ASSOCIATE DEGREE REGISTERED NURSING PROGRAM

The program is designed to prepare graduates with the knowledge and skills required to be successful on the National Council Licensure Exam for Registered Nurses (NCLEX-RN). The program enables students who aspire to become Registered Nurses to do so within a minimum period of time and with a minimum duplication of course content and credits. SEARK College offers two (2) options for students desiring to obtain the Associate of Applied Science Degree in Nursing.

APPLICATION PROCEDURES/DEADLINE:

Classes are admitted annually in **May** for the Online LPN/Paramedic Option. 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. DUE TO THE NATURE OF THE PROFESSION, IT MAY NOT ALWAYS BE POSSIBLE TO ACCOMMODATE STUDENTS WITH SEVERE DISABILITIES.

**APPLICATION DEADLINE: 2nd FRIDAY IN MARCH**

ADMISSION REQUIREMENTS:

SEARK College offers three (3) options for students to pursue the Associate Degree in Nursing. The **Online LPN/Paramedic Option** and **LPN/Paramedic Option** admits applicants who are currently licensed as an LPN or Paramedic. The **Generic Option** admits students who possess a current Arkansas State Office of Long Term Care Nursing Assistant Certificate (CNA). In addition, program applicants must also present evidence of:

1. Completion of High School (or GED Equivalency) diploma
2. Completion of all SEARK College Admissions Requirements.
3. Graduation from an approved practical nursing, EMT-P, OR CNA program.
4. COMPASS scores of 21% in Math, 80% in Writing, and 83 in Reading; or ACT Composite Score of 18; or completion of 15 semester hours of general education applicable to the program with a cumulative GPA of 2.5 or higher.
5. Completion of all required developmental educational courses.
6. Possess a current unencumbered Arkansas LPN license or EMT certification or an Arkansas State CNA certificate.
7. Provide transcripts from all colleges and/or schools of nursing and allied health attended.
8. Place ACT or COMPASS scores on file with the college.
9. Transfer students must present a letter of good standing from previous nursing program director
10. Possess a 2.5 Grade Point Average.
11. Completion of the required general education courses from an accredited college or university with a grade of “C” or above. (Total quality points in the required general education courses are calculated to determine admission status.)
12. Completion of a Division of Nursing & Allied Health Application. Form must be submitted to the Division of NAH prior to the application deadline date.
13. Completion of the required Nursing program admission exams. Scores must be included with the application.
14. Attendance at a mandatory pre-acceptance orientation for LPN/Paramedic applicants.
15. Provide evidence of recent satisfactory work experience.
16. Students enrolling in the program must have strong computer literacy.
The above information must be submitted to:

SOUTHEAST ARKANSAS COLLEGE
Division of Nursing and Allied Health Technologies
Attn: Associate Degree Registered Nursing Program
1900 Hazel Street
Pine Bluff, AR 71603

Any applicant who fails to have a complete admission packet in the Nursing & Allied Health Division office by 4:30 p.m. on the application deadline date may not be considered for admission.

ACCEPTANCE PROCEDURE: Should the number of qualified applicants exceed the available slots in the program, admission into a particular class will be prioritized according to established criteria.

After notification of acceptance into the Program, the applicant must provide the following to begin class:

1. Documentation of current American Heart Association (AHA) CPR, Certification (Level C).
3. Documentation of PPD Skin Test or Chest X-ray.
4. Documentation of Hepatitis B Series or signed SEARK Vaccination Wavier Claim Form.
5. Copy of current Arkansas State Nursing Assistant Certification, unencumbered Arkansas LPN license or EMT-P certification.

NOTE: 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 nor sit for state/or national licensing exams even after completing a NAH program. Students who have a conviction must make this fact known at time of application...”””Arkansas State Police and FBI criminal background checks will be required prior to being allowed to take the National Council Licensure Exam (NCLEX-RN). All applicants accepted into the nursing program will be required to have a background check and will be required to pay all associated fees. Applicants convicted of certain crimes may be declared ineligible by the Arkansas State Board of Nursing to test for licensure (NCLEX-RN), despite successful completion of the program.

All students enrolled in Allied Health Programs with a clinical component will be assessed a fee for malpractice insurance.

NOTE: Random drug screening may be used anytime during the program at the student’s expense. As a condition of enrollment, students are required to sign a Substance Abuse Acknowledgement form.

Revised 1/2015.
CRIMINAL BACKGROUND CHECKS

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 nursing program will be required to have these backgrounds checks and 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 nolo contendere 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 §§ 5-64-10 – 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.

Applicants are urged to discuss their concerns with nursing program faculty or staff at the Arkansas State Board of Nursing. The phone number for the Arkansas State Board of Nursing is 501-686-2700
SOUTHEAST ARKANSAS COLLEGE
NURSING & ALLIED HEALTH APPLICATION
REGISTERED NURSING PROGRAM
ASSOCIATE DEGREE IN NURSING (ADN)

NAME_________________________ DATE OF BIRTH______________ SEX: Male/Female (Circle One)

ADDRESS____________________ CITY/STATE_____________ ZIPCODE____________

SOCIAL SECURITY NUMBER____________ PHONE NUMBER________________

CERTIFICATIONS (Certified Nursing Assistant) #: __________________ or NREMT-P #: __________________

__________________________________________________________________________

or LPN/Paramedic License #: __________________

Have you ever had any encumbrances against your certification/license in Arkansas or any other state? Yes___ or No___

Have you ever possess any other certification to practice in Arkansas or any other state? Yes___ or No___

If yes, have you had any encumbrances against those certifications/licenses? Please explain________________________

PERSONS TO NOTIFY IN CASE OF EMERGENCY:

Name_________________ Address____________ City/State____ Phone No.____

Name_________________ Address____________ City/State____ Phone No.____

DO YOU HAVE HOSPITALIZATION OR HEALTH INSURANCE COVERAGE? Yes___ or No___

*HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR, FELONY, OR PLEAD GUILTY OR NOLO CONTENDERE TO ANY

CHARGE IN ANY STATE OR JURISDICTION? YES____NO___IF SO, PLEASE EXPLAIN__________________________

___________________________________________________________________________

___________________________________________________________________________

Have you ever been enrolled in any other Nursing or Allied Health school? Yes_____ No_____ If yes, please list the date(s) and name(s) of all schools attended:

___________________________________________________________________________

___________________________________________________________________________

PREVIOUS WORK EXPERIENCE (List most recent first)

EMPLOYER_________________ CITY/STATE______ JOB TITLE____ FROM____ TO____

EDUCATION: HIGHEST GRADE COMPLETED____________ Date of Graduation or GED___________

Name and address of last Nursing /Allied Health School attended:

___________________________________________________________________________

Describe any experiences in nursing or any other related to Allied Health

Field:
Are you willing to go to any agency in our service area for your clinical training? YES_____ NO_____ “If no, state reason(s) __________________________________________________________ __________________________

Plan after graduation: ______________________________________________________________________________________

____________________________________________________________________________________________________________

*Individuals who have been convicted of certain crimes may be required to appear before the Arkansas State Board of Nursing before being allowed to take the National Council Licensure Exam (NCLEX) for Nursing. A criminal background check will be required by the Arkansas State Board of Nursing prior to licensure. Convictions of certain crimes may make the applicant ineligible to test for licensure despite successful completion of program.

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

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation, falsifications, omission of information or attempt to deceive SEARK COLLEGE is cause for either denial of selection for entry or dismissal from enrollment. I authorize the SEARK COLLEGE to release information provided by me in the application for admission to the NAH program, to approval/accrediting agencies and clinical affiliates, as required. This authorization includes the release of my transcript.

____________________________________________________  ______________________________
DATE                                               SIGNATURE