

**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 careers 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 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:**

**Before the first Monday in June is the 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 that they are paramedics and have current registration 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 or Paramedic program within the last year.
4. A minimum cumulative GPA of 2.0 or higher.
5. All Pre-Requisite courses must be passed with a C or better.
6. All transcripts must be submitted to the SAU Tech Admissions department
7. Applied to SAU Tech and complied with all admission requirements (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 eligibility for admission into the LPN/Paramedic to RN program and ranking for applicants' selection. 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.
  - a) TEAS exam results older than one year previous to the program application deadline date will not be considered.
  - b) Applicants who have not taken the TEAS exam CANNOT be considered for selection as current scores on this exam are required.

- c) 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 before the application deadline.
- d) 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
- e) TEAS Directions:
  - Create a TEAS account at <https://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 you are taking the exam on campus at our testing center. You can also 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 before the deadline for application, which is the first Monday in June before 4:30 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.
  - o 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).
  - o 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 the clinical facility has denied exemption reasoning, or if any failure in testing/screenings that the clinical facilities require 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)
  - Apply pressure
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 also access the information at <https://www.healthy.arkansas.gov/programs-services/topics/arsbn-criminal-background-checks>

#### **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 Division of Arkansas State Police for a state and national criminal background check, to be conducted by the Federal Bureau of Investigation.

(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 Division 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 Division of Arkansas State Police shall forward to the board all releasable information obtained concerning the applicant.

(e) For purposes of this section, the board shall follow the licensing restrictions based on criminal records under §17-3-102.

(f)

(1) The board may issue a nonrenewable temporary permit for licensure to a first-time applicant pending the results of the criminal background check.

(2) The permit shall be valid for no more than six (6) months.

(g)

(1) Any information received by the board from the Identification Bureau of the Division of Arkansas State Police under this section shall not be available for examination except by:

- (A) The affected applicant for licensure or his or her 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 Division of Arkansas State Police.

(h) 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.

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

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

(k)

(1) The board may participate at the state and federal level in programs that provide notification of an arrest subsequent to an initial background check that is conducted through available governmental systems.

(2) The board may submit an applicant's fingerprints to the federal Next Generation Identification system.

(3) The fingerprints may be searched by future submissions to the Next Generation Identification system, including latent fingerprint searches.

(4) An applicant enrolled in the Next Generation Identification system is not required to re-fingerprint when a subsequent request for a state or federal criminal history background check is required if:

(A) A legible set of the applicant's fingerprints is obtained when the applicant enrolls in the Next Generation Identification system; and

(B) The applicant is subject to the Rap Back service of the Next Generation Identification system.

(l) The Identification Bureau of the Division of Arkansas State Police and the Federal Bureau of Investigation may maintain fingerprints in the Integrated Automated Fingerprint Identification System

### **17-3-102. Licensing restrictions based on criminal records**

(a) An individual is not eligible to receive or hold a license issued by a licensing entity if that individual has pleaded guilty or nolo contendere to or been found guilty of any of the following offenses by any 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, unless the conviction was lawfully sealed under the Comprehensive Criminal Record Sealing Act of 2013, § 16-90-1401 et seq., or otherwise previously sealed, pardoned or expunged under prior law:

(1) Capital murder as prohibited in § 5-10-101;

(2) Murder in the first degree and second degree as prohibited in §§ 5-10-102 and 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 a controlled substance into the body of another person as prohibited in § 5-13-210;

(13) Aggravated assault upon a law enforcement officer or an employee of a correctional

facility as prohibited in § 5-13-211, if a Class Y felony;

(14) Terroristic threatening in the first degree as prohibited in § 5-13-301;

(15) Rape as prohibited in § 5-14-103;

(16) Sexual indecency with a child as prohibited in § 5-14-110, if the offense is a felony;

(17) Sexual extortion as prohibited in § 5-14-113;

(18) Sexual assault in the first degree, second degree, third degree, and fourth degree as prohibited in §§ 5-14-124 — 5-14-127;

(19) Incest as prohibited in § 5-26-202;

(20) Offenses against the family as prohibited in §§ 5-26-303 — 5-26-306;

(21) Endangering the welfare of an incompetent person in the first degree as prohibited in § 5-27-201;

(22) Endangering the welfare of a minor in the first degree as prohibited in § 5-27-205;

(23) Permitting the abuse of a minor as prohibited in § 5-27-221;

(24) 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 media 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;

(25) Possession or use of child sexual abuse material as prohibited in § 5-27-603;

(26) Computer exploitation of a child in the first degree as prohibited in § 5-27-605;

(27) Felony adult abuse as prohibited in § 5-28-103;

(28) Theft of property as prohibited in § 5-36-103;

(29) Theft by receiving as prohibited in § 5-36-106;

(30) Arson as prohibited in § 5-38-301;

(31) Burglary as prohibited in § 5-39-201;

(32) Felony violation of the Uniform Controlled Substances Act, § 5-64-101 et seq., as prohibited in the former § 5-64-401, and §§ 5-64-419 — 5-64-442;

(33) Promotion of prostitution in the first degree as prohibited in § 5-70-104;

(34) Stalking as prohibited in § 5-71-229;

(35) 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; and

(36) All other crimes referenced in this title.

(b)

(1) If an individual has been convicted of a crime listed in subsection (a) or subsection (e) of this section, a licensing entity may waive disqualification or revocation of a license based on the conviction if a request for a waiver is made by:

(A) An affected applicant for a license; or

(B) The individual holding a license subject to revocation.

(2) A basis upon which a waiver may be granted includes without limitation:

(A) The age at which the offense was committed;

(B) The circumstances surrounding the offense;

(C) The length of time since the offense was committed;

(D) Subsequent work history since the offense was committed;

(E) Employment references since the offense was committed;

(F) Character references since the offense was committed;

(G) Relevance of the offense to the occupational license; and

(H) Other evidence demonstrating that licensure of the applicant does not pose a threat to the health or safety of the public.

(3) The waiver requirements of this section are not required for a renewal of a license if an individual has been convicted of a crime listed in subsection (a) of this section and has either:

- (A) Completed the waiver requirements of this section at his or her initial licensure;
- (B) Been licensed in this state before the enactment of subsection (a) of this section; or
- (C) Attended a professional or occupational school, program, or training in pursuit of an occupational license before the enactment of subsection (a) of this section and would have been qualified to hold an occupational license on or before July 24, 2019.

(c) If an individual has a valid criminal conviction for an offense that could disqualify the individual from receiving a license, the disqualification shall not be considered for more than five (5) years from the date of conviction or incarceration or on which probation ends, whichever date is the latest, if the individual:

- (A) Was not convicted for committing a violent or sexual offense; and
- (B) Has not been convicted of any other offense during the five-year disqualification period.

(d) A licensing entity shall not, as a basis upon which a license may be granted or denied:

- (1) Use vague or generic terms, including without limitation the phrases "moral turpitude" and "good character"; or
- (2) Consider arrests without a subsequent conviction.

(e) Due to the serious nature of the offenses, the following shall result in disqualification for licensure, regardless of the date of conviction or the date on which probation or incarceration ends unless a waiver is granted under subsection (b) of this section:

- (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) Kidnapping as prohibited in § 5-11-102;
- (4) Aggravated assault upon a law enforcement officer or an employee of a correctional facility as prohibited in § 5-13-211, if a Class Y felony;
- (5) Rape as prohibited in § 5-14-103;
- (6) Sexual extortion as prohibited in § 5-14-113;
- (7) Sexual assault in the first degree as prohibited in § 5-14-124 and sexual assault in the second degree as prohibited in § 5-14-125;
- (8) Incest as prohibited in § 5-26-202;
- (9) Endangering the welfare of an incompetent person in the first degree as prohibited in § 5-27-201;
- (10) Endangering the welfare of a minor in the first degree as prohibited in § 5-27-205;
- (11) Adult abuse that constitutes a felony as prohibited in § 5-28-103;
- (12) Arson as prohibited in § 5-38-301; and
- (13) 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 media 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.

(f) This chapter does not preclude a licensing entity from taking emergency action against a licensee as authorized under § 25-15-211 for the sake of public health, safety, or welfare.

(g) The disqualification for an offense listed in subsection (a) of this section and the disqualification for an offense listed in subsection (e) of this section do not apply to:

- (1) An individual who holds a valid license on July 24, 2019;
- (2) An individual who holds a valid license on or before July 24, 2019, but failed to renew his or her license for any reason; or
- (3) An individual who was a student on or before July 24, 2019, in a professional or occupational school, program, or training in pursuit of an occupational license and would have been qualified to hold an occupational license on or before July 24, 2019.

(h) This section does not apply to licensure or certification:

- (1) Of professions not governed by this title;
- (2) Of polygraph examiners and voice stress analysis examiners under § 17-39-101 et seq.;
- (3) Of private investigators and private security agencies under the Private Security Agency, Private Investigator, and School Security Licensing and Credentialing Act, § 17-40-101 et seq.;
- (4) Of body artists under § 17-26-601 et seq. who hold a valid license on or before July 1, 2024; or
- (5) Of cosmetologists licensed under Title 17, Chapter 26, Subchapter 3.

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

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

Ms. Brianna Covington  
870-574-4538  
[bcovingt@sautech.edu](mailto:bcovingt@sautech.edu)

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

The following three pages are the Nursing Application. If you completed the application online, you do not have to complete it again. The last page is the **Employment Verification and Attestation Form, which must be completed and submitted to our office.** There are three ways to submit these forms:

1. Email either of the above email addresses

2. Mail to:

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

3. Deliver in person to Shumaker Hall Office 120



**SAU TECH LPN/Paramedic to RN PROGRAM  
APPLICATION**

**LPN/Paramedic to RN APPLICATION: (PRINT LEGIBLY)**

1. **Name:**

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, 2024:** \_\_\_\_\_

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

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

**The following information is REQUIRED by the Arkansas State Board of Nursing. This information 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				
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.*

**RN Nursing program attended:**

If yes, which program/college: \_\_\_\_\_ Year: \_\_\_\_\_  
What was the reason for the incompleteness? \_\_\_\_\_



**SAU TECH LPN/Paramedic to RN PROGRAM  
APPLICATION**

**Personal Resume**

Email a copy of your professional resume including all educational experiences including high school; all work-related experiences. If there are any gaps in your work experiences include a letter explaining the gap. Email your resume to [bcovingt@sautech.edu](mailto:bcovingt@sautech.edu) before the deadline.



**SAU TECH LPN/Paramedic to RN PROGRAM  
APPLICATION**

**Employment Verification Form**

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



**SAU TECH LPN/Paramedic to RN PROGRAM  
APPLICATION**

## **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:** \_\_\_\_\_