

LPN/LPTNs 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:** _____ **Cell #** _____

Email: _____ **Work Phone:** _____

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

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

COLLEGE/UNIVERSITY	DATES	DEGREES
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I 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 State Board of Nursing approved LPN or LPTN program
- _____ 3. Current, unencumbered LPN or LPTN license in the State of Arkansas or mutual state licensure recognized by the Arkansas State Board of Nursing -Nurse Licensure Compact.
- _____ 4. Completion of prerequisite courses or course equivalents with a grade of C or better.
- _____ 5. Minimum 2.6 GPA in Nursing Curriculum Support Courses. GPA will be calculated based on required nursing general education courses completed.
- _____ 6. Submit a completed Department of Nursing Application Form with copies of all college/university transcripts and LPN/LPTN transcripts.
- _____ 7. Meet Advanced Placement Testing requirement linked to work experience as a LPN/LPTN:
 - less than 12 months after LPN/LPTN graduation: no testing required for admission to transition option
 - greater than 12 months after LPN/LPTN graduation: no testing required if during past 12 to 24 months have had at least 1000 hours of nursing employment.
 - students who require Advanced Placement Testing must successfully pass the Excelsior Fundamentals of Nursing examination
- _____ 8. Proof of active employment as an LPN/LPTN submit employment verification letter with application. Volunteer hours/work is not considered active employment.
- _____ 9. Complete application advising appointment through the Department of Nursing.

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