

FORM 1 Conditions of Application Checklist

Complete all portions of this form as directed. Name as indicated in **myLane** or in the Online Application

L# _____ FIRST _____ LAST _____

Preferred Phone _____ 2nd Phone _____

- ☐ 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 type in your initials for each item.)

- _____ 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). 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. (Read and type in your initials for each item.)

- _____ 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 **as directed prior to the application deadline**.
- _____ E. I understand the points assessment, upon review of Form 2 will not be made available to me, as required by OCNE regulations.
- _____ F. 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.
- _____ G. I hereby attest that all application information and documentation submitted **online and by email** are accurate and authentic.

Forms submitted scanned, handwritten or delivered in person will not be accepted.

By Application deadline submit **by e-mail** to...

HPApplicationCenter@lanecc.edu

Health Professions Application Center

Subject – Attention LPN Nursing Application



Change to file name:

LPNNursingForms2014LastNameLNumber

On the same date or before:

Lane Transcript and/or other college transcripts that reflect courses and degree(s) listed on Point Petition Sheet must be submitted to Enrollment Services.

Online LPN Nursing Program Application and Payment must be completed.

FORM 2 POINT PETITION SHEET Lane LPN Nursing Winter 2014 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 2014 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 <u>must</u> meet minimum credit requirement shown and <u>may</u> not exceed maximum credit shown. Enter corresponding points in the right hand column				
Lane Course Number ¹	See 2014 LPN Nursing Application Information Packet for specifics. ¹ See Course Equivalency & Transfer requirements if course is not taken at Lane. Refer to the Transfer Advising Information provided in the Academic Advising Resource for Nursing students. If your courses do not appear as equivalent in the Lane Transfer Tool you must obtain a Course Equivalency from the department in question and submit a copy with your application.					
Section 1: BI 231,232 &233 – most recent course Fall 2007 or later. 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	16	16	
Item 1 - BI 233 (4 Credits)			8	16	16	
Item 2 - *MTH 0065 or higher (4/5 Credits)			8	12	16	
Item 3 - *WR 121or WR 122, 123 or 227 (3/4 Credits)			8	12	16	
OR if BA/BS degree 	List name of institution and term/year completed:					
Item 4 – HO 100 (2/3 Credits).			6	9	12	
		Estimated total course points in right hand column.				
Section 2: Certified Nursing Assistant work experience 960 hours or more, starting September 2010 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						

Notes: