

FORM 1 SIGNATURE PAGE Complete all portions of this form as directed. Name as indicated in [myLane](#).

L# _____ FIRST _____ LAST _____

Address (not a P.O. Box) _____ City _____ ST _____ Zip _____

E-mail _____ Preferred Phone _____ 2nd Phone _____

- A. All courses were taken at LCC
- Official Transcripts from other colleges have been submitted to Lane Enrollment Services

I have completed the following and submitted as directed the following. (Read and initial all)

- _____ B. Submitted official, sealed transcripts from colleges other than Lane to Lane Enrollment Services. **I understand transcripts must be received by date of application (submission of Forms 1 and 2 and the Online Application). OR** All courses were taken at LCC.
- _____ C. Completed the LCC Credit Admission process and have an L number. **OR** I have previously taken credit classes at Lane and have an L number.
- _____ D. Completed the LPN Nursing On-line Application and Payment process and have paid the **\$35 non-refundable** application fee **on the same date** I have emailed this checklist and point petition sheet.

Conditions of Application. (Initial all)

- _____ A. I have read all information in the LPN Nursing Application Information Packet.
- _____ B. I am a current [Oregon Resident](#) and my current Oregon address is listed in [myLane](#).
- _____ C. I understand that my application will not be returned and that I am responsible for making a personal copy.
- _____ D. I understand that I am NOT considered an applicant to the program unless all required admission steps, forms, and documentation have been received on the **same date prior to the application deadline**.
- _____ E. I understand points allotted towards my application will not be available to me.
- _____ F. I have attended an [Ongoing/Transfer Workshop](#) and understand the requirements to apply and to meet program requirements. Sessions will be held in the months of May and early June on Wednesdays at 4 p.m. Building 30, room 132.
- _____ G. I understand that should I be accepted into the program, conditions of enrollment require completion of course prerequisites; program specific physical and immunizations, CPR certification, criminal background check; drug screening; medical insurance, and attendance at the orientation session. Details of requirements will be included in letters of acceptance.
- _____ H. I hereby attest that all application information and documentation submitted **online and/or by email** are accurate and authentic.

Signature _____ Date _____

<p>By Application deadline submit by e-mail to... HPApplicationCenter@lanecc.edu Health Professions Application Center Subject – Attention LPN Nursing Application Change to file name: LPNNursingForms2013LastNameLNumber</p>	<p>On the same date or before: Lane Transcript and/or submitted transcripts to Enrollment Services reflect courses and degree(s) listed on Point Petition Sheet. Online LPN Nursing Program Application and Payment has been submitted see instructions last page if this document.</p>
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FORM 2 POINT PETITION SHEET Lane LPN Nursing Winter 2013

If courses that meet grade criteria in Section 1 appear on a transcript by date of application they must be listed below. See LPN Nursing Information Packet Winter 2013, pages 2-3 items 1-4. **Required to apply: MTH 065 or higher, BI 231, and WR 121. Students with a Bachelors degree will receive the writing course points for an A grade. Courses with a grade of C- or less do not meet application or program criteria.

Enter credits in credit column. Courses must meet minimum credit requirement shown.

Enter corresponding points from grades for each course in the right hand column.

Lane Course Number¹ See 2013 LPN Nursing Application Information Packet for specifics.
¹. See Course Equivalency & Transfer requirements if course is not taken at Lane. Use [Transfer Advising Guide](#) if your courses do not appear as equivalent in the [Lane Transfer Tool](#)

Section 1.
 List term and year completed. If courses not taken at Lane list name of institution(s), course number and name as it appears on your transcripts (e.g. Univ. of Arizona ENGL 101 Fresh Comp, Fall 2006 or Seattle Pacific Univ. MAT 1521 Contemporary Mathematics, Winter 2010)

		Credits	C	B	A	Points
Item 1 - *BI 231 (4 Credits)			8	16	16	
Item 1 - BI 232 (4 Credits)			8	12	16	
Item 1 - BI 233 (4 Credits)			8	12	16	
Item 2 - *MTH 065 or higher (4/5 Credits)			8	12	16	
Item 3 - *WR 121 or 122,123 or 227 (3/4 Credits)			8	12	16	
OR if BA/BS degree – submit official transcript as directed	List name of institution and term/year completed:				16	
Item 4 – HO 100 (2/3 Credits). Submit copy of syllabus if course does not appear in Lane Transfer Tool			6	9	12	
		Estimated total course points in right hand column.				

Section 2: Certified Nursing Assistant work experience 960 hours or more starting September 2009 or later. Submit proof of OSBN CNA certification and work hours as directed.

15 work experience points possible – enter in right hand column

TOTAL SECTIONS 1 & 2 (Total points possible: 24 – 107) Estimated total points for Sections 1 and 2 in the right hand column

For office use only

2012-2013 Health Professions Online Program Application & Payment

Before you start your On-line Application & Payment session:

- You must have applied for **credit** admissions to Lane and have a student L number.
- You must have a personal e-mail account (Lane does not issue students Lane e-mail accounts).
- You must have a credit card on which to charge the **non-refundable application** fee.
- Complete the program Application Worksheet.

Go to: [Lane's Admission and Program Application website](#) and Apply Online.

Select First Time User Account Creation

Create a Login ID: Leave Login ID blank to allow the system to generate a G# (Guest Number) for you. **Make sure to keep** your G number for reference!). **Do not use your L Number.**

All students create a new PIN:... Follow instructions on the web page.

- Do not use the same PIN you use to log into ExpressLane, myLane, or Moodle.
- This PIN is only for the Application process and will not change your ExpressLane PIN.
- Use this Application PIN to check on the status of your program application. Write it down!

Login: Click this button located at bottom of page.

Continue: Click this button located at bottom of page.

Application Type:..... Select the correct program application type from pull down menu. Make sure of your selection.

Continue: Click this button at bottom of page.

Apply for Admissions..... By entering the correct information.

Admission Term:..... **Select the term you are applying as your admission term.**

Enter Name:..... Make sure your name matches the name you used in your *myLane* portal.

Fill Out Application Click this button at bottom of page.

Application Checklist Click this link and complete each required section of the application.

- Follow the instructions provided on each screen.
- High School Section.** *Some Health Professions programs require high school completion.*
- Previous College Section:** List all previously attended institutions.

Application is Complete Click this button only when all sections have been completed.

or Finish Later Click this button to save your information.

Complete Payment You must pay the On-line Application fee with a Visa or MasterCard.

Signature Page Click the button and read agreement information.

- Your On-line Application is dated and timed after submission of the Signature Page.
- This is an acknowledgement page and *does not require a signature. Ignore the "ERROR" message.*

Return to Application Menu Click this link at the bottom of the page. Your application is now listed as "submitted."

Lane Community College Admission Confirmation. An E-mail will be sent to you confirming your On-line Application and Payment and time. Retain this page for your reference.

In addition to your On-line Application and Payment, the following programs require additional form(s) and documentation. Details are in the Program Application Information & Forms.

*Dental Assisting
Dental Hygiene
EMT Paramedic
Health Records Technology*

*Medical Office Assistant
Nursing LPN and RN options
Physical Therapy Assistant
Respiratory Care*