



Division of Health Sciences • 101 Cunningham Blvd • Booneville, Mississippi 38829
Phone (662) 720-7396/(800) 555-2154 Fax (662) 720-7215

Dear Applicant,

Thank you for your interest in the Practical Nursing Education (PNE) Program. The PNE program is a 12 month course of study beginning in August and ending in the following August. We accept a total of 36 students each August – 24 students are admitted to the Booneville Campus and 12 to the New Albany Campus.

****The deadline for application is May 1st.**

The requirements for admission are outlined below:

1. Applicants for all Allied Health Programs must meet requirements for regular admission to the college and make a separate application to the PNE program.
2. **Applicants must provide a score of 17 or higher on the ACT. This test is given by the Counseling Center and you can call 720-7313 for test schedule information.**
3. Applicants must complete Anatomy and Physiology I and II with a C or above before admission. If you have any previous college credit that you are transferring from another college it is **your responsibility** to make sure that the transcript arrives at Northeast before the application deadline.
4. Applicants must have a 2.0 overall college GPA.
5. Admission to the NEMCC Practical Nursing program is incomplete until the criminal background check (fingerprinting) required is satisfactorily completed. The cost of this process will be borne by the student. The result of the background check is valid for a period of two years after which it must be repeated.

After the application deadline applicants will be rated using the rating sheet that is attached. **Please note that only applicants with a 17 or higher on the ACT will be rated.** If A&P I and/or A&P II is pending, applicants may receive provisional acceptance if rating points warrant. The top 36 applicants will be admitted to the program. If a seat becomes available, the alternates will be called in order of the points accumulated on the rating sheet.

Also enclosed is an estimation of the fees involved in completing the PNE program. All applicants admitted to the PNE program must present a complete physical examination form before attending class.

If you wish to become an active applicant, please complete the enclosed application and return it to me. If you have any questions, please call me. Thank you.

Mary Sue Perrigo, B.S.N, R.N.
PNE Program Director/Instructor
Wright 109
662-720-4081

Patti Cooper, M.S.N., R.N.
Division Head, Health Sciences
662-720-7236

PNE Instructors: **Felicia Crump (720-7572)**
Mary Sue Perrigo (720-4081)
Paula Stennett (692-1506)
Brad Sloan (720-7373)

**NORTHEAST MISSISSIPPI COMMUNITY COLLEGE
PRACTICAL NURSING EDUCATION PROGRAM**

Breakdown of Fees

The following is an **estimation** of the fees involved in completing the PNE program. Fees may change without notice.

Tuition (\$1125/semester for three semesters)	\$ 3,375.00
Malpractice Insurance (\$15.00/year)	\$ 15.00
Books/skills package/testing fees	\$ 1,000.00
Hepatitis B vaccine	\$ 75.00
Physical Examination	\$ 40.00
Uniforms/supplies	\$ 150.00
Shoes	\$ 50.00
Student ID per semester	\$ 15.00
Registration fee per semester	\$ 36.00
Parking permit /year	\$ 30.00
Fingerprinting for admission	\$ 50.00
Fingerprinting for State Board of Nursing	\$ 75.00
Transcript fee	\$ 5.00
NCLEX review	\$ 250.00
NCLEX-PN Examination fee	\$ 200.00
MS State Board of Nursing application for Licensure	\$ 80.00
Clinical Travel (2 days/week in the first and second semesters and up to 4 days/week in the third semester)	\$ Varies based on clinical site

NORTHEAST MISSISSIPPI COMMUNITY COLLEGE

Rating Scale for Practical Nursing Education Applicants

PNE Applicant _____ ID# _____

Date of Application: _____

The applicant must meet the requirements listed below (1-4) in order to be eligible for admission to the Practical Nursing Education Program. **Applicants will only be rated on the rating scale if ACT composite is 17 or above.** Appropriate transfer work is credited to students with points assigned as indicated in the criteria below.

1. Application on file in the nursing office by May 1.
2. ACT composite score of 17 or higher
3. Overall college GPA of 2.0 or higher
4. Anatomy and Physiology I and II (8 academic hours) with a grade of 'C' or higher

CRITERIA		VALUE POINTS		TOTAL POINTS																														
1	ACT Composite (List actual score) e.g. 20 ACT = 20 points	Act composite = Value points ACT _____	points																															
2	Overall college GPA	3.5-4.0 3.0-3.49 2.5-2.99 2.25-2.49	4 3 2 1																															
3	Academic courses taken at NEMCC with assigned point value as follows: A= 3 points B= 2 points C= 1 point Transfer courses will receive assigned point value as follows: A= 2 points B= 1 point C= 0 points All D's, F's, and W's in the required prerequisite courses will receive a one point deduction per grade. (-1)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Course</th> <th>Grade</th> <th>NE</th> <th>T</th> <th>pts</th> </tr> </thead> <tbody> <tr> <td>A/P I</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A/PII</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nutrition</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Human Growth & Develop.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">Subtotal _____</td> </tr> </tbody> </table>	Course	Grade	NE	T	pts	A/P I					A/PII					Nutrition					Human Growth & Develop.					Subtotal _____						
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Subtotal _____																																		
4	Previous PNE Course(s) at NEMCC with assigned point value as follows: A= 4 points B= 3 points C**= 2 points	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Course (list)</th> <th>Grade</th> <th>pts</th> </tr> </thead> <tbody> <tr> <td> </td> <td></td> <td></td> </tr> <tr> <td> </td> <td></td> <td></td> </tr> </tbody> </table>	Course (list)	Grade	pts																													
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5	Residency	Mississippi	1																															
6	Professional Commitment: Documentation (photocopies of certificates, etc) must be in the Office of Health Sciences by deadline dates to earn point(s)—this is the student's responsibility.	___ Paramedic ___ BS or higher degree ___ EMT ___ Allied Health program cert/ licensure ___ Certified Nurse Assistant ___ Nurse Aide Training Program ___ High School Allied Health/Health Sciences Course ___ Survey of Healthcare Careers Course	3 3 2 2 2 1 1 1																															
GRAND TOTAL OF POINTS																																		

** A score of 80 is required for an assigned grade of 'C' on PNE course(s). Applicants will be admitted from highest accumulated points to lowest. Eligibility does not guarantee admission to the Practical Nursing Education Program. In the event of a tie in the rating score, order of admission will then be based on highest academic course points then highest ACT.

Background check results from an agency other than the Mississippi Department of Health will not be accepted. All students will be required to have a criminal background check/fingerprinting, including students currently employed in local and regional clinical affiliates. "Employer Letters" from human resource manager, clinical affiliates, etc. will not be accepted in lieu of a current background check/fingerprinting. Students are responsible for payment of all fees charged for the background check/fingerprinting service.

The Mississippi Department of Health will report the findings of the criminal background checks to the Academic Head of the Division of Health Sciences. The report will indicate, "No disqualifying events" or "disqualifying event/s". If the student has "disqualifying event/s", the student must submit a "rap sheet" report to the Academic Head of the Division of Health Sciences with full explanation of the conviction/s or disposition of charge/s. Health Science students who complete the criminal background check/fingerprinting with no disqualifying event/s will receive a two year letter from the Academic Head of the Division of Health Sciences.

Answer all questions and, if appropriate, sign the release of information. Applications submitted with unanswered questions will be considered incomplete and may delay your ability to enter the program.

YES	NO	Have you ever been convicted of, pled no contest to, or are charges pending against you for a felony or misdemeanor in any state/ jurisdiction? <i>(The Mississippi Board of Nursing may, in its discretion, refuse to accept the application of any person who has been convicted of a criminal offense).</i> If you checked yes, please request a personal interview appointment with the Practical Nursing Education Program Director.
YES	NO	Have you ever been disciplined by or pled no contest to charges filed by or entered into any agreement restricting your practice with any regulatory agency or certification organization? If you checked yes, please request a personal interview appointment with the Practical Nursing Education Program Director.
YES	NO	Do you understand that you will submit a notarized criminal background check/fingerprinting and must have no disqualifying offenses as listed in Section 45.33.23(f) of the MS Code in order to be admitted into the Practical Nursing Education program? (Please ask if you do not understand).
YES	NO	Do you understand the functional skills/abilities that are considered essential for the practice of nursing as listed below? <i>These include: fine motor skills, hearing, arithmetic competence, emotional stability, analytical thinking, critical thinking, interpersonal skills, communication skills, mobility, vision, and reading.</i> (Please ask if you do not understand).

Please indicate with ✓ any that currently apply to you:

<input type="checkbox"/> Paramedic	<input type="checkbox"/> Certified Nursing Assistant
<input type="checkbox"/> BS, BA or higher level degree	<input type="checkbox"/> Nurse Aide Training Program completed
<input type="checkbox"/> EMT	<input type="checkbox"/> High School Allied Health/Health Sciences Course completed
<input type="checkbox"/> Allied Health program certification/licensure	<input type="checkbox"/> Survey of Healthcare Careers Course completed

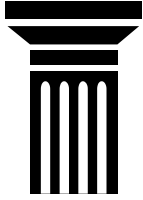
Date & place degree/certificate was awarded: _____

PLEASE NOTE: You are responsible for providing copies of certificates, etc. to validate the above information. Documentation must be submitted to the Health Sciences Office by the deadline date to receive points on the rating scale.

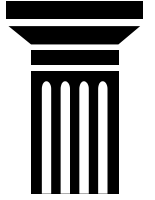
I attest the information provided on this application is true and accurate. I understand any falsification of the information invalidates the application.

Signature: _____ Date: _____

 Comments:
 (Revised 11/2014)



Northeast Mississippi Community College



Statement of Understanding Program of Study

Please read and initial the following statements and sign and date the form.

_____ I understand that I am in a Liberal Arts Program of Study while I am attempting to gain admission to a health related program.

_____ I understand the medical programs have limited enrollment; require a secondary application and students are accepted into the program based on points on a rating scale.

_____ I understand while I am taking the pre-requisite courses I am classified in a "Liberal Arts" program of study and have been assigned a medical program instructor as my advisor to help me select the courses to best prepare me for the competitive admission program in which I am interested.

_____ I understand I can earn an Associate of Arts degree in Liberal Arts that will transfer to a four-year college.

_____ I understand that I can transfer the courses listed in the Liberal Arts program of study in the Articulation Agreement between the Mississippi Board of Trustees of State Institutions of Higher Learning

Student Printed Name

Student Signature

Date