Application deadline: March 7th, 2025



2025 – 2026 NURSING PROGRAM APPLICATION ALLIED HEALTH SCIENCES DEPARTMENT

You must apply and be accepted to MAC prior to submitting this program application: https://www.mineralarea.edu/future-students/how-to-apply/

IF	IF YOU WANT TO APPLY FOR ONE PROGRAM, SELECT FROM THE FOLLOWING:												
	Associate of So	cience in Nursing (RN) OR 🚨 Pr				າ B (Plan to a	apply to AP after PN)						
	Associate of So	O APPLY FOR BOTH PROGRAI cience in Nursing (RN) O 1st Cho ctical Nursing (LPN) O 1st Choice	ice	BOTH AND MA	RK YOUR FIRS	ST CHOICE:	<u> </u>						
IF YOU WANT TO APPLY FOR ADVANCED PLACEMENT (LPN TO RN BRIDGE), SELECT YOUR CHOICE & LOCATION: □ Current MAC Practical Nursing student applying to AP: Graduation year (2025) □ Current Practical Nursing student applying to AP: Graduation year (2025) PN School: □ ADN Sophomore Reapplication* * must be a previous MAC ADN Sophomore reapplying to the program □ Current LPN applying for LPN to RN Bridge:													
			LPN Licen	se Number		NCLEX Pass Date							
	MAC Main Cam Mercy Hospital	CEMENT LOCATIONS: MARK Y pus Perry (Perryville) edical Center (Cape Girardeau)		, CHOICE:									
	Credentials:												
		MAC Student ID	Date	of Birth	Soc	ial Security Nur	mber						
	Name:												
	Humo.	Last	First	Midd	lle	Maiden							
	Address:	Street Address City	1	State Zip	County of R	esidence	Country						
	Contact Info:	zen 🗖 Author	rized Alien Status										
		Cell Phone Are you a current High School stud	MAC Email Addr	* Must aradua	* Must graduate from high school by June 2025								
Schools:					_								
		Name of Other Colleges attended	C	City, State	Completed De	gree Name	Last Year Attended						
		Have you ever been a student in ar		ad for Advance	d Placement application								
	Nursing:	Thave you ever been a diddone in an	Ty Training progre	- No Nogan	70 70 710 Various	ar ladement application							
	LPN												
	Name of School		City, S	City, State		nded Cer	tificate or Degree						
	If ever disciplined by State Board of Nursing or license revok				_								
	Other	Name of School	City	Cto	to Dot	tes Attended	O O						
	Other	Name of School	City	Star	ie Dai	es Alleriueu	Passing Failing						
		Explain reason for not completing											
			Page 1 of 2	,		Initials:							
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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://								
	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: ☐ QAS		☐ Meets minimum requirement ☐ Must test again						
	Reading		☐ Meets minimum requirement ☐ Must test again						
	Writing		☐ Meets minimum requirement ☐ Must test again						
Prerequisites:	Prerequisites: List your prerequisite courses, equivalent or higher, with highest grade if course completed. If currently enrolled in the course, put WIP (work in progress) in the grade column.								
	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)								
Grade Point Average:	**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.								
Acknowledgements:	By signing below, I acknowledge that I have read, understand and been offered a copy of the <u>Notice of Entrance Requirements</u> . 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 <u>Notice of Essential Functions</u> 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 <u>Notice</u> Equal Opportunity at Mineral Area College are information on accessing the Missouri Nursin	nd the Ame	rican Disa						
Signature:	Student Signature Completed applications can be turn	ed into C	_	ate d Health Ex	xecutive Office or				
FOR OFFIC	by email to: <u>iharper@mineralarea.ed</u> EE USE ONLY: Date://		Initials						
	GPA on a 4.0 scale (GPA does not get rounde								
	GPA based on the prerequisite course: LPN/AP		3.0		Revision Date 04/26/2024 AE				