ASSOCIATE DEGREE REGISTERED NURSING PROGRAM

This program is intended to enable qualified Licensed Practical Nurses and/or qualified EMT-Paramedics 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 three (3) options for students desiring to obtain the Associate of Applied Science Degree in Nursing. The NREMT-P is mainstreamed into the LPN to RN curriculum. Graduates of the program are eligible to apply to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

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 in May applicants who are currently licensed as an LPN or Paramedic. The Generic Option admits in August students who possess a current unencumbered Arkansas State Office of Long Term Care Nursing Assistant Certificate (CNA). In addition, program applicants must also present evidence of:

<table>
<thead>
<tr>
<th>Admission Requirements</th>
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<tbody>
<tr>
<td>1. Completion of High School (or GED Equivalency) diploma</td>
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<tr>
<td>2. Completion of SEARK College Admission Requirements.</td>
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<tr>
<td>3. Graduate of State Board approved Practical Nursing or State Approved EMT-Paramedic Program.</td>
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<tr>
<td>4. ACT composite score of 19; Compass scores of Reading 83, Writing 80 and Math 21; Accuplacer scores of Reading 78, Writing 83, and Math 70; grade of “C” or better in developmental reading course; or completion of 15 semester hours of general education applicable to the program with a GPA of 2.5 or higher.</td>
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<tr>
<td>5. Possess an unencumbered Arkansas LPN license or EMT-P certification.</td>
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<td>6. Provide transcripts from all colleges and/or schools of nursing and allied health attended.</td>
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<tr>
<td>7. Place ACT, Compass, or Accuplacer scores on file with the College.</td>
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<td>8. Transfer students must present a letter of good standing from previous nursing program director.</td>
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<td>9. Possess a 2.5 Grade Point Average</td>
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<tr>
<td>10. Complete the required general education courses from an accredited college or university with a 2.5 GPA; a grade of “C” or above required for each course. (Total quality points in the required general education courses are calculated to determine admission status).</td>
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<tr>
<td>11. Complete a Division of Nursing and Allied Health Application form and submit to the Division of Nursing and Allied Health prior to the application deadline date.</td>
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<tr>
<td>12. Completion of the required nursing program entrance exam. Scores must be included with the application.</td>
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<tr>
<td>13. Attend a mandatory pre-acceptance orientation.</td>
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<tr>
<td>14. Provide evidence of recent satisfactory work experience.</td>
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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. Criminal Background Check and Drug Screen.
6. 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 2/2017.
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 background 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 as prohibited in §5-10-102 and murder in the second degree as prohibited in §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 §5-13-210;
(13) Terroristic threatening in the first degree as prohibited in §5-13-301;
(14) Rape as prohibited in §5-14-103;
(15) Sexual indecency with a child as prohibited in §5-14-110;
(16) Sexual assault in the first degree, second degree, third degree, and fourth degree as prohibited in §5-14-124 through §5-14-127;
(17) Incest as prohibited in §5-26-202;
(18) Felony offenses against the family as prohibited in §5-26-303 through §5-26-306;
(19) Endangering the welfare of an incompetent person in the first degree as prohibited in §5-27-201;  (20) Endangering the welfare of incompetent person in the first degree, as prohibited in § 5-27-201;
(20) Endangering the welfare of a minor in the first degree as prohibited in §5-27-205 and endangering the welfare of a minor in the second degree as prohibited in §5-27-206;
(21) Permitting abuse of a child as prohibited in §5-27-221(a)(1) and (3);
(22) 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 through §5-27-305, §5-27-402, and §5-27-403;
(23) Felony adult abuse as prohibited in §5-28-103;
(24) Felony theft of property as prohibited in §5-36-103;
(25) Felony theft by receiving as prohibited in §5-36-106;
(26) Arson as prohibited in §5-38-301;
(27) Burglary as prohibited in §5-39-201;
(28) Felony violation of the Uniform Controlled Substances Act §5-64-101 through §5-64-608;
(29) Promotion of prostitution in the first degree as prohibited in §5-70-104;
(30) Stalking as prohibited in §5-71-229;
(31) 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;
(32) Computer child pornography as prohibited in §5-27-603; and
(33) Computer exploitation of a child in the first degree as prohibited in §5-27-605.

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______________
STUDENT ID 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.
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

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

Revised 2/2017