



## **Advanced Placement Option** **(Transition to Associate Degree Nursing)**

Licensed Practical Nurses may be granted advanced placement into the third semester (Summer) of the Associate Degree Nursing program. Incomplete and/or faxed copies of required documents are not accepted. Our process is reviewed annually and is subject to change. The following conditions must be met:

1. Candidates must show evidence of a current unencumbered North Carolina license to practice as an LPN. License must remain unencumbered while enrolled in the nursing program.
2. Candidates must show current CPR Certification Card (American Heart Association BLS Provider) course. Letters or certificates are not acceptable. Online certifications or re-certifications are not accepted.
3. Candidates must have been employed for the last 2 years as a LPN or have graduated from a PN program within the last year. A letter of reference from your current employer is required.
4. Students applying to the LPN to ADN Advanced Placement option must achieve a score of 90% Probability of Passing NCLEX PN on the entrance exam. You will need to submit a copy of your score report with your application. Test scores are acceptable for a period of three (3) years.
5. Complete an application to the college.
6. Submit official transcripts from all previous schools, including high school, to the Admissions Office by January 15th of the year desiring admission.
7. Complete all first-year related course work for the Associate Degree Nursing program with a cumulative GPA of 2.00 or above (ACA 115, BIO 168, BIO 169, PSY 150, PSY 241). Preference will be given to students who have completed all related courses with a GPA of 2.50 or better as of January 31st. Refer to the Associate Degree Nursing program brochure for a list of related courses.
8. Submit the Advanced Placement Program Application to the Ma'Ishia Weeks, Administrative Assistant Health Programs by January 15th. The form may be obtained from the Division Administrative Assistant and/or SCC website.

9. Upon admission to the Associate Degree Program, complete an SCC Health History Examination Form (supplied by the nursing department), including the practitioner's examination section and admission counseling process.

10. Students will submit to criminal background checks and drug screening upon admission to the Associate Degree program and initial and/or random drug screenings, as directed by affiliating clinical agencies. The results of the background check and drug screen may determine if a student is eligible to enter clinical agencies. Students are responsible for the cost of the background check and drug screen. Applicants should be aware that a student must be able to enter and/or remain in all clinical agencies to progress within the program. If a clinical site denies a student placement in their facility, the student would be unable to complete the required clinical component of the course; therefore, the student will be withdrawn from all NUR courses and will not be allowed to progress in the program. The background check and drug screening must be completed by the specified date. Failure to complete the process as specified will jeopardize enrollment in the program.

11. Applicants to the nursing program should be aware that if they have pled guilty to or have been convicted of a felony or misdemeanor, the NC Board of Nursing may restrict or deny licensure. The NC Board of Nursing requires criminal history checks for each person applying to practice in the state of North Carolina.

### **Validate and Transfer**

Advanced placement in the Associate Degree Nursing program is a competitive process and based on available spaces in the Associate Degree Nursing program.

**Advanced Placement applicants must assume responsibility for confirming that required documents, official transcripts, scores, and grades have been received by the application deadline.**

Eligible applicants not accepted will not be carried over to a waiting list for the following year and must re-apply in the next Advanced Placement cycle.



## Advanced Placement Option Program Application

Date

### PLEASE PRINT

Student Name (First, Middle, Last):				<input type="text"/>			
Email Address:				<input type="text"/>			
Date of Birth:		<input type="text"/>		Student ID:		<input type="text"/>	
Mailing Address:							
City:		State:		Zip Code:		<input type="text"/>	
Phone Number:				Alternate Phone Number:			

### EDUCATION INFORMATION

Year of LPN Graduation:		<input type="text"/>		School Name:			
Mailing Address:							
City:		State:		Zip Code:		<input type="text"/>	
SCC LPN to ADN Nursing Entrance Exam Score:				<input type="text"/>			
Are you currently employed as an LPN?				YES	NO	If yes, where?	
CPR Certification Expiration Date:							
Please indicate the following courses that you have completed - include the year taken, grade, and school where the course was completed. (Transcripts and application to the college must be sent to Student Services):							
<u>Course Taken</u>		<u>Grade</u>		<u>Year</u>		<u>School</u>	
ENG 111		_____		_____		_____	
ENG 112/114		_____		_____		_____	
*PSY 150		_____		_____		_____	
*PSY 241		_____		_____		_____	
*BIO 168		_____		_____		_____	
*BIO 169		_____		_____		_____	
*ACA 115/122		_____		_____		_____	
HUM _____		_____		_____		_____	
(ART 111, 114, 115) (HUM 115)(MUS 110, 112) (PHI 215, 240)							
*MUST BE COMPLETED PRIOR TO ENTRANCE INTO ASSOCIATE DEGREE NURSING PROGRAM AT SCC*							

**TRANSCRIPTS WILL NOT BE EVALUATED UNTIL APPLICATION TO THE COLLEGE HAS BEEN COMPLETED.**

**TRANSCRIPTS ARE TO BE SENT TO STUDENT SERVICES**

You will be contacted regarding testing dates after the beginning of the Spring semester.

**PLEASE RETURN THIS FORM TO THE NURSING DEPARTMENT BY JANUARY 31ST**

My signature indicates that I have read and understand all terms and conditions of the Advanced Placement Policy.

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

\_\_\_\_\_  
Date



# ADN Advanced Placement Verification of Practice

By my signature, I affirm that \_\_\_\_\_  
(Print full name of LPN)

is working or has worked in the role of Licensed Practical Nurse full-time or part-time  
(circle one) (circle one)

\_\_\_\_\_ to \_\_\_\_\_ for the last two years in a(n)  
(Start date) (End date or "Still Employed")

Medical/Surgical acute care hospital or Skilled Nursing Facility. Total hours worked for the  
(circle one)

last two years is \_\_\_\_\_.

Did you graduate less than a year ago? If so, where?

\_\_\_\_\_

\_\_\_\_\_  
*Employee Verification Signature from Nursing or Human Resource Department*

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

\_\_\_\_\_  
*Printed Name AND Title*

\_\_\_\_\_  
*Printed name of Employing Agency/Facility*

\_\_\_\_\_  
*Contact Phone Number*

\_\_\_\_\_  
*License Number*

*Applicants may duplicate this blank form if multiple copies are needed.*

**This form should be mailed to:**

Sampson Community College  
Post Office Box 318  
Clinton, North Carolina 28329  
Attn: Ma'Ishia Weeks - Administrative Assistant Health Programs