

LPN/RN Advanced Placement Application and Agreement

For Spring 2024 Entry
(OCTOBER 15, 2023 APPLICATION DEADLINE)

_____ Last Name*	_____ First Name*	_____ Middle Name*	_____ Other Last Names (or put "none")*	
_____ RCC Student ID Number*		_____ Date of birth (mm/dd/yyyy)*	_____ Current age*	
_____ Current mailing address (street address or PO Box)*		_____ City	_____ County	_____ State
_____ Physical address if different from mailing address (or put "same")*		_____ City	_____ County	_____ State
_____ Daytime phone*		_____ Official RCC Student email address*		

Important Note: Official notifications will occur by email — Email communications will only be done via the student official RCC student email accounts. Please make sure you have them activated.

* **Asterisk indicates required information.** OSBN License and verification of degree requires full SSN. Application is considered incomplete if no RCC ID number is documented.

Ethnic Background and Gender-Optional: Information that will help us provide the Oregon State Board of Nursing and/or Oregon Health & Science University School of Nursing and/or Oregon Center for Nursing with important recruitment and admissions statistics; please mark responses): **Gender:** ☐ Male ☐ Female ☐ Other/Non-Binary

Primary Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> Race and Ethnicity unknown | <input type="checkbox"/> Hispanic or Latino or Spanish Origin |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Other |

TO BE ELIGIBLE TO APPLY:

LPN Advanced Placement applicants must meet the following eligibility criteria by specified times:

- ❖ Completion of a minimum of 30 (of the required 45 prerequisite credits) to include BI231: Anatomy and Physiology I and MTH95: Intermediate Algebra equivalent or higher. Refer to the 22-23 Nursing Program Map. Grades must be "C" or better and a cumulative prerequisite GPA ≥ 3.0 by end of the summer term (before the October 15 application deadline) in the year of application. OCNE academic policies are that letter grades are used/recognized without +/- designation in calculating GPA. The remaining prerequisite courses may be completed the fall or winter terms before matriculation into the spring term LPN/RN Advanced Placement program.
- ❖ You cannot have been dismissed from any nursing program or have failed any two nursing courses.
- ❖ Applications will not be processed for any student who has a financial hold at RCC. Applications will be held until the hold is cleared. Un-cleared holds will result in disqualification if not taken care of by the October 15 application deadline.
- ❖ Credits taken pass/no pass (if accepted by the college as meeting requirements) may be considered only if the "pass" was equivalent to a "C" or better.
- ❖ Completion of all required forms, including RCC Admission (admission application) for students who have not previously been admitted to RCC). NOTE: You must be admitted to Rogue Community College, have an official RCC ID# and official RCC student email address to be eligible to apply to the LPN Advanced Placement Nursing Program.
- ❖ Proof of current unencumbered Oregon LPN license and ≥ 500 hours of LPN work experience by the October 15 application deadline. LPN license must remain current and unencumbered throughout the advanced placement process to progress.
- ❖ You must have taken and passed the ATI TEAS exam with a score of 58.7% or above.

Transcripts:

- ❖ All transcript from previously attended colleges must be received by October 15 at 11:59AM. Information for electronic transmittal of transcripts can be found at [RCC Transfer Transcripts](#). If you have a sealed copy of an official transcript you may mail to Rogue Community College, Attn: Registrar, 3345 Redwood Hwy, Grants Pass, OR 97527. Be sure to write "Nursing Transcript" on the envelope. Courses taken from Rogue Community College do NOT need to be submitted for transfer. General education courses must be completed at a regionally accredited college or university to transfer to RCC.
- ❖ Before the application deadline of October 15, submit official transcripts electronically showing successful completion of a Practical Nursing program (whether or not the courses are from a regionally accredited college).
- ❖ Non-current RCC students must complete the online [Transfer Credit Evaluation Request](#) to trigger an official evaluation. Students who have submitted official transcripts previously and have requested a transfer credit evaluation do NOT have to request this again unless it is a transcript with NEW courses not previously evaluated.

Complete the ATI TEAS Exam:

- ❖ The Test of Essential Academic Skills (TEAS) is a basic admission requirement that assesses a student's preparedness to enter the health care field. Applicants must take the TEAS exam before the application deadline and submit results via email to LPNAdvancedPlacement@roquecc.edu. Include the results of your TEAS Exam with your Application Agreement.
- ❖ To qualify to apply to the RCC LPN Advanced Nursing Program, applicants must have a composite score of 58.7% or higher.
- ❖ To learn more about the TEAS, study packages, registration, exam details, and obtaining your exam transcript, please visit [ATI TEAS](#) for details. Scores of previous TEAS exams can be used within the previous two years of the application deadline. Students with a score **less than 58.7%** are ineligible to apply.

Submission of Payment and Verifications:

- ❖ The application must be submitted electronically to the email address LPNAdvancedPlacement@roquecc.edu Utilizing the applicant's **OFFICIAL RCC STUDENT EMAIL ADDRESS**. The application fee of \$100 must be submitted online to [Rogue Community College Marketplace](#).
- ❖ **Verification: to be included with Application and Agreement:**
 - LPN Work Experience Form
 - OSBN LPN licensure
 - Hospital Experience Verification
 - Veteran Status proof – if points sought

LPN Advanced Placement Program Map of Course Requirements

Student Name: _____ RCC ID #: _____ Date: _____

Please complete the following chart (based on [22-23 Nursing Program Map](#)) indicating where you have completed the required nursing prerequisites and other general education courses. A minimum of 30 of the required 45 program prerequisite credits with the minimum of 30 credits to include BI231 (A&P I) and MTH 95 (higher or equivalent) must be completed the the summer term before the October 15, deadline with a letter grade of "C" or better and a with a cumulative prerequisite GPA ≥ 3.0 . The remaining prerequisite courses may be completed the fall or winter term before matriculating into the Spring Term LPN/RN Advanced Placement Program. All first-year program nursing general education courses must be completed with a grade of C or better by the end of summer term 2024.

To the extent that the courses you list below are deemed to meet RCC Nursing Program requirements, they will be used to calculate your nursing application GPA for the minimum of 45 credits of prerequisites. If a student has more than one transcribed math or computer science course that would apply equally to a requirement, the course with a higher grade will be used for the selection process, except that for repeated courses only the most recent grade will be used. Students who, by the application deadline, do not submit official transcripts from ALL previously attended colleges or universities will be disqualified.

Required Prerequisites/First Year Courses	Completed Course Number	College & Year Completed	Grade	RCC Credits
BI211 Gen Biology (includes genetics) w/Lab				4
BI231 Anatomy and Physiology I w/lab (within 7 years)				4
BI232 Anatomy and Physiology II w/lab (within 7 years)				4
BI233 Anatomy and Physiology III w/lab (within 7 years)				4
BI234 Microbiology w/Lab				4
CIS120 Concepts in Computing or higher (within 10 years) or documented proficiency				0-4
MTH95 (or 96) Intermediate Algebra or higher-level math				4
NFM 225 Nutrition				4
PSY201 or PSY202 Gen Psych or other Social Science*				4
PSY215 Lifespan Human Development (may be 3 credits if taken elsewhere)				4
WR121Z English Composition I*				4
WR122Z English Composition II*				4
Humanities, Social Science, or Science Electives*** (as needed to meet the minimum of 45 prerequisite credits after all required prerequisites are completed)	List number of credits completed, not courses:			
Social Science Elective**				3
Research Writing**** (not required if a student has completed WR122 [4 credits] with research writing included).				0-4
Humanities, Social Science or Science Electives*** (15 in-program electives) List number of credits completed beyond any listed above (do not list courses):				

*3 credit courses completed before the summer 2009 are acceptable as prerequisites.

**Please see the College Catalog for a list of Social Science, Humanities, and Science elective courses acceptable for the AAS degree (to count as an elective course must not already be named as required for the Nursing Program).

***Electives may include foreign language (100 level or higher) or speech and may include the extra credits when a 4 or 5 credit course is taken to meet a listed 3-credit requirement.

****If a student has completed their writing courses with 3 credits each, they must take an additional writing course to meet the total of 8 required writing credits to include research writing.

LPN/RN Advanced Placement Agreement

Must be emailed to LPNAdvancedPlacement@roguecc.edu. Your name and RCC ID# must be in the subject line. Please print neatly if you choose to complete by hand:

_____ Last Name	_____ First Name	_____ Full Middle Name	_____ Previous Last Name(s)
_____ RCC Student ID Number	_____ RCC Student Email Address		_____ Phone/Cell Number

You must notify the Nursing Program at mweast@roguecc.edu of ANY address, phone/cell number, email, or name change after you submit your application

Initial each item below to acknowledge you have read, understand, and agree to the following:

- ____ 1. I have completed the Rogue Community College admission process and have obtained an RCC ID or I am a current student with RCC ID. (If not already admitted to RCC, the RCC general college admission application is available on the college website.)
- ____ 2. I understand that by making an application to the Rogue Community College LPN Advanced Placement Program I am also applying for co-admission to OHSU and authorize the release of my application and academic information to OHSU as required to facilitate my program of study or for statistical or evaluative purposes. I understand that a new criminal background check and urine drug screen will be required for entrance into the OSU BSN program.
- ____ 3. I understand that the application process is to be done electronically and I may NOT mail or drop off my application, transcripts, or verification documents unless I have in my possession an official, sealed transcript of which I may mail USPS to the Grants Pass location of Rogue Community College, Attn: Registrar (Nursing Transcript), 3345 Redwood Highway, Grants Pass, OR 97527.
- ____ 4. I understand that by emailing my application, agreement, and verifications I can confirm receipt and/or attachment of verifications by checking my sent email and/or utilizing the "return receipt" option on my Outlook email.
- ____ 5. I must provide transcripts of a completed Practical Nursing Program as well as college transcripts from any regionally accredited university or college previously attended.
- ____ 6. I have attached the LPN Advanced Placement Program Map (page 3) indicating that I have completed a minimum of 30 of the required 45 prerequisite credits to include BI231 and MTH 95 (higher or equivalent) and any completed or planned Humanities, Social Science or Science electives prior to matriculation with a minimum grade of C or better and a minimum cumulative GPA of 3.0. My required computer science course or proficiency exam is no older than 10 years and my anatomy and physiology courses will not be older than 7 years by October 15, 2023.
- ____ 7. I have attached the LPN Work Experience Form verifying at least 500 hours of work experience as an LPN.
- ____ 8. I understand any additional documentation that I upload and attach not requested in this application will be discarded/shredded.
- ____ 9. I understand that if admitted to the Advanced Placement program begins the spring term of 2024 and that I will need to register for NRS232 Pathophysiological Processes I for that term.
- ____ 10. I understand that the RCC Nursing Program, in agreement with other consortium partners, has a policy that states "Students who have failed (or withdrawn while failing) any nursing course more than once (or any two nursing courses), regardless of the program, will not be considered for re-entry or advanced placement to OCNE nursing programs." This includes entry to LPN/RN Advanced Placement program at RCC.

Student Name: _____

RCC ID: _____

___ 11. I understand that if I progress satisfactorily to spring term courses, I will be required to abide by the Oregon Health Authority Chapter 409, Division 30 Rule as it applies to all healthcare students enrolled in higher education programs in the State of Oregon and will be required to submit and pass the criminal history background check and a urine drug screen as well as vaccination, TB testing, CPR certification and COVID/Influenza status.

___ 12. RCC does not currently mandate COVID-19 vaccination for students, however students who are not vaccinated must provide a valid vaccination exemption as defined by the CDC and the OHA. Any changes to the requirements for COVID -19 vaccination will be addressed as they occur.

___ 13. I understand admission to the LPN Advanced Placement program requires a full-time commitment and I will be responsible for arranging my work schedule so as not to conflict with a class or clinical requirements.

___ 14. I understand that I must pay the \$100 application fee to [RCC Marketplace](#).

___ 15. I have attached a copy from the OSBN website of the verification of my unencumbered Oregon LPN license. I understand my LPN license must remain current and unencumbered throughout the advanced placement process.

___ 16. I understand that if I have a financial hold at RCC, my application WILL NOT be processed unless the financial hold is removed before 11:59 p.m. on October 15, 2023.

___ 17. I understand that reading and following directions are critical to success in any nursing program. Incomplete applications will result in disqualification and disqualified applicants will only receive notice of such after the application deadline has passed.

___ 18. I understand to earn selection points for being a military veteran (or active military) I must attach proof of honorable discharge or active status in good standing.

___ 19. I understand for hospital experience points as a CNA-2 acute care student or employee, PN student or LPN employee, or a medic or corpsman I must attach a completed Hospital Experience form. (Several copies may be submitted if needed to show a total of 500 hours.)

___ 20. I understand that as part of the application process, I am required to sit in person for an essay session which will be held:

November 2, 2023

November 3, 2023

Session 1: 8:30 AM-10:00 AM	Session 1: 8:30 AM-10:00 AM
Session 2: 10:30 AM-12:00 PM	Session 2: 10:30 AM-12:00 PM
Session 3: 1:00 PM-2:30 PM	Session 3: 1:00 PM-2:30 PM

Deadline to reserve is October 30, 2023, at 5:00 p.m.

___ 21. I understand that entrance to the essays will only be allowed to applicants with completed applications on file.

Name (Printed)

Signature (required)

Date

The LPN Advanced Placement Nursing program adheres to the RCC nondiscrimination statement. Rogue Community College does not discriminate in any programs, activities, or employment practices based on race, color, religion, ethnicity, use of native language, national origin, sex, sexual orientation, gender identity, marital status, veteran status, disability, age, pregnancy, or any other status protected under applicable federal, state, or local laws. For further policy information and a full list of regulatory-specific contact, persons visit the following webpage: www.roguecc.edu/nondiscrimination.

LPN/RN Advanced Placement Nursing Program
Point Criteria Notification

The following information is to notify the application/selection committee that I am requesting certain local criteria points and have provided the required information and forms. Please complete and include with the application and agreement.

Applicant Name: _____

RCC ID: _____

Possible Additional Selection Point Items	Please Indicate Your Response	Additional Information	Completed at (School Name)
I have previously earned an Associate's Degree or higher at a regionally accredited College/University.	YES NO	Highest degree completed, and month/year of graduation:	
I am seeking points for Jackson or Josephine County Residency and have an RCC LPN Practical Nursing Certificate.	YES NO		
I am seeking points for work experience of 550 hours or more. Attach form(s).	YES NO		
I am a military veteran and have submitted my DD214 as proof of my honorable discharge from the service or am on active duty and have attached proof of status.	YES NO		
I am seeking points for Jackson or Josephine County Residency and have taken a minimum of 12 credits of any courses at RCC at any time in the past.	YES NO		
I am seeking points for hospital work experience in the specified capacity. Attach form(s).	YES NO		

LPN/RN Advanced Placement Nursing Program Work Experience Verification

Student Name: _____ Date: _____ RCC ID: _____
Please Print

Dear Employer/Supervisor/Human Resources Manager:

The above individual is planning to apply to the RCC Nursing Program by the deadline of October 15, 2023, for available LPN advanced placement positions beginning spring term. The applicant must prove accumulation of a minimum of 500 hours of work experience as a Licensed Practical Nurse (in any setting in a position that **requires the LPN license**, is regularly supervised by an RN or licensed independent healthcare practitioner, and for work at the **LPN Scope of Practice that would qualify for license renewal in Oregon**).

To assist this applicant with the process, **please respond to all questions, fill in the requested information, and return it to the application before the application deadline.** The applicant may submit documents from more than one employer to provide proof of required hours of work experience.

If you have any questions you please email mbrewer@roquecc.edu. Thank you for your help.

Sincerely,

Margaret Brewer, MSN, RN
Interim Director of Nursing
RCC Nursing Programs

Total Number of Hours Worked here as an LPN:

500 hours _____	900-1050 hours _____
≥550 hours _____	>1051 hours _____
551-699 _____	N/A _____
700-899 hours _____	

Check "NA" for "Not Applicable" on the "Total hours" line above IF the position/duties **does not require** LPN licensure or IF the LPN is not regularly supervised by an RN or a licensed independent health care practitioner (e.g. a Nurse Practitioner or M.D.).

I verify that this applicant has worked as an LPN at this facility in a position for which an LPN license is required, with duties within the scope of practice of an LPN, and in which **regular supervision** by a registered nurse or licensed independent health care practitioner authorized to make changes in patient plans of care occurs.

Signature of Supervisor or HR Manager

Printed Name and Title

Facility

Phone Number

ROGUE COMMUNITY COLLEGE

LPN/RN Advanced Placement Nursing Program

ACUTE HOSPITAL WORK EXPERIENCE

Student Name: _____ RCCID: _____ Date: _____

Dear Instructor/Supervisor/Commander/Human Resources Manager:

The above individual is planning to apply as an LPN for advanced placement in the RCC Nursing Program by October 15, 2023. To qualify to apply, the applicant must have a minimum of 500 hours of work experience as an Licensed Practical Nurse. To earn additional points, the applicant must prove accumulation of at least 750 work experience hours in patient care as a student or employee or medic or corpsman in a hospital in any of the above roles in the past five years. To assist this applicant with the process, please fill in the requested information and return it to the applicant. The applicant may submit documents from more than one person to provide proof of hours of hospital experience.

The applicant must include this document with their application if they are seeking these two points. The deadline is October 15, 2023, at 11:59 p.m.

Sincerely,

Margaret Brewer, MSN, RN
Interim Nursing Director

Please verify the number of patient care hours (work in any other capacity does NOT count) this applicant has had as a CNA-2 student or employee, PN student or LPN employee, Medic or Corpsman at your hospital facility:

Total Number of Hours, in past 5 years, of patient care in hospital as [insert role: _____] = _____

Signature of Instructor, Supervisor, HR Manager or Commanding Officer

Printed Name and Title

Contact Phone: _____

Contact email: _____