

Dyersburg State Community College
Division of Nursing and Allied Health
APPLICATION FOR
ADVANCED STANDING LPN TO RN FAST TRACK PROGRAM
SPRING SEMESTER, 2011 at the Dyersburg Campus

Application Deadline: September 1, 2010

Name _____
(Last) (First) (Middle) (Maiden)

Address _____
(Street) (City) (State) (Zip)

Date of Birth _____ DSCC ID Number _____

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

Place of Employment _____

Email Address _____ Emergency Contact Person & Number _____

Name and Address of LPN Program you attended: _____

Date LPN Program Completed: _____ GPA: _____

State(s) in which you hold a current LPN license (include license number & expiration date): _____

Are you presently attending DSCC? Yes _____ No _____ Have you previously attended DSCC? Yes _____ No _____

Please list all college and universities you have attended other than DSCC _____

You MUST submit all school transcripts to the Admissions and Records Office AND the Division of Nursing for point accumulation.

College Cumulative GPA: _____

Have you completed MATH 1020: Yes _____ No _____ Date and Grade: _____

Have you ever: (1) attended another school of nursing other than LPN Program? Yes _____ No _____
(2) been suspended or on probation from a college or nursing program? Yes _____ No _____
(3) received 2 or more letter grade(s) of "D" or "F" in any nursing course(s)? Yes _____ No _____
(4) withdrawn from 1 or more nursing courses? Yes _____ No _____

If the answer to any of the above is "Yes", please attach a sheet explaining in detail. (Please specify when, where, what happened)?

If you have attended another school of nursing, please state:

(1) what type of program (LPN, Diploma, Associate Degree, BSN, etc.); (3) date of program completion; and/or
(2) name and address of school; (4) reason for not completing.

Have you taken the Academic Assessment Placement Program (AAPP) test or the COMPASS/ASSET test? Yes _____ No _____

If required, have you completed all required Remedial and/or Developmental courses? Yes _____ No _____

Have you taken the National League of Nursing Accelerated Challenge Exam (ACE) I PN-RN Foundations of Nursing examination? Yes _____ No _____ If Yes, **When?** _____ What was your Decision Score? _____

I understand that pursuant to the Requirements for Admission with Advanced Standing to the LPN to RN Fast Track Program, as stated in the DSCC Catalog, I may only repeat the ACE test one time and must score at least a 75%. If I do not meet the required score on my second attempt, I understand that I will be ineligible for admission to the Fast Track program, but that I may seek admission as a regular student. I realize that if I take the test more than twice that my score will not be considered valid.

Have you ever been convicted of a violation of the law other than a minor traffic violation? Yes_____ No_____ If yes, please explain:_____

Have you ever had any license in any health care field suspended, revoked, or denied? Yes_____ No_____ If yes, please explain:_____

Have you ever been listed on any abuse registry (Nursing Home, Home Health, Sexual, or Other)? Yes_____ No_____ If yes, please explain:_____

Criminal background check and drug screens are a requirement for clinical practice by clinical agencies. Based on the results of these checks, an affiliated clinical site may determine to not allow your presence at their facility. This would result in your inability to successfully complete the requirements of each course and the program. Additionally, applicants should be aware that conviction of certain crimes may make them ineligible for registered nurse licensure in the State of Tennessee. To review a list of these crimes or to obtain more information, please to go to <http://www.state.tn.us/sos/rules/1000/1000-01.pdf>.

All student files **must be complete** no later than **September 1, 2010**, in order to be considered as a candidate for the Fast Track Nursing program for the Spring Semester, 2011.
Points will only be awarded for classes completed through the end of Summer Semester, 2010.

Please read the "Core Performance Standards" in the current DSCC College Bulletin. If you feel that there may be a difficulty meeting these standards, please check here ___ and explain by attaching a sheet to this application.

Please attach a copy of your LPN license (write the word "COPY" in large letters across the front).

Return this Application and all attachments to: Division of Nursing and Allied Health, Dyersburg State Community College, 1510 Lake Rd, Dyersburg, TN 38024

I have read and answered each and every question on this application. I hereby affirm the above information is true. I understand that falsification of any information can result in immediate dismissal.

Legal Signature of Applicant

Date



Application Deadline - September 1, 2010.

NU-6-10

Dyersburg State Community College is accredited by the National League for Nursing Accrediting Commission.