

# JACKSON STATE COMMUNITY COLLEGE

## Nursing Program Admission Application

### *LPN-RN Career Mobility Option*

The LPN-RN Career Mobility Option is only open to applicants who hold a current, valid, unencumbered Tennessee LPN license and who have completed all the required pre-requisite courses. **You must attach** a copy of your LPN license to this application form. The application deadline is **February 1<sup>st</sup>** if applying for **Summer** admission or **May 1<sup>st</sup>** if applying for **Fall** admission.

Name \_\_\_\_\_ Maiden or Other Name(s) on Transcripts \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

SS# \_\_\_\_\_ Email Address \_\_\_\_\_

Optional Information: Sex \_\_\_\_\_ Ethnic Background \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Admission Term**

This application is valid for one term only. You **must reapply** if not accepted into the term applied for.

For what term and year are you applying? Circle one: Summer or Fall Year: \_\_\_\_\_

Have you applied to the nursing program before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what term and year? \_\_\_\_\_

**College History**

Are you currently attending Jackson State Community College? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you attended Jackson State Community College in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you attended any college(s) other than Jackson State Community College? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have attended any colleges other than JSCC, please list below all colleges you have attended. You must also request that each college send an **OFFICIAL** transcript directly to the JSCC Admissions Office **PRIOR** to the application deadline (February 1<sup>st</sup> or May 1<sup>st</sup>).

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**ACT Testing Requirement**

You must have current ACT scores on file in either the Nursing Dept. Office or the Admissions Office to be an eligible applicant. Scores are considered current if they are less than three years old from the application deadline. Choose one of the following options to meet the ACT testing requirement. If you choose Option B, you will receive a postcard from the Nursing Dept. detailing how to register for the exam. The ACT testing dates will be set sometime **AFTER** the application deadline

\_\_\_\_\_ Option A: I wish to use my prior ACT scores. I have taken the exam within the past three years, and I have confirmed that my scores are on file in either the Admissions Office or the Nursing Dept. Office.

\_\_\_\_\_ Option B: I wish to take the residual ACT exam that is scheduled for JSCC nursing applicants. I understand that these scores will only be reported to the JSCC Nursing Department and cannot be used for college admission purposes nor reported to other colleges.

**Pre-Requisite Coursework**

There are 20 hours of pre-requisite courses which must be completed in order to be an eligible applicant for the LPN-RN program. Please fill in the following table with the semester and year you completed each course, the grade you received, and the college you attended. Remember, you must request that each college send an **OFFICIAL** transcript directly to the JSCC Admissions Office **PRIOR** to the application deadline (February 1<sup>st</sup> or May 1<sup>st</sup>).

Course	Semester	Year	Grade	College Attended
English Comp I				
General Psychology II				
Abnormal Psychology				
Developmental Psychology				
Anatomy & Physiology I				
Anatomy & Physiology II				

A&P courses which are five years old or older at the time of enrollment into the nursing program **must be repeated**, unless you provide documentation showing that you currently practice as an LPN in a direct patient-care setting. To receive the healthcare provider bonus points in the admission score formula, you **must** submit proper documentation of medical service experience (at least 800 hours within the past three years) along with this form. See page 2 of application packet for proper documentation instructions.

**Historical Background Information**

An affirmative response to the following questions will not necessarily be a bar to admission. Factors such as age at the time of conviction, elapsed time, seriousness and nature of the crime, and rehabilitation will be taken into account. Students with an affirmative answer to any question are advised to consult with the licensing board regarding their licensure eligibility. **Clinical agencies require background checks and drug/alcohol screens of students and may deny a student permission to enroll in clinical experiences. Such denial will result in the student’s inability to progress in and dismissal from the program.**

Have you ever been convicted of a crime, other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had any license in any health care field suspended, revoked, or denied? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been listed on any abuse registry (Nursing Home, Home Health, Sexual, or Other)? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered yes to any of these questions, please attach an explanation of your answer.**

Program applicants should be aware that conviction of the following crimes would make you **ineligible** for Registered Nurse licensure in the State of Tennessee: Aggravated Assault, as in T.C.A. 39-13-102; First Degree Murder, as in T.C.A. 39-13-202; Second Degree Murder, as in T.C.A. 39-13-207; Voluntary Manslaughter, as in T.C.A. 39-13-211; False Imprisonment, as in T.C.A. 39-13-302; Kidnapping, as in T.C.A. 39-13-303; Aggravated Kidnapping, as in T.C.A. 39-13-305; Robbery, as in T.C.A. 39-13-401; Aggravated Robbery, as in T.C.A. 39-13-402; Especially Aggravated Robbery, as in T.C.A. 39-13-403; Aggravated Rape, as in T.C.A. 39-13-502; Rape, as in T.C.A. 39-13-503; Aggravated Sexual Battery, as in T.C.A. 39-13-504; Sexual Battery, as in T.C.A. 39-13-505; Statutory Rape, as in T.C.A. 39-15-506; Theft of Property, as in T.C.A. 39-14-103; Theft of Services, as in T.C.A. 39-14-104; Forgery, as in T.C.A. 39-14-114; Falsifying of Educational and Academic Records, as in T.C.A. 39-14-136; Arson, as in T.C.A. 39-14-301; Aggravated Arson, as in T.C.A. 39-14-302; Burglary, as in T.C.A. 39-14-402; Aggravated Burglary, as in T.C.A. 39-14-404; Incest, as in T.C.A. 39-15-302; Aggravated Child Abuse, as in T.C.A. 39-15-402; Sexual Exploitation of a Minor, as in T.C.A. 39-17-1003; Aggravated Sexual Exploitation of a Minor, as in T.C.A. 39-17-1004; Especially Aggravated Sexual Exploitation of a Minor, as in T.C.A. 39-17-1005; Assisted Suicide, as in T.C.A. 39-13-216; Rape of a Child, as in T.C.A. 39-13-522.

**Core Performance Standards for Retention in the Nursing Program**

In compliance with the Americans with Disabilities Act, students must be, with reasonable accommodation, physically and mentally capable of performing the essential functions of the program. The Core Performance Standards for Admission and Progression developed by the Southern Council on Collegiate Education for Nursing and adopted by all nursing programs in the Tennessee Board of Regents system include:

- A. Critical thinking ability sufficient for clinical judgment.
- B. Interpersonal abilities sufficient to interact with individuals, families and groups.
- C. Communication abilities sufficient for interaction with others in verbal and written form.
- D. Physical abilities sufficient to move from room to room and maneuver in small spaces.
- E. Gross and fine motor abilities sufficient to provide safe and effective nursing care.
- F. Auditory abilities sufficient to monitor and assess health needs and hear verbal instructions.
- G. Visual abilities sufficient for observation and assessment necessary in nursing care.
- H. Tactile ability sufficient for physical assessment.

Admission to the nursing program is not based on these standards; instead, they are used to assist each student in determining whether accommodations or modifications are necessary. Each of these standards is reflected in nursing course objectives and provides an objective measure for students and advisors to make informed decisions regarding whether the student is qualified to meet requirements.

Do you have any physical or mental health condition which would cause you or any other person to be placed in danger if you are admitted to the program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
Because the College seeks to provide, in as much as possible, a reasonably safe environment for its health career students and their patients, a student may be required, during the course of the program, to demonstrate their physical and/or emotional fitness to meet the essential requirements of the program. Such essential requirements may include freedom from communicable diseases, the ability to perform certain physical tasks, and suitable emotional fitness. Any appraisal measures used to determine such physical and/or emotional fitness will be in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, so as not to discriminate against any individual on the basis of disability.

**Statement of Validity and Understanding**

I certify that the above information is true and correct to the best of my knowledge. I am aware that falsifying or withholding information will lead to the invalidation of my application and/or dismissal from the nursing program. I have read and understand the admission, enrollment, and retention criteria and the applicant evaluation system of the Jackson State Community College nursing program. I understand this application is valid for one application period only, and if not admitted I must submit a new application prior to the next deadline. If applying for the healthcare provider bonus points, I agree to allow the nursing dept. to contact my employer to verify my medical service. I understand that if admitted, all nursing courses must be completed within three years of initial enrollment and all courses must be completed in the sequence designated in the program curriculum as published in the college catalog. If I am unable to complete the required courses as designated in the catalog curriculum I will not progress in the nursing program. If accepted for admission, I must also comply with specific enrollment requirements such as drug/alcohol screening and criminal background checks. Once enrolled in the program I must also comply with other specific criteria to be retained and progress in the nursing program. A copy of the enrollment, retention and progression criteria is available on reserve at the JSCC College Library for my review.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return your completed application form to: Department of Nursing  
Jackson State Community College  
2046 North Parkway  
Jackson, Tennessee 38301-3797

**Please keep a copy of all submitted documents.**

Revised 8/2/06