

**Southwestern Oregon Community College &
Oregon Consortium for Nursing Education**

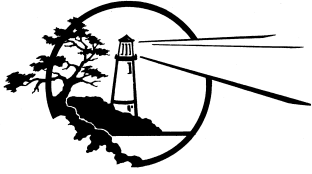
**LPN Advanced Placement Application Packet
For
Fall 2012 Entry**

Submit all application materials to:

Southwestern Oregon Community College
Jade Stalcup
1988 Newmark
Coos Bay OR 97420
jstalcup@socc.edu
541-888-7443
Sumner Hall, Room 4

Please make a copy of the entire packet for your records before submitting it by the November 1, 2011 deadline.

It is the policy of Southwestern Oregon Community College Board of Education that there will be no discrimination or harassment on the grounds of race, color, gender, marital status, sexual orientation, religion, national origin, age, political affiliation, parental status, veteran status or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the Vice President of Administrative Services in Tioga 512. Phone 541-888-7206 or TDD 541-888-7368. All other issues, concerns, and complaints should also be directed to the Vice President of Administrative Services for referral to the appropriate administrator.



Southwestern Oregon Community College & Oregon Consortium for Nursing Education



Fall 2011 LPN Advanced Placement Application Packet Checklist

Completed applications will be accepted postmarked beginning July 11, 2011 through November 1, 2011. It is the applicant's responsibility to ensure that all required documents listed below are received by the deadline. Due to the volume of submissions, candidates are not guaranteed notification of missing application items. Make a copy of the completed packet for your files. Documents submitted but not requested (e.g. letters of reference) will be discarded.

I attest that I have fulfilled the following requirements (please initial each statement below indicating that you have read and understand what is required in order to successfully apply to the SOCC Nursing Program):

1. ___ **Read the Nursing Program Information Packet and Technical Standards document**
2. ___ **Completed Southwestern Oregon Community College's Application for Admission**, including a one-time non-refundable fee of \$30.00, available online at: http://www.oregonmentor.org/applications/southwestern_oregon_cc/apply.html.
 - o New students: receipt or check included
 - o Current students: approximate date fee paid _____
3. ___ **Completed Southwestern Oregon Community College/OCNE Nursing Program LPN Advanced Placement Application.** I understand that by applying to SOCC's Nursing Program, I am also applying for co-admission and authorizing the release of my application and academic information to OHSU to facilitate my program of study or financial aid or for statistical or evaluative purposes.
4. ___ **Paid \$50 non-refundable nursing application-processing fee**, copy of receipt attached.
5. ___ **Attached or requested official (unopened) college transcripts** from all institutions where Practical Nursing Program and prerequisite courses have been taken for evaluation by *SOCC's Transcript Evaluator*. **SOCC transcripts do not need to be attached.**
6. ___ **Attached completed Prerequisite Planning Chart and First Year General Education Completion Chart:** I have completed all nursing program prerequisites (minimum of 49 credits) with a minimum grade of "C" or better and a minimum cumulative GPA of 3.0 and have completed all first year nursing program general education courses with a grade of C or better. My required computer science course or proficiency exam and my anatomy and physiology courses will not be older than 7 years by December 31, 2011. I have completed all First Year General Education Completion Chart indicating where all prerequisites have been completed, and understand that any documents submitted but not requested by this application form will be discarded/shredded.
7. ___ **Phase L1:** I understand that completion of this application enters me in Phase L1 of the LPN Advanced Placement selection process, and following the point assignment process of Phase L1 the highest ranked applicants will be allowed to enroll in available spaces in the pharmacology and pathophysiology courses (NRS230 and NRS232 in winter [Phase L2 of the process], and with successful completion of those courses, NRS231 and NRS 233 in spring; some or all of the pharmacology and pathophysiology courses may be delivered online).
8. ___ **Bridge Course:** I understand that selection for enrollment in the pathophysiology and pharmacology courses does not guarantee admission to the nursing program (course size is limited and program applicants may complete NRS230 and NRS232 [and NRS231 and NRS233] at other Consortium partner schools, e.g. RCC, MHCC, LCC, etc., but still be the highest ranked applicant for available spaces in the SOCC Nursing Program second year), that points will be scored for the grades earned in NRS230 and NRS232 (Phase L2 of the LPN Advanced Placement selection process), and after Phase L1 and L2 points are combined, the highest ranked applicants will be allowed (following successful completion of NRS231 and NRS233) to enroll in the bridge course, NRS115 LPN Transition to OCNE, to be offered through Lane Community College during the summer of 2012.

9. ___ I understand that if I am allowed to enroll in the bridge course NRS115, the majority of the course (didactic portion) will be delivered through distributed learning (online), but that I will be required to travel to Eugene to Lane Community College for two or more intensive sessions of clinical and/or class face to face meetings (high fidelity simulation and/or other activities) during the summer of 2012 and I will be responsible for all of my own travel expenses.
10. ___ **International students** are required to check in with the International Student Advisor at 541-888-7251 and are required to have a minimum TOEFL score of 450 (paper-based) or 133 (computer-based).
11. ___ **LPN license:** I have attached a copy from the OSBN website of verification of my unencumbered Oregon LPN license (available from <http://osbn.oregon.gov/onlineverification/Search.aspx>), along with the LPN Work Experience form(s) signed by the appropriate individual(s) sealed in their agency envelope, and two completed copies of the OCNE LPN to RN Advanced Placement Reference forms sealed by the reference sources in their agency envelopes.
12. ___ I have called the Nursing Program secretary (541-888-7443) and have reserved a seat on October 31 or November 1, 2011 for the proctored national standardized exam (from ATI) and will take the test at the following date/time: _____. I will bring a check for \$30.00 made out to SOCC to the test.
13. ___ I understand that I will receive email notice verifying receipt of the application packet I am submitting to SOCC, and that each applicant will be notified in writing of his/her status regarding the outcome of Phase L1 of the LPN Advanced Placement selection process by December 1, 2011. I also understand that if I am selected to enroll in the pharmacology and pathophysiology courses, an appointment will be made to assist me with that process.
14. ___ I understand that although co-admitted to the Oregon Health Sciences University School of Nursing, if I choose to transition from the Southwestern Oregon Community College Nursing Program to OHSU after successfully completing the SOCC program I will have to undergo a Criminal Background Check for OHSU at the time of transition and ability to enroll in OHSU courses may be negatively impacted by a criminal history in my background.
15. ___ I understand that reading and following directions is critical to success in any nursing program. Incomplete applications (e.g. not completing admission to college, lack of application fee, lack of submission of official transcripts to the transcript evaluator, lack of signature, etc.) will result in disqualification and that disqualified applicant will only receive notice of such after the application deadline has passed.
16. ___ **Attached signed statements:**
 - Regarding Program and Licensure Requirements
 - Regarding Proof of Health Status and Immunizations
17. ___ **Signed and completed Nursing Application Packet Checklist (this form).**

Printed Name

Signature

Date



**Southwestern Oregon Community College
& Oregon Consortium for Nursing Education**



Fall 2012 LPN Advanced Placement Application

Student Information

Please type or print neatly in blue or black ink

Last Name First Name Middle Initial Previous Last Name(s)

SOCC ID Number Social Security Number Date of birth (mm/dd/yy)

Male Female

Email address ***required. Official notification will occur by email-it is the applicant's responsibility to ensure the college and Nursing Program secretary are notified of any change in email address.**

Current mailing address City State Zip

Physical address (if different from mailing address) City State Zip

Daytime phone Evening phone Message/Cell phone

Citizenship Type of Visa (if applicable) Resident Alien No. (if applicable)

Ethnic Background and Gender (optional information that will help us provide the Oregon State Board of Nursing and/or Oregon Health Sciences University School of Nursing and/or Oregon Center for Nursing with important recruitment and admission statistics; please clearly mark responses:

Gender: _____ Male _____ Female

Primary Ethnicity: _____ Nonresident Alien _____ Black or African American
 _____ Race and Ethnicity unknown _____ Native Hawaiian/Other Pacific
 _____ Hispanics of any race _____ Islander
 _____ American Indian or Alaska Native _____ White
 _____ Asian _____ Two or more races

Language background (please select one):

English as Primary _____ English as secondary _____ Language (if English is secondary) _____

Education Information

List all colleges/universities where you have completed your practical nursing program, nursing prerequisites and/or a degree

College	State	Dates of attendance	Degree earned/ number of credits

I have read and understand the admission criteria for the nursing program at Southwestern Oregon Community College and OCNE. I understand that it is my responsibility to meet all program and application criteria. I verify that all statements on this application are complete and true. I understand that falsification of any information may lead to disqualification or dismissal from the program. I give my permission for release of pertinent application information to the OCNE partner schools, including OHSU and the State Board of Nursing, as necessary to facilitate my program of study and to enhance the application process for future applicants.

Signature

Date

Completed packets must be received by November 1, 2011

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Southwestern Oregon Community College & Oregon Consortium for Nursing Education



LPN Advanced Placement Prerequisite and First Year General Education Completion Chart

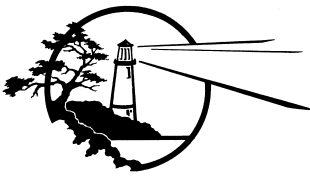
Please complete the following chart indicating where you have completed the required nursing prerequisites and first year general education courses. Please note that all nursing program prerequisites (minimum of 45 credits) must have been completed with a minimum grade of C or better and a minimum cumulative GPA of 3.0, and that all first year nursing program general education courses must have been completed with a grade of C or better before the October 1, 2010 deadline. To the extent that the courses you list below are deemed to meet SOCC Nursing Program requirements, they will be used to calculate your nursing application GPA for the minimum of 45 credits of prerequisites. If a student has more than one transcribed math, computer science or elective course that would apply equally to a requirement, the course with a higher grade will be used for the selection process, except that for repeated courses only the most recent grade will be used. Students who, by the application deadline, do not submit official transcripts from ALL previously attended colleges or universities will be disqualified from consideration. **All fields must be completed.**

Required Prerequisites/First Year General Education	Course Number	Course Title	College	Term / Year Completed or Planned	Grade Earned (A, B, C, IP, NA)	Quarter / Semester Credits	Quarter Credits Required
Anatomy and Physiology I (BI 231) (within 7 years)						o Quarter o Semester	4
Anatomy and Physiology II (BI 232) (within 7 years)						o Quarter o Semester	4
Anatomy and Physiology III (BI 233) (within 7 years)						o Quarter o Semester	4
Bioethics (PHL 205) OR Ethics (PHL 102)						o Quarter o Semester	3
Chemistry (CHEM 110 or CHEM 223 ☼)						o Quarter o Semester	4
Computer Competency (CS 120) (within 7 years)						o Quarter o Semester	4
English Composition (WR 121)						o Quarter o Semester	3
English Composition (WR 122)						o Quarter o Semester	3
English Composition (WR 123) or WR 227 Technical Writing						o Quarter o Semester	3
Genetics (BI 149)						o Quarter o Semester	3
Life Span Development (PSY 237)						o Quarter o Semester	3
Math Competency (MTH 95 or higher)						o Quarter o Semester	4
Nutrition (FN 225)						o Quarter o Semester	4

Classes taken at other colleges can only be deemed equivalent by SOCC's Transcript Evaluator based on curriculum content. Classes with the same course title and/or number may not transfer in as equivalent.

LPN Advanced Placement Prerequisite and First Year General Education Completion Chart continued

Required Prerequisites/First Year General Education	Course Number	Course Title	College	Term / Year Completed or Planned	Grade Earned (A, B, C, IP, NA)	Quarter / Semester Credits	Quarter Credits Required
Social Science Course (200 level)						o Quarter o Semester	3
Speech (SP 218 or SP 219)						o Quarter o Semester	3
Cultural Anthropology ANTH 221, 222, or 223						o Quarter o Semester	3
Microbiology (BI 234)						o Quarter o Semester	4
Introduction to Logic and Critical Thinking (PHL 103)						o Quarter o Semester	3



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Statement Regarding Program and Licensure Requirements

Students accepted for admission into the Nursing Program at Southwestern Oregon Community College are advised, prior to enrollment, of the following Oregon State Board of Nursing (OSBN) rules concerning Application for Licensure by Examination:

If the applicant has a physical or mental condition that could affect their ability to practice nursing safely, a physical or mental assessment may be required. The assessment will assist in the determination as to whether or not the applicant's physical or mental health is adequate to serve the public safely.

An applicant who has been arrested, charged or convicted of any criminal offense will be evaluated and a determination will then be made as to whether the arrest, charge or conviction bears a demonstrable relationship to the practice of nursing.

The College cannot be responsible for a student's physical, mental, or emotional health or ability to qualify for licensure. If you are unable to qualify under the above requirements, you may wish to reconsider your choice of program.

Examples of crimes for which an individual will be denied licensure include:

- Crimes against another person such as murder, manslaughter, assault, rape, sexual abuse, child abandonment or neglect.
- Conviction within seven years for a crime against property such as first degree offenses including burglary, arson, criminal mischief, robbery or forgery.
- An extended history of arrests and convictions demonstrating habitual disregard for societal rules.

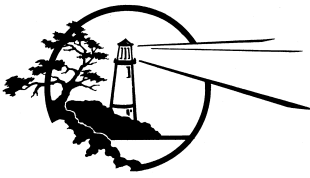
You will be required to complete a criminal records check after you are provisionally accepted to the nursing program. Some clinical agencies may require another security check. A criminal background check will also be required by OSBN when you apply for licensure. A criminal record detected in this manner will preclude your ability to complete the required clinical experience and result in dismissal from the Program.

Contact the OSBN office (call 503-731-4745 or email Oregon.bn.info@state.or.us) if you have questions concerning your eligibility for licensure. Individual circumstances vary. OSBN staff can provide complete and accurate information and may be able to advise you so as to save unnecessary time and expense.

I have read the above statement and I verify that I qualify for clinical experience at all clinical sites and for nursing licensure in the State of Oregon. I also agree to release any criminal background information to Southwestern Oregon Community College for use in the Nursing Program.

Signature

Date



**Southwestern Oregon Community College
& Oregon Consortium for Nursing Education**



Proof of Health Status and Immunizations

Listed items are to be completed once you have been notified that you are accepted into the program. However, this signed form is to be turned in with the application as acknowledgement of student responsibility.

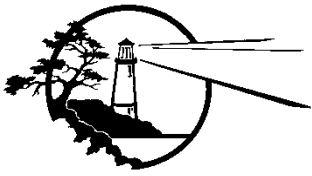
I understand that once accepted to the Southwestern Nursing Program, I must complete the following and provide proper documentation by the deadline stated in the acceptance letter:

1. A physical examination by a licensed health care professional, including urine and blood tests within a specific timeframe.
2. A tuberculosis skin test, with follow-up chest x-ray if skin test is positive. NOTE: This test must be completed within 2 months prior to the start of clinical.
3. Immunizations or titers, as appropriate, for Measles, Mumps, Rubella, and Chicken Pox.
4. Tetanus immunizations within the last 10 years.
5. As a nursing student you may be at risk for contracting Hepatitis B. Therefore, you are required to obtain the Hepatitis B vaccination. This is a series of three injections given over a six month period. Only the first dose must be completed prior to the start of the program.
6. It is also recommended that you obtain the following immunizations: influenza, pneumonia and meningitis. These immunizations are not required, but they are recommended for your safety and the safety of patients.
7. I further understand that I will be required to take a drug test at my expense prior to the start of the clinical portion of the program. Results of the testing will remain confidential.

SIGNATURE

DATE

Southwestern Oregon Community College is an equal opportunity educator and employer.



SOUTHWESTERN OREGON COMMUNITY COLLEGE OCNE LPN TO RN ADVANCED PLACEMENT REFERENCE



Applicant's Name: _____

I am applying to the Southwestern Oregon Community College Nursing Program and give permission for _____ (colleague/supervisor name) to complete this form, place it in a sealed agency envelope and return it to me to attach to my application. I waive my right to review this reference at any time:

Applicant Signature

Date

Instructions to Applicants: References from two individuals with direct knowledge of your work as an LPN are required for your application for advanced placement into a Nursing program implementing the OCNE curriculum, using this page and the duplicate copy found on the next page. One reference must come from a colleague or instructor who has worked with you in a healthcare setting and one reference must be from a healthcare facility supervisor who has been involved in supervising and/or evaluating your performance within the past year. Fill in your name and your colleague's or instructor's name or healthcare facility supervisor's name on the lines provided above and sign and date the form in the space provided. The colleague, instructor or supervisor is asked to circle the appropriate number on each line, sign (including title and agency name and phone number) and date the form, place it in an agency envelope with their name signed across the seal and return it to you to attach to your application.

Instructions to Healthcare Colleague and Healthcare Facility Supervisor: The LPN whose name appears on the line above is applying for advanced placement to a Nursing Program in Oregon. Their application will not be complete without the required references. Please take a few moments to answer the following questions based on your experience with this applicant.

Please circle the number that **best matches your knowledge of the applicant**. Do Not write in partial points. (The score, in a case where a partial point is written, will be rounded down to the lower whole number.)

1 = Doesn't Meet Expectations; 2 = Meets at Least Minimum Expectations; 3 = Serves as a Role Model for Others.

1. How well would you say this individual interacts with individuals from varied backgrounds, cultures, ethnicity and lifestyles? **1** **2** **3**
2. How closely does this individual demonstrate the ethical behavior, honesty and integrity you would expect of a Nurse? **1** **2** **3**
3. How articulate is this individual when communicating orally and in writing? **1** **2** **3**
4. How suitable is this individual for transitioning from the Licensed Practical Nurse role to the role of the Registered Nurse? **1** **2** **3**
5. How likely is this individual to remain calm and stable when performing under pressure? **1** **2** **3**
6. How would you rate this individual's leadership and problem solving abilities? **1** **2** **3**

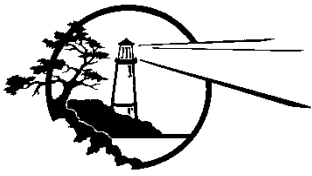
Colleague or supervisor signature and title

Date

Agency Name

Phone Number

Comments:



**SOUTHWESTERN OREGON COMMUNITY COLLEGE
OCNE LPN TO RN ADVANCED PLACEMENT REFERENCE**



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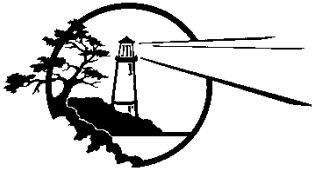
Colleague or supervisor signature and title

Date

Agency Name

Phone Number

Comments:



LPN WORK EXPERIENCE
Southwestern Oregon Community College
Nursing Program



Fall 2011 LPN Advanced Placement Application for 2012 Entry

Student Name: _____ Date: _____

Dear Employer/Supervisor/Human Resources Manager:

The above individual is planning to apply to the SOCC Nursing program by November 1, 2011 (for available LPN advanced placement positions in the second year of the Nursing Program, fall 2012 entry) and must prove accumulation of a minimum of 500 hours work experience as a Licensed Practical Nurse (in a position that requires the LPN license and for work that would qualify for license renewal in Oregon). To assist this applicant with the process, **please fill in the requested information, seal it in an envelope (preferable a company letterhead envelope) and sign your name across the seal.** The applicant may submit documents from more than one employer in order to provide proof of required hours of work experience.

The applicant must attach the sealed envelope to the application and submit it no later than 5:00 p.m. on November 1, 2011 to be eligible to apply. If you have any questions you may call me at (541) 888-7298. Thank you for your help.

Sincerely,

Susan Walker, RN, MSN
 Nursing Department Director

Can you verify that this applicant has worked as an LPN for ≥500 hours at your facility in a position for which an LPN license is required and in which regular supervision by a registered nurse occurs?

Yes ___ No ___

If not 500 hours, how many hours of LPN work experience (in a position for which the LPN license is required) has this individual obtained at your facility? (Applicants may submit this form from more than one employer.) _____

Does this position require LPN licensure?

Yes ___ No ___

Does a registered nurse regularly supervise this individual?

Yes ___ No ___

Signature of Supervisor or HR Manager

Printed Name and Title

Facility

Phone Number