

# Technical Studies Division

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

(229) 248-2530 (Voice)  
(229) 248-2926 (FAX)

## PLEASE READ ALL INFORMATION CAREFULLY

The Practical Nursing Program (LPN Program) at Bainbridge College welcomes applications from all qualified individuals who wish to pursue a Certificate in Practical Nursing. Admission to the LPN 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.

There are several steps to the admission process. **FIRST**, please complete the admission application, [criminal background form, and release form](#) enclosed and return it to the Technical Studies Division with a postmark date of no later than one month prior to the next semester's first scheduled class day. All required information must be included for the application to be considered. Please see the **Student Application Check Sheet** form included in this packet to insure that you have submitted the items that are required.

**SECOND**, please contact the Testing and Career Development Center to register for a placement exam. The placement exam is required one month prior to the first day of classes 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) in the amount of \$25.00.

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

- submission of the LPN admission application, [criminal background consent, and release form](#).
- [Clinical facility approval for clinical](#).
- points awarded for admission placement scores on the TEAS exam
- academic grades, with emphasis on certain specific occupational core class grades, and
- NET (Nurse Entrance Test) score. The program is currently using ATI's Test of Essential Academic Skills (TEAS).

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 229-243-6490.

Best Wishes!

LPN Program Faculty and Staff  
Technical Studies Division

## **Admission Standards for Licensed 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. Clinical facility approval to complete clinical hours in LTC, hospital, and OB/Peds as required by Georgia Board of Nursing.
3. Have completed successfully all developmental classes required with priority given to students completing all core class requirements.
  - 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 Anatomy and Physiology, and B in Tech 1120 Technical Math or C in Math 1111 College Algebra.
4. Human Anatomy and Physiology taken prior to program entry within two (2) years.
5. 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  
Licensed Practical Nursing Program  
Student Application Check Sheet**

**Below is a check sheet to ensure that all required documentation is submitted as requested.  
You may keep this for your records.**

**DUE NO LATER THAN** one month prior to the first day of class.

- \_\_\_\_\_ Nursing Program Student Application
- \_\_\_\_\_ Criminal Background Check with consent for release
- \_\_\_\_\_ Have taken TEAS Exam (Scores in Banner)

**AFTER COMPLETION OF THE FIRST SEMESTER**

- \_\_\_\_\_ Purchase Liability Insurance through Bainbridge College and completion of the clinical physicals at the end of successful completion of the first semester.
- \_\_\_\_\_ Take the Basic Life Support Certification course and maintain the certification throughout the LPN program enrollment.

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

**Application:**

Basic Physical Exam	\$40-\$60
Drug Screen	\$35-\$70
TB skin test	\$18
Current CPR	\$30
Liability Insurance	\$30/year
MMR (required for all BC students)	\$18

**Tuition & College Fees per Semester**

	<b>In State</b>	<b>Out of State</b>	
12+ Hours	\$734	\$2,936	
Student Activity Fee			\$ 38
Technology Fee			\$ 24
Estimated Books			\$1250 (total)
Testing Fee			\$81-\$61/semester
Skills Lab Kit			\$ 60
Uniform, shoes, lab coat (2 each)			\$220
Miscellaneous Graduate Expenses (Nursing School pin, graduation fee, LPN licensure application, examination, review course)			\$600

\*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  
Licensed Practical Nursing Program  
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. 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 LPN 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 2111/2111L** or 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>MATH 1111 or 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=24</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>	



DECATUR COUNTY SHERIFF'S OFFICE  
Wiley Griffin, Sheriff

912 SPRING CREEK ROAD  
BAINBRIDGE, GA 39817

Phone 229-248-3044

Fax 229-248-2111

**CRIMINAL HISTORY CONSENT FORM**

**Please print all information**

I hereby authorize Mrs. Barbara Stephens, Interim Chair, Division of Technical Studies  
*(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 Name/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 Ill**

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

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

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

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

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

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

- ✓ **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 faculty.
  
- ✓ I have provided a current copy of my Drivers License and Social Security card.

\_\_\_\_\_

Signature Date

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

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