

## LPN Nursing Application Winter 2015 Forms Packet

## **FORM 1 Conditions of Application Checklist**

| Complete a  | all portions of this form                        | n as directed. Name a  | s indicated in myLane or in the Onlin  | e Application             |
|-------------|--|--|--|---------------------------|
| L#          | FIRST  |  | LAST   |                           |
| Preferred F | Phone  | 2 <sup>nd</sup> Phone  |  |                           |
|             | All courses were taken                           | ı at LCC 퉂   |  |                           |
|             | Official Transcripts from                        | m other colleges have b  | een submitted to Lane Enrollment Serv  | ices                      |
| I have com  | pleted and submitted a                           | as directed the followi  | ng. (Read and type in your initials fo   | r each item.)             |
| B.          | I understand transcript<br>Completed the LCC Cre | ots must be received to the deligible of | eges other than Lane to Lane Enrollmentory the application deadline OR All couland have an L number.  The same and have an L number. |                           |
| D.          | •  | •  | n and Payment process and have paid and this checklist and point petition sheet.   |                           |
| Conditions  | of Application. (Read                            | and type in your initia  | als for each item.)  |                           |
| A.          | I have read all informati                        | ion in the LPN Nursing   | Application Information Packet.  |                           |
| B.          | I understand that my ap                          | oplication will not be ret   | urned and that I am responsible for mak  | ing a personal copy.      |
| C.          |  |  | licant to the program unless all required ected, prior to the application deadline.  | d admission steps, forms, |
| D.          | prerequisites; program                           | specific physical and im   | program, conditions of enrollment requinmunizations, CPR certification, criminal attendance at the accepted/alternate or ptance.     | l background check; drug  |
| E.          | I hereby attest that all a authentic.            | application information a  | and documentation submitted online and   | by email are accurate and |

Forms 1 & 2 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 this form to file name: LPNNursingForms2015LastNameLNumber On the same date or before:

Lane Transcript and/or other college transcripts that reflect courses and degree(s) listed on Form 2 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 2015

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 2015 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. Remaining course required prior to Winter term entry.

Enter credits in credit column. Courses <u>must</u> <u>meet</u> minimum credit requirement shown and <u>may</u> not exceed maximum credit shown.

Enter corresponding points in the right hand column.

Lane Course Number<sup>1</sup>

See 2015 LPN Nursing Application Information Packet for specifics.

1. See Course Equivalency & Transfer requirements if course is not taken at Lane. If 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. Questions please email <a href="MursingProgram@lanecc.edu">NursingProgram@lanecc.edu</a>. Credit conversion if needed: 1 Semester Cr = 1.5 Quarter Cr

| 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) |   |                      | С  | В  | A  | Points |
| Item 1 - **BI 231   |   |                      |  | 40 | 40 |        |
| (4 Credits)   |   |                      | 8  | 16 | 16 |        |
| Item 1 - BI 232   |   |                      | 8  | 16 | 16 |        |
| (4 Credits)   |   |                      | O  | 10 | 10 |        |
| Item 1 - BI 233 (4 Credits)<br>Most recent AP course<br>Winter 2008 or later  |   |                      | 8  | 16 | 16 |        |
| Item 2 - **MTH 065 or<br>higher (4/5 Credits)   |   |                      | Pass/C   | 12 | 16 |        |
| See info packet for more information  |   |                      | 8  | 12 | 10 |        |
| Item 3 – **Writing (3/4<br>Credits) – choose course<br>with the best grade: WR<br>121, WR 122, WR 123 or<br>WR 227  |   |                      | 8  | 12 | 16 |        |
| or if BA/BS degree  | List name of institution and term/year completed:   |                      |  |    |    |        |
| Item 4 – HO 100 Medical<br>Terminology (2/3 Credits)  |   |                      | 6  | 9  | 12 |        |
| Complete prior to Winter<br>15 term entry   | - PSY 201 General Psychology or PSY 215 Lifespan Development - CIS 101 or CS120 can be used to obtain computer proficiency - Certified Nursing Assistant Training and Certification | Total Course Points: |  |    |    |        |
| Section 2: Military Experience points: Attach documentation of Military healthcare service and military status. Scan documents and attach in email with these forms.  |   |                      | 2 work experience points possible – enter in right hand column     |    |    | l l    |
| Section 3: Certified Nursing Assistant paid work experience 960 hours or more, starting January 2011 or later. Submit proof of OSBN CNA certification and work hours as directed.   |   |                      | 15 work experience points possible –<br>enter in right hand column |    |    |        |
| Total points possible from Sections 1 - 3: 24 – 109 Total points for Sections 1 through 3   |   |                      |  |    |    |        |
| For office use only   |   |                      |  |    |    |        |

Notes: