



601-276-2008  
Henry L. Lewis Nursing Education Center  
1156 College Drive  
Summit, Mississippi 39666

**Program Option Applying: Generic\_\_\_\_\_ LPN to RN Transition \_\_\_\_\_**

*(NOTE: A separate application must be filled out if you are applying for both the Generic and the Transition program.)*

**Please print in BLACK INK or TYPE**

Term to Enter: Year 20\_\_\_\_\_ Semester: Fall\_\_\_\_\_ Spring \_\_\_\_\_

**Personal Information:**

**SMCC Student ID :** \_\_\_\_\_

Name:

\_\_\_\_\_

First

Middle

Last

Preferred/Other

Permanent Address:

\_\_\_\_\_

Street (No P. O. Boxes)

\_\_\_\_\_

Country

City

State

Zip Code

County/Parish

Mailing Address:

\_\_\_\_\_

(If different from permanent address)

Street or P. O. Box

\_\_\_\_\_

City

State

Zip Code

County/Parish

Country

Home phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Academic Information:**

Are you currently enrolled at SMCC? \_\_\_yes \_\_\_ no

Have you attended SMCC before? \_\_\_yes \_\_\_ no; If so, when?

\_\_\_\_\_  
Name(s) while attended:

\_\_\_\_\_  
ACT Score \_\_\_\_\_ (ACT score of 18 or better must be on file in the Registrar's Office before application will be reviewed)

TEAS Score \_\_\_\_\_ (TEAS must be within 2 years of application deadline; Attach copy of score with ADN application)

**Applicants are restricted to 3 attempts at taking the TEAS per 12-month span, starting from when the applicant takes the first TEAS exam. Any TEAS scores submitted outside these guidelines will be invalid.**

List all colleges/universities previously attended. Failure to list complete and accurate information, at the time the application is submitted, could result in the cancellation of your enrollment. (ALL official transcripts must be on file in the Registrar's office, from each institution, before the application will be reviewed for admission.)

Name of College/University	Location (City, State)	Dates of Attendance	Name While Enrolled

A 2.5 GPA or higher is required and calculated using best grade achieved for nursing program of study pre-requisite courses. All other course work will **NOT** be used to calculate GPA for admission to the nursing program.

College Core Requirements	Completed	In Progress	To Be Completed
*+BIO 2513 Anatomy & Physiology I			
*+BIO 2511 Anatomy & Physiology I Lab			
*+BIO 2523 Anatomy & Physiology II			
*+BIO 2521 Anatomy & Physiology II Lab			
*+MAT 1313 College Algebra			
+BIO 2923 Microbiology			
+BIO 2921 Microbiology Lab			
+ENG 1113 English Composition I			

\*PREREQUISITES FOR THE GENERIC RN PROGRAM

+PREREQUISITES FOR THE LPN-RN TRANSITION PROGRAM

(All prerequisites must be completed prior to acceptance into the ADN program.)

Have you ever been enrolled in a previous ADN nursing program? \_\_\_ yes \_\_\_ no If yes, you MUST submit a "Letter of Good Standing" from the school of nursing in which you attended if you did not complete the ADN program. Without a letter of Good Standing, your application is void.

If so, program name, location, and date(s):

Type of program: \_\_\_ LPN \_\_\_ RN or \_\_\_ LPN to RN

Are you eligible to re-enter that nursing program? \_\_\_ yes \_\_\_ no

Have you ever been licensed or certified as a health care provider? \_\_\_ yes \_\_\_ no

Type of Licensure:

State of Issue:

Expiration Date:

Applicants to the LPN to RN Transition program option must submit proof of a current, active, unencumbered LPN license

***\*If the answer to any of the questions below is "yes", you must schedule an appointment with the Associate Vice President for Nursing before the application will be reviewed for admission.***

\*Have you ever been convicted of or have charges pending against you for a felony or misdemeanor in any state/jurisdiction? \_\_\_ yes \_\_\_ no

\*Have you ever been disciplined by any state, federal regulatory agency, or national certifying agency? \_\_\_ yes \_\_\_ no

\*Are any charges pending against you concerning licensure or practice in any state/jurisdiction? \_\_\_ yes \_\_\_ no



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**Certification:**

I certify that the information I have provided on this application is accurate and that I have not intentionally withheld information requested. I further understand that any falsification or information may subject me to dismissal from the Associate Degree Nursing Division and the College. **I understand that it is my responsibility to complete all admission requirements before applying for admission to the Associate Degree Nursing Division.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Signature:**

State of Mississippi/Louisiana

County \_\_\_\_\_

I, \_\_\_\_\_, (Notary Public), do hereby certify that on this \_\_\_\_ day of

\_\_\_\_\_ (month), 20\_\_\_\_, personally appeared before me

\_\_\_\_\_ (applicant), known to me to be the person whose name is

subscribed to the foregoing instrument, swore, and acknowledged to me that he/she executed the same for the purpose and in the capacity therein expressed, and that the statements contained therein are true and correct.

Notary Signature \_\_\_\_\_

Name, Typed or Printed: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## Associate Degree Nursing Application Checklist

Please complete the appropriate checklist and make sure all of the following requirements are complete prior to submitting your ADN application.

<u>Generic RN Program</u>	<u>LPN-RN Transition Program</u>
<input type="checkbox"/> Apply to SMCC through Registrar's office	<input type="checkbox"/> Apply to SMCC through Registrar's office
<input type="checkbox"/> All official transcripts on file in Registrar's office	<input type="checkbox"/> All official transcripts on file in Registrar's office
<input type="checkbox"/> ACT score (18 or better) on file in Registrar's office	<input type="checkbox"/> ACT score (18 or better) on file in Registrar's office
<input type="checkbox"/> Submit ADN application to ADN division	<input type="checkbox"/> Submit ADN application to ADN division
<input type="checkbox"/> Copy of TEAS	<input type="checkbox"/> Copy of TEAS
	<input type="checkbox"/> Copy of unrestricted LPN license(s) attached to ADN application
	<input type="checkbox"/> Employment verification from HR (verifying at least 1 year of experience as LPN within the last 18 months) attached

Please note: Failure to complete all admission requirements and application process as stated will result in the void or nullification of the application. Also note that if you are applying to LPN to RN Transition option and were previously enrolled in a nursing program elsewhere (ADN, LPN to RN, or BSN) after becoming an LPN, you are not eligible for the LPN to RN Transition option at SMCC. You must submit an application for the Generic Program option.

### Fall Admission

- ✘ Applications are due by March 1<sup>st</sup>
- ✘ Acceptance letters will be mailed by the 4<sup>th</sup> week in May

### Spring Admission

- ✘ Applications are due by October 1<sup>st</sup>
- ✘ Acceptance letters will be mailed by 3<sup>rd</sup> week in December

Early admission notification criteria (GPA  $\geq$  3.00 and ACT  $\geq$  21 on prerequisites)

Successful completion of the nursing program with the Associate of Applied Science Degree permits the student to submit an application to take the National Council Licensure Examination (NCLEX-RN®) for RN licensure. However, any disciplinary action, arrest, charge, addiction, or impairment may result in denial of licensure as a registered nurse.

Southwest Mississippi Community College is accredited by the Commission on Colleges of the Southern Association Colleges and Schools (SACS). The Associate Degree Nursing Division is accredited by the Mississippi Board of Institutions of Higher Learning (IHL) and the Accreditation Commission for Education in Nursing, Inc. (ACEN).

Southwest Mississippi Community College does not discriminate on the basis of race, color, national origin, age, sex, religion, or disability in its programs, activities or employment practices. The following persons have been designated to handle inquiries and grievances regarding the non-discrimination policies: Mrs. Rhonda Gibson, Director of Disability Support Services, 601-276-3885; Mr. Blake Brewer, Vice President for Student Affairs and Title IX Coordinator, 601-276-3717; SMCC, 1156 College Drive, Summit, MS 39666.