ASSOCIATE DEGREE REGISTERED NURSING PROGRAM

The program is intended to provide a beginning point for individuals seeking upward mobility or who aspire to become a registered nurse. 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 minimal period of time with a minimum duplication of course content and credits. SEARK College offers (2) options for students desiring to obtain the Associate of Applied Science Degree in Nursing (LPN/Paramedic to RN Transition & Generic Option). The Generic option requires students to complete coursework in fundamental skills already attained by the LPN/Paramedic.

APPLICATION PROCEDURE & DEADLINE: APRIL 1ST. Generic Option classes begin in AUGUST. LPN/Paramedic to RN Option classes begin in MAY. Class size is limited. All applicants are not accepted for participation.

ACCEPTANCE PROCEDURE: Should the number of qualified applicants exceed the available slots in the program, admission into 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) Basic Life Support CPR Certification.
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 unencumbered Arkansas State Nursing Assistant license (Generic Option), or an Arkansas Practical Nursing or Paramedic license (LPN/Paramedic to RN).
6. Drug Screen.
7. Criminal Background check

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.

ADMISSION REQUIREMENTS:
1. Completion of all SEARK College Admissions Requirements.
2. Graduate from a State Board approved practical nursing or paramedic program.
3. Provide ACCUPLACER scores of Reading 78, Writing 83 and Math 70; ACT Composite Score of 19; COMPASS scores of Reading 83, Writing 80 and Math 21 and completion of required general education applicable to the program with a cumulative GPA of 2.5 or higher.
4. Hold a current unencumbered Arkansas LPN or Paramedic license.
5. Provide transcripts from all colleges and/or schools attended.
6. Transfer students must present a Letter of Good Standing from previous nursing program director.
7. Possess a 2.5 Grade Point Average
8. Complete a Division of Nursing & Allied Health Application. Form must be submitted to the Division of NAH prior to the application deadline date.
9. Completion of the required Nursing program admission exams.
10. Provide evidence of recent satisfactory work experience.

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

NOTE: Applicants who fail to submit complete admission packet to the Nursing & Allied Health Division by close of business on the deadline date may not be considered for admission.

Revised 1/2019
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 for cause during the program at the student’s expense. As a condition of enrollment, students are required to sign a Substance Abuse Acknowledgement form.
(a) Each first-time applicant for a license issued by the Arkansas State Board of Nursing shall apply to the Identification Bureau of the Department of Arkansas State Police for a state and national criminal background check, to be conducted by the Federal Bureau of Investigation.

(2) At the time a person applies to an Arkansas nursing educational program, the program shall notify the applicant in writing of the provisions and requirements of this section.

(b) The check shall conform to the applicable federal standards and shall include the taking of fingerprints.

(c) The applicant shall sign a release of information to the board and shall be responsible to the Department of Arkansas State Police for the payment of any fee associated with the criminal background check.

(d) Upon completion of the criminal background check, the Identification Bureau of the Department of Arkansas State Police shall forward to the board all information obtained concerning the applicant in the commission of any offense listed in subsection (e) of this section.

(e) Except as provided in subdivision (l)(1) of this section, a person shall not be eligible to receive or hold a license issued by the board if that person has pleaded guilty or nolo contendere to or has been found guilty of any of the following offenses by a 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 a controlled substance into the body of another person as prohibited in § 5-13-210;
   (13) Aggravated assault upon a law enforcement officer or an employee of a correctional facility, § 5-13-211, if a Class Y felony;
   (14) Terroristic threatening in the first degree as prohibited in § 5-13-301;
   (15) Rape as prohibited in § 5-14-103; NURSE PRACTICE ACT
   (16) Sexual indecency with a child as prohibited in § 5-14-110;
   (17) Sexual extortion, § 5-14-113;
   (18) Sexual assault in the first degree, second degree, third degree, and fourth degree as prohibited in §§ 5-14-124--5-14-127;
   (19) Incest as prohibited in § 5-26-202;
   (20) Felony offenses against the family as prohibited in §§ 5-26-303 -- 5-26-306;
   (21) Endangering the welfare of an incompetent person in the first degree as prohibited in § 5-27-201;
   (22) 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;
   (23) Permitting abuse of a minor as prohibited in § 5-27-221(a);
   (24) 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;
   (25) Computer child pornography as prohibited in § 5-27-603;
   (26) Computer exploitation of a child in the first degree as prohibited in § 5-27-605;
   (27) Felony adult abuse as prohibited in § 5-28-103;
   (28) Felony theft of property as prohibited in § 5-36-103;
   (29) Felony theft by receiving as prohibited in § 5-36-106;
   (30) Arson as prohibited in § 5-38-301;
   (31) Burglary as prohibited in § 5-39-201;
   (32) Felony violation of the Uniform Controlled Substances Act, §§ 5-64-101 -- 5-64-510, as prohibited in the former § 5-64-401 and §§ 5-64-419 -- 5-64-442;
   (33) Promotion of prostitution in the first degree as prohibited in § 5-70-104;
   (34) Stalking as prohibited in § 5-71-229; and
   (35) 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.

(f) (1) (A) The board may issue a nonrenewable temporary permit for licensure to a first-time applicant pending the results of the criminal background check.

Revised 1/2019
The permit shall be valid for no more than six (6) months.

Except as provided in subdivision (l)(1) of this section, upon receipt of information from the Identification Bureau of the Department of Arkansas State Police that the person holding the letter of provisional licensure has pleaded guilty or nolo contendere to, or has been found guilty of, any offense listed in subsection (e) of this section, the board shall immediately revoke the provisional license. NURSE PRACTICE ACT

The provisions of subsection (e) and subdivision (f)(2) of this section may be waived by the board upon the request of:

An affected applicant for licensure; or

The person holding a license subject to revocation.

Circumstances for which a waiver may be granted shall include, but not be limited to, the following:

The age at which the crime was committed;

The circumstances surrounding the crime;

The length of time since the crime;

Subsequent work history;

Employment references;

Character references; and

Other evidence demonstrating that the applicant does not pose a threat to the health or safety of the public.

Any information received by the board from the Identification Bureau of the Department of Arkansas State Police pursuant to this section shall not be available for examination except by:

The affected applicant for licensure or his or her authorized representative; or

The person whose license is subject to revocation or his or her authorized representative.

No record, file, or document shall be removed from the custody of the Department of Arkansas State Police.

Any information made available to the affected applicant for licensure or the person whose license is subject to revocation shall be information pertaining to that person only.

Rights of privilege and confidentiality established in this section shall not extend to any document created for purposes other than this background check.

The board shall adopt the necessary rules and regulations to fully implement the provisions of this section.

For purposes of this section, an expunged record of a conviction or a plea of guilty or nolo contendere to an offense listed in subsection (e) of this section shall not be considered a conviction, guilty plea, or nolo contendere plea to the offense unless the offense is also listed in subdivision (l)(2) of this section.

Because of the serious nature of the offenses and the close relationship to the type of work that is to be performed, the following shall result in permanent disqualification:

Capital murder as prohibited in § 5-10-101;

Murder in the first degree as prohibited in § 5-10-102 and murder in the second degree as prohibited in § 5-10-103;

Kidnapping as prohibited in § 5-11-102;

Aggravated assault upon a law enforcement officer or an employee of a correctional facility, § 5-13-211, if a Class Y felony; NURSE PRACTICE ACT

Rape as prohibited in § 5-14-103;

Sexual extortion, § 5-14-113;

Sexual assault in the first degree as prohibited in § 5-14-124 and sexual assault in the second degree as prohibited in § 5-14-125;

Incest as prohibited in § 5-26-202;

Endangering the welfare of an incompetent person in the first degree as prohibited in § 5-27-201;

Endangering the welfare of a minor in the first degree as prohibited in § 5-27-205;

Adult abuse that constitutes a felony as prohibited in § 5-28-103; and

Arson as prohibited in § 5-38-301.

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

Revised 1/2019
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 possessed 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 CONTENDERERE 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: ______________________________

Revised 1/2019
*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 for cause at any time during 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