



# 2023 – 2024 NURSING PROGRAM APPLICATION ALLIED HEALTH SCIENCES DEPARTMENT

- ☐ Advanced Placement (LPN to RN) ☐ I received my LPN from \_\_\_\_\_ school in (\_\_\_\_)
- MO LPN license # \_\_\_\_\_ ☐ I am a current PN student at MAC
- ☐ I am a previous PN graduate from MAC nursing program
- ☐ ADN Sophomore Reapplication\* *\*must be previous MAC ADN Sophomore*

## Credentials:

MAC Student ID \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

## Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ (Maiden \_\_\_\_\_)

## Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

## Contact Info:

Cell Phone \_\_\_\_\_ MAC Email Address \_\_\_\_\_ ☐ U.S. Citizen ☐ Authorized Alien Status

## Schools:

Name of Other Colleges	City, State	Completed Degree Name	Last Year Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Nursing:

Have you ever been a student in any nursing program\*? ☐ Yes\* *\* Required for Advanced Placement application*

### LPN

Name of School \_\_\_\_\_ City, State \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree ☐

If ever disciplined by State Board of Nursing or license revoked, explain \_\_\_\_\_ NCLEX Pass Date \_\_\_\_\_ LPN License Number \_\_\_\_\_

### Other

Name of School \_\_\_\_\_ City, State \_\_\_\_\_ Dates Attended \_\_\_\_\_ Passing ☐ Failing ☐

Explain reason for not completing \_\_\_\_\_

**Convictions:**

Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime (excluding traffic violations), whether or not sentence was imposed, in this state or any other state?

☐ Yes ☐ No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been arrested or convicted of a sexual offense in this state or any other state?

☐ Yes ☐ No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ If yes, please explain: \_\_\_\_\_

**Test Scores:**

List your highest Accuplacer Next Generation scores for each test area:

Writing	
Math: <input type="checkbox"/> QAS <input type="checkbox"/> AAF	
Reading	

☐ Meets minimum requirement ☐ Must test again

☐ Meets minimum requirement ☐ Must test again

☐ Meets minimum requirement ☐ Must test again

**Prerequisites:**

List your prerequisite courses, equivalent or higher, with highest grade:

Course	Grade	School	Term
English			
Math			
Human Anatomy -Chemistry is co/prerequisite			
Human Physiology			

**Grade Point Average:**

Calculate your selection GPA and write it here:

☐ Meets program requirement

**Acknowledgements:**

By signing below, I acknowledge that I have read, understand and been offered a copy of the Notice of Entrance Requirements. I confirm that these requirements include academic testing, prerequisites and GPA criteria. I understand that I am responsible for requesting official transcripts from other educational institutions. I am aware the deadline for completion and submission of these criteria is the same as the application.

Furthermore, I acknowledge that I have read, understand and been offered a copy of the Notice of Essential Functions necessary for the nursing program. By signing here, I confirm that I can perform, with or without reasonable accommodation, the essential functions necessary in the role of a student nurse.

Additionally, I have been offered the Notice of General Policies which includes information regarding Equal Opportunity at Mineral Area College and the American Disabilities Act. I have also been provided with information on accessing the Missouri Nursing Practice Act.

**Signature:**

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

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Initials: \_\_\_\_\_