

Paramedic Transition Option - Entering Class: Summer 2012

THIS APPLICATION FORM IS NOT FOR USE BY REENTRY NURSING STUDENTS OR STUDENTS WHO HAVE TAKEN NURSING COURSES IN ANOTHER NURSING PROGRAM. These students must contact the Department of Nursing Office for reentry or transfer information.

All applicants should schedule an application advising appointment with the Department of Nursing(501-569-8081) prior to submitting an application. Copies of transcripts should be brought for review.

Submit completed application, with copies of transcripts attached, to the Department of Nursing **between January 1 and February 28**. The first group of students will be accepted from this pool of applicants. The department continues to accept applications after the February 28th date.

Name: _____ Social Security #: _____

Address: _____ T #: _____

City, State, ZIP: _____ Home Phone: _____

Email: _____ Work Phone: _____

Date first entered UALR: _____ Last Date of Enrollment at UALR: _____

List ALL other colleges or universities attended including dates of enrollment and any degrees received.

COLLEGE/UNIVERSITY DATES DEGREES

have have not been a student in a RN program.

The following APPLICATION REQUIREMENTS must be completed:

- _____ 1. Admitted to UALR with regular or conditional admission status and/or maintain a cumulative 2.0 GPA at UALR. Transfer students currently enrolled in other universities, at the time of application, will be considered for admission into the nursing program if required documents are on file in the UALR Office of Admissions and Financial Aid.
- _____ 2. Graduate of a paramedic program affiliated with an accredited college or university.
- _____ 3. Current certification from the Arkansas Department of Health as a Arkansas paramedic and current registration as a paramedic with the National Registry of EMTs.
- _____ 4. Proof of active employment as a paramedic for a minimum of 1,000 hours over the last 2 years. Volunteer work is not considered active employment. Submit employer verification with application.
- _____ 5. Completion of prerequisite courses or course equivalents with a grade of C or better. A three-hour Anatomy and Physiology course does not meet the Anatomy and Physiology requirement.
- _____ 6. Successfully pass Excelsior Fundamentals of Nursing Examination.
- _____ 7. Have a minimum 2.6 GPA in Nursing Curriculum Support Courses. GPA will be calculated based on Nursing Curriculum Support Courses completed.
- _____ 8. Submit a completed Department of Nursing Application Form with copies of all college/university transcripts, paramedic transcripts and proof of current certification/registry. If you have received UALR credit via examination for a specific course, you must submit a copy of the test scores in order for the course credit to be calculated into the Nursing Curriculum Support Course GPA and quality point total.
- _____ 10. Complete scheduled EVOLVE A2 and request score submission to the department or submit score report with the application. List the following information for the courses you have completed at the time

of application. Indicate 'IP' for the courses you are enrolled in currently.

NURSING CURRICULUM SUPPORT COURSES PREREQUISITES	GRADE
Rhetoric 1311 Composition I (core)	
Rhetoric 1312 Composition II (core)	
Math 1302 College Algebra (required for Chemistry)	
Biology 1411 Anatomy/Physiology I Biology 1412 Anatomy/Physiology II	
Psychology 2300 Psychology and the Human Experience or Sociology 2300 Intro to Sociology (core)	
AT LEAST ONE OF THE FOLLOWING COURSES IS REQUIRED FOR ADMISSION. ALL COURSES ARE REQUIRED FOR DEGREE COMPLETION.	
Chemistry 1400 Fundamental Chemistry or higher level chemistry course	
History 2311 U.S. History to 1877 or History 2312 U.S. History since 1877 or Political Science 1310 American National Government (required by Arkansas law)	
Biology 2401 Microbiology	

I certify that all information is true and correct. I understand that withholding or submitting inaccurate information may make me ineligible for admission and enrollment and subject to administrative withdrawal.

SIGNATURE: _____

DATE: _____

Return completed application form to: UALR Department of Nursing
2801 South University Avenue
Little Rock, AR 72204
Fax: (501)371-7546

Additional information regarding the application/admission process is available online at www.ualr.edu/nursing