

ASSOCIATE OF SCIENCE IN NURSING

Bainbridge College
P.O. Box 990
Bainbridge, Georgia 39818-0990

(229) 243-6485 (Voice)
(229) 243-6417 (FAX)

LPN-ADN ADVANCED PLACEMENT (AP) TRACK

The LPN-ADN AP Track at Bainbridge College is a one day per week, three semester program for the LPN who desires to advance their career and become a Registered Nurse. The program begins annually in the summer semester (June) with completion at the end of spring semester (May). The program curriculum recognizes the licensed practical nurses' education and experience as a foundation and provides needed academic and clinical experiences for Associate Degree nursing education. The advanced placement track is challenging and requires time and dedication.

LPN-ADN AP Track allows the LPN to:

Enter LPN-ADN AP Track **Summer** semester after:

- a. Meeting all the admission process and requirements of generic students
- b. Passing the ATI Fundamentals Exam with Level 2 competency in two attempts at students cost.
- c. Passing Fundamental skills validation within 2 attempts with ADN faculty.
- d. Passing a Drug Calculation exam with 100% proficiency within 3 attempts.

(The Advanced Placement student receives 8 credit hours for Foundation of Nursing when meeting criterion b, c, and d).

See next page.

The Nursing Division welcomes applications from all qualified individuals who wish to pursue an Associate of Science Degree in Nursing. Admission to the Program is a competitive process. Completion of the admission requirements only places you in the pool of eligible candidates and does not guarantee admission. Applicants with the strongest academic credentials will be selected.

Please complete the admission application packet and return to Ruby Barlow, Health Sciences Division Secretary, with a postmark date of no later than April 1, 2011. **All required information must be included for the application to be considered.** Also, please see the Student Application Check sheet form included in this packet to insure that you have submitted the items that are required by April 1, 2011.

Students will be ranked in order, utilizing criteria for selection that is included in this packet. Notification of acceptance will be made by mail prior to *May 13, 2011.

The Faculty and Staff of the Nursing Division are excited about your interest in our program, and wish you luck in the application process. If you have any questions regarding the application or program, please call 229-243-6485.

Best Wishes!

ADN Faculty, & Staff
Bainbridge College

ASSOCIATE OF SCIENCE IN NURSING
LPN-ADN Advanced Placement (AP) Track
Admission Standards

Admission Process and Requirements:

1. Complete Bainbridge College Admissions Application available from the web at www.bainbridge.edu or the Admissions Office, if not already attending Bainbridge College.
2. Successfully complete all degree level required developmental courses, and courses that are prerequisites with a minimum 2.5 grade point average (GPA).
 - A student will **NOT** be eligible to enter the LPN-ADN AP Track if he or she has failed a core class twice within the last 3 years.
 - A student who has failed two or more nursing courses in any RN program within the last 5 years will **NOT** be eligible for admission to the LPN-ADN AP Track.
 - Any student who has failed a nursing class in the generic BC ADN program after becoming an LPN, is **NOT** eligible to enter the LPN-ADN Advanced Placement track.
 - Any student who fails a nursing class in the AP track is **NOT** eligible to return to the LPN-ADN Track but may be eligible to apply for the generic ADN program.
 - Human Anatomy & Physiology and Microbiology courses must have been taken within 5 years of LPN-ADN AP Track entry date with a minimum grade of C for each course.
3. Pass all parts of the Regents' Exam or meet the exemption criteria **before entry** into the LPN-ADN AP Track.
4. Take TEAS (Test of Essential Academic Skills), the nursing entrance examination, with satisfactory scores within the past two years. A study guide for TEAS is available on reserve in the Bainbridge College Library. Scores will be used as part of the competitive admissions process. For details, contact BC Testing Center at 229-248-2579 or Early County Site at 229-724-2100.
5. Complete the Application for the LPN-ADN AP Track, available at www.bainbridge.edu or the ADN office.
6. Participate in an interview on Main Campus.
7. Complete all requirements within specified time frame upon acceptance to the program.

Prerequisite Core Classes: Must receive a minimum grade of "C" for each course without failing a core class twice within the last 3 years AND must have a minimum 2.5 GPA (Grade Point Average) for all core classes. **All core classes must be completed before admittance into the LPN-ADN AP Track:**

BIOL 2111	Human Anatomy & Physiology
BIOL 2112	Human Anatomy & Physiology II
BIOL 2115	General Microbiology
ENGL 1101	English Composition I
HUMN	Humanities or Equivalent
PSYC 1101	Introduction to General Psychology
Or	
PSYC 2103	Introduction to Human Development
CSCI 1000	Computer Fundamentals
COMM 1100	Human Communication
POLS 1101	American Government
HIST 2111	United States History I
Or	
HIST 2112	United States History II

The following documents are required to complete the application packet for the LPN-ADN AP track:

- LPN-ADN AP Track student Application by April 1, 2011.
- Must have taken the TEAS at the BC Testing Center by April 1, 2011. Attach copy of scores. TEAS scores are only valid for two years.
- Copy of LPN license.

Students, who meet the minimum admission standards, should complete the application packet and submit, postmarked no later than April 1, 2011.

The application packet will be found to be incomplete if all required information is not submitted by stated deadline.

All incomplete applications or applications received after the deadline will not be considered.

Selection Criteria

All **complete** applications, submitted by the deadline, will be reviewed. The following criteria will be utilized to rank the applicants by a composite sum. Admission to the program is competitive and the number of students is limited by the number of faculty and clinical facilities available.

Applicant scores will be ranked from highest to lowest using the attached selection criteria. Notification of acceptance will be made by mail by May 13, 2011.

Bainbridge College
Associate of Science Degree in Nursing
Selection Criteria for June 2011 admission

I

Course	Points Available	Points Awarded
ENGL 1101	A=3; B=2; C=1; D= -1; F= -2; *K=3	
CSCI 1000	A=3; B=2; C=1; D= -1; F= -2; *K=3	
BIOL 2111/2111L	A=6; B=4; C=2; D= -1; F= -2; *K=3	
BIOL 2112/2112L	A=6; B=4; C=2; D= -1; F= -2; *K=3	
BIOL 2115/2115L	A=6; B=4; C=2; D= -1; F= -2; *K=3	
ENGL 1102	A=3; B=2; C=1; D= -1; F= -2; *K=3	
PSYC 1101	A=3; B=2; C=1; D= -1; F= -2; *K=3	
POLS 1101	A=3; B=2; C=1; D= -1; F= -2; *K=3	
HIST 2111	A=3; B=2; C=1; D= -1; F= -2; *K=3	
COMM 1100	A=3; B=2; C=1; D= -1; F= -2; *K=3	
TOTAL	Maximum points=39	

* K = Clep

II

TEAS Score: Must meet requirements and be taken within the last two years.

Additional points will be allotted for the following TEAS scores:

66-75 – 2 points

76-85 – 3 points

86-95 – 4 points

96-100 – 5 points

TEAS Score	Scores	Points
Reading		
English		
Math		
Science		

Interview Scores

III

Applicant Characteristics	Points Allotted: Range 1-5
Professional Characteristics	
Communication Skills	
Commitment to Nursing Profession	
Self motivation and Determination	

Criteria I	
Criteria II	
Criteria III	
Final Total	

LPN-ADN ADVANCED PLACEMENT (AP) TRACK
APPROXIMATE COST OF PROGRAM

1. Textbooks \$600
2. Application Requirements
 - Basic Physical Exam\$40-\$60
 - Hepatitis B vaccination\$150
 - Hepatitis Titer \$20
 - Tetanus Shot (within 10 years) \$15
 - TB Skin Test (within 3 months) \$20
 - MMR, Varicella \$20
 - AHA Basic Life Support \$30
3. ADN Program Fees
 - Health Insurance (student only).....\$78 per month
(waiver required if student has other insurance)
 - Precheck Criminal Background/Drug Screen \$89.50
 - Malpractice Insurance \$30.00 (yearly)
 - Testing Fees \$90 (per semester)
 - Skills Lab Kit\$45
 - Uniform, shoes, lab coat (2 each) \$220
 - Equipment Kit \$50
(stethoscope, bandage scissors, penlight, bp cuff)
 - Watch with second hand\$30

Miscellaneous Sophomore Expense

 - Bainbridge Assoc. of Nursing membership (optional)...\$30
 - ACLS \$50
 - Nursing School Pin (optional)\$80
 - Graduation Fee\$20
(\$50 if marching)
 - RN Licensure Application \$65
 - NCLEX Examination \$200
 - NCLEX Review Course \$300
4. Transportation to clinical agencies: cost varies and is the responsibility of each student

Bainbridge College
Associate of Science in Nursing Degree
LPN-ADN Advanced Placement (AP) Track
Student Application (Due by April 1, 2011)

Please Print or Type

Date: _____

Name: _____
 Last **First** **Middle** **Other Name**

Permanent Address: _____
 Street/P.O. Box **City** **State** **Zip**

Home Phone Number: _____ **Work Phone Number:** _____

Cell Phone Number: _____

The above information will be used for communicating with you. Please immediately report all changes in name, address, or telephone number directly to the Nursing Division (229) 243-6485.

Have you ever attended an ADN or BSN program at another school? **Yes** **No**

If yes, where? _____ **Date:** _____

Did you receive a (D) or a (F) in any associate nursing course at this college or another college?

Yes **No**

(Please note that if you made a D or an F in 2 nursing courses in the last five years at any school, you are not eligible for admission into the Bainbridge College nursing program.)

If yes, are you eligible for readmission to nursing at that college? **Yes** **No**

Have you received a D or F in Bainbridge College's Associate Degree Nursing program since becoming an LPN? **Yes** **No**

If yes, stop, you are NOT eligible for the LPN-ADN AP track.

Please elaborate on previous ADN or BSN program attendance: _____

Do you possess current licensure or certification as a healthcare provider? **Yes** **No**

If yes, what type? _____

If yes, what state? _____

Current and previous work experience:

I understand that two associate degree nursing failures make me ineligible for admission to the BC LPN-ADN AP track.

I understand that failure of any core class twice in the last three years makes me ineligible for admission into the BC LPN-ADN track.

I understand and agree that I will be bound by Bainbridge College's regulations as published in the college catalog and the nursing student handbook.

I understand that by completing this application, I am not guaranteed admission into the program.

I understand that a Criminal Background Check is required if accepted into the program and information obtained will be provided to contracted clinical facilities as requested.

I certify that I have a valid, unencumbered LPN license.

I certify that the information given in this application is complete and accurate and understand that any misrepresentation of facts may result in immediate dismissal from the nursing program.

I understand that the LPN - ADN AP Track is a 3 semester program, including the summer and it must be completed within a 3 year period. I further understand that any failure in the LPN-ADN Advanced Placement Track disqualifies me from returning to the LPN-ADN AP Track but I may be eligible to apply for the generic ADN program if accepted by the ADN faculty.

Any failure in the Bainbridge College ADN program since becoming an LPN, disqualifies me from applying to the LPN-ADN AP track.

Applicant's Signature Date

Bainbridge College
Associate of Science Degree in Nursing
LPN-ADN Advance Placement (AP) Track
Student Release and Responsibility Notification
(Due by April 1, 2011)

- I understand that if I am admitted to the Nursing program, I must submit, by the date required, the completed Health History/Physical Exam, Immunization Record, TB Skin Test and/or Chest X-Ray, Drug Screen/Criminal Background check, Health Insurance, and Liability Insurance. I understand that these requirements are my financial responsibility. I understand that if I do not obtain the recommended vaccinations, I must provide physician documentation that states the reason for deferral. I understand that if I do not submit this information in its entirety that I may be denied approval by clinical sites, and I may be withdrawn from the Nursing program classes.
- I understand that if I am admitted to the Nursing program , I am responsible for all personal health care expenses including expenses resulting from accident or sickness, illness or injury while I am engaged in learning experiences required by Bainbridge College Associate Degree Nursing Program. I also give permission for emergency treatment to be rendered to me if necessary. I understand that Bainbridge College, the nursing program, and /or the clinical site are not responsible for any expenses incurred.
- I understand that if I am admitted to the Nursing program, it is my responsibility, throughout the program, to keep my immunizations and TB skin testing current. I agree to inform my instructors or the program chair of any health problem that could possibly affect my performance and the welfare of my patients in the clinical area.
- I understand that if I am admitted to the Nursing program, I must provide an American Heart Association (AHA) Basic Cardiac Life Support (BCLS) card. Red Cross is not acceptable. I further understand that it is my responsibility to ensure that I remain certified, and am able to provide a valid American Heart Association BCLS card at all times.
- I understand that if I am admitted to the Nursing program , I must complete a Drug Screen via Precheck by the announced date and I give my permission to have the results of my Drug Screen to be released to any and all clinical facilities. I understand random drug testing may be required at any time, by the instructor.
- I understand that I if admitted to the Nursing program, that I will procure and maintain health insurance and liability insurance coverage throughout my clinical course. If my insurance policy should change, I will notify the Bainbridge College Associate Degree in Nursing Program, in writing, of the change.

Signed this _____ day of _____, 20__

Student Name

Student Signature

Sworn to and subscribed to me this _____ day of _____, 20__

Signature of Notary Public

LPN-ADN Advanced Placement (AP) Track

Student Application Check Sheet

Deadline: April 1, 2011

- _____ 1. Completed College Application and Transcripts submitted to Admissions if a transfer student.
- _____ 2. Submit Application with a copy of unencumbered LPN license to ADN Program Assistant by tentative deadline of April 1, 2011.
- _____ 3. Complete all core classes with minimum GPA of 2.5 for core classes and have not failed core class two times within the last three years. BIOL classes must not be more than five years old.
- _____ 4. TEAS test scores (within the last two years) attached with application:
- _____ 5. Regents Test taken and passed (both writing and reading)
- _____ 6. Prerequisites taken with a C or better
- | | |
|---|--|
| *BIOL 2111 Human Anatomy & Physiology I | *BIOL 2112 Human Anatomy & Physiology II |
| PSYC 1100 Intro to General Psychology or | COMM 1100 Human Communication |
| PSYC 2103 Human Growth & Development | HIST or HIST 2112 United States History |
| ENG 1101 English 1 | HUMN Humanities or Equivalent |
| CSCI 1000 Computer Fundamentals | *BIOL 2115 Microbiology |
| | POLS 1101 – American Government |
- *Taken within the last five years
- _____ 7. Pass Fundamental ATI exam with level II competency, at your expense, prior to tentative deadline of April 30, 2011 (April 5, 7, 11, 13 at 3:30p) (Contact Arlene Cook at 229-248-2579)
- _____ 8. Pass Fundamental's skills validation within two attempts with ADN faculty by tentative deadline of April 30, 2010. (April 4, 5, 6, 7, 11, 13) (Contact Ruby Barlow for appt)
- _____ 9. Pass Drug Calc exam with 100% proficiency within three attempts by tentative deadline of April 30, 2010. (April 4, 6, 11, 18) (Contact Ruby Barlow for appt.)
- _____ 10. Be available for on-campus interview on tentative date of May 5, 2010.
- _____ 11. Precheck with criminal background check and drug screen (precheck.com)(**contact Ruby Barlow at 243-6485 for instructions on getting drug screen**), current physical assessment and immunization, current Ppd, **American Heart Association Healthcare Provider CPR** card, NSO (liability insurance), and Health Insurance. (date of May 31, 2011.)
- _____ 12. Be available and ready to start class on date of June 7, 2011, 8:00a – 3:00p with **possible computer training the previous week.**

NAME: _____ Date: _____

Bainbridge College
Associate Degree in Nursing Program
Student Medical History
(Due by May 31, 2011)

The following information should be completed by the student and reviewed by a physician, physician's assistant, or nurse practitioner.

Name: _____ DOB: _____

Allergies (Foods, Medications, Latex etc.): _____

Routine Medications: _____

Hospitalizations or Surgery (Please include dates): _____

Past Medical History

Problem	Current	Past	None	Problem	Current	Past	None
Vision				Back			
Hearing				Ulcer			
Dizziness				Arthritis			
Headaches				Stroke			
Allergies/Hay Fever				Tobacco Use			
Asthma				Heart Murmur			
Bronchitis				Mitral Valve Prolapse			
Thyroid Disorder				Shortness of Breath			
Heart Disease				Chest pain			
High Blood Pressure				Peripheral Vascular Disease			
Diabetes				Mental Illness			
Frequent Infections				STD			
Heart Palpitations				Chicken Pox/Shingles			
Rheumatic Fever				Hepatitis			
Scarlet Fever				Hernia			
Chronic Rashes				Prosthesis			
Bleeding Disorder				Substance Abuse			
Cancer				Other?			
Seizures							

Please include dates and treatments you may have received for any of the above medical history you answered current or past: _____

Physical Examination

Height _____ Weight _____ BP ____ / ____ Pulse _____
Resp _____ Temp _____

System	Normal	Abnormal Findings
Cardiovascular		
Respiratory		
Ears, Nose and Throat		
Abdominal		
Musculoskeletal		
Integumentary		
Neurological		

Please elaborate on any abnormal findings: _____

In your opinion, is this applicant mentally and physically capable of participating in an Associate Degree Nursing (RN) Program and/or working in a health care facility?
 Yes No If no, why? _____

Drug Screen completed and results sent to: ADN Secretary Bainbridge College 2500 Shotwell Street P.O. Box 990 Bainbridge, GA 39818-0990 Yes No

Student Signature/Date

MD, DO, PA, or NP Signature/Date

**Bainbridge College
Associate Degree in Nursing Program
Immunizations and Tuberculin Skin Test
(Due by May 31, 2011)**

Name: _____ DOB: _____

Please have the below record of Immunizations and TB Skin Test Completed by a Physician, Physician's Assistant, Nurse Practitioner, or Public Health Official

Hepatitis B

Date _____ Hepatitis B Vaccine #1

Date _____ Hepatitis B Vaccine #2

Date _____ Hepatitis B vaccine #3

OR

Date _____ Hepatitis B Titer (Please provide copy of lab results)

If student declines the Hepatitis B series he or she must sign the declination form provided in this packet and securely attach to this form.

Measles-Mumps-Rubella (MMR)

Date _____ MMR Vaccine #1

Date _____ MMR Vaccine #2

OR

Date _____ MMR Titer (Please provide copy of lab results)

Varicella

Date _____ Varicella vaccine #1

Date _____ Varicella Vaccine #2

OR

Date _____ Varicella Titer (Please Provide copy of lab results)

Tetanus

Date _____ Tetanus Booster

Tuberculin Skin Test

Date/Results _____ Tuberculin Skin Test
If positive, please provide copy of Radiologist's report of Chest X-Ray

Signature of MD, DO, PA, NP, Public Health Official

Date

**Bainbridge College
Associate Degree in Nursing Program
Hepatitis B Vaccine**

I hereby decline the Hepatitis B vaccination. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B. I understand that Bainbridge College assumes no liability for a student who contracts hepatitis and who has elected not to receive the Hepatitis B Vaccine. If, in the future, I want to become vaccinated with the Hepatitis B Vaccine, I can receive the series at that time. I am declining the Hepatitis B vaccine for the following reason:_____

Print Student Name

Student Signature

Date

**Current American Heart Association Healthcare Provider Card
(Due by May 31, 2011)**