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Signature

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Print Name

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Date

This statement will become part of your permanent record.

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## LICENSED PRACTICAL NURSE TO REGISTERED NURSE PROGRAM Professional or Academic Reference

\_\_\_\_\_  
(Reference name)

\_\_\_\_\_  
(Reference address)

\_\_\_\_\_  
(Name of Applicant)

Is applying for acceptance into the Associate Degree Nursing Program at Northland Pioneer College. Please fill out the following form. Your cooperation is greatly appreciated.  
**When completed, please return to the Nursing Programs at the above address.**

In accordance with the Family Education Rights and Privacy Act, the applicant

\_\_\_\_\_ has requested \_\_\_\_\_ has not requested that this information be held confidential by the Admission Committee.

I \_\_\_\_\_ hereby waive my right to inspect and review this letter of recommendation. I understand that  
(Applicant)

this waiver is not required as a condition of admission or receipt of a service or benefit from NPC. \_\_\_\_\_

(Signature of applicant)

	Above Average	Average	Below Average	Comments:
Attitude, motivation				
Initiative, creativity				
Interpersonal relationships				
Reaction to criticism				
Dependability, responsibility				
Maturity in judgment; handling of crises				
Personal habits; courtesy, grooming				

Additional comments: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_ Relationship to applicant? \_\_\_\_\_

Highly recommend \_\_\_\_\_ Recommend \_\_\_\_\_ Do not recommend \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Occupation/position \_\_\_\_\_

**Thank you for completing this Personal Reference.  
Please return promptly, before the October 1st deadline.**

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## LICENSED PRACTICAL NURSE TO REGISTERED NURSE PROGRAM Professional or Academic Reference

\_\_\_\_\_  
(Reference name)

\_\_\_\_\_  
(Reference address)

\_\_\_\_\_  
(Name of Applicant)

Is applying for acceptance into the Associate Degree Nursing Program at Northland Pioneer College. Please fill out the following form. Your cooperation is greatly appreciated.

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\_\_\_\_\_ has requested \_\_\_\_\_ has not requested that this information be held confidential by the Admission Committee.

I \_\_\_\_\_ hereby waive my right to inspect and review this letter of recommendation. I understand that

(Applicant)

this waiver is not required as a condition of admission or receipt of a service or benefit from NPC. \_\_\_\_\_

(Signature of applicant)

	Above Average	Average	Below Average	Comments:
Attitude, motivation				
Initiative, creativity				
Interpersonal relationships				
Reaction to criticism				
Dependability, responsibility				
Maturity in judgment; handling of crises				
Personal habits; courtesy, grooming				

Additional comments: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_ Relationship to applicant? \_\_\_\_\_

Highly recommend \_\_\_\_\_ Recommend \_\_\_\_\_ Do not recommend \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Occupation/position \_\_\_\_\_

**Thank you for completing this Personal Reference.  
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**Northland Pioneer College**

**REQUEST FOR EVALUATION OF TRANSFER CREDITS  
FOR THE NURSING PROGRAM**

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

College(s) to be evaluated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) as shown on the above college records: \_\_\_\_\_

\_\_\_\_\_

Request Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

Degree Type: **AAS** Emphasis Area: **Nursing**

Completed evaluation to: WMC Nursing Department

Send this form to: Records and Registration PO Box 610 Holbrook, AZ 86025 or email to:  
**evaluations@npc.edu**

Official transcripts (in original sealed envelope) from previous colleges for all prerequisite and co-requisite courses must be submitted to the Records and Registration office at PO Box 610 Holbrook, AZ 86025. The online submission version of this form is available at: <https://www.npc.edu/registered-nursing-rn>. You may want to follow up with the sending institution to make sure that your transcript was sent on time. To verify that your transcript has been evaluated by NPC please login to your MyNPC account and click on the link for unofficial transcripts.

Submit this form to the Records and Registration office at the time you order your transcripts so they can be processed and sent to the Nursing Department by the application deadline date. If this form is not received by the Records and Registration office they will not know that you are a potential nursing student. If all of your pre-requisite and co-requisite courses were taken at NPC, you do not need to send in this form.