



Northland Pioneer College

Nursing Program ♦ 1001 W. Deuce of Clubs ♦ Show Low, AZ 85901 ♦ (928) 532-6134

PARAMEDIC TO RN PROGRAM APPLICATION PACKET

APPLICATION DEADLINE: OCTOBER 10, 2025 at 4:00 PM

Name: _____ Date: _____

Thank you for your interest in the Northland Pioneer College Associate of Applied Science Degree Paramedic to RN Program. **Only complete** applications received in the Nursing Department Office by October 10, 2025 at 4:00 p.m. will be considered for admission. Late applications 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. If you are not already an NPC student, please enroll and obtain a student ID# prior to applying. You may enroll by going to your nearest campus or center or online at: <https://www.npc.edu/Application.search>

****NOTE:** Applicants must be aware that clinical sites may impose Covid vaccination requirements, which may or may not include waivers for not obtaining the vaccine. Students are obligated to comply with these requirements when they exist in order to attend clinical experiences.

Submit the following items:

- ☐ The completed, signed, and notarized application and the Notice of No Guarantee of Licensure/Certification forms.
- ☐ Copy of current Arizona Paramedic certification, active and in good standing.
- ☐ Transfer students must submit *official* transcripts (*in original sealed envelope*) from original institution(s) for all prerequisite and co-requisite courses to the Records and Registration (R&R) office at PO Box 610, Holbrook, AZ, 86025. Transcripts can also be sent electronically to Records and Registration (evaluation@npc.edu). In order to guarantee that your transcripts are evaluated and sent to the Nursing Department by October 10, 2025 we strongly recommend that your transcripts are received in the R&R office by October 1, 2025. Please plan accordingly. If an official transcript has previously been received and posted to your NPC account you do not need to order it again, unless you have taken additional coursework.
- ☐ You are required to contact an NPC Academic Adviser and have a **Degree Audit** printed to include with your application. If you are transferring credits you should contact an Academic Adviser after you have ordered transcripts. Transferred courses will appear on your unofficial transcript in MyNPC.
- ☐ Math placement score of NEXT GEN QAS 250; ACT 21 or completion of MAT142 or higher with a 'C' or better within one year prior to the application is required. Contact an NPC Academic Adviser for a math placement exam.
- ☐ Provide a copy of the **HESI** Test Admission Assessment Cumulative Report. Test results **must include** all of the following: anatomy & physiology, biology, chemistry, math, reading, vocabulary and grammar and the cumulative scores for Science and English. Live and online HESI test dates through NPC will be made available by August 2025. If you require testing accommodations, you must contact the Office of Accessibility and Inclusion at least two weeks prior to the test. If you do not take your test through NPC, the results *must* be emailed directly from the test administrator to the Nursing Department at tamora.herring@npc.edu. If you wish to purchase a study guide for the HESI, we suggest searching for "HESI A2" exam study guide on Amazon.
- ☐ 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 with a minimum of one year's experience as a Paramedic.
- ☐ Include a copy of your current Arizona DPS Level 1 Fingerprint Clearance Card (front *and* back). Apply *electronically* at: <http://www.azdps.gov/services/public/fingerprint> as a health science student. **Plan ahead** as the process requires **6-8 weeks** or more barring any problems. (If your application is still being processed, enclose a copy of your receipt). A copy of the clearance card must be received no later than January 1, 2026. If you need instructions on how to obtain a fingerprint card, contact the Nursing Department (928-532-6134) or an Academic Advisor.
- ☐ 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 you bring to our Nursing program. Include your name and student ID on your personal statement.

You are responsible to make sure that all of the required documents are received in the Nursing Department office on time. If all items are not received on time your entire application will be considered late.

MAIL (postmarked by 10/10):

Northland Pioneer College
Nursing Program - WMC
1001 W. Deuce of Clubs
Show Low, AZ 85901

OR

HAND DELIVER (received by 10/10)

Nursing Office
White Mountain Campus, Ponderosa 111
1001 W. Deuce of Clubs
Show Low, AZ 85901



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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 2002, 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 include but are not limited to 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 (602-771-7800).

I have read and understand the above statement.

Signature

Print Name

Date

This statement will become part of your permanent record.

PUBLIC NOTICE OF NON-DISCRIMINATION:

The 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 AVP/Chief Human Resources Officer, 2251 E. Navajo Blvd., Holbrook, Arizona 86025, 1-800-266-7845. The section 504 Compliance Officer is the Accessibility and Inclusion Coordinator, 1611 S. Main St., Snowflake, Az 85937, 928-536-6246. The lack of English language skills will not be a barrier to admission and participation in vocational education programs.



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PARAMEDIC TO RN PROGRAM APPLICATION FOR ADMISSION

Application Deadline: October 10, 2025 4:00 PM

Please fill out all spaces

Name _____				
Last	First	Middle	Other names used now or in the past	
NPC ID# _____ NPC e-mail address _____ Personal e-mail address _____				
Preferred for contact by the nursing office				
Mailing Address _____				
Number	Street	City	State	Zip
Phone _____				
Cell	Home	Work		
High school graduation date _____ or GED date _____				

You must fill in the following information and provide OFFICIAL sealed transcripts by **October 1, 2025** from all colleges other than NPC for the courses listed below. Before you will be considered eligible to enroll in 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 pre-requisite courses. If you are currently enrolled in any of the below prerequisite courses, your application may still be considered by the Admission Committee. Please submit your application with "IP" listed for the course that is in progress. **Please note: College courses over eight years old may be accepted with appropriate documentation and prior approval.**

PRE-REQUISITE COURSE	DATE COMPLETED OR SCHEDULED FOR COMPLETION	SCHOOL/COLLEGE ATTENDED	GRADE
BIO 181 General Biology			
BIO 201 Human Anatomy & Physiology I			
BIO 202 Human Anatomy & Physiology II			
BIO 205 Microbiology			
CHM 130 Fundamental Chemistry			
ENL 101 College Composition I			
ENL 102 College Composition II			
PSY 240 Developmental Psychology			
SOC 101 General Sociology <u>or</u> ANT 102 Cultural Anthropology			

Which location would you prefer to attend? Note that the NUR123 course is only offered at the White Mountain Campus but 3rd and 4th semesters may be taken at either campus as assigned.

- ☐ White Mountain Campus (Show Low) ~2nd Choice: Little Colorado Campus (Winslow)
- ☐ Little Colorado Campus (Winslow) ~ 2nd Choice: White Mountain Campus (Show Low)
- ☐ I wish to apply to a BSN concurrent enrollment program. Circle one: ASU NAU GCU



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

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

Have you ever been convicted of a felony? ☐ Yes ☐ No

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

Are you currently using illegal drugs or misusing prescription drugs? ☐ Yes ☐ No

"Illegal drug" includes recreational and medicinal use of marijuana as marijuana is classified as an illegal drug under federal law.

Have you ever been or are you currently the subject of any complaint, investigation or disciplinary action against your license, certificate, registration or membership by any state regulatory board, any professional or occupational credentialing authority or any professional association in Arizona or any other state? ☐ Yes ☐ No If yes, please explain and attach findings:

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

Have you been employed in a healthcare setting for more than a year in the past 3 years? ☐ Yes ☐ No

If yes, please describe in what capacity?

Right of Refusal

The Northland Pioneer College Nursing Program reserves the right to refuse admission to any Nursing Program applicant based on evidence that the applicant cannot perform the functional abilities essential for nursing practice as defined in the application packet, for prior documented conduct requiring disciplinary action, or for unethical behavior as defined by the Arizona State Board of Nursing, the American Nurses Association, and the NPC Nursing Student Handbook.

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 _____.

Notary Public

Notary Seal



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PARAMEDIC TO RN 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 10th deadline.**



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