

## **Application Procedures for the ASU-Beebe Practical Nursing Program with classes offered at the Heber Springs and Searcy campuses**

1. All applicants must submit an **ONLINE APPLICATION** for admission to Arkansas State University-Beebe. **This is required even if you are currently enrolled at any ASU-Beebe campus.** This application is found at [www.asub.edu](http://www.asub.edu). On this form under “I plan to attend classes:” select **either** on the Heber Springs campus **or** on the Searcy campus; then select the “Term of planned enrollment:” then select under the “Intended Degree or Certificate:” the Technical Certificate in Practical Nursing. **This process must be repeated for EACH semester the student wishes to be considered for entry into the program.**  
(NOTE: The night/weekend class at Heber Springs will not start a new class until Fall 2011. The day class at Searcy starts a class every fall and spring semester.)
2. All applicants must submit recent (within the last five years) ACT or COMPASS test scores. **These test scores are required for program entry consideration even though the applicant may have previously successfully completed college algebra and/or freshman English courses.**

**Minimum acceptable ACT** test scores are **19** in the following areas: English, Reading and Mathematics.

**Minimum acceptable COMPASS** test scores are 75 in English, 82 in Reading, and 60 in Pre-algebra or 41 in Algebra.
3. All practical nursing applicants desiring bonus point consideration must submit **copies** of college transcripts, the **Nursing Application Supplement** and the **Nursing Questionnaire to the address indicated on the questionnaire and supplemental application.** These bonus points are added to the Compass/ACT test points and used in selecting students for entry into the program. These additional documents are located on the nursing webpage at:  
<http://csntweb.asub.edu/atah-div/LPN/index.html>.
4. Applicants **must complete all steps and meet all minimum requirements** mentioned above no later than the posted application deadline for consideration for admission into the practical nursing program. Actual application deadlines for each semester are posted at [www.asub.edu](http://www.asub.edu) under student announcements. This is an active link to the Practical Nursing webpage where the forms can be downloaded.

## Practical Nursing Program Application Checklist

- ☐ **ONLINE APPLICATION for admission to ASU-Beebe submitted.**  
This application is found at [www.asub.edu](http://www.asub.edu). On this form under “I plan to attend classes:” select **either** on the Heber Springs campus **or** on the Searcy campus; then select the “Term of planned enrollment:” then select under the “Intended Degree or Certificate:” the Technical Certificate in Practical Nursing.
- ☐ **ACT or Compass test scores submitted.**
  - Scores are Recent (within the past 5 years)
  - ACT scores are at least 19 in English, reading and mathematics
  - Compass scores are at least 75 in English, 82 in Reading and 60 in Pre-Algebra or 41 in Algebra
- ☐ **Nursing Application Supplement submitted to address on form?**  
This document is located on the nursing webpage at <http://csntweb.asub.edu/atah-div/LPN/index.html>.
- ☐ **Nursing Questionnaire submitted to address on form? (Bonus Points)**  
This document is located on the nursing webpage at <http://csntweb.asub.edu/atah-div/LPN/index.html>. **Applicants must provide proof for supervisory, community or work experience claimed.**
- ☐ **Transcripts submitted?**
  - Official Transcripts submitted to ASU-Beebe Admissions Office for admission to ASU-Beebe
  - **Unofficial (Copy) transcripts submitted with Nursing Application Supplement to address on Application Supplement (Bonus Points)**
- ☐ **Shot Records submitted to ASU-Beebe Admissions Office, if required?**
- ☐ **Are all required items received by the university prior to close of business on the day of the Application Deadline?**

## Practical Nursing Application Supplement

Name		Student ID/Social Security Number	
Mailing Address			
City		State	Zip Code
Home Phone		Cell Phone	
Alternate Phone		Email	

Do you want to enroll in the day or night/weekend classes (**choose only one**)?

☐ I desire to enroll in the day classes offered at ASU-Searcy.

☐ I desire to enroll in the night/weekend classes offered at ASU-Heber Springs.  
**(This program will not start new classes until the Fall 2011 semester)**

In which semester do you wish to start the practical nursing program?

Fall 201\_\_\_\_

Spring 201\_\_\_\_

Have you previously taken any college courses? ☐ Yes ☐ No

If yes, at what institution? \_\_\_\_\_

Are you currently enrolled in any college courses? ☐ Yes ☐ No

If yes, at what institution? \_\_\_\_\_

**You must attach copies of all college transcripts to this supplemental application to be considered for receiving bonus points for eligible college coursework.**

Please return this form and attachments to: Gail Burton, RN  
Practical Nursing Program Director  
P.O. Box 909  
Searcy, AR 72145

## PRACTICAL NURSING QUESTIONNAIRE

APPLICANT NAME: \_\_\_\_\_

This questionnaire is a required component of the admission process for the Practical Nursing Program and may result in the awarding of bonus points that may aid in the selection into this program. You will receive a score based upon the answers you provide and the supporting documentation.

*Please complete the questionnaire and return it to the address listed at the bottom of this page.*

**LEADERSHIP/COMMUNITY SERVICE:** Please **circle** the description that **best fits** your supervisory experience AND/OR community service activities within the past **five (5) years**.

*30 points possible for supervisory experience*

*20 points possible for community service*

- ☐ A. Supervised two (2) or more employees  
☐ B. Supervised one (1) employee  
☐ C. No Supervisory Experience  
☐ D. Member of one or more of the following organizations **and** perform volunteer work in the organization:  
\_\_\_\_ PTO                      \_\_\_\_ Red Cross                      \_\_\_\_ Special Olympics  
\_\_\_\_ Girl Scouts                      \_\_\_\_ Boy Scouts  
\_\_\_\_ United Way                      \_\_\_\_ Cancer Society                      \_\_\_\_ Other: specify: \_\_\_\_\_

**\*\*\*Please send a copy of your membership card and a letter from an organizational board member or officer describing your volunteer work.**

**Please send a letter verifying supervisory experience from your supervisor or employer.**

**PREVIOUS EXPERIENCE:** Please circle the **ONE** answer that best applies to your experience in the healthcare field within the past five (5) years. Direct patient care is defined as the hands-on care of individuals in a health care institution by a certified nursing assistant.

*50 points possible for work experience*

- ☐ A. One (1) year or more employment in direct patient care within the last five (5) years.  
☐ B. Six (6) months to one year employment in direct patient care within the last two (2) years.  
☐ C. Less than six (6) months employment in direct patient care within the last two (2) years.  
☐ D. CNA Licensure or Certificate of Proficiency in CNA but no direct patient care bonus points.  
\_\_\_\_ CNA License # \_\_\_\_\_  
☐ E. No direct patient care, but have health care institution experience of three (3) months or more in one of the following areas:  
\_\_\_\_ Medical Records                      \_\_\_\_ Radiology                      \_\_\_\_ Maintenance  
\_\_\_\_ Housekeeping                      \_\_\_\_ Dietary                      \_\_\_\_ Business office  
\_\_\_\_ Physician's office                      \_\_\_\_ Other: please specify: \_\_\_\_\_  
☐ F. High School experience in Allied Health, i.e. Medical Professions Education Program, within the past two (2) years.  
☐ G. No experience in the health care field.

**\*\*\*Please have your employer sign below as verification of your employment in the health care field. Return this form to the address below after it has been signed by your employer.**

\_\_\_\_\_  
Employer Printed Name

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Employer Telephone Number

\_\_\_\_\_  
Hospital/Clinic/Agency

By signing this form, I affirm that all information supplied on this application is complete and accurate. Any misrepresentation of facts could be cause for refusal of admission, cancellation of admission, or suspension from the university.

\_\_\_\_\_  
Applicant Signature

**Mail this form & required documentation to:**

Gail Burton, RN  
Practical Nursing Program Director  
P.O. Box 909  
Searcy, AR 72145

This document must be received before applicants will be considered for admission to the Practical Nursing Program. **The deadline for receipt of this document is the posted "Application Deadline."**

Updated 12/2/09