

LPN to RN Nursing Application Winter 2015 Forms Packet



FORM 1 CONDITIONS OF APPLICATION CHECKLIST

	e all portions of this form a				
	FIRST			——————————————————————————————————————	
				Phone	
	ourses were taken at LCC				
				ment Services - ATTN: HP Transcript – Lane r Pacific transcripts are attached if applicable	
I have co	empleted the following and	submitted prior to the	e application dead	line. (Read and initial all)	
B. C.	I understand transcripts courses were taken at LC	s must be <u>received</u> by C. <u>it</u> Admission process ar	date of application and have an L number		
D.	Completed the LPN to RN Nursing On-line Application and Payment process and have paid the \$50 non-refundable application fee on the same date I have emailed Forms 1 and 2 to HPApplicationCenter@lanecc.edu				
Conditio	ns of Application. (Read a	nd type in your initials	5)		
A.	I have read all information	in the <mark>LPN to RN</mark> Nurs	sing Application Info	ormation Packet Winter 2015.	
B.	I am a current resident of the State of Oregon 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 2 (Sections 1-6), and documentation have been received prior to the application deadline.				
E.	I understand points allotted towards my application/references will not be available to me, as required by OCNE regulations.				
F.	as listed in the application specific physical and imm	information packet Iter unizations, CPR certific	ms 1-9 must be con cation, criminal bacl	of enrollment require completion of all course inpleted prior to Winter 2015 entry; program kground check; drug scre g; medical uirements will be included in letters of	
G.	I hereby attest that all application information and documentation submitted online and by email are accurate an authentic.				
Forms 1 a				on will not be accepted. Be sure to use the	
	latest version of Adobe Re	ader to complete this F	orm Reader	//get.adobe.com/reader/	
Macintosl	n users – be sure to not use "	Preview" to view or com	nplete this Form. Se	t Adobe Reader as the default PDF reader.	
By Application deadline submit by e-mail to HPApplicationCenter@lanecc.edu Health Professions Application Center Subject – Attention Nursing Application Change to file name: LPNRNNursingForms2014LastNameLNumber		transcripts to Enro listed on Point Peti	or before: Lane Transcript and/or submitted ollment Services reflect courses and degree(s) tion Sheet. ogram Application and Payment has been		

FORM 2 LPN to RN Nursing POINT PETITION SHEET 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 to RN Nursing Application Informa Winter 2015, pages 2-3 items 1-8 and pages 4-5 items 1-12. : Required to Apply Items 1 to 8 – 45 credits from Sections 1 and 2 *. Students with BA/BS if not listing WR 121/WR 122 may use up to 8 Approved Elective credits in Section 1.

For office use only total of Section 1 and 2 - 45-47 credits/135-188 quality points

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

Credits X Grade Value = Quality Points (QP)

Identify corresponding QP below. Then enter in the right hand column under QP – the number. Math example- 4/5 credits. For a B grade the 12/15 quality points. For 4 credits the Quality Points would be 12. For 5 credits it would be 15. Then enter 12 or 15 in right hand column

See LPN to RN Nursing Application Information Winter 2015 for specifics. 1. Courses listed below must meet criteria as Lane Course Number¹ defined in the Application Information. 45 qualifying credits including all courses listed below-required to apply Section 1. Use the Lane Transfer Tool to establish course equivalency if your courses are not from Lane. Quality Grade Grade Grade For items 1-4 list term and year completed. For items 6-7 list name of qualifying course. If courses not Credits **Points** Value Value Value taken at Lane list name of institution(s), course number and name as it appears on your transcripts QP (e.g. Clatsop CC NFM 225 Nutrition, Fall 2006 or MHCC PSY 237 Human Development Winter 2010) (2) (4) (3) Item 1 - BI 231* 16 8 16 (exceptio (4 Credits) Item 1 - BI 232 16 8 16 (4 Credits) (exception) Item 1 - BI 233 Win 2008 or 8 or 16 later (4 Credits) **Pass** (exception) Item 2 - MTH 095* or If Pass grade – do not list credits for course or quality points. <u>)</u>/10 12/15 16/20 higher (4/5 Credits) OR *Other - see Item 2 Enter qualifying Exam or course information below. 0 0 0 0 0 page 2-3. Item 3 - WR 121 (3/4 6/8 9/12 12/16 Credits) If BA/BS can use Approved Elective Item 3 - WR 122 (3/4 6/8 9/12 12/16 Credits) If BA/BS can use Approved Elective Item 4 - FN 225 6/8 9/12 12/16 (3/4 Credits) Item 5 - PSY 215 6 9 12 (3 Credits) Item 6 - Human Relations 9/12 12/16 6/8 (3/4 Credits) pp 44-45 Item 7 - AL, SocSci, Sci 6/8 or 9/12 12/16 (3/4 Credits) see pp 44 Pass For office use only 30-40 credits/60-160 quality poin Section 2: Approved Electives. Item 8 See pages 2-3 item 8 in Application Information for 3 or С Α QΡ definition of qualifying courses. Total within 45-47 credits. (e.g. BI 112, BI 234, CS 120, CH 112, more grade grade grade Credits EL 115, ENG 104, PSY 201, WR 123/227). Most students do not need to list 5 courses. College Name, Course #, Course Name, Term/Year 4x_ College Name, Course #, Course Name, Term/Year 2x 3x_ 4x_ College Name, Course #, Course Name, Term/Year 2x 3x 4x College Name, Course #, Course Name, Term/Year 2x 3х 4x_ College Name, Course #, Course Name, Term/Year 2x 3x 4x_ Maximum total prerequisite credits is 45-47 **TOTAL SECTIONS 1 & 2**

Section 3: GPA Calculation- minimum accepted prerequisite GPA is 3.00 (16 points) to 4.00 (40 points)					
Calculate Prerequisite GPA by dividing quality total points by total credits (see Total Sections 1&2) Example 1: 184/46 = 4.00 GPA = Prerequisite GPA: Example 2: 144/40 = 3.60 GPA GPA =	<mark>(</mark>	P L			
TO calculate GPA points – Multiple Prerequisite GPA by 24 and then subtract 56 (e.g. GPAx 24 = GPA Points. Enter in right hand column) = GPA Pts Example 1: 4.00 x 24 = 96 – 56 = 40 GPA points: Example 2: 3.60 x 24 = 91.92 – 56 = 30.4 GPA points. Pre-requisite GPAx 24 = 56 = GPA points		\mathcal{C}			
For office use only					
Section 4: OCNE Points – see Item 4, page 5 (up to 44 points)	Point Earned				
Grade in Anatomy and Physiology 1 (BI 231). Use most recent BI 231 course A = 5pto B = 3pts; C = 0 points					
National Standardized Test – will change for Winter 2016 ATI LPN Step Exam. Points = applicant's score-decimal form times 20 (e,g, 84% = 0.84 x 20 = 16.8 pts) = 0-20 pts					
Required References Mail to HP Application Center two Advanced Placement References – Required to apply: 4000 East 30th Lane Community College, Eugene, OR 97405. Eligible for up to 18 points from reference rating = 10-18 pts	Office use only				
Prior College Degree: List type of degree, college and many of the completed below. **Transcript must show degree granted.** Associate degree or higher = 1					
Section 5: Lane Discretionary Points – See Item 5, page 5 (up to 12 points)					
Cumulative GPA Practical Nurse Program ≥3.00 = 2 pts	<u>ς</u>	D			
Lane County Residence for at least 90 days prior to application. Write in your Address (not PO Box) on Form 1 (see previous page) =4 pts					
Prerequisites Taken at Lane CC listed in Sections 1 and 2, see Item 5, page 5 24-35 prerequisite credits = 1 pts 36 or more prerequisite credits = 2 pts					
Diversity Course – as defined page 5 – item 5. College Name, Course #, Course Name, Term/Year = 2 pts					
Medical Terminology Course (2 credits, may be taken as Pass) – page 5 – item 5. College Name, Course #, Course Name, Term/Year = 2 pts					
Section 6: State Board of Nursing Licensed Practical Nurse Unencumbered License					
Submit verification of Oregon State Board of Nursing Licensed Practical Nurse Unencumbered License (submit verification) required to apply	Office use	$ \begin{bmatrix} \end{bmatrix} $			
Submit Licensed Practical Nurse work verification form – *500 hours minimum required to apply	Office use				
ESTIMATED POINTS (up to 96 points) TOTAL SECTIONS 3, 4,5					
For office use only					