

**UPWARD MOBILITY NURSING PROGRAM
APPLICANT CHECKLIST**

Applicant Name: _____

Please complete the following checklist to ensure all of the required items are submitted with your application.
Incomplete applications are not considered.

REQUIRED DOCUMENTATION	Date Submitted
UMN Application	
Written Interview	
Completed Work History	
Official LVN/LPN transcript	
Current LVN/LPN Licensure/Expiration Date	
Transcripts of completed courses. Transcript evaluation or course substitution form must be included for all transfer credits.	
A ² profile (with a composite score of 75 or higher and a reading comprehension of 80 or higher)	

Please provide information for courses you have completed or plan to complete prior to entering the nursing program.

Course Name	Course Number	Course Number (if different)	Semester	Year	Grade	College
Nursing Frameworks	PSYC 1200					Only accepted from LSCO
Anatomy & Physiology I	BIOL 2301/1301					
Anatomy & Physiology II	BIOL 2302/1302					
Microbiology	BIOL 2420					
English Composition I	ENGL 1301					
College Algebra or Statistics	MATH 1314 or MATH 1342					
Health Assessment (within five years)	RNSG 1300					
Nursing Pathophysiology (within five years)	RNSG 1311					
Intro to Speech or Public Speaking	SPCH 1311 or SPCH 1315					
Creative Arts Elective OR Language Philosophy or Culture Elective	ARTS 1301; DRAM 1310; or MUSI 1306 HUMA 1315; SPAN 2311; ENGL 2322, 2323, 2326, 2331, 2341. HIST 2321, 2322, PHIL 1301					
General Psychology	PSYC 2301					
Lifespan G & D	PSYC 2314					
CORE CURRICULUM						
American History I	HIST 1301					
American History II	HIST 1302					
American Government I	GOVT 2305					
American Government II	GOVT 2306					
English Composition II	ENGL 1302					
Statistics	PSYC 2471					
Intro to Chemistry or General Chemistry	CHEM 1406 or CHEM 1411					

For office use only **DO NOT WRITE IN THIS SPACE**

Application _____

A2 _____

Transcript VN _____

Interview _____

TSI _____

Transcript 1 _____

Employ Hx _____

Transcript 2 _____

LAMAR STATE COLLEGE-ORANGE

410 Front St.
Orange, TX 77630
(409) 883-7750

ASSOCIATE DEGREE NURSING TRANSITION (LVN-TO-RN)

APPLICATION FOR ADMISSION

(Please print in ink or type)

This application is good only for the _____ class

Please Indicate your 1st Preference: Online _____ Classroom _____

Last Name _____

Social Security No. _____

First Name _____

Middle Name _____

Suffix (Jr., II, etc.) _____

Other names you have had _____

Mailing Address _____
Street, PO Box, rural route, etc. City State Zip

Permanent Address (if different) _____
Street, PO Box, rural route, etc. City State Zip

Home phone # (xxx) xxx-xxxx _____ Work phone # (xxx) xxx-xxxx _____

Mobile phone # (xxx) xxx-xxxx _____ Email _____

Emergency Contact: _____ Relationship _____

Address _____ Telephone # (xxx) xxx-xxxx _____
Street City State Zip

Citizenship: U.S. Citizen Permanent Resident Alien International Student

Have you earned a

HIGH SCHOOL diploma School name/city/state _____
(From an accredited US High School) _____

Date awarded or expected grad date _____

OR

GED certificate Date awarded _____

VOCATIONAL NURSING EDUCATION: Give name, location, and date of graduation from Vocational Nursing program.

Are you currently enrolled in a college or university? YES NO
If yes, name of institution & city/state _____

List all courses in which you are currently enrolled _____

VN License Number _____ State _____ Exp date: _____

DOB _____ (DOB is required by TX Board of Nursing to complete Criminal Background Check)

COLLEGES/UNIVERSITIES ATTENDED (Vocational, 2-year and/or 4-year)

School name/city/state	Major & Degree earned	Dates attended

Have you previously enrolled in a professional nursing program? YES NO If yes, fill in below:

Type (ADN, BSN)	Institution name	City	State	Dates attended

If you have experienced any of the following circumstances, you must contact the Board of Nurse Examiners for the State of Texas at 512-305-7400 to seek a declaratory order to determine whether you will be eligible for licensure as a registered nurse in Texas.

For any criminal offense, including those pending appeal, have you:

- Been convicted of a misdemeanor?
- Been convicted of a felony?
- Pled nolo contendere, no contest, or guilty?
- Received deferred adjudication?
- Been placed on community supervision or court-ordered probation whether or not adjudicated guilty?
- Been sentenced to serve jail or prison time? Court-ordered confinement?
- Been granted pre-trial diversion?
- Been arrested or have any pending criminal charges?
- Been cited or charged with any violation of the law?
- Been the subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

Are you currently the target or subject of a grand jury or governmental agency investigation?

Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate or multistate privilege, held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

Within the last five (5) years, you were diagnosed with, treated or hospitalized for schizophrenia and/or other psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder.

I certify that information given on this application is correct and complete. I understand that misrepresentation or omission of information will make me ineligible for admission to, or continuation in, the Lamar State College-Orange Associate Degree Nursing Program.

Legal signature of applicant _____ Date

Lamar State College-Orange is an equal-opportunity institution and does not discriminate against anyone on the basis of race, color, national origin, gender, age, disability, religion or veteran status.

**LAMAR STATE COLLEGE-ORANGE
UMN PROGRAM APPLICANT INTERVIEW**

NAME: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AND RETURN THIS INTERVIEW FORM WITH YOUR APPLICATION.

1. Why do you want to pursue an Associate Degree in Nursing?

2. Describe what you like best about being a nurse?

3. Describe what you like least about being a nurse?

4. What do you expect to learn in the Upward Mobility Nursing Program?

5. Describe the important ways that you have changed in the last five years?

6. What do you see yourself doing in the next ten years?

7. Describe two things that you have done in your lifetime of which you are most proud.

8. What is there in your overall background that you believe will enable you to succeed in the ADN program?

9. Is there anything else you would like to tell the Standards Committee?

**LAMAR STATE COLLEGE-ORANGE
EMPLOYMENT/WORK HISTORY**

Work Experience: Summarize your work experience since graduation from your VN program. Please include all temporary, part-time, and full-time positions. Specify all unemployed time periods. List places/dates of employment and type of nursing care (e.g. medical/surgical,OB, ICU, etc.), immediate supervisor, and reason for leaving. Beginning with the most current, additional pages may be used.

Company name:	Supervisors Name:
Address:	Phone Number:
Dates of Employment: from: _____ to _____	Position:
Reason for Leaving:	

Company name:	Supervisors Name:
Address:	Phone Number:
Dates of Employment: from: _____ to _____	Position:
Reason for Leaving:	

Company name:	Supervisors Name:
Address:	Phone Number:
Dates of Employment: from: _____ to _____	Position:
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