

## Health Sciences Division

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

(229) 248-6490 (Voice)  
(229) 248-2926 (FAX)

### **PLEASE READ ALL INFORMATION CAREFULLY**

The Practical Nursing Program (PN Program) at Bainbridge College welcomes applications from all qualified individuals who wish to pursue a Certificate in Practical Nursing. Admission to the PN 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. Selection takes place by midterm of the semester prior to the expected program starting semester.

There are several steps to the admission process. **FIRST**, please complete the admission application enclosed and return it to the Health Sciences Division with a postmark date of no later than the first day of the prior semester's first day of class. All required information must be included for the application to be considered.

**Second, please contact the Testing and Career Development Center to register for a placement exam. The placement exam is required the first day of classes for the semester prior to the program starting semester to be considered for admission. You may contact the Testing and Career Development Center at (229) 248-2579 to schedule an appointment. You will be required to bring a picture I.D. and a check made out to Bainbridge College (or cash) for the appropriate testing fee.**

Selection for admission to the Practical Nursing program is based upon the following criteria:

- submission of the PN admission application.
- points awarded for admission placement scores on the TEAS exam
- academic grades, with emphasis on certain specific occupational core class grades, and

A letter will be sent to inform the applicant of acceptance into the program. Applicants who are not selected for admission may elect to re-submit an application for the following entry date and are considered with the next applicant pool.

The Faculty and Staff of the Practical Nursing Program 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 229-248-2576.

Best Wishes!

LPN Program Faculty and Staff  
Health Sciences Division

## **Admission Standards for Practical Nursing Program**

**Minimum** admission standards for the program include:

1. Complete the application process for admission to Bainbridge College, including all transfer classes to be accessed.
2. Have earned a minimum grade point average of 2.5 in required core classes, including a B grade in AHEA 1130 Anatomy and Physiology or C in BIO 2111 & 2112 Anatomy and Physiology, and B in TECH 1120 Technical Math.
3. Human Anatomy and Physiology taken prior to program entry within five (5) years.
4. Completion of the entrance examination with scores used as part of the competitive admissions process.

**All medical information required by the clinical facility (Physical Exam, Immunizations, Drug Screens, and TB Test/Chest X-Ray etc.) should not be completed until entry into the second semester of the program, and are paid for by the applicant or student.**

**Bainbridge College**  
**PN Program**  
**Estimated Cost of Attendance**

**Application:**

Basic Physical Exam	\$40-\$60
Drug Screen	\$35-\$70
TB skin test	\$18
MMR (required for all BC students)	\$18

**Tuition & College Fees per Semester**

	<b>In State</b>	<b>Out of State</b>	
12+ Hours	\$988.08	\$3,739.20	
Student Activity Fee			\$50
Parking Fee			\$27
Institution Fee			\$200
Student Life Building FEE			\$125
Technology Fee			\$42
Estimated Books			\$1250 (total)
Testing Fee (ATI)			\$139.00/semester
Uniform, shoes, lab coat (2 each)			\$220
Miscellaneous Graduate Expenses (Nursing School pin, graduation fee, RN licensure application, examination, review course)			\$700

\*Costs of transportation to clinical facilities will vary and are the responsibility of the student

**All fees must be paid for admittance to class**

**Bainbridge College  
Practical Nursing Program**

All **complete** applications, submitted by the deadline, will be reviewed. The following criteria will be utilized to rank the applicants by a composite sum. As stated above, 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 and/or phone one week prior to classes beginning.

**The PN Committee reserves the right to evaluate and consider special situations in regards to a student admission based on an individual bases.**

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

**I**

Course	Points Available	Points Awarded
<b>ENGL 1101* or TECH 1140</b>	<b>A=3; B=2; C=1; D= -1; F= -2</b>	
<b>BIOL 2111</b>	<b>A=6; B=4;C=0; D= -1; F= -2</b>	
<b>BIOL 2112</b>	<b>A=6; B=4;C=0; D= -1; F= -2</b>	
<b>AHEA 1130</b>	<b>A=6; B=4;C=0; D= -1; F= -2</b>	
<b>CSCI 1000 or COMS 1000</b>	<b>A=3; B=2; C=1; D= -1; F= -2</b>	
<b>PSYC 1101 or AHEA 1100</b>	<b>A=3; B=2; C=1; D= -1; F= -2</b>	
<b>TECH 1120</b>	<b>A=6; B=4; C=0; D= -1; F= -2</b>	
<b>AHEA 1140</b>	<b>A=3; B=2; C=1; D= -1; F= -2</b>	
<b>TOTAL</b>	<b>Maximum points=27</b>	

**\*Add one point for degree level English course.**

**\*\*Add two points for degree level Anatomy and Physiology course.**

**All classes must be completed prior to admission.**

**II**

**Placement Test Score** \_\_\_\_\_

Criteria	Total
<b>Criteria I</b>	
<b>Criteria II</b>	
<b>Final Total</b>	

**PN APPLICATION January 2012**

THIS APPLICATION IS REQUIRED IN ADDITION TO THE REGULAR ADMISSIONS APPLICATION

**FORM SUBMISSION DEADLINE: November 15, 2011 for Spring 2012**

Submit to Mrs. Glenda Wolfe, Health Sciences Division

NAME: \_\_\_\_\_  
Last First MI Student ID Number

DATE OF BIRTH: \_\_\_\_\_ Home Phone \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street and Number

CITY/STATE/ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

Other Phone Numbers Where You Can Be Reached: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ Work Phone Number \_\_\_\_\_

1. I understand that minimum scores have to be made on a placement test to be considered as a PN applicant; therefore, students needing developmental studies coursework **must** exit the course(s) prior to being eligible for admission. \_\_\_\_\_ YES \_\_\_\_\_ NO
2. I understand that a limited number of students will be selected for the 2012-2013 PN classes and that the criteria for selection will include placement test scores, cumulative grade point averages, and total number of semester credit hours earned. I understand that students who have completed the pre-PN core (AHEA 1100, AHEA 1130, AHEA 1140, CSCI 1000, TECH 1120, and TECH 1140) may have priority over students who have not. \_\_\_\_\_ YES \_\_\_\_\_ NO
3. I understand that the completion of the LPN application steps and completion of the pre-PN core classes does not mean that I will be accepted as an LPN clinical student. \_\_\_\_\_ YES \_\_\_\_\_ NO
4. I understand that an announcement of students selected for the PN program will be made two weeks prior to the beginning date of the semester. \_\_\_\_\_ YES \_\_\_\_\_ NO
5. I understand the PN program is a 4 semester (16 months) full time day program and that it is normally not possible to work full-time. I also understand that class and clinical attendance is mandatory and that I will make arrangements for doctor's appointments and other activities OUTSIDE of the times expected to be in class or at a clinical site. \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
Student Signature Date

**FOR OFFICE USE ONLY:**

Compass scores Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_ HS Transcript/GED \_\_\_\_\_

Criminal Background Cleared \_\_\_\_\_

SAT Scores if applicable: \_\_\_\_\_ Verbal \_\_\_\_\_ Math \_\_\_\_\_ Cum. BC Hrs. Earned \_\_\_\_\_ cum BC GPA \_\_\_\_\_

Cumulative Transfer Hrs. Earned \_\_\_\_\_ Cum Transfer GPA \_\_\_\_\_

**Pre-LPN Courses Completed & Grade:**

AHEA 1100 or PSY \_\_\_\_\_; AHEA 1130 or A&P \_\_\_\_\_; AHEA 1140 \_\_\_\_\_; CSCI 1000 \_\_\_\_\_; TECH 1120 or College Alg. \_\_\_\_\_; TECH 1140 or ENG 1101 \_\_\_\_\_

DECATUR COUNTY SHERIFF'S OFFICE

Wiley Griffin, Sheriff

912 SPRING CREEK ROAD  
BAINBRIDGE, GA 39817

Phone 229-248-3043

Fax 229-248-2111

**CRIMINAL HISTORY CONSENT FORM**

**Please print all information**

I hereby authorize: Mrs. Sheree Dickenson, Health Sciences Division Chair  
*(Name and Title of Agency Official requesting Criminal History)*

with Bainbridge College  
*(Name of Agency requesting Criminal History)*

to receive any criminal history information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Full Name: \_\_\_\_\_  
*Last Name First Name Middle/Maiden Name (NO INITIALS)*

Address: \_\_\_\_\_  
*Physical Address (NO P.O. BOXES)*

\_\_\_\_\_ *City State Zip*  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
*(Example: 01/23/45) (Example: 123-45-6789)*

Race: \_\_\_\_\_ Gender: \_\_\_\_\_  
*(Black, White, Hispanic, Indian, Asian, etc. (NOT Multi-Racial or Bi-Racial) (Male or Female-NO INITIALS)*

*This person will be working with the following (mark any and all that apply):*  
 **Children**       **Elderly**       **Mentally II**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
*Date*

## Student Acknowledgements and Clinical Informed Consent and Information Release Form

I, the below named student, understand and approve the following statements and authorize release of said records to all facilities providing clinical experiences for Bainbridge College students:

- ✓ I understand that if my Criminal Background check is not approved by the clinical facilities that I will be withdrawn from Bainbridge College by the college Registrar. Further, I understand that if I have received Pell Grant monies or other financial aid and have to be administratively withdrawn due to a criminal background not being approved, that I must re-pay to Bainbridge College all financial aid monies received.
- ✓ I understand that I must pay for the cost of a physical exam and a drug screen if required by my clinical site.
- ✓ I understand that if liability insurance is required by the clinical site, that I must pay for the cost of that coverage.
- ✓ **I authorize Bainbridge College to release any necessary records including but not limited to criminal background records, physicals, and drug screen results to facilities providing clinical experiences.**
- ✓ I understand that clinical eligibility will be determined by the contracted facilities' procedures, and I will **NOT** hold Bainbridge College responsible for those decisions. I further understand that to appeal any "not eligible" decision by a contracted clinical facility, I must contact the Human Resources Director for that Facility. I understand that Bainbridge College is not responsible for clinical decisions of eligibility or the appeal process for the student.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Student Name (print): \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_