



Nursing & Allied Health Program Application

- EMT Basic
- EMT Advanced
- Paramedic
- Nursing Assistant
- Practical Nursing
- Practical Nursing to RN
 - Spring Entrance
 - Fall Entrance
- Phlebotomy
- LPN-Paramedic -RN
 - Summer Entrance
 - Fall Entrance
- Medical Coding
- Sterile Processing
- Surgical Technology
- Radiologic Technology
- Respiratory Care Therapy

(Choose one)

ADMISSION REQUIREMENTS: Complete all SEARK College Admission Requirements and general requirements listed below:

1. Completion of all general admission procedures of the College.
2. Completion of competency testing in Reading with a minimum score of:
 - ACT: 19
 - Compass Reading: 83
 - Accuplacer Reading: 75
 - Next Generation Accuplacer: 250 **OR**
3. Completion of a course in Developmental Reading with a grade “C” or better
4. Current CPR Certification (American Heart Association Basic Life Support (BLS) Provider or American Red Cross Profession Rescuer).

ACCEPTANCE PROCEDURE: Should qualified applicants exceed the available slots in the program, admission into a class will be based on the date of completed application. Upon acceptance into the Program, the student must submit the following to begin classes: The cost of the subscription Drug Screen, and Criminal background check is the student’s expense.

1. Functional Ability Acknowledgement Form
2. P.P.D. Skin Test or Chest X-Ray
3. Tdap Vaccination (**Must be taken within 10 years**)
4. Current Flu Vaccination
5. Hepatitis B Series or Signed Vaccination Waiver Claim Form.
6. Drug Screen
7. Criminal Background Check

The above information must be submitted to:
Southeast Arkansas College
Nursing & Allied Health Technologies Division **-OR-**
1900 S. Hazel St.
Pine Bluff, AR 71603

Email Completed Application
(from SEARK Student Email)
to
nahapps@seark.edu

Students enrolled in Allied Health programs with a clinical component will be assessed a fee for malpractice insurance.

**SOUTHEAST ARKANSAS COLLEGE
NURSING & ALLIED HEALTH APPLICATION**



NAME _____

ADDRESS _____

CITY _____

STATE and ZIP _____

DATE OF BIRTH _____ SEX: MALE FEMALE

STUDENT I.D. # _____ PHONE NO. _____

EMAIL (Not school email): _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

| <u>NAME</u> | <u>ADDRESS</u> | <u>CITY/STATE</u> | <u>PHONE NO</u> |
|-------------|----------------|-------------------|-----------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

DO YOU HAVE HOSPITALIZATION OR HEALTH INSURANCE COVERAGE? YES NO

PREVIOUS WORK EXPERIENCE (list current employer).

| <u>EMPLOYER</u> | <u>CITY/STATE</u> | <u>JOB TITLE</u> | <u>FROM</u> | <u>TO</u> |
|-----------------|-------------------|------------------|-------------|-----------|
| _____ | _____ | _____ | _____ | _____ |

ESUCATION:

HIGHEST GRADE COMPLETED _____ DATE OF GRADUATION OR GED _____

NAME & ADDRESS OF LAS SCHOOL ATTENDED: _____

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

IF YES, PLEASE SUBMIT TRANSCRIPT FROM SCHOOL OF NURSING.

ARE YOU CURRENTLY CERTIFIED IN ANY ALLIED HEALTH AREA? YES NO. List Certification: _____

HAS YOU CERTIFICATION EVEN BEEN ENCUMBERED? YES NO

IF YES, LIST REASONS AND DATE OF ALL ENCUMBRANCES _____

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

REASONS: _____

PLANS AFTER GRADUATION: _____

PERSONAL REFERENCES (No relatives)

| <u>NAME</u> | <u>COMPLETE ADDRESS</u> | <u>PHONE NUMBER</u> |
|-------------|-------------------------|---------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

***HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO**

IF YES 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.

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

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 *submission from SEARK Email will suffice as signature.