



NURSING PROGRAM APPLICATION ALLIED HEALTH SCIENCES DEPARTMENT

SELECT THE PROGRAM or PROGRAMS YOU ARE APPLYING TO:

Associate of Science in Nursing (ADN-RN) 1ST Choice

Program in Practical Nursing (LPN) 1ST Choice

-also- Choose Option PN only or Plan to apply to LPN-RN Bridge/Advanced Placement after PN

Advanced Placement (LPN to RN Bridge) See below

Current MAC Practical Nursing student applying for the Advanced Placement Program (LPN to RN) PN Graduation year (_____)

ADN Sophomore Reapplication* *must be a previous MAC ADN Sophomore reapplying to the program

Advanced Placement (LPN to RN) I received my LPN from _____ school in (_____)

I am a previous PN graduate from MAC nursing program graduate in (___)

Adv. Placement Location: MAC Main Campus: _____ Mercy Hospital Perry (Perryville): _____ Saint Francis Med. Center (Cape Gir.): _____

Credentials:

_____/_____/_____
MAC Student ID Date of Birth Social Security Number

Name:

Last First Middle Maiden

Address:

Street Address City State Zip County of Residence Country

Contact Info:

_____.stu@MineralArea.edu U.S. Citizen Authorized Alien Status
Cell Phone MAC Email Address

Schools:

Are you a current High School student*? Yes No * Must graduate from high school by June 2024

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

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Nursing:

Have you ever been a student in any nursing program*? Yes* No * Required for Advanced Placement application

LPN

Name of School City, State Dates Attended Certificate or 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. 250 is minimum requirement:

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

Meets minimum requirement Must test again

Meets minimum requirement Must test again

Meets minimum requirement Must test again

Prerequisites:

Prerequisites: List your prerequisite courses, equivalent or higher, with highest grade if course completed:

Course / Number	Grade	Credit Hrs.	School
English Comp. I (ENG1330)			
Math (Quantitative Reasoning or higher) (MAT1240)			
**Human Anatomy			
**Human Physiology (Assoc. programs only)			
Fundamentals of Nursing (AP only)			

**Human Anatomy and/or Human Physiology courses taken at a Career and Technical school do not transfer. Human Anatomy BIO2600 & Human Physiology BIO2620 courses or an equivalent are accepted. Physiology courses taken online on or after 1/1/2023 will require passing an entrance exam.

Grade Point Average:**Acknowledgements:**

Calculate your selection GPA and write it here: on 4.0 scale

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: _____