Practical Nursing Program

Information Guidelines

2017-2018

Application Deadline for Practical Nursing Program: March 31, 2018

Last Revised 9-29-2017
The Practical Nursing (PN) Program at Arkansas Northeastern College (ANC) is a 10.5-month program that prepares students to become Licensed Practical Nurses (LPN). The program consists of nursing courses combined with client care in the clinical settings that include hospitals and other health care facilities in the service area. The nursing courses integrate application of the nursing process, communication skills, nutrition, pharmacology, and drug administration in the care of clients. Legal and ethical responsibilities along with current trends in nursing and health care are integrated throughout the curriculum. Upon successful completion of the practical nursing program, students graduate with a Technical Certificate in Practical Nursing and contingent on meeting application criteria are eligible to take the National Council of Licensure Examinations for Practical Nursing (NCLEX-PN) for licensure. The ANC Practical Nursing Program is approved by the Arkansas State Board of Nursing and selects a class that begins in the Fall semester each year. ANC does not allow advanced placement into the Practical Nursing Program.

College Admission:
If no classes have ever been taken at ANC, complete the following and have submitted to the Registrar’s Office at 2501 South Division P.O. Box 1109 Blytheville, AR 72316-1109 by March 31:

- College admission application.
- Official High School Transcript or GED with scores.
- Official transcripts from any college(s) previously attended.
- Immunization record showing proof of two MMRs.

NOTE: Admission to the College does not guarantee admission into the Practical Nursing Program.

Practical Nursing Program Admission Criteria:
Admission to the Arkansas Northeastern College PN program is a selective process. In order to be considered for admission, students must meet the following minimum criteria:

- Meet with the Nursing and Allied Health Advising Specialist to ensure any required College Admission Placement Tests (ACT, COMPASS, ACCUPLACER) meet the minimum skill level.
- Attend all scheduled Advising sessions and complete required Advising Check List with the Nursing and Allied Health Advising Specialist.
- Complete and submit the Practical Nursing (PN) Application for Admission to the Nursing Office on the Main campus (2501 South Division P.O. Box 1109 Blytheville, AR 72316-1109) by March 31.
- Successfully complete prerequisite courses as outlined in the PN Curriculum Plan.
    - Must have been completed within 5 years of admission to the PN Program.
    - A&P I and II lecture courses must be completed at the same college as the corresponding A&P Lab courses.
  - Mathematical Applications for Allied Health OR College Algebra
- Submit unofficial transcripts from any college(s) previously attended to the Nursing Office on the Main Campus.
  - Transcripts must include the required prerequisite courses.
  - Updated transcripts must be submitted at the end of the spring semester to include any required prerequisite courses.
- Submit unofficial High School Transcript or GED with scores to the Nursing Office on the Main campus.
- Have a cumulative 2.0 minimum grade point average on all college course work attempted, including transfer work and excluding developmental education courses.
  - Must have ANC GPA of 2.0 or greater to graduate from ANC.
- Score a minimum of 100 on the NLN Pre-Admission Exam (PAX Test) - See information below.
• Read the following, sign, and submit to the Nursing Office with the PN Admission Application:
  o Practical Nursing Program Statement of Responsibility
  o Understanding of Functional Abilities
  o Criminal Background Check Verification and Arkansas State Board of Nursing – Nurse Practice Act – Subchapter 3 – Licensing – Criminal Background Checks
• Students applying to the PN program who have previously been enrolled in another Nursing or Allied Health Program or Course at ANC must have a written letter of recommendation from the previous program Director validating the student’s professional good standing.
• A student requesting transfer from another college into ANC’s Nursing or Allied Health Programs/Courses is required to meet the ANC Transfer Policies as outlined in the ANC Catalog and PN Information Guidelines.

It is the student’s responsibility to provide accurate contact information at the time of application and to notify the Nursing Office of any changes. Admission criteria must be met and student files updated with all required information for inclusion in the admission/selection process.

**Selection Process:** The PN program may have more applicants that meet the minimum requirements for admission than positions available. Admission is competitive; therefore students are ranked according to their PAX test score, cumulative grade point average (from all colleges/universities attended) and completion of prerequisite courses and any developmental education courses required.

All applicants who meet the minimum PN Admission Criteria will be notified regarding a Mandatory Orientation Session. This session is available to assist in answering any further questions and for the faculty and staff to provide a thorough overview of the program. A PN Letter of Intent to accept admission in the PN Program will be signed at this Mandatory Orientation.

All applicants who meet minimum admission criteria to the PN Program, attend the Mandatory Orientation Session, and sign the PN Letter of Intent will subsequently receive an acceptance letter or an alternate letter.

**PAX Exam: The National League of Nursing (NLN) Pre-Admission Exam**
• The PAX test must be taken prior to the March 31 application deadline with a minimal composite score of at least 100 or greater achieved in order to be considered for admission to the PN program.
• Students may take the PAX test twice per application period but no more than once per semester as scheduled in the Fall and Spring prior to the March 31 application deadline.
  o The higher of the two scores will be used for consideration in the selection process.
• PAX scores are valid for two years following the date of the examination.
• It is recommended that the COMPASS, ACCUPLACER, or ASSET placement exam be taken and the required scores met prior to taking the PAX Test.
• Students may access the ANC website (www.anc.edu) for PAX test dates and other important information regarding the exam. Instructions for scheduling an appointment at either the Blytheville or the Paragould Campus are available on the website.
• Students are required to register for the test at least one week in advance. Payment must be received prior to the scheduled test date and a receipt provided the day of testing. The testing fee is $55.00; price is subject to change.
• If questions, please contact the ANC Testing Center at 870-762-1020 ext. 1161 or access online at: http://www.anc.edu/testingcenter/index.htm
**Conviction of a Crime:** Any student, who has been or is convicted of a crime, either prior to entering the nursing program or during the course of the program, must report this conviction to the Director of the Practical Nursing Program. Failure to report the crime may result in an immediate suspension and/or dismissal from the Practical Nursing Program. Students convicted of a crime will be responsible for submitting copies of all court documents related to the conviction(s) to the Arkansas State Board of Nursing who will determine eligibility to challenge the NCLEX – PN exam upon completion of the PN Program.

Refer to Arkansas State Board of Nursing – Nurse Practice Act - SUBCHAPTER 3 – LICENSING §17-87-312 Criminal Background Checks.

**BACKGROUND VERIFICATION POLICY (Beginning of PN Program)**

**Policy Statement:** Arkansas Northeastern College Practical Nursing Program requires students selected for admission into the PN Program to complete a criminal background investigation by a third party vendor prior to the beginning of clinical rotations in the first nursing course. All background verification information and results will be treated confidentially but will be accessible to the Practical Nursing Director, the Dean of Nursing, Allied Health & HPER and clinical agencies as warranted. All adverse or negative outcomes on the background verification checks will require permission from the clinical affiliate before a student is scheduled at that agency for a clinical rotation. This requires each clinical affiliate to independently determine if an adverse or negative outcome on the criminal background verification check will prohibit a student nurse from being assigned in their facility.

Students will be responsible for all fees associated with any components of the background verification process. Students must authorize the background check verification by completing the background authorization form provided by the vendor.

Students found to be ineligible to complete clinical rotations due to an adverse or a negative outcome from the criminal background check will not be able to meet clinical and program objectives and therefore dismissal from the program will be necessary. The background investigation completed through a third party vendor will include the following components:

- Arkansas Statewide Criminal
- 7 Year U.S. County Criminal Records (Outside of Arkansas)
- Residency History
- Social Security Alert
- National Record Indicator with Sex Offender Registry
- Nationwide Healthcare Fraud & Abuse Scan
- Arkansas Child Abuse Clearance
- Missouri Family Care & Safety Registry
- Maiden Names & Aliases
CRIMINAL BACKGROUND CHECKS

Students accepted into the Practical Nursing Program must complete a state and federal background check in the Spring Semester prior to graduation. Associated costs will be the responsibility of the student. Background checks must be cleared by appropriate agencies prior to graduates being provided a test date for the NCLEX-PN. Fingerprints and criminal background application to the Arkansas State Police is required.

Please be informed that persons convicted of certain crimes may not be eligible to take the NCLEX-PN at the completion of the program. Refer to the Arkansas State Board of Nursing – Nurse Practice Act - SUBCHAPTER 3 – LICENSING §17-87-312 Criminal Background Checks outlined below.

If students have questions or concerns they should contact the Director of Practical Nursing or any designated instructor.

Arkansas State Board of Nursing – Nurse Practice Act - SUBCHAPTER 3 – LICENSING
§17-87-312 Criminal Background Checks

(a)(1) Each first-time applicant for a license issued by the Arkansas State Board of Nursing shall apply to the Identification Bureau of the Department of Arkansas State Police for a state and national criminal background check, to be conducted by the Federal Bureau of Investigation.
(a)(2) At the time a person applies to an Arkansas nursing educational program, the program shall notify the applicant in writing of the provisions and requirements of this section.
(b) The check shall conform to the applicable federal standards and shall include the taking of fingerprints.
(c) The applicant shall sign a release of information to the Board and shall be responsible to the Department of Arkansas State Police for the payment of any fee associated with the criminal background check.
(d) Upon completion of the criminal background check, the Identification Bureau of the Department of Arkansas State Police shall forward to the Board all information obtained concerning the applicant in the commission of any offense listed in subsection (e) of this section.
(e) Except as provided in subdivision (l) (1) of this section, a person shall not be eligible to receive or hold a license issued by the Board if that person has pleaded guilty or nolo contendere to, or been found guilty of any of the following offenses by a court in the State of Arkansas or of any similar offense by a court in another state or of any similar offense by a federal court:
   (1) Capital murder as prohibited in § 5-10-101;
   (2) Murder in the first degree as prohibited in § 5-10-102 and murder in the second degree as prohibited in § 5-10-103;
   (3) Manslaughter as prohibited in § 5-10-104;
   (4) Negligent homicide as prohibited in § 5-10-105;
   (5) Kidnapping as prohibited in § 5-11-102;
   (6) False imprisonment in the first degree as prohibited in § 5-11-103;
   (7) Permanent detention or restraint as prohibited in § 5-11-106;
   (8) Robbery as prohibited in § 5-12-102;
   (9) Aggravated robbery as prohibited in § 5-12-103;
   (10) Battery in the first degree as prohibited in § 5-13-201;
   (11) Aggravated assault as prohibited in § 5-13-204;
(12) Introduction of controlled substance into the body of another person as prohibited in § 5-13-210;
(13) Terroristic threatening in the first degree as prohibited in § 5-13-301;
(14) Rape as prohibited in §§ 5-14-103;
(15) Sexual indecency with a child as prohibited in § 5-14-110;
(16) Sexual assault in the first degree, second degree, third degree, and fourth degree as prohibited in §§ 5-14-124–5-14-127;
(17) Incest as prohibited in § 5-26-202;
(18) Felony offenses against the family as prohibited in §§ 5-26-303 - 5-26-306;
(19) Endangering the welfare of an incompetent person in the first degree as prohibited in § 5-27-201;
(20) Endangering the welfare of a minor in the first degree as prohibited in § 5-27-205 and endangering the welfare of a minor in the second degree as prohibited in §5-27-206;
(21) Permitting abuse of a child as prohibited in § 5-27-221(a) (1) and (3);
(22) Engaging children in sexually explicit conduct for use in visual or print media, transportation of minors for prohibited sexual conduct, pandering or possessing visual or print medium depicting sexually explicit conduct involving a child, or use of a child or consent to use of a child in a sexual performance by producing, directing, or promoting a sexual performance by a child as prohibited in §§ 5-27-303 - 5-27-305, 5-27-402, and 5-27-403;
(23) Felony adult abuse as prohibited in § 5-28-103;
(24) Felony theft of property as prohibited in § 5-36-103;
(25) Felony theft by receiving as prohibited in § 5-36-106;
(26) Arson as prohibited in § 5-38-301;
(27) Burglary as prohibited in § 5-39-201;
(28) Felony violation of the Uniform Controlled Substances Act §§ 5-64-101 – 5-64-608 as prohibited in § 5-64-401;
(29) Promotion of prostitution in the first degree as prohibited in § 5-70-104;
(30) Stalking as prohibited in § 5-71-229;
(31) Criminal attempt, criminal complicity, criminal solicitation, or criminal conspiracy as prohibited in § 5-3-201, 5-3-202, 5-3-301, and 5-3-401, to commit any of the offenses listed in this subsection;
(32) Computer child pornography as prohibited in § 5-27-603; and
(33) Computer exploitation of a child in the first degree as prohibited in § 5-27-605.

(f) (1) (A) The board may issue a nonrenewable temporary permit for licensure to a first-time applicant pending the results of the criminal background check.
(B) The permit shall be valid for no more than six (6) months.

(2) Except as provided in subdivision (l) (1) of this section, upon receipt of information from the Identification Bureau of the Department of Arkansas State Police that the person holding the letter of provisional licensure has pleaded guilty or nolo contendere to, or has been found guilty of, any offense listed in subsection (e) of this section, the board shall immediately revoke the provisional license.

(g) (1) The provisions of subsections (e) and subdivision (f)(2) of this section may be waived by the board upon the request of:
(A) An affected applicant for licensure; or
(B) The person holding a license subject to revocation.
(2) Circumstances for which a waiver may be granted shall include, but not be limited to, the following:
(A) The age at which the crime was committed;
(B) The circumstances surrounding the crime;
(C) The length of time since the crime;
(D) Subsequent work history;
(E) Employment references;
(F) Character references; and
(G) Other evidence demonstrating that the applicant does not pose a threat to the health or safety of the public.

(h) (1) Any information received by the board from the Identification Bureau of the Department of Arkansas State Police pursuant to this section shall not be available for examination except by:
(A) The affected applicant for licensure, or his authorized representative; or
(B) The person whose license is subject to revocation or his or her authorized representative.

(2) No record, file, or document shall be removed from the custody of the Department of Arkansas State Police.

(i) Any information made available to the affected applicant for licensure or the person whose license is subject to revocation shall be information pertaining to that person only.

(j) Rights of privilege and confidentiality established in this section shall not extend to any document created for purposes other than this background check.

(k) The board shall adopt the necessary rules and regulations to fully implement the provisions of this section.

(l) (1) For purposes of this section, an expunged record of a conviction or a plea of guilty or nolo contendere to an offense listed in Subsection (e) of this section shall not be considered a conviction, guilty plea, or nolo contendere plea to the offense unless the offense is also listed in subdivision (l)(2) of this section.

(2) Because of the serious nature of the offenses and the close relationship to the type of work that is to be performed, the following shall result in permanent disqualification:
(A) Capital murder as prohibited in § 5-10-101;
(B) Murder in the first degree as prohibited in § 5-10-102 and murder in the second degree as prohibited in § 5-10-103;
(C) Kidnapping as prohibited in § 5-11-102;
(D) Rape as prohibited in § 5-14-103;
(E) Sexual assault in the first degree as prohibited in § 5-14-124 and sexual assault in the second degree prohibited in § 5-14-125;
(F) Endangering the welfare of a minor in the first degree as prohibited in § 5-27-205 and endangering the welfare of a minor in the second degree as prohibited in § 5-27-206;
(G) Incest as prohibited in § 5-26-202;
(H) Arson as prohibited in § 5-38-301;
(I) Endangering the welfare of incompetent person in the first degree as prohibited in § 5-27-201; and
(J) Adult abuse that constitutes a felony as prohibited in § 5-28-103.
Addendum to Arkansas State Board of Nursing – Nurse Practice Act - SUBCHAPTER 3 – LICENSING §17-87-312 Criminal Background Checks

In the 91st of the Arkansas General Assembly; 2017 Regular Session, the following bills were passed:

- Act 492: Disqualification of licensure; removed Endangering Welfare of a Minor, 2nd Degree (misdemeanor) from the list of permanent disqualification from licensure. May now request a waiver.
- Act 664: Sexual Extortion Act: a conviction of Sexually Extortion; ACA 514-113 is disqualification for licensure.

NOTE: A copy of this subchapter 3 related to Criminal Background Checks will be signed at a scheduled orientation and placed in the student’s file.

FUNCTIONAL ABILITIES

Nursing is a practice discipline, with cognitive, sensory, affective and psychomotor performance requirements. The knowledge and skills and abilities to safely and effectively practice nursing are varied and complex. The National Council of State Boards of Nursing has defined functional abilities that a nurse must possess to practice safely and effectively.

The functional abilities are the non-academic requirements of the program, and they comprise physical, emotional and professional demands of a nurse. Take into consideration whether you can perform the functions, with or without accommodations.. If you determine that you are unable to do any of the skills listed and have a documented disability, you will need to determine if a reasonable accommodation can be provided. To request an accommodation, you will need to contact Arkansas Northeastern College’s Student Services office and present documentation of your disability. Students are required to read and sign understanding of the established Functional Abilities.

Functional Ability Categories, Descriptions, and Representative Activities & Attributes

Gross Motor Skills sufficient to provide the full range of safe and effective nursing care activities.
- Move within confined spaces
- Sit and maintain balance
- Stand and maintain balance
- Reach above shoulders (e.g. IV poles)
- Reach below waist (e.g. plug electrical appliances into wall outlets)

Fine Motor Skills sufficient to perform manual psychomotor skills integral to patient care.
- Pick up objects with hands
- Grasp small objects with hands (e.g. IV tubing, pencil)
- Write with a pen or pencil
- Key/type (e.g. use a computer)
- Pinch/pickup or otherwise work with fingers (e.g. manipulate a syringe; withdraw medications from ampules, vials, etc.)
- Twist (e.g. turn objects/knobs using hands)
- Squeeze with fingers (e.g. eye dropper)

Physical Endurance and Stamina sufficient to perform client care activities for entire length of work role.
- Stand (e.g. at client side during surgical or therapeutic procedure)
- Sustain repetitive movements (e.g. cardiopulmonary resuscitation (CPR)}
- Maintain physical tolerance (e.g. work 8 or 12 hour shifts, days, evenings, nights, weekend, holidays)

**Physical Strength** sufficient to perform a full range of required client care activities.
- Push and pull 25 pounds (e.g. position patients)
- Support 25 pounds of weight (e.g. ambulate patient)
- Lift 25 pounds (e.g. pick up a child, transfer a patient)
- Move light objects weighing up to 10 pounds (e.g. IV poles)
- Move heavy objects weighing from 11 to 50 pounds
- Defend self against combative client
- Carry equipment and/or supplies
- Use upper body movements (e.g. CPR, physically restrain a client)
- Squeeze with hands (e.g. operate a fire extinguisher)

**Mobility** including physical abilities sufficient to move from place to place and maneuver to perform nursing activities.
- Twist
- Bend
- Stoop/Squat
- Move quickly (e.g. respond to an emergency)
- Climb (e.g. ladders/stools/stairs)
- Walk

**Hearing/Auditory** ability sufficient for physical monitoring and assessment of client health care needs.
- Hear normal speaking level sounds (e.g. person-to-person report)
- Hear faint voices
- Hear faint body sounds (e.g. blood pressure sounds, assess placement of tubes)
- Hear in situations when not able to see lips (e.g. when masks are worn)
- Hear auditory alarms (e.g. monitors, fire alarms, call bells)

**Visual** ability sufficient for accurate observation and performance of nursing care.
- See objects up to 20 inches away (e.g. information on a computer screen, skin conditions)
- See objects up to 20 feet away (e.g. patient in a room)
- See objects more than 20 feet away (e.g. patient at the end of the hall)
- Use peripheral vision
- Distinguish color (e.g. color codes on supplies, charts, bed)
- Distinguish color intensity (e.g. flushed skin, skin paleness)

**Tactile** ability sufficient for physical monitoring and assessment of health care needs.
- Feel vibrations (e.g. palpate pulses)
- Detect temperature (e.g. skin, solutions)
- Feel differences in surface characteristics (e.g. skin turgor, rashes)
- Feel differences in sizes, shapes (e.g. palpate vein, identify body landmarks)
- Detect environmental temperature (e.g. check for drafts)

**Smell/Olfactory** ability sufficient to detect environmental and client odors.
- Detect odors from client (e.g. foul smelling drainage, alcohol breath, etc.)
- Detect smoke
- Detect gases or noxious smells

**Reading** ability sufficient to comprehend the written word at a minimum of a tenth grade level.
- Read and understand English written documents (e.g. policies, protocols)

**Arithmetic** ability sufficient to do computations at a minimum of eighth grade level.

- **Counting:** the act of enumerating or determining the number of items in a group.
- **Measuring:** the act or process of ascertaining the extent, dimensions, or quantity of something.
- **Computing:** the act or process of performing mathematical calculations such as addition, subtraction, multiplication, and division.
- Read and understand columns of writing (e.g. flow sheets, charts)
- Read digital displays
- Read graphic printouts (e.g. EKG)
- Calibrate equipment
- Convert numbers to and/or from the Metric System
- Read graphs (e.g. vital sign sheets)
- Tell time
- Measure time (e.g. count duration of contractions, etc.)
- Count rate (e.g. drops/minute, pulse)
- Use measuring tools (e.g. thermometer)
- Read measurement marks (e.g. measurement tapes, scales, etc.)
- Add, subtract, multiply and/or divide whole numbers
- Compute fractions (e.g. medication dosages)
- Use a calculator
- Write numbers in records

**Emotional Stability** sufficient to assume responsibility and accountability for actions.
- Establish therapeutic boundaries/relationships and communicate in a supportive, constructive manner
- Provide a client with emotional support
- Adapt to changing environment/stress
- Deal with the unexpected (e.g. patient going bad, crisis)
- Focus attention on task
- Monitor own emotions and be able to keep emotional control
- Perform multiple responsibilities concurrently
- Handle strong emotions (e.g. grief)

**Analytical and Reasoning Skills** sufficient to perform deductive/inductive reasoning for nursing decisions.
- Transfer knowledge from one situation to another
- Process information
- Evaluate outcomes
- Problem solve
- Prioritize tasks
- Use long-term memory
- Use short-term memory

**Critical Thinking Ability** sufficient to exercise sound nursing judgment.
- Identify cause-effect relationships
- Plan/control activities for others
- Synthesize knowledge and skills
- Sequence information

**Interpersonal Skills** sufficient to interact with individuals, families, and groups respecting social, cultural, and spiritual diversity.
- Negotiate interpersonal conflict
- Respect difference in patients
- Establish positive rapport with patients
- Establish positive rapport with co-workers/peers
- Establish and maintain positive rapport with faculty
- Interact with others effectively

**Communication Skills** sufficient to speak, comprehend, and write in English at a level that meets the need for accurate, clear, and effective communication.
- Teach (e.g. patient/family about health care)
• Explain procedures
• Give clear oral reports (e.g. report on patient’s condition to others)
• Interact with others (e.g. health care workers)
• Speak effectively on the telephone
• Influence people and their actions
• Direct activities of others by providing clear written and oral instructions to others
• Convey information through writing (e.g. progress notes)

** If the applicant’s native language is other than English, an official transcript of the score for the Test of English as a Foreign Language (TOEFL) must be submitted from Educational Testing Service, Princeton, New Jersey 08540, to the Registrar’s Office at Arkansas Northeastern College. This test may be taken at various test centers throughout the world, but it is the applicant’s responsibility to obtain the necessary information and application forms, and to arrange to take the test by a date which will assure that the results are reported to ANC by the required deadlines. ANC requires a minimum score of 500 on the TOEFL. Adopted from The National Council for State Boards of Nursing (NCSBN), Chicago, IL

**DRUG SCREENING POLICY**

“For Cause” Drug Screening Policy Statement: Arkansas Northeastern College Practical Nursing (PN) Program requires students to complete Drug Screening based on “For Cause” conducted by a third party vendor at designated drug testing facilities. Students are responsible for fees associated with the drug screening.

Use of alcohol or illegal drugs, or misuse of prescription drugs is strictly prohibited in the classroom, clinical or laboratory setting. References to the College’s Alcohol and Drug Policy along with the policies on Student Conduct and Disciplinary Sanctions and Student’s Rights and Responsibilities are found in the link to the ANC Student Handbook at [http://www.anc.edu/docs/anc_handbook.pdf](http://www.anc.edu/docs/anc_handbook.pdf)

The complete PN Drug Screening Policy is provided to students accepted into the program and is located in the PN Student Handbook.

**CLINICAL REQUIREMENTS**

Health Statement: Students are required to complete the Personal Health Data and Medical History Form. The requested health data and history information is kept confidential and will be used only as an aid in providing necessary health care if an emergency were to arise or to determine if medical clearance is necessary prior to entering the program. Students who are pregnant or who have an altered health status must have written approval from their physician to enter or continue in clinical rotations. Students must meet all stated clinical outcomes and objectives along with meeting all attendance requirements.

Health Insurance: Arkansas Northeastern College does not provide medical related services, nor does the College assume responsibility for injuries incurred by students during any College activity. Medical services may be obtained from local doctors, clinics or hospitals at the student’s expense. All students are encouraged to carry their own health and accident insurance throughout the program.

Immunization Requirements for all Enrollees at Arkansas Colleges and Universities: Arkansas State Law, Act 141 of 1987, requires college students born after 1/1/57 to provide proof of immunity against measles, mumps, and rubella within 30 calendar days of enrollment. Two MMR immunizations are required. Exemptions shall be granted only by the Department of Health and must be applied for each academic year. Forms can be obtained by e-mail only at [www.immunization.section@arkansas.gov](http://www.immunization.section@arkansas.gov) after July 1, each year.
Nursing and Allied Health MMR Immunization Policy: Arkansas law requires all full-time students born on or after January 1, 1957 to provide proof of immunization against measles, mumps, and rubella (MMR) or immunity, or medical or non-medical exemption, or birth before 1957.

- **Proof of Immunization:** The immunization must be given in two doses. The first dose of the MMR must be given before the first birthday and after 1/1/1968. The second dose must be given at least 28 days after the first. Refer to Table III of the Arkansas State Board of Health, Rules and Regulations Pertaining to Immunization Requirements, page 16. Accepted proof of immunizations shall be those on an immunization record provided by a licensed physician, health department, military service or an official record from another educational institution in Arkansas. All accepted immunization records shall state the vaccine type and dates of vaccine administration.

- **Proof of Immunity:** In lieu of receiving vaccine students may provide proof of immunity. Students must submit serological test results (titers) appropriate for all three diseases (measles, mumps, and rubella) to the Arkansas Department of Health (ADH) along with a letter requesting approval of immunity. Please send letter and test results to:
  
  Arkansas Department of Health  
  ATTENTION: Immunization Section  
  4815 West Markham Street  
  Little Rock, AR 72205

After the Medical Director of the Immunization Section of the ADH has reviewed the letter and results, the student will receive either an approval or denial letter. If approved, it is the student’s responsibility to provide ANC Registrar a copy of the letter for placement in the student’s permanent file. Thereafter, annual approval is not required. If denied, the student must receive the required immunization or request an exemption (see below) through the Arkansas Department of Health.

- **Medical or Non-medical Exemption:** Students may apply for an authorized exemption (medical, religious, or philosophical) from the Arkansas Department of Health. Exemptions must be applied for each academic year. Forms can be obtained after July 1, each year by e-mail only at: [http://www.healthy.arkansas.gov/programsServices/infectiousDisease/Immunizations/Documents/2017-2018%20College%20Immunization%20Exemption%20Application%20Packet.pdf](http://www.healthy.arkansas.gov/programsServices/infectiousDisease/Immunizations/Documents/2017-2018%20College%20Immunization%20Exemption%20Application%20Packet.pdf)

**Other Immunization Requirements:** Students admitted to the nursing program must have a tetanus or tetanus booster if it has been greater than 10 years since their last booster. As a condition of admission and continuing enrollment in the PN program, all students are required to provide at the beginning of the academic year documentation of a negative tuberculin (TB) skin test or in the event of a positive TB skin test, a negative chest x-ray within the past three years; OR provide evidence of no TB disease per negative result of interferon-gamma release assays (IGRAs) blood tests (T-SPOT or QuantiFERON). Skin tests are required annually and must be maintained during the entire program, which indicates freedom from active tuberculosis.

Students entering the PN Program must realize the potential for exposure to the Hepatitis B virus. Faculty recommends appropriate documentation of a completed series of Hepatitis B immunizations or consent to and be in the process of receiving the series of the 3 injections prior to any contact with patients. If a student refuses or has reason to believe that the vaccine is contraindicated for him/her, the student must sign a declination form acknowledging the risk of Hepatitis B infection in a healthcare setting. Students are required to have an annual seasonal influenza vaccine and it is recommended students who have not had the chicken pox receive the Varicella Vaccine.
ACADEMIC PROGRESSION

The PN Program is competency based in skills and theory. In order to continue in any nursing course, a student must have satisfactory clinical performance and achieve an overall average of 76%. Any student not maintaining a "C" or better in any nursing course will not be allowed to progress to the next semester/term. Probation and suspension will occur based on regular college policies. Students will be required to complete standardized tests throughout the nursing curriculum. Acceptable scores on such tests are required to progress through the practical nursing curriculum. In the Summer Term of the PN Curriculum, students will be required to make an acceptable score on a comprehensive exam in order to graduate and apply for the National Council Licensure Exam (NCLEX).

Because the Practical Nursing courses utilize the content of the physical and behavioral sciences, the course of study will be according to prescribed sequence. The student may take any course desired prior to applying to the Practical Nursing Program. Completion of these courses does not guarantee admission to the Practical Nursing Program.

**Academic Standards:**

**Curriculum Plan:** The curriculum plan for the Practical Nursing Program is comprised of 47 nursing credit hours and 7 general education credit hours. The general education courses further compliment and support the study of Practical Nursing. The Practical Nursing Curriculum Plan or course of study is approved by the Arkansas State of Nursing and must be taken in the order outlined in the plan.

**Support Courses:** The general education courses utilize the content of the mathematics and physical sciences. The student must complete the 7 credit hours of prerequisite course work before applying to the practical nursing program. Completion of these prerequisite courses does not guarantee admission to the practical nursing program. Most of the PN courses have co-requisite courses that call for a prescribed sequence. (Refer to ANC catalog for course descriptions). A grade of “C” or better is required in each prerequisite course and for each of the nursing courses.

**Nursing Courses:** The course of the study for Practical Nursing will be according to the prescribed sequence in the Curriculum Plan. Each student must receive a grade of “C” (76%) or better in each nursing course. If the student receives less than a “C” (76%) grade in the course, the course will result in a non-passing grade. An overall minimum grade point average (GPA) of 2.0 (on a 4.0 scale) is required for college graduation (excluding developmental education course work).

**PN Program Transfer and/or Substitution Policy:** Students requesting transfer credit to the ANC Practical Nursing Program must meet ANC Transfer Policies as outlined in the ANC Catalog and PN Departmental Guidelines for Admission. Nursing courses, including Nutrition, will not be considered for transfer or substitution if they have not been completed within one year of transfer/substitution to ANC. Official transcripts along with the “Request for Exception or Waiver” (Refer to attached Exception/Waiver Form) for course transfer or substitution must be submitted and approved by the Director of Practical Nursing prior to the scheduled course as noted in PN Curriculum Plan. Course substitutions will not be considered once the student is enrolled in a PN Course.

A student must complete the entire PN curriculum within 2 years or apply for re-admission and repeat all nursing courses. Two consecutive semesters must be successfully completed at ANC to meet eligibility requirements for graduation and application for the NCLEX-PN.
**Letter of Good Standing Policy:** Applicants seeking transfer into one of ANC’s Nursing or Allied Health Programs/Courses from another college must request a letter of good standing from the dean/director of that program. To be considered in good standing, the applicant must be eligible for re-entry into the previous college’s Nursing or Allied Health program. The letter of good standing must be mailed directly from the Dean/Director of the previous program attended to the ANC Director of Nursing or Allied Health Program in which the applicant is applying. If the letter of good standing is not received, then the applicant may not be considered for admission.
<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credit Hrs</th>
<th>Theory Hrs</th>
<th>Lab/Clinical Hrs</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MA 14003 or</td>
<td>Mathematical Applications for Allied Health</td>
<td>3</td>
<td>48</td>
<td>0</td>
<td>48</td>
</tr>
<tr>
<td>MA 14043</td>
<td>or College Algebra</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AH 16084</td>
<td>Body Structure &amp; Function w/Lab or Anatomy &amp;</td>
<td>4</td>
<td>48</td>
<td>48 (48)</td>
<td>96 (96)</td>
</tr>
<tr>
<td>BI 24003/</td>
<td>Physiology I with Lab and Anatomy &amp; Physiology</td>
<td>(4)</td>
<td>(48)</td>
<td>(48)</td>
<td></td>
</tr>
<tr>
<td>BI 24011</td>
<td>II with Lab</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BI 24023/</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>BI 24031</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Totals</strong></td>
<td>7</td>
<td>96</td>
<td>48</td>
<td>144</td>
</tr>
</tbody>
</table>

**Fall Semester**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credit Hrs</th>
<th>Theory Hrs</th>
<th>Lab/Clinical Hrs</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PN 16051</td>
<td>Care of the Geriatric Patient</td>
<td>1</td>
<td>16</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>PN 16161</td>
<td>Nutrition I</td>
<td>1</td>
<td>16</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>PN 16025</td>
<td>Basic Nursing Principles and Skills I</td>
<td>5</td>
<td>80</td>
<td>-</td>
<td>80</td>
</tr>
<tr>
<td>PN 16035</td>
<td>Basic Nursing Principles and Skills II</td>
<td>5</td>
<td>80</td>
<td>-</td>
<td>80</td>
</tr>
<tr>
<td>PN 16042</td>
<td>Pharmacology I</td>
<td>2</td>
<td>32</td>
<td>-</td>
<td>32</td>
</tr>
<tr>
<td>PN 16072</td>
<td>Nursing of Children</td>
<td>2</td>
<td>32</td>
<td>-</td>
<td>32</td>
</tr>
<tr>
<td>PN 16085</td>
<td>Practical Nursing Clinical I</td>
<td>5</td>
<td>-</td>
<td>240</td>
<td>240</td>
</tr>
<tr>
<td></td>
<td><strong>Totals</strong></td>
<td>21</td>
<td>256</td>
<td>240</td>
<td>496</td>
</tr>
</tbody>
</table>

**Spring Semester**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credit Hrs</th>
<th>Theory Hrs</th>
<th>Lab/Clinical Hrs</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PN 16092</td>
<td>Nursing of Mothers and Infants</td>
<td>2</td>
<td>32</td>
<td>-</td>
<td>32</td>
</tr>
<tr>
<td>PN 16103</td>
<td>Pharmacology II</td>
<td>3</td>
<td>48</td>
<td>-</td>
<td>48</td>
</tr>
<tr>
<td>PN 16185</td>
<td>Medical/Surgical I</td>
<td>5</td>
<td>80</td>
<td>-</td>
<td>80</td>
</tr>
<tr>
<td>PN 16195</td>
<td>Medical/Surgical II</td>
<td>5</td>
<td>80</td>
<td>-</td>
<td>80</td>
</tr>
<tr>
<td>PN 16126</td>
<td>Practical Nursing Clinical II</td>
<td>6</td>
<td>-</td>
<td>288</td>
<td>288</td>
</tr>
<tr>
<td></td>
<td><strong>Totals</strong></td>
<td>21</td>
<td>240</td>
<td>288</td>
<td>528</td>
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</tbody>
</table>

**Summer I**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credit Hrs</th>
<th>Theory Hrs</th>
<th>Lab/Clinical Hrs</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PN 16152</td>
<td>Practical Nursing Clinical III</td>
<td>2</td>
<td>-</td>
<td>96</td>
<td>96</td>
</tr>
<tr>
<td>PN 16203</td>
<td>Management &amp; Delegation</td>
<td>3</td>
<td>48</td>
<td>-</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td><strong>Totals</strong></td>
<td>5</td>
<td>48</td>
<td>96</td>
<td>144</td>
</tr>
</tbody>
</table>

**PN Program Total Credit-Contact hours**

<p>| Credit Hours/Contact Hours calculated using 1:1 ratio for classroom/didactic and 1:3 ratio for lab/clinical. Anatomy &amp; Physiology I and II with Labs must be completed within 5 years of admission to the PN Program. |</p>
<table>
<thead>
<tr>
<th>Tuition</th>
<th>Per Credit Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mississippi County Residents</td>
<td>$69.00</td>
</tr>
<tr>
<td>Out of County Residents</td>
<td>$79.00</td>
</tr>
<tr>
<td>Bootheel &amp; Tennessee Border</td>
<td>$79.00</td>
</tr>
<tr>
<td>Out of State Residents</td>
<td>$129.00</td>
</tr>
<tr>
<td>International Students</td>
<td>$129.00</td>
</tr>
</tbody>
</table>

**Estimated Tuition: In County Fees**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Education Courses ($69 per credit hour x 7)</td>
<td>$483.00</td>
</tr>
<tr>
<td>Nursing Courses ($69 per credit hour x 47)</td>
<td>$3,243.00</td>
</tr>
<tr>
<td>Technical Fee ($11.00 per credit hour x 54)</td>
<td>$594.00</td>
</tr>
<tr>
<td>Registration Fee ($25.00/semester x 3)</td>
<td>$75.00</td>
</tr>
</tbody>
</table>

Total In County Totals: **$4,395.00**

**Nursing Fees**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Course Fees (14 courses @ $ 54.00/course)</td>
<td>$756.00</td>
</tr>
<tr>
<td>Professional Liability Insurance @ $25.00/year</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

Total Nursing Fees: **$781.00**

**Other Nursing Program Costs**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background Screening</td>
<td>$92.00</td>
</tr>
<tr>
<td>Student Nurse Club Membership</td>
<td>$20.00</td>
</tr>
<tr>
<td>Required Textbooks</td>
<td>$850.00</td>
</tr>
<tr>
<td>Nursing Skills Pack</td>
<td>$275.00</td>
</tr>
<tr>
<td>Uniforms, Shoes &amp; Accessories</td>
<td>$285.00</td>
</tr>
<tr>
<td>Hepatitis B Immunization/TB Skin Test/Flu Vaccine</td>
<td>$200.00</td>
</tr>
<tr>
<td>Out-of Town Conferences/Registration Fees</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

Total Other Nursing Program Costs: **$1,922.00**

**Program Completion Fees**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR State Police &amp; Criminal Background Check</td>
<td>$38.00</td>
</tr>
<tr>
<td>NCLEX-PN Review Course</td>
<td>$350.00</td>
</tr>
<tr>
<td>NCLEX-PN Exam</td>
<td>$200.00</td>
</tr>
<tr>
<td>AR State Board of Nursing Fees</td>
<td>$100.00</td>
</tr>
<tr>
<td>AR State Board of Nursing Temporary Permit (Optional)</td>
<td>$30.00</td>
</tr>
<tr>
<td>Graduation Pictures</td>
<td>$40.00</td>
</tr>
<tr>
<td>Nursing Pin/Guard, Lamp, Cap</td>
<td>$90.00</td>
</tr>
<tr>
<td>Graduation Fee</td>
<td>$40.00</td>
</tr>
</tbody>
</table>

Total Program Completion Fees: **$888.00**

Total Program Projected Cost: **$7,986.00**

*Costs are estimated at time of document completion and are subject to change. Updated 07/2017*
ARKANSAS NORTHEASTERN COLLEGE
Practical Nursing Program
Application for Admission

Please complete and submit/mail to:
Arkansas Northeastern College
Attention: Nursing Department
2501 South Division P.O. Box 1109
Blytheville, AR 72316-1109

Date of Application ______________________

Have you Met with an ANC Allied Health Advising Specialist?
□ YES  □ NO

Application Received (Office Only) ______________

Name: ______________________________________________________________________________
   Last    First    Middle    Maiden

Contact Phone Numbers: ___________________________ Primary________________________ Secondary

Mailing Address: __________________________________________________________________________
   Street Number    City    State    Zip

Physical Address: __________________________________________________________________________
   Street Number    City    State    Zip

Date of Birth_______________________________ ANC Student ID # __________________________
   (if available at time of application)

E-mail Address: __________________________________________________________________________

Completion of this information is optional for statistical purposes and does not affect admission status.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Marital Status</th>
<th>Age</th>
<th>Do you consider yourself Hispanic or Latino?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes___ No ___ Check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ American Indian/Alaskan Native</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Asian/Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Black/African American</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Native Hawaiian/Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ White</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Other (specify) __________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you been enrolled in any other Nursing or Allied Health Program at ANC?  Yes _____ No _____
Name of Program________________________________________ Dates Attended __________________

Have you ever been convicted of a crime?  Yes _____ No _____

High School Attended________________________________ Date of Graduation ______
   Name    City    State

Colleges, Universities or other Schools Attended:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Dates Attended</th>
<th>Hrs. Attended/Degree (Type)</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.__________________________</td>
<td>__________________________</td>
<td>__________________________</td>
<td></td>
</tr>
<tr>
<td>2.__________________________</td>
<td>__________________________</td>
<td>__________________________</td>
<td></td>
</tr>
</tbody>
</table>

I acknowledge that all information provided is true and that misrepresenting the truth can lead to dismissal from the ANC Practical Nursing Program. I understand that if I have been convicted of a crime I will need permission from the Arkansas State Board of Nursing to write the NCLEX-PN.

Print Name __________________________________________________________________________
   Student Signature (legible please)   Date ____________
Please complete and submit/mail with your application to:
Arkansas Northeastern College
Attention: Practical Nursing Department
2501 South Division St. P.O. Box 1109
Blytheville, AR  72316-1109

Statement of Responsibility
The following statements of responsibility indicate your understanding of the requirements necessary for evaluation of your file for possible admission into the ANC Practical Nursing Program. Please sign and return to the Nursing Secretary.

- I have received and read the Information Guidelines for the Practical Nursing Program from Arkansas Northeastern College regarding admission policies and requirements.
- I understand that it is my responsibility to ensure that all admission criteria and policies are met to be considered for acceptance into the PN Program.
- I accept the responsibility to validate that all copies of my transcripts and test scores are received by the Nursing Secretary (including those on file in other ANC offices). I will inform the Nursing Secretary of courses in which I am currently enrolled. I also accept the responsibility to have all transcripts from other colleges submitted and evaluated by the ANC Registrar.
- I have received the Arkansas State Board of Nursing – Nurse Practice Act - SUBCHAPTER 3 – LICENSING §17-87-312 Criminal Background Checks Information. I understand that enrolling in and completing the PN Program does not guarantee me the ability to challenge the NCLEX-PN and become a Licensed Practical Nurse (LPN).
- I have received the Background Verification Policy and understand that, if selected for the PN Program, that I will be required to submit to a Criminal Background Check (CBC) by a third-party vendor. If found to be ineligible to complete clinical rotations due to an adverse or negative outcome from the CBC, I understand that I will not be able to meet clinical and program objectives and therefore dismissal from the program will be necessary.
- I have read and understand the Functional Ability Categories, Descriptions, and Representative Activities and Attributes.
- I understand that nursing is a discipline with cognitive, sensory, affective, and psychomotor performance requirements. I understand that, if necessary and if I meet certain documentation requirements of a disability, I must contact ANC Student Services at (870) 762-3180 to request accommodations.

I understand that my Application for Admission in the Practical Nursing Program will not be filed or considered unless my signature is on this form.

Printed Name

Signature (legible please)  Date
Please complete and mail this form to:
Arkansas Northeastern College
Attention: Barbara Greene, RN - PN Director
P. O. Box 1109
Blytheville, AR  72316-1109

_____ Exception to a prerequisite course/curriculum sequence

_____ Request for Course substitution: Student must provide copy of College transcript with name and date course was completed, full course description from College Catalog. Copy of Course Syllabi recommended. Must be submitted & approved prior to the scheduled course as noted in PN Curriculum Plan.

_____ Extension of application deadline

_____ Missing or incomplete immunizations by application deadline

_____ Other requests/exceptions; please specify ____________________________

Explanation of Waiver Request (must complete and attach any supporting documentation):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

This form is provided only for applicants who anticipate that one or more of the minimum requirements for admission into the Practical Nursing Program may not be fulfilled by the application deadline. This form will be reviewed by the nursing faculty along with your application. Completion of this form does not guarantee approval of the request.

Print Name: _______________________________ Signature: _______________________________

Contact Number: ____________________________ Today’s Date: ____________________________

E-mail Address: ____________________________________________________________________

_________________________________________________________________________________ 

FOR NURSING OFFICE USE ONLY; DO NOT WRITE BELOW THIS LINE

Review date___________________________  ☐ Approved  ☐ Disapproved

Comments: ________________________________________________________________________

_________________________________________________________________________________

Practical Nursing Director: ___________________________ Date: _________________

Dean, Nursing, Allied Health & HPER: ___________________________ Date: _________________

Student Notified of Determination: ___________________________ Date: _________________