

# Application & Information Packet



Technical Certificate in  
**PRACTICAL NURSING**



## Technical Certificate in Practical Nursing (PN) **PROGRAM STATEMENT**

The Practical Nursing Program (PN) of the Western Arkansas Technical Center (WATC) is a part of the College of Health Sciences (CHS) at the University of Arkansas - Fort Smith (UAFS). The PN program is approved by the Arkansas State Board of Nursing (ASBN). Program admission is limited to high school juniors who are seeking concurrent credit and can finish by the end of their senior year. For this reason, students who fail to progress will not be able to apply for readmission. Students desiring admission to the PN Program need to be aware of and understand the following information related to admission, progression, and graduation.

### **Admission Criteria**

To be considered for admission into the program, students must meet the following criteria:

- 1) Complete university/WATC admission requirements to include submission of official transcripts from all colleges/universities attended.
- 2) Meet minimum skill levels on standardized tests in English, reading, and math according to the following criteria:
  - a. ACT, Aspire, COMPASS, SAT, or Accuplacer English scores (taken within the last two years with results available no later than the application deadline) or course work indicating placement into ENGL 0263 Transition to College Writing and Reading or higher
  - b. ACT, Aspire, COMPASS, SAT, or Accuplacer reading scores (taken within the last two years with results available no later than the application deadline) or course work indicating placement into ENGL 0263 Transition to College Writing and Reading or higher
  - c. ACT, Aspire, COMPASS, SAT, or Accuplacer math scores (taken within the last two years with results available no later than the application deadline) or course work indicating placement into MATH 0304 Beginning and Intermediate College Algebra or higher.
- 3) Have a minimum 2.00 cumulative grade point average (GPA) for all high school and college course work (including transfer work and excluding developmental courses) and be in good academic standing
- 4) Complete all prerequisite courses for the program with a minimum grade of "C" or higher in each course prior to spring entry; prerequisite courses are listed on the degree plan
- 5) Students may not attempt any course more than twice and be eligible for admission into or to progress within the practical nursing program
- 6) Complete the Psychological Services Bureau (PSB) Health Occupations Aptitude Examination\* in October of their junior year. This is not a pass/fail exam; a minimum score of 200 is required. PSB results will be used for ranking students with equal GPA and standardized scores being considered for admission into the program.

\*For more information about the PSB, go to

<http://admissions.uafs.edu/testing-center/psychological-services-bureau-psb>

**NOTE:** The application process for the CHS/WATC PN Program requires a criminal background check. Many clinical facilities require a criminal background check and/or drug screen on CHS students and have the authority to deny clinical training in their facility secondary to an adverse or negative outcome of either screening. Students unable to practice in any clinical agency because of being denied for clinical training will be unable to complete the program objectives, thereby revoking admission into the program or halting continued progression in the student's program of study. PN licensure requires a state and federal criminal background check. Students who have been convicted of a crime, including those that are sealed or expunged, must seek permission from the ASBN to write the licensure exam to become a licensed practical nurse (see Addendum). The criminal background check information and frequently asked questions are located on the ASBN website at [www.arsbn.org](http://www.arsbn.org); click on the Licensing tab.

### **Application**

Admission into the CHS/WATC PN Program is competitive. Students who meet the minimum criteria identified above are eligible to submit an application for admission.

- 1) **Application Deadline – Noon on the first Monday in NOVEMBER** for spring entry into the program
- 2) Eligible students must submit the application for admission and two letters of recommendation to the Executive Director of the Allied Health Programs by the application deadline. One letter of recommendation **MUST** be from a professor in an LPN prerequisite course i.e. Basic Anatomy and Physiology or Medical Terminology.

## **Selection**

Selection is based on the following system:

- ACT, Aspire, COMPASS, SAT, or Accuplacer scores in English, Math, and Reading
- High school GPA
- Score earned on the Psychological Services Bureau (PSB) Health Occupations Aptitude Examination (HOAE)
- Letters of Recommendation

**NOTE:** In the event that applicants have identical ACT/Aspire/COMPASS/SAT or GPA scores, priority will be given to the student with the highest cumulative PSB/HOAE ranking score. The top applicants will be offered positions for the **16** available seats in the PN Program. **Meeting the minimum criteria for admission or taking courses on the PN degree plan does not guarantee admission into the program. Due to the nature of this program, students not admitted cannot reapply to be considered for another semester. Students identified as alternates are not guaranteed a position in the PN Program.**

## **Additional Documentation**

Students admitted into the PN Program must submit the following additional documentation by designated deadline which will be shared at the mandatory orientation meeting occurring on November 27, 2018 at 6:00 pm, in order to be enrolled for the spring semester:

- Parent/Guardian Permission
- Health Care Provider Statement/Medical Release form
- Proof of up-to-date immunization status
- CPR Certification: American Heart Association Basic Life Support for Healthcare Providers (BLS)
- Government issued picture ID (driver's license, passport, etc.)
  - For information on how to obtain a picture ID see:
    - <http://mydriverlicenses.org/id-cards/arkansas.html>
- Criminal Background Check
- Drug Screen

## **PROGRESSION**

College level anatomy and physiology courses taken at universities other than UAFS prior to entering the program will be evaluated on an individual basis by the Executive Director of the CHS/WATC Allied Health Programs and the Dean of the College of Health Sciences. See the advisor for more information and to request a science course evaluation.

The PN Program is competency based in skills and theory. A student must demonstrate satisfactory clinical performance, 100 percent mastery on all Competency Performance Evaluations (CPE) and dose calculation exams, and maintain a minimum average cumulative score of 77 percent on Competency Performance Assessments (CPA) including the comprehensive final CPA for each course.

If a student who drops, fails, or discontinues the nursing sequence or is denied the right to practice as a student nurse in any clinical facility for any reason they may apply for readmission into the PN Program; but, will be responsible for all tuition and fees after completion of High School (no longer eligible for WATC). **NOTE: READMISSION IS NOT GUARENTEED; SEE THE PN STUDENT HANDBOOK.**

## **GRADUATION**

To earn a PN certificate, a student must earn a grade of "C" (77%) or better in all required courses applicable to the PN Program; earn a minimum of 2.00 cumulative GPA in all course work required for the major; and earn a minimum of a 2.00 cumulative GPA on all work attempted at the University. The student must meet with the WATC Advisor to complete the graduation application one year prior to intended graduation (fall of senior year). After being granted the Technical Certificate in Practical Nursing, and reaching 18 years in age, the student is eligible to apply to take the National Council Licensure Exam for a practical nurse (NCLEX-PN).

**NOTE:** PN licensure requires a state and more in-depth federal criminal background check. Students who have been pleaded guilty or nolo contendere or convicted of a crime, including those that are sealed or expunged, must seek permission from the ASBN to write the licensure exam to become a licensed practical nurse (see Addendum for a list of applicable offenses).

I have read and understand this program statement.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Information is subject to change. Please check for current information before applying to the program.

## ADDENDUM

### Arkansas State Board of Nursing -- NURSE PRACTICE ACT

#### 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 Department of Arkansas State Police for a state and national criminal background check, to be conducted by the Federal Bureau of Investigation.
- (a)(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 Department 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 Department of Arkansas State Police shall forward to the Board all information obtained concerning the applicant in the commission of any offense listed in subsection (e) of this section.
- (e) Except as provided in subdivision (l)(1) of this section, a person shall not be eligible to receive or hold a license issued by the Board if that person has pleaded guilty or nolo contendere to, or been found guilty of any of the following offenses by a 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:
- (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) 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 controlled substance into the body of another person as prohibited in §5-13-210;
  - (13) Terroristic threatening in the first degree as prohibited in §5-13-301;
  - (14) Rape as prohibited in §5-14-103;
  - (15) Sexual indecency with a child as prohibited in §5-14-110;
  - (16) Sexual assault in the first degree, second degree, third degree, and fourth degree as prohibited in §5-14-124 through §5-14-127;
  - (17) Incest as prohibited in §5-26-202;
  - (18) Felony offenses against the family as prohibited in §5-26-303 through §5-26-306;
  - (19) Endangering the welfare of an incompetent person in the first degree as prohibited in §5-27-201;
  - (20) Endangering the welfare of a minor in the first degree as prohibited in §5-27-205 and endangering the welfare of a minor in the second degree as prohibited in §5-27-206;
  - (21) Permitting abuse of a child as prohibited in §5-27-221(a)(1) and (3);
  - (22) 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 medium 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 through §5-27-305, §5-27-402, and §5-27-403;
  - (23) Felony adult abuse as prohibited in §5-28-103;
  - (24) Felony theft of property as prohibited in §5-36-103;
  - (25) Felony theft by receiving as prohibited in §5-36-106;
  - (26) Arson as prohibited in §5-38-301;
  - (27) Burglary as prohibited in §5-39-201;
  - (28) Felony violation of the Uniform Controlled Substances Act §5-64-101 through §5-64-608;

- (29) Promotion of prostitution in the first degree as prohibited in §5-70-104;
  - (30) Stalking as prohibited in §5-71-229;
  - (31) 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;
  - (32) Computer child pornography as prohibited in §5-27-603; and
  - (33) Computer exploitation of a child in the first degree as prohibited in §5-27-605.
- (f) (1) (A) The Board may issue a nonrenewable temporary permit for licensure to a first-time applicant pending the results of the criminal background check.
- (B) The permit shall be valid for no more than six (6) months.
- (2) Except as provided in subdivision (1) of this section, upon receipt of information from the Identification Bureau of the Department of Arkansas State Police that the person holding the letter of provisional licensure has pleaded guilty or nolo contendere to, or has been found guilty of, any offense listed in subsection (e) of this section, the Board shall immediately revoke the provisional license.
- (g) (1) The provisions of subsections (e) and subdivision (f)(2) of this section may be waived by the Board upon the request of:
- (A) An affected applicant for licensure; or
  - (B) The person holding a license subject to revocation.
- (2) Circumstances for which a waiver may be granted shall include, but not be limited to, the following:
- (A) The age at which the crime was committed;
  - (B) The circumstances surrounding the crime;
  - (C) The length of time since the crime;
  - (D) Subsequent work history;
  - (E) Employment references;
  - (F) Character references; and
  - (G) Other evidence demonstrating that the applicant does not pose a threat to the health or safety of the public.
- (h) (1) Any information received by the Board from the Identification Bureau of the Department of Arkansas State Police pursuant to this section shall not be available for examination except by:
- (A) The affected applicant for licensure, or his 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 Department of Arkansas State Police.
- (i) 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.
- (j) Rights of privilege and confidentiality established in this section shall not extend to any document created for purposes other than this background check.
- (k) The Board shall adopt the necessary rules and regulations to fully implement the provisions of this section.
- (l) (1) For purposes of this section, an expunged record of a conviction or a plea of guilty or nolo contendere to an offense listed in subsection (e) of this section shall not be considered a conviction, guilty plea, or nolo contendere plea to the offense unless the offense is also listed in subdivision (l)(2) of this section.
- (2) Because of the serious nature of the offenses and the close relationship to the type of work that is to be performed, the following shall result in permanent disqualification:
- (A) Capital murder as prohibited in §5-10-101;
  - (B) Murder in the first degree as prohibited in §5-10-102 and murder in the second degree as prohibited in §5-10-103;
  - (C) Kidnapping as prohibited in §5-11-102;
  - (D) Rape as prohibited in §5-14-103;
  - (E) 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;
  - (F) Endangering the welfare of a minor in the first degree as prohibited in §5-27-205; and endangering the welfare of a minor in the second degree as prohibited in §5-27-206;
  - (G) Incest as prohibited in §5-26-202;
  - (H) Arson as prohibited in §5-38-301;
  - (I) Endangering the welfare of incompetent person in the first degree as prohibited in §5-27-201; and
  - (J) Adult abuse that constitutes a felony as prohibited in §5-28-103.

Mail or hand deliver to: University of Arkansas - Fort Smith

College of Health Sciences  
Executive Director, Allied Health Programs  
P O Box 3649  
Fort Smith, Arkansas 72913-3649



## Application for Admission Practical Nursing

1. Complete this application. (Type or print legibly)
2. If classes are in progress at another university, please attach a schedule of those classes.

Name \_\_\_\_\_  
Last First Middle Maiden

Cell Phone# \_\_\_\_\_ Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Number or PO Box City State Zip

Student ID# or SSN \_\_\_\_\_  
Date of Birth City/State of Birth

\*Have you ever been convicted of a misdemeanor  Yes  No and/or felony?  Yes  No

\*Do you have any pending legal cases?  Yes  No

List **the five most recent** Colleges, Universities, or Highschool/Middle/Elementary Schools Attended, Most Recent First:

	Institution	Dates Attended	Hrs./Grades Attempted	GPA
1.	University of Arkansas, Fort Smith	August 20_- Present		
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

\*Have you completed all of the prerequisite courses for the PN Program?  Yes  No

If you answered no, please list any outstanding prerequisites and when you plan to complete them.

HLTH 1473 & BIOL 1431-1433 in progress.

\* I understand that I shall not be considered for the program until I have submitted all required documentation. I understand that any notification of admission will be contingent upon a medical Release, Drug Screen, and background check being accepted by all clinical agencies. Further, I understand acceptance is pending successful completion off all prerequisite courses. I understand and have read the PN Program Statement.

I, the below signed individual, hereby declare that to the best of my knowledge and ability, the information in this application is true and factual. I understand that false, misleading, or incomplete statements could lead to my subsequent dismissal or rejection as a nursing student.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date







University of Arkansas-Fort Smith  
College of Health Science/WATC  
Practical Nursing Program Recommendation Form

**Applicant Instructions:**

1. Included are 2 copies of this three page recommendation form. This recommendation form should be given to individuals who are in a position to comment on your qualifications for entering the Practical Nursing Program. One letter of recommendation **MUST** be from a Professor in either Basic Anatomy and Physiology or Medical Terminology.
2. The recommendations cannot be from a family member or friends. Suggested recommenders include high school principal, counselors, or teachers; clergy members, religious teachers, or employers who know you well.
3. Fill in your name and address at the bottom of this page on both copies.
4. Give one form to each of your recommenders, along with an envelope. Address the envelopes:

University of Arkansas-Fort Smith  
Attention: Jourdan Scoggins, CHS 307  
5210 Grand Avenue  
Fort Smith, AR 72913

5. Each recommendation must be in its own envelope with the recommender's signature written across the sealed back flap. The recommendations should be submitted with the application or mailed to arrive by the first Monday in November.

**Recommender's Instructions:**

The individual requesting this recommendation plans to apply to the Practical Nursing program at the University of Arkansas-Fort Smith. Your assistance in completing this form is appreciated. The information will be used by the Program Director and faculty in the selection of students for admission to the program. Please return the recommendation form to the applicant in the sealed envelope with your signature written across the sealed flap. Thank you so much for assisting this applicant.

Applicant Name: \_\_\_\_\_

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

\_\_\_\_\_

Name of Student: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Rate the applicant in terms of quality by checking the appropriate space listed below.

<b>Characteristic</b>	<b>Superior</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Unknown</b>	<b>Comments</b>
Ability to get along with others						
Attendance						
Attitude						
Dependability						
Ethical Behavior						
Honesty						
Initiative						
Intellectual Ability						
Maturity						
Motivation						
Reaction under stress						
Self-Confidence						

Indicate below your level of willingness to recommend this applicant.

\_\_\_\_\_ Highly recommend

\_\_\_\_\_ Recommend

\_\_\_\_\_ Recommend, but with reservation

\_\_\_\_\_ Do not recommend

Use the space below to make any additional comments.

Please print or type the following information of the person providing recommendation:

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

Position/Title: \_\_\_\_\_

Institution: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

Feel free to contact me with any questions; thank you.

Jourdan Scoggins, MS, BSN, RN  
Executive Director, Allied Health Programs  
College of Health Sciences/WATC  
Telephone: 479-788-7375  
eMail: [Jourdan.Scoggins@uafs.edu](mailto:Jourdan.Scoggins@uafs.edu)



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College of Health Science/WATC  
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Applicant Name: \_\_\_\_\_

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

\_\_\_\_\_

Name of Student : \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Rate the applicant in terms of quality by checking the appropriate space listed below.

<b>Characteristic</b>	<b>Superior</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Unknown</b>	<b>Comments</b>
Ability to get along with others						
Attendance						
Attitude						
Dependability						
Ethical Behavior						
Honesty						
Initiative						
Intellectual Ability						
Maturity						
Motivation						
Reaction under stress						
Self-Confidence						

Indicate below your level of willingness to recommend this applicant.

\_\_\_\_\_ Highly recommend

\_\_\_\_\_ Recommend

\_\_\_\_\_ Recommend, but with reservation

\_\_\_\_\_ Do not recommend

Use the space below to make any additional comments.

Please print or type the following information of the person providing recommendation:

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

Position/Title: \_\_\_\_\_

Institution: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

Feel free to contact me with any questions; thank you.

Jourdan Scoggins, MS, BSN, RN  
Executive Director, Allied Health Programs  
College of Health Sciences/WATC  
Telephone: 479-788-7375  
eMail: Jourdan.Scoggins@uafs.edu