



## **I.) General Information:**

The SAU Tech Allied Health Department is glad that you are interested in our program and we hope that you are as excited about nursing as we are. We have an exemplary team that has an excellent reputation for teaching, guiding, and mentoring students through the nursing program and preparing the students for their future career as Registered Nurses. We hope you will join our nursing program family!

The LPN/Paramedic to RN Program combines classroom instruction with skills laboratory, simulation laboratory, and clinical experience. Students successfully completing the program are awarded an Associate of Science Degree and are then eligible to take the NCLEX-RN (National Council Licensure Examination for Registered Nurses). A graduate who successfully passes this exam is considered a Registered Nurse (RN).

The LPN/Paramedic to RN program meets the requirements of and is fully approved by the Arkansas State Board of Nursing. The LPN/Paramedic to RN Program is offered once per year. Classes begin during the fall semester and students graduate in July of the following year. The program is full-time and meets all day Tuesday- Thursday.

***Note:** LPN to RN nursing courses are not for open registration. Students must complete the LPN/Paramedic to RN application along with the SAU Tech College application (if not already completed). The LPN to RN Nursing Program Application will be submitted to the SAU Tech Allied Health Department. Applicants must qualify for admission by meeting the admission requirements listed below and must be selected for admission. Advanced standing is not recognized for this program of study.*

## **II.) Requirements for Admission into the LPN/Paramedic to RN program:**

### **Prior to June 1, 2023, application deadline, the applicant must have:**

1. Provide proof of a valid, active, unencumbered Arkansas LPN/LVN license or mutual state licensure recognized by the Arkansas State Board Nurse Licensure Compact.
2. Paramedics must hold certification and provide proof from the Arkansas Department of Health as a paramedic and current registration as a paramedic with the National Registry of EMTs.
3. Provide proof of a minimum of 1000 hours worked as an LPN or Paramedic within the last year (See Employer Verification Form)  
-OR- graduated from a state board-approved LPN program or Paramedic program within the last year.
4. A minimum cumulative GPA of 2.5 or higher. Students who have completed required pre-requisite courses at AU Tech must have a cumulative GPA of 2.0 or higher.
5. All Pre-Requisite courses must be passed with a C or better. If the applicant is in the process of taking these courses during the application period, the applicant must provide an up-to-date transcript with the final grade for the courses at the end of the semester to the admissions department. If the final grade is below a C in any of the courses, then the applicant will be disqualified. At the discretion of the Dean of Allied Health, an applicant may be granted permission to complete up to two (2) pre-requisite courses during the first semester.
6. All transcripts must be submitted to the SAU Tech Admissions department
7. Applied to SAU Tech and complied with all admission requirements (in order to be eligible for selection).
  - a. The college's application for admission can be found here:  
<https://www.sautech.edu/admissions/>
  - b. Call the Admissions department at 870-574-4558 or email at [admisofc@sautech.edu](mailto:admisofc@sautech.edu) if any questions



8. Take the **TEAS Exam** within **1 year of the program application deadline date**. The applicant's score on this exam is used to determine not only eligible for admission into the LPN/Paramedic to RN program but also ranking for selection of the applicants. The test score will need to be printed off and submitted to the Allied Health Department. If these steps are not completed, then the results will not be accepted.
- TEAS exam results older than one year previous to the program application deadline date will not be considered.
  - Applicants who have not taken the TEAS exam CANNOT be considered for selection as current scores on this exam are required.
  - Applicants must make a minimum of 50% (Composite Score) on the TEAS exam. Applicants who score below the minimum cut score on the first attempt are recommended to study for the exam and then repeat it prior to the application deadline.
  - The TEAS Exam may be taken four (4) times per application period. The highest TEAS score on file at the application deadline will be the score that is accepted and utilized to calculate the student's total points
  - TEAS Directions:
    - Create a TEAS account at [www.atitesting.com/teas](http://www.atitesting.com/teas). You can create an account by clicking the "Create Account" link next to the log-in button. Follow the screen prompts and fill in all necessary boxes. **When asked about which program, SELECT "NURSING".**
    - Pay for your TEAS exam online through your ATI Account.
    - Select "Southern Arkansas University Tech" if taking the exam on campus at our testing center. You will also be able to select a day/time for your exam.  
Day of Testing at the SAU Tech Testing Center:
      - Arrive a few minutes early; if more than 10 minutes late, you will need to reschedule through your ATI Account. If late, call the testing center at 870-574-4486 to inform them that you are rescheduling.
      - Bring Photo ID
      - Know your ATI log-in information
9. **Submit\* the completed and signed application and all required documents prior to the deadline for application, which is June 1<sup>st</sup> of the applicable year prior to 5:00 p.m.,** to the Nursing Program Office located on the SAU Tech campus, Shumaker Hall, Room 120, or mail to:

Southern Arkansas University Tech  
Attn: LPN to RN Nursing Program  
P. O. Box 3499  
Camden, AR 71711

10. If the applicant has been in another LPN/Paramedic to RN program, a 'Letter of Good Standing' from his/her previous nursing program DIRECTOR is required. The letter must come directly to the SAU Tech Nursing Program from that program director. Letters submitted by students are not acceptable.

The letter should be emailed to [syoung@sautech.edu](mailto:syoung@sautech.edu) or mailed to the address below  
Southern Arkansas University Tech  
Attn: Dean of Allied Health  
P. O. Box 3499  
Camden, AR 71711



- Applicants accepted for admission into the LPN/Paramedic to RN Program will receive an acceptance letter within a few weeks, which will provide further instructions for admission requirements.
- Denial letters will also be sent within a few weeks of the deadline. If you receive a denial letter, do not let this be the end. Correct any issues and apply again for the next program.

### **III.) Post-Admission Information:**

Students applying for entry into the LPN/Paramedic to RN Program at Southern Arkansas University Tech must understand that:

1. Successful completion of the clinical, practicum, fieldwork, and/or internship/externship program component is a requirement for graduation from these programs;
2. Clinical, practicum, fieldwork, and/or internship/externship sites require students to have received certain vaccinations, immunizations, possibly including the Covid-19 vaccination, and to have successfully passed testing/screenings such as a drug screen and a criminal background check, in order to be allowed to attend clinical, etc., in their facility.
  - Some facilities do not allow students to attend clinical, etc., in their facility until after the student has fully completed the Covid-19 vaccination doses recommended by the CDC (Centers for Disease Control and Prevention).
  - Some exemptions can be made based on religious beliefs and/or medical issues. A letter from your religious leader or primary care physician must be submitted. Acceptance of this letter will be determined by the clinical facility and not SAU Tech.
3. Therefore, if the student has not received or completed the vaccinations and immunizations, including a complete Covid-19 vaccination (if applicable), if exemption reasoning has been denied by the clinical facility, or if any failure in testing/screenings that are required by the clinical facilities has occurred, the student may be dismissed from the program.
4. Successful graduation from the LPN/Paramedic to RN Program is required in order to sit for the NCLEX-RN.

Upon acceptance into the program, the student will be required to:

- Provide proof of a criminal background check upon request per instructions by the program faculty.
- Provide proof of an unencumbered drug screen upon request per instructions by the program faculty. This will be completed once the program begins at the discretion of the Dean of Allied Health.
- Provide proof of current AHA (American Heart Association) Healthcare Provider level of CPR certification.
- Provide proof of a negative PPD skin test or evidence of a negative chest x-ray if skin testing is not allowed.
- Provide proof of all vaccinations and/or immunizations including:
  - ✓ Provide proof of Hepatitis B immunization series or sign a Declination Statement.
  - ✓ Provide proof of immunity to varicella. Proof may consist of 1) proof of vaccination, or 2) varicella antibody titer indicating immunity.
  - ✓ Provide proof of Covid-19 Vaccination or exemption letter.
  - ✓ Students will receive influenza vaccination during the Fall Semester. Proof of current influenza vaccination will be submitted.

## IV. Physical and Mental Abilities Requirements

The following list includes, but is not limited to, physical and mental abilities that the SAU Tech Practical Nursing student may be required to perform during the nature of the work of nursing during the duties and demands of a routine day in the lab &/or clinical setting. Therefore, nursing students in this program are required to be able to perform these abilities.

*Signing the Attestation Statement Form in this Application Packet indicates that the applicant has reviewed and confirms that he/she meets and/or exceeds these required physical and mental abilities.*

### A. Functional & Emotional Abilities

#### 1. *Gross Motor Skills*

- Move within confined spaces
- Provide standing support to the patient
- Manipulate equipment above shoulders
- Reach below the waist
- Assist with patient transfer
- Reach across patient in bed

#### 2. *Fine Motor Skills*

- Pick up objects
- Grasp small objects
- Write and type
- Use a computer
- Work with small equipment
- Turn knobs
- Squeeze using fingers
- Don personal protective equipment (gloves, caps, masks)

#### 3. *Physical Endurance*

- Sustain repetitive movements
- Work an entire shift
- Stand continuously for 6-8 hours

#### 4. *Physical strength*

- Push and/or pull 25 pounds
- Support 25 pounds of weight
- Lift 25 pounds
- Move objects weighing up to 50 pounds
- Defend self against combative patient
- Carry equipment or supplies
- Use upper body strength
- Squeeze with hands

#### 5. *Mobility*

- Rotate body to attend to patient and equipment

- Move quickly to respond to emergencies/patient needs

- Transfer patients

#### 6. *Hearing*

- Hear normal speaking level sounds
- Hear faint voices
- Hear faint sounds
- Hear in situations when not able to see lips
- Respond to alarms

#### 7. *Vision*

- See objects up to 20 feet or more away
- Use depth perception
- Use peripheral vision
- Distinguish color and color intensity
- Respond to alarms

#### 8. *Tactile*

- Feel vibrations
- Detect temperature and presence of moisture
- Feel difference in surface characteristics
- Feel difference in sizes & shapes

#### 9. *Smell*

- Detect odors from environment and patient
- Detect smoke
- Detect gases or noxious smells
- Be able to tolerate various unpleasant odors

#### 10. *Reading & Communication*

- Read and understand written documents
- Correctly use anatomical diagrams
- Communicate effectively and therapeutically, both orally and in writing
- Able to communicate in English, both written and verbally

- Interact therapeutically with patients and others

#### 11. *Thinking and reasoning*

- Critically think
- Use good judgment

#### 12. *Arithmetic Competence*

- Read digital displays
- Read graphic printouts
- Convert numbers to/from metric system
- Tell time
- Measure time
- Count rates
- Use measuring tools
- Read measurement marks
- Add, subtract, multiply, and divide
- Compute fractions
- Use a calculator
- Write numbers in records
- Perform calculation of drug dosages

#### 13. *Emotional Stability*

- Differentiate and establish personal and therapeutic boundaries
- Provide patient with appropriate psychosocial support
- Work in emotionally charged, stressful and/or ever-changing environment
- React appropriately and professionally under stressful situations
- Deal with unexpected situations
- Maintain attention on task
- Perform multiple responsibilities concurrently
- Handle strong emotions- grief, anger, etc.

#### 14. *Teamwork*

- Work well with other



## **V. Required Reading for Admission**

### **Drug Testing:**

I understand that the healthcare industry requires drug testing upon employment and random testing throughout employment. Therefore, I understand that the Substance Abuse Policy in the SAU Tech Nursing Program requires the following types of drug testing during my enrollment:

- 1) Scheduled testing at unannounced designated times throughout the program
- 2) Random testing as required by the clinical agencies or
- 3) For cause (suspicion, signs of use/abuse, etc...)

### **A.) Required Criminal Background Check before Licensure:**

The Arkansas State Board of Nursing (ASBN) requires a criminal background check for all graduates applying for licensure. **Graduating from a nursing program does not assure ASBN's approval to take the licensure examination. Eligibility to take the licensure examination is dependent on meeting standards in the ASBN Nurse Practice Act and Rules. The decision as to whether a nursing program graduate will be allowed to take the NCLEX or not is made by the applicable State Board of Nursing.**

Each applicant is required to sign an 'Attestation' statement (is located at the end of the application) before beginning the nursing program, verifying the applicant read and understood the information found in this required reading section, ACA §17-87-312 and ACA §17-3-102 and the specific offenses which, if pleaded guilty, nolo contendere, or found guilty of will make an individual ineligible to receive or hold a license in Arkansas. An individual can access the information at <https://www.healthy.arkansas.gov/programs-services/topics/arsbn-criminal-background-checks>

**Every applicant is required to have read the following information and sign the Attestation Form. Return it with the application.**

**If you have any questions, please contact one of the following:**

Ms. Moniqua Brown  
870-574-4437  
[mbrown@sautech.edu](mailto:mbrown@sautech.edu)

Ms. Shelley Young, Dean of Allied Health  
870-574-4475  
[syoung@sautech.edu](mailto:syoung@sautech.edu)



**LPN/Paramedic to RN APPLICATION**

1. **Name: (Print Legibly)**

LAST	FIRST	MIDDLE	(MAIDEN)

2. **Contact Information:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

*Please check the box below of the phone number that you wish to be your primary contact method*

Home Phone: \_\_\_\_\_  Cell Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone #1: \_\_\_\_\_ (  home  cell  work)

Phone #2: \_\_\_\_\_ (  home  cell  work)

3. **Demographic Information:** Sex:  Male  Female

Date of Birth (mm/dd/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age, **as of June 1, 2023:** \_\_\_\_\_

Nursing License State & Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Paramedic License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**The following information is REQUIRED by the Arkansas State Board of Nursing and does NOT affect eligibility or selection for admission:**

Predominant Race/Ethnicity:  White/Caucasian  Black/African American  Hispanic/Latino  
 Asian  Native/American Indian  Other: \_\_\_\_\_

4. The Arkansas State Board of Nursing denies the application for the National Council Licensure Examination - Registered Nurse (NCLEX - RN®) of nursing program graduates who have plead guilty, nolo contendere, or been found guilty of certain offenses (see 'Required Reading' section of Application Packet) as identified in Arkansas Code, Act 1208 of 1999 Legislative Session - ACA 17-87-312 and ACA §17-3-102. Some offenses result in denial of licensure exam application (after graduation from the nursing program) but others are investigated by the board and application MAY OR MAY NOT be approved. **ALL offenses must be reported even if a suspended imposition of sentence occurred if the applicant was a juvenile during the offense, and/or if the criminal record was sealed or expunged because the state board of nursing can see these offenses even if the applicant thinks they are no longer a part of their record.**



- Many clinical facilities also deny a student from performing clinical rotations there if certain offenses have been committed. Some of these facilities perform their own background check on the students and some require that the program provide them with the student's criminal background check results. If a student is denied approval for clinical rotation in any of the facilities that are utilized for the clinical practicum courses, that student is no longer eligible to remain in the nursing program and will be required to withdraw due to inability to complete program requirements.

Due to the circumstances stated above, it is very important that the student provide honest answers to the following questions (even if the applicant believes their record has been sealed &/or expunged):

- A. Have you EVER been convicted of a felony or a misdemeanor?  Yes  No
- B. Do you have a felony or misdemeanor charge pending?  Yes  No
- C. Have you ever been convicted of child or elderly maltreatment, abuse or neglect?  Yes  No

*If you answered yes to any of these questions, submit an explanation of the felony and/or misdemeanor to the Dean of Allied Health in a sealed envelope with your application.*

5. **Education:** List only the high school you graduated from; List ALL COLLEGES ATTENDED. **An official transcript from ALL COLLEGES ATTENDED is MANDATORY and must be sent to SAU Tech Admissions Department.** If a student has attended a college but does not list it here, it may disqualify the applicant from selection/admission into the program. List all health science programs that you have GRADUATED from and/or any CURRENT Medical Certifications and/or Licensures that you hold below.

Type of School	Name of School	What Year(s) Did You Attend? (ex: 2003-2005)	Year Graduated (or year of GED completion)	Type of Diploma, GED, or Degree Earned; Put N/A if none were earned
High School				
College				
College				
College				
College				
Certifications	Name of Certification	Year Obtained	Expiration Date	

*\*\*Use additional paper if needed.*

6. Are all your transcripts on file in the admissions department at SAU Tech?  Yes  No
7. Have you previously been enrolled in any type of RN program, including the SAU Tech?  Yes  No

*If yes, a letter of recommendation and good standing from the program director is required to be submitted with this application. Honesty is required on this application. Anyone who selects no but has actually been in another nursing program will not be selected or will be dismissed from the program if it is found out after admission.*

**First RN Nursing program attended:**

If yes, which program/college: \_\_\_\_\_ Year: \_\_\_\_\_

What was the reason for the incompleteness? \_\_\_\_\_

**Second RN Nursing program attended:**

If yes, which program/college: \_\_\_\_\_ Year: \_\_\_\_\_

What was the reason for the incompleteness? \_\_\_\_\_



**Employment Verification Form**

*\*\*This form is to be completed by the applicant's employer and emailed to [syoung@sautech.edu](mailto:syoung@sautech.edu). \*\**

Employee/Applicant's Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Supervisor's Telephone Number: \_\_\_\_\_

Employee/Applicant's Position: \_\_\_\_\_

Date hired: \_\_\_\_\_ Last Date in Position: \_\_\_\_\_

Full-Time Position: \_\_\_\_\_ Part-Time Position: \_\_\_\_\_

How many hours are worked a week? \_\_\_\_\_

By signing below, you, the Supervisor, are agreeing that the above employee/applicant has completed a minimum of 1000 nursing (LPN) work hours or a minimum of 1000 paramedic work hours and can provide proof of these hours if asked.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Personal Statement

Please write or type a personal statement in your own words that (a) tells us about you, (b) explains the reason you want to be a registered nurse, and (c) describes what you will do to meet the demands of the nursing program. Provide any information that you feel is relevant to being selected for this nursing program. If typing, the applicant may use and submit a separate document but please write in this section that you are submitting it separately.



## Attestation Form

By signing below, I acknowledge that:

- (a) I hereby attest that the information contained in this application is true and complete to the best of my knowledge;
- (b) I understand that falsifying any records pertinent to this application can lead to ineligibility for admission &/or immediate dismissal from the nursing program;
- (c) I have read the 'Required Reading for Admission' section, understand the information that is included, and verify that I do not have any crimes in my history, even sealed or expunged ones, that result in permanent disqualification for licensure by the Arkansas State Board of Nursing;
- (d) I agree to submit to drug testing and criminal background checks as per the program's policies; and
- (e) I meet or exceed the required mental and physical abilities.

I understand it is my responsibility to inform the SAU Tech Dean of Allied Health if anything changes during the course of the program that results in my inability to abide by these statements &/or requirements.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please return with application\*\***