

Northland Pioneer College

LICENSED PRACTICAL NURSE TO REGISTERED NURSE PROGRAM APPLICATION PACKET DEADLINE: OCTOBER 16, 2020

Name:

Date:

Thank you for your interest in the Northland Pioneer College, Associate of Applied Science Degree – Nursing Program. Only <u>complete</u> applications received in the Nursing Department Office by October 16, 2020 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 3rd 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 <u>https://www.npc.edu/Application</u>, 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 tamora.vandriel@npc.edu. Scores must meet the minimum requirements of the current student cohort. The exam will be offered after the application deadline date; you will be contacted with the exam date(s).
- 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. 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 *October1, 2020.* Please plan accordingly. If we have previously received official transcripts you do not need to order them again unless additional coursework has been taken.
- □ Math placement score of ASSET 41; ACCUPLACER 57; NEXT GEN 250; ACT 21 or completion of MAT142 or higher with a 'C' or better within one year prior to the application. Contact an NPC Academic Adviser for math placement exam.
- 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.

or

MAIL all materials to: Northland Pioneer College Nursing Program P.O. Box 610 Holbrook, AZ 86025 HAND DELIVER to: Nursing Office White Mountain Campus 1001 W. Deuce of Clubs Show Low, AZ 85901

Nursing Program ♦ P.O. Box 610 ♦ Holbrook, AZ 86025 ♦ (928) 532-6134

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:

10110 wing pi	crequisite courses.	
	-	Credits
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	_2
	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

Spring Seme	Credits	
NUR 116	LPN – RN Transitions	3
NUR 118	Pharmacology II	2
General Edu	cation 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 <u>must be</u> completed before admission into the 3^{rd} semester of the ADN program.

Fall (3 rd) Semester: Core Requirements	
NUR 117 Pharmacology I (credit for prior learning may apply)	2
NUR 221 Nursing III	8
General Education Requirement	
SOC 101 or ANT 102 General Sociology or Cultural Anthropology	<u>3</u>
Total	13
Spring (4 th) Semester:	
NUR 222 Nursing IV	8
NUR 219 NCLEX Review Course	2
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 <u>no later than beginning of the next semester</u>. 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 3rd 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 1st and must be kept current; this fulfils 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 Cherokee pewter gray pants and scrub top, 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)

Note that for the 2020-2021 academic year, tuition is discounted to \$40/credit hour

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

*Travel expenses may be required for clinicals.

PUBLIC NOTICE OF NON-DISCRIMINATION:

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

Name				
Last	F	irst	Middle	
Other names used now or in the p	ast		E-mail Address	
Mailing Address				
Number	Street	City	State 2	Zip
Phone	/	NPC Student ID#		
Home	Work/Cell (please cir			
When do you anticipate starting the N	ursing Program? Fall semester _			
High school graduation date	(or GED date		
You must fill in the following informa Please note: College courses over eig				nscripts).
COURSE	DATE COMPLETED OR SCHEDULED FOR COMPLETION	SCHOOL/COLLEGE ATTENDED	INSTRUCTOR	GRADE

		COMPLETION	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_____

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

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: \Box Yes \Box 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? \Box Yes \Box No

Are you a legal resident of the United States of America?

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? \Box Yes \Box 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.)

	AFFIDAVII	
STATE OF	County of	
The undersigned being duly sworn declares that he/she is the respect; that he/she has not suppressed any information that in the profession of nursing; and that he/she has read and use	t would affect this application: that he/she v	
	SIGNATURE	
SUBSCRIBED AND SWORN to before me this	day of	, 20
Commission Expires:		
	Notary Public	

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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: Statues, 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 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.

Signature

Print Name

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 I	name)			
	(Reference address)						
(Name of Applicant)	Is applying for acceptance into the Associate Degree Nursing Program at Northland Pioneer (Name of Applicant) College. Please fill out the following form. Your cooperation is greatly appreciated. When completed, please return to the Nursing Programs at the above address.						
n accordance with the Family Educa	tion Rights and	Privacy Act,	the applican	t			
has requested h	as not requested	that this inf	ormation be	held confidential by the Admission Committee.			
	hereby waive	e my right to	inspect and	review this letter of recommendation. I understand that			
(Applicant)	-		-				
his waiver is not required as a condit	tion of admissior	i or receipt o	of a service o	(Signature of applicant)			
	Above	Average	Below	Comments:			
	Average	Average	Average				
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 appli	cant?		Relation	nship to applicant?			
Highly recommend	y recommend Recommend		Do not recommend				
(Signature) Occupation/position				(Date)			
	Thank yo	ou for con	npleting tl	nis Personal Reference. the October 16th deadline.			

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in accordance with the Family Educa	ation Rights and	Privacy Act,	the applican	t			
has requested l	has not requested	that this inf	ormation be	held confidential b	y the Admission Committee.		
	hereby waive	e my right to	inspect and	review this letter o	f recommendation. I understand that		
(Applicant) his waiver is not required as a condi	tion of admission	n or receipt o	f a service o	r benefit from NPC	<u>.</u>		
•		•			(Signature of applicant)		
	Above	Average	Below	Comments:			
Attitude, motivation	Average		Average				
Initiative, creativity							
Interpersonal relationships							
Reaction to criticism							
Dependability, responsibility							
Maturity in judgment; handling of crises							
Personal habits; courtesy, grooming							
Additional comments:	I			1			
How long have you known this appli	icant?		Relation	nship to applicant?			
Highly recommend	recommend Recommend			Do not	recommend		
(Signature) ccupation/position					(Date)		
×	Thank ye	ou for con	pleting tl	nis Personal Re			
	Please retur		1 C				

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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:					
Name(s) as shown on the	above college records:				
Request Date:	Completed by:				
Degree Type: <u>AAS</u> Em Completed evaluation to:	nphasis Area: <u>Nursing</u> WMC Nursing Departmen	t			
Send this form to: Record evaluations@npc.edu		610, Holbrook, AZ 86025 or email to:			
requisite courses must be sub AZ 86025. The online submis nursing-rn. You may want to was sent on time. To verify th	mitted to the Records and Reg ssion version of this form is av follow up with the sending in	ous colleges for all prerequisite and co- gistration office at PO Box 610, Holbrook, vailable at: https://www.npc.edu/registered- astitution to make sure that your transcript raluated by NPC please login to your ipts.			
can be processed and sent to t not received by the Records a	the Nursing Department by the and Registration office they wi	he time you order your transcripts so they e application deadline date. If this form is ill not know that you are a potential nursing were taken at NPC, you do not need to send			

in this form.