PRACTICAL NURSING
APPLICATION PROCEDURE AND DEADLINE:

Classes are admitted in August and January. Class size is limited, and all applicants are not accepted for participation.

All applicants will have an equal opportunity regardless of race, age, disability, sex, creed, religion, or nationality. Applicants with special needs due to disability must make this fact known prior to admission, so that necessary accommodations can be made. Because of the nature of the profession it may not always be possible to accommodate students with severe disabilities.

Application Deadline: August Admission – 2nd Friday in March
January Admission – 1st Friday in October

ADMISSION REQUIREMENTS: High School (or GED Equivalency) diploma plus general and specific requirements listed below:

1. Completion of all general admissions procedures of the College.
2. Completion of the Nursing and Allied Health Application for Admission form.
3. ACT score of 16 or COMPASS scores: Reading 70; Writing 63; & Math (Pre-Algebra) 40.
4. Cumulative GPA of 2.5 or higher.
5. College transcript documenting successful completion with a grade of “C” or above in prerequisite courses.
6. Current state certification as a Certified Nursing Assistant (CNA).
7. Pre-Admission Examination for Practical Nursing (PAX-PN) scores on file.

The above information must be submitted to:
Southeast Arkansas College
Nursing & Allied Health Technologies Division
1900 Hazel Street
Pine Bluff, AR 71603

Any applicant who does not have a completed application packet in the Nursing & Allied Health Division Office by 4:30 p.m. on the final day of the application acceptance dates may not be considered for admission.

ACCEPTANCE PROCEDURE: Applicants who have completed the above admission requirements will be reviewed for acceptance to the program. Should the qualified applicants exceed the available slots in the program, admission into a particular class will be based on the date of completed application. After acceptance into the Practical Nursing program, the student must submit evidence of the following in order to begin classes:

2. Functional Ability Acknowledgement Form
3. P.P.D skin test or Chest X-ray
4. Hepatitis B Series or Signature on SEARK Vaccination Waiver Claim Form.

All students accepted into the Practical Nursing Program will be required to have state and FBI criminal background checks and will be required to pay all associated fees. Conviction of certain crimes may make the applicant ineligible to test for licensure despite successful completion of the Practical Nursing Program. Random drug screening may be utilized at any time during the course of the program at the student’s expense.

11/06, 05/08, 09/10, 12/12
SOUTHEAST ARKANSAS COLLEGE
PRACTICAL NURSING

PROGRAM DESCRIPTION: This interdisciplinary practical nursing program is designed to provide a beginning point for individuals seeking upward mobility in the nursing profession. Practical Nursing students are prepared for giving direct and primary nursing care under the immediate supervision of the clinical instructor, staff R.N., Advance Practice Nurses (APN), and/or physicians in the cooperating clinical facilities. Certified Nursing Assistants (CNA) are eligible for acceptance into Practical Nursing program. The program prepares Practical Nurses for employment in a wide range of health care settings including: hospitals, nursing homes, APN offices/clinics, physician’s offices, and private duty care. The Arkansas State Board of Nursing approves the Practical Nursing program with regular evaluations to ensure a quality program of education in the nursing field. Upon completion of the program, graduates are eligible to apply and take the National Council Licensure Examination for Practical Nurses (NCLEX-PN) for licensure as a practical nurse.

ADMISSION REQUIREMENTS: High School (or GED Equivalency) Diploma plus special requirements as contained in the College Catalog. All practical nursing applicants must take the Pre-Admission Examination for Practical Nursing (PAX-PN).

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COMPLETION AWARD: Technical Certificate
(48 Nursing Course Requirements)

*Course may not be transferable. Student must verify transferability with transferring school. BIOL 2454 Anatomy & Physiology I and BIOL 2464 Anatomy & Physiology II may be substituted.
CRIMINAL BACKGROUND CHECK

The ASBN requires that all applicants for licensure submit to Arkansas State Police and FBI criminal background check prior to graduation. All students accepted into the PN program will be required to have these backgrounds checks and will pay all associated fees.

No person shall be eligible to receive or hold a license issued by the board if that person has pleaded guilty or no contend ere to, or been found guilty of, any of the following offenses by any court in the State of Arkansas, or of any similar offense by a court in another state, or of any similar offense by a federal court:

(1) Capital murder, as prohibited in § 5-10-101;
(2) Murder in the first degree and second degree, as prohibited in §§ 5-10-102 and 5-10-103;
(3) Manslaughter, as prohibited in § 5-10-104;
(4) Negligent homicide, as prohibited in § 5-10-105;
(5) Kidnapping, as prohibited in § 5-11-102;
(6) False imprisonment in the first degree, as prohibited in § 5-11-103;
(7) Permanent detention or restraint, as prohibited in § 5-11-106;
(8) Robbery, as prohibited in § 5-12-102;
(9) Aggravated robbery, as prohibited in § 5-12-103;
(10) Battery in the first degree, as prohibited in § 5-13-201;
(11) Aggravated assault, as prohibited in § 5-13-204;
(12) Introduction of controlled substance into the body of another person, as prohibited in § 5-13-202;
(13) Terroristic threatening in the first degree, as prohibited in § 5-13-301;
(14) Rape and carnal abuse in the first degree, second degree, and third degree, as prohibited in §§ 5-14-103 - 5-14-106;
(15) Sexual abuse in the first degree and second degree, as prohibited in §§ 5-14-108 and 5-14-109;
(16) Sexual solicitation of a child, as prohibited in § 5-14-110;
(17) Violation of a minor in the first degree and second degree, as prohibited in §§ 5-14-120 and 5-14-121;
(18) Incest, as prohibited in § 5-26-202;
(19) Offenses against the family, as prohibited in §§ 5-26-303 - 5-26-306;
(20) Endangering the welfare of incompetent person in the first degree, as prohibited in § 5-27-201;
(21) Endangering the welfare of a minor in the first degree, as prohibited in § 5-27-203;
(22) Permitting child abuse, as prohibited in § 5-27-221(a)(1) and (3);
(23) Engaging children in sexually explicit conduct for use in visual or print media, transportation of minors for prohibited sexual conduct, pandering or possessing visual or print medium depicting sexually explicit conduct involving a child, or use of a child or consent to use of a child in a sexual performance by producing, directing, or promoting a sexual performance by a child, as prohibited in §§ 5-27-303 - 5-27-305, 5-27-402, and 5-27-403;
(24) Felony adult abuse, as prohibited in § 5-28-103;
(25) Theft of property, as prohibited in § 5-36-103;
(26) Theft by receiving, as prohibited in § 5-36-106;
(27) Arson, as prohibited in § 5-38-301;
(28) Burglary, as prohibited in § 5-39-201;
(29) Felony violation of the Uniform Controlled Substances Act §§ 5-64-101 – 5-64-608, as prohibited in § 5-64-401;
(30) Promotion of prostitution in the first degree, as prohibited in § 5-70-104;
(31) Stalking, as prohibited in § 5-71-229; and
(32) Criminal attempt, criminal complicity, criminal solicitation, or criminal conspiracy, as prohibited in §§ 5-3-201, 5-3-202, 5-3-301, and 5-3-401, to commit any of the offenses listed in this subsection.

Persons may request a waiver by the Board, but not until after completion of the nursing education program. Circumstances for which a waiver may be granted shall include, but not limited to:

(A) The age at which the crime was committed;
(B) The circumstances surrounding the crime;
(C) The length of time since the crime;
(D) Subsequent work history;
(E) Employment references;
(F) Character references; and
(G) Other evidence demonstrating that the applicant does not pose a threat to the health or safety of children or other clients.

I have read and understand that graduating from a nursing program does not assure ASBN’s approval to take the licensure examination.

Name

Date

11/06, 05/08, 09/10, 12/12
SOUTHEAST ARKANSAS COLLEGE
NURSING & ALLIED HEALTH APPLICATION

NAME _______________________________________
ADDRESS _____________________________________
CITY __________________________________________
STATE and ZIP __________________________________
DATE OF BIRTH ____________________ SEX: MALE / FEMALE (Circle one)
SOCIAL SECURITY ________________________________
PHONE NUMBER _________________________________
MARITAL STATUS ____________ M=Married, S=Single, D=Divorced, & W=Widowed
NO. DEPENDENT CHILDREN __________

PERSONS TO NOTIFY IN CASE OF EMERGENCY:
NAME __________ ADDRESS __________ CITY/STATE ______ PHONE NO. ______
1. __________________________________________________________
2. __________________________________________________________

DO YOU HAVE HOSPITALIZATION OR HEALTH INSURANCE COVERAGE? YES □ NO □

PREVIOUS WORK EXPERIENCE (List current employer.)
EMPLOYER __________ CITY/STATE __________ JOB TITLE __________ FROM __________ TO __________

Current Salary (Hourly Rate) ________________________________

1ST GENERATION COLLEGE STUDENT: YES □ NO □

EDUCATION: HIGHEST GRADE COMPLETED _______________ DATE OF GRADUATION OR GED _______________

IF MARKED GED, CIRCLE REASON FOR HIGH SCHOOL WITHDRAWAL: Academic, Disciplinary, or Personal

NAME & ADDRESS OF LAST SCHOOL ATTENDED ________________________________

LIST ANY COLLEGES YOU HAVE ATTENDED: __________________________________________

____________________________________________

HAVE YOU EVER BEEN ENROLLED IN ANY OTHER SCHOOL OF NURSING? YES □ NO □

If yes, please submit transcripts from school of nursing and a letter of good standing along with this application.

HAVE YOU EVER BEEN OR ARE YOU CURRENTLY LICENSED OR CERTIFIED IN ANY ALLIED HEALTH FIELD? YES____ NO____ If yes, please list license/certification and number and/or submit copies of all licenses and certifications

HAS YOUR LICENSE/CERTIFICATION EVER BEEN ENCUMBERED? YES _____ NO _____

If yes, list reasons and dates of all encumbrances.

ARE YOU WILLING TO GO TO ANY AGENCY IN OUR SERVICE AREA FOR YOUR CLINICAL TRAINING? YES _____ NO _____

If no, please list reasons:

____________________________________________

11/06, 05/08, 09/10, 12/12
PLANS AFTER GRADUATION:
_____________________________________________________________________________________________________ _______________________
_________________________________________________________________________________________________________________ ______________
____________________________________________________________________________________________________ _______________________

ARE YOU RECEIVING ANY EMPLOYER SUPPORT? YES ___ NO ___ (Such as: TUITION, FLEX SCHEDULE, OR OTHER) If yes, please circle which one.

ARE YOU RECEIVING FINANCIAL AID? YES ___ NO ___ (PELL GRANT, LOAN, OR OTHER) If yes, please circle which one.

ARE YOU RECEIVING PERSONAL ASSISTANCE? YES ___ NO ___ (ARKIDS, MEDICAID, TEA, SSI, UNEMPLOYMENT, WIC, OR OTHER) If yes, please circle which one.

PERSONAL REFERENCES (NO RELATIVES)

NAME COMPLETE ADDRESS PHONE NUMBER

1. ________________________________________________________________

2. ________________________________________________________________

*HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____ If yes, please explain:

__________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________

*Conviction of certain crimes may cause the applicant to be ineligible to do clinical at some clinical sites. This ineligibility may result in suspension from the program. Conviction of certain crimes may also make the applicant ineligible for licensure despite successful completion of the Practical Nursing Program.

All students accepted into the Practical Nursing Program will be required to submit to and pay for state and national criminal background checks. Criminal background checks are required by our clinical affiliates and state/national licensing agencies. All students enrolled in NAH programs are required to submit to a criminal background check. Students who have been convicted of certain crimes may not be allowed to do clinical in certain clinical agencies or to sit for state and/or national licensing exams even after completing a NAH program. Students who have a conviction must make this fact known at the time of application.

Random drug screening may be utilized at any time during the course of the program at the student’s expense.

State laws governing license endorsement vary from state to state. SEARK College does not guarantee eligibility for endorsement to all states at the completion of the program. Questions regarding endorsement should be directed to the Board of Nursing for the state of inquiry.

I authorize the college to release information provided by me in application for admission to the NAH program to approval/accrediting agencies and clinical affiliates, as required. This authorization includes the release of my transcript.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentations or a falsification of information is cause for denial of admission or suspension from the program.

____________________________________  __________________________________
DATE                                        SIGNATURE