Application Deadline for Traditional Option: March 31, 2019
Arkansas Northeastern College
Associate Degree Nursing (RN) Program - Traditional Option
Information Guidelines
2018-2019

The Nursing Program at Arkansas Northeastern College (ANC) is a two year associate degree program that prepares students to become registered nurses. The program consists of general education courses and nursing courses combined with client care in clinical settings to include hospitals and other health care facilities in the service area. The nursing courses integrate application of the nursing process, communication skills, nutrition, pharmacology, and drug administration in the care of clients. Legal and ethical responsibilities along with current trends in nursing and health care are integrated throughout the curriculum. Upon successful completion of the nursing program, students graduate with the Associate in Applied Science Degree and contingent on meeting application criteria are eligible to take the National Council of Licensure Examinations for Registered Nursing (NCLEX-RN) for licensure.

ANC Associate Degree Nursing Program is approved by the Arkansas State Board of Nursing and currently selects one class beginning in the in the Fall Semester each year.

College Admission:
If no classes have ever been taken at ANC, complete the following and have submitted to the Registrar’s Office at 2501 South Division P.O. Box 1109 Blytheville, AR 72316-1109 by March 31:
  o College admission application.
  o Official High School Transcript or GED with Scores.
  o Official transcripts from any college(s) previously attended.
  o Immunization record documenting proof of two MMRs.

NOTE: Admission to the College does not guarantee admission into the Associate Degree Nursing Program.

Associate Degree Nursing Program Admission Criteria:
Admission to the Arkansas Northeastern College ADN program is a selective process. In order to be considered for admission, students must meet the following minimum criteria:
  • Meet with the Nursing and Allied Health Advising Specialist to ensure any required College Admission Placement Tests (ACT, COMPASS, ACCUPLACER) meet the minimum skill level.
  • Attend all scheduled Advising sessions and complete required Advising Check with the Nursing & Allied Health Advising Specialist.
  • Complete and submit the Associate Degree Nursing (ADN) Program Application for Admission to the Nursing Office on the Main Campus (2501 South Division P.O. Box 1109 Blytheville, AR 72316-1109) by March 31.
  • Successfully complete prerequisite courses as outlined in the Curriculum Plan. Science classes must be completed within 5 years of admission to the ADN Program.
  • Submit official transcripts from any college(s) previously attended to the Registrar’s Office and unofficial copies to the Nursing Office on the Main campus by March 31.
    o Transcripts must include the prerequisite courses.
    o Updated transcripts must be submitted at the end of the spring semester with any required prerequisite courses.
  • Submit unofficial High School Transcripts or GED with scores to the Nursing Office on the Main Campus.
  • Have a cumulative 2.0 minimum grade point average for all college course work attempted including transfer work and excluding developmental education courses.
    o Must have an ANC GPA of 2.0 or greater to graduate from ANC.
  • Score a minimum of 100 or greater on the NLN Pre-Admission Exam for Registered Nurse (PAX-Exam). See Information Below.
• Read the following, sign, and submit to the Nursing Office with the ADN Admission Application:
  o Nursing Department Statement of Responsibility.
  o Understanding of Functional Abilities Form.
  o Criminal Background Check Verification and Arkansas State Board of Nursing – Nurse Practice Act-Subchapter 3- Licensing- Criminal Background Checks.

• Students applying to the ADN program that have previously been enrolled in another Nursing or Allied Health program at ANC or course must have a written letter of recommendation from the previous Program Director validation the student’s professional good standing.

• A student requesting transfer from another college into ANC’s Nursing or Allied Health Programs/Courses is required to meet the ANC Transfer Policies as outlined in the ANC Catalog and ADN Information Guidelines.

It is the student’s responsibility to provide accurate contact information at the time of application and to notify the Nursing Office regarding any changes. Admission criteria must be met and student files updated with all required information for inclusion in the admission/selection process.

Selection Process: The ADN program may have more applicants that meet the minimum requirements for admission than positions available. Admission is competitive; therefore students that meet minimum admission criteria (Refer to current ADN Information Guidelines page 1) are ranked according to points awarded in the following areas:

• PAX Scores of 100 or greater (75% of total points possible).
• GPA on completed general education courses identified as either a pre-requisite and/or co-requisite courses within the Associate Degree Nursing curriculum plan (25% of total points possible).
• Bonus Points awarded for:
  o Number of completed general education courses identified as either a pre-requisite and/or co-requisite course within the Associate Degree Nursing curriculum plan. The four prerequisite courses are part of the minimal requirements for admission and bonus points are only awarded after the 4 perquisite courses have been successfully completed. One bonus point is awarded per course completed (4 – 9 points).
  o Applicants providing a current credential as a Certified Nursing Assistant in the State of AR will be awarded 3 bonus points. A copy of the current AR CNA certification must be attached to the ADN Application or submitted to the Nursing Office on or prior to the March 31st application deadline to receive bonus points. This is optional and not a requirement for application in the ADN Program.

PAX-Exam: The National League of Nursing (NLN) Pre-Admission Exam (PAX-Exam) must be taken prior to the March 31st application deadline. Applicants must obtain a minimal composite score of at least 100 or higher in order to be considered for admission to the ADN program. Students may take the PAX exam twice per application period but no more than once per semester as scheduled in the Fall and Spring prior to the March 31st application deadline. The higher of the two scores will be used for consideration in the selection process. PAX scores are valid for two years following the date of examination.

Students may access the ANC website (www.anc.edu) for PAX test dates and other important information regarding the exam. Instructions for scheduling an appointment at either the Blytheville or the Paragould Campus are available on the website. Students are required to register for the test at least one week in advance. Payment must be received prior to the scheduled test date and a receipt provided the day of testing. The testing fee is $55.00; price is subject to change. If questions, please contact the ANC Testing Center at 870-762-1020 ext. 1161 or access online at: http://www.anc.edu/testingcenter/index.htm

Please note: It is recommended that you take the ACT or ASSET placement test and meet the required scores prior to taking the PAX Exam.
**Conviction of a Crime:** Any student who has been convicted of a crime prior to entering the Nursing Program and/or during the program must report this conviction to the Program Director immediately. Failure to report the crime may result in immediate suspension and/or dismissal from the nursing program. Students convicted of a crime will be responsible for submitting copies of all court documents related to the conviction(s) to the Arkansas State Board of Nursing who will determine their eligibility to take the NCLEX-RN exam.

Refer to Arkansas State Board of Nursing – Nurse Practice Act - SUBCHAPTER 3 – LICENSING §17-87-312 Criminal Background Checks on the following pages.

**BACKGROUND VERIFICATION POLICY (Annually in the ADN Program)**

**Policy Statement:** Arkansas Northeastern College Associate Degree Nursing Program require students selected for admission into the Associate Degree Nursing Program to complete a criminal background investigation by a third party vendor prior to beginning of clinicals each year in the Fall semester.

All background verification information and results will be treated confidentially but will be accessible to the Associate Degree Nursing Director, the Dean of Nursing, Allied Health & HPER and clinical agencies as warranted. All adverse or negative outcomes on the background verification checks will require permission from the clinical affiliate before a student is scheduled at that agency for a clinical rotation. This requires each clinical affiliate to independently determine if an adverse or negative outcome on the criminal background verification check will prohibit a student nurse from being assigned in their facility.

Students will be responsible for all fees associated with any components of the background verification process. Students must authorize the background check verification by completing the background authorization form provided by the vendor.

Students found to be ineligible to complete clinical rotations due to an adverse or a negative outcome from the criminal background check will not be able to meet clinical and program objectives and therefore dismissal from the program will be necessary.

The background investigation completed through a third party vendor will include the following components:

- Arkansas Statewide Criminal
- 7 Year U.S. County Criminal Records (Outside of Arkansas)
- Residency History
- Social Security Alert
- National Record Indicator with Sex Offender Registry
- Nationwide Healthcare Fraud & Abuse Scan
- Arkansas Child Abuse Clearance
- Missouri Family Care & Safety Registry
- Maiden Names & Aliases

**CRIMINAL BACKGROUND CHECKS (Arkansas State Board of Nursing)**

Students accepted into the Associate Nursing Program must complete a state and federal background check in the early Spring Semester prior to graduation. Associated costs will be the responsibility of the student. Background checks must be cleared by appropriate agencies prior to graduates being provided a test date for the NCLEX-RN. Fingerprints and criminal background application to the Arkansas State Police is required.

Please be informed that persons convicted of certain crimes may not be eligible to take the NCLEX – RN at the completion of the program. Refer to the Arkansas State Board of Nursing – Nurse Practice Act - SUBCHAPTER 3 – LICENSING §17-87-312 Criminal Background Checks outlined below.
If students have questions or concerns they should contact the Director of Associate Degree Nursing or ADN Coordinators or ADN faculty advisor/instructor. Students may contact the Arkansas State Board of Nursing in Little Rock, Arkansas at www.arsbn.org

Arkansas State Board of Nursing- Nurse Practice Act SUBCHAPTER 3 LICENSING
§ 17-87-312. Criminal Background Checks.

(a)(1) Each first-time applicant for a license issued by the Arkansas State Board of Nursing shall apply to the Identification Bureau of the Department of Arkansas State Police for a state and national criminal background check, to be conducted by the Federal Bureau of Investigation.

(2) At the time a person applies to an Arkansas nursing educational program, the program shall notify the applicant in writing of the provisions and requirements of this section.

(b) The check shall conform to the applicable federal standards and shall include the taking of fingerprints.

(c) The applicant shall sign a release of information to the board and shall be responsible to the Department of Arkansas State Police for the payment of any fee associated with the criminal background check.

(d) Upon completion of the criminal background check, the Identification Bureau of the Department of Arkansas State Police shall forward to the board all information obtained concerning the applicant in the commission of any offense listed in subsection (e) of this section.

(e) Except as provided in subdivision (l) (1) of this section, a person shall not be eligible to receive or hold a license issued by the board if that person has pleaded guilty or nolo contendere to or has been found guilty of any of the following offenses by a court in the State of Arkansas or of any similar offense by a court in another state or of any similar offense by a federal court:

(1) Capital murder as prohibited in § 5-10-101;
(2) Murder in the first degree as prohibited in § 5-10-102 and murder in the second degree as prohibited in § 5-10-103;
(3) Manslaughter as prohibited in § 5-10-104;
(4) Negligent homicide as prohibited in § 5-10-105;
(5) Kidnapping as prohibited in § 5-11-102;
(6) False imprisonment in the first degree as prohibited in § 5-11-103;
(7) Permanent detention or restraint as prohibited in § 5-11-106;
(8) Robbery as prohibited in § 5-12-102;
(9) Aggravated robbery as prohibited in § 5-12-103;
(10) Battery in the first degree as prohibited in § 5-13-201;
(11) Aggravated assault as prohibited in § 5-13-204;
(12) Introduction of a controlled substance into the body of another person as prohibited in § 5-13-210;
(13) Aggravated assault upon a law enforcement officer or an employee of a correctional facility, § 5-13-211, if a Class Y felony;
(14) Terroristic threatening in the first degree as prohibited in § 5-13-301;
(15) Rape as prohibited in § 5-14-103;
(16) Sexual indecency with a child as prohibited in § 5-14-110;
(17) Sexual extortion, § 5-14-113;
(18) Sexual assault in the first degree, second degree, third degree, and fourth degree as prohibited in § 5-14-124 -- 5-14-127;
(19) Incest as prohibited in § 5-26-202;
(20) Felony offenses against the family as prohibited in §§ 5-26-303 -- 5-26-306;
(21) Endangering the welfare of an incompetent person in the first degree as prohibited in § 5-27-201;
(22) Endangering the welfare of a minor in the first degree as prohibited in § 5-27-205 and endangering the welfare of a minor in the second degree as prohibited in § 5-27-206;
(23) Permitting abuse of a minor as prohibited in § 5-27-221(a);
(24) Engaging children in sexually explicit conduct for use in visual or print media, transportation of minors for prohibited sexual conduct, pandering or possessing visual or print medium depicting sexually explicit conduct involving a child, or use of a child or consent to use of a child in a sexual performance by
producing, directing, or promoting a sexual performance by a child as prohibited in §§ 5-27-303 -- 5-27-305, 5-27-402, and 5-27-403;
(25) Computer child pornography as prohibited in § 5-27-603;
(26) Computer exploitation of a child in the first degree as prohibited in § 5-27-605;
(27) Felony adult abuse as prohibited in § 5-28-103;
(28) Felony theft of property as prohibited in § 5-36-103;
(29) Felony theft by receiving as prohibited in § 5-36-106;
(30) Arson as prohibited in § 5-38-301;
(31) Burglary as prohibited in § 5-39-201;
(32) Felony violation of the Uniform Controlled Substances Act, §§ 5-64-101 -- 5-64-510, as prohibited in the former § 5-64-401 and §§ 5-64-419 -- 5-64-442;
(33) Promotion of prostitution in the first degree as prohibited in § 5-70-104;
(34) Stalking as prohibited in § 5-71-229; and
(35) Criminal attempt, criminal complicity, criminal solicitation, or criminal conspiracy as prohibited in §§ 5-3-201, 5-3-202, 5-3-301, and 5-3-401, to commit any of the offenses listed in this subsection.

(f) (1) (A) The board may issue a nonrenewable temporary permit for licensure to a first-time applicant pending the results of the criminal background check.

(B) The permit shall be valid for no more than six (6) months.

(2) Except as provided in subdivision (l) (1) of this section, upon receipt of information from the Identification Bureau of the Department of Arkansas State Police that the person holding the letter of provisional licensure has pleaded guilty or nolo contendere to, or has been found guilty of, any offense listed in subsection (e) of this section, the board shall immediately revoke the provisional license.

(g) (1) The provisions of subsection (e) and subdivision (f) (2) of this section may be waived by the board upon the request of:

(A) An affected applicant for licensure; or

(B) The person holding a license subject to revocation.

(2) Circumstances for which a waiver may be granted shall include, but not be limited to, the following:

(A) The age at which the crime was committed;

(B) The circumstances surrounding the crime;

(C) The length of time since the crime;

(D) Subsequent work history;

(E) Employment references;

(F) Character references; and

(G) Other evidence demonstrating that the applicant does not pose a threat to the health or safety of the public.

(h) (1) Any information received by the board from the Identification Bureau of the Department of Arkansas State Police pursuant to this section shall not be available for examination except by:

(A) The affected applicant for licensure or his or her authorized representative; or

(B) The person whose license is subject to revocation or his or her authorized representative.

(2) No record, file, or document shall be removed from the custody of the Department of Arkansas State Police.

(i) Any information made available to the affected applicant for licensure or the person whose license is subject to revocation shall be information pertaining to that person only.

(j) Rights of privilege and confidentiality established in this section shall not extend to any document created for purposes other than this background check.

(k) The board shall adopt the necessary rules and regulations to fully implement the provisions of this section.

(l) (1) For purposes of this section, an expunged record of a conviction or a plea of guilty or nolo contendere to an offense listed in subsection (e) of this section shall not be considered a conviction, guilty plea, or nolo contendere plea to the offense unless the offense is also listed in subdivision (l)(2) of this section.

(2) Because of the serious nature of the offenses and the close relationship to the type of work that is to be performed, the following shall result in permanent disqualification:

(A) Capital murder as prohibited in § 5-10-101;
(B) Murder in the first degree as prohibited in § 5-10-102 and murder in the second degree as prohibited in §§5-10-103;
(C) Kidnapping as prohibited in § 5-11-102;
(D) Aggravated assault upon a law enforcement officer or an employee of a correctional facility, § 5-13-211, if a Class Y felony;
(E) Rape as prohibited in § 5-14-103;
(F) Sexual extortion, § 5-14-113;
(G) Sexual assault in the first degree as prohibited in § 5-14-124 and sexual assault in the second degree as prohibited in § 5-14-125;
(H) Incest as prohibited in § 5-26-202;
(I) Endangering the welfare of an incompetent person in the first degree as prohibited in § 5-27-201;
(J) Endangering the welfare of a minor in the first degree as prohibited in § 5-27-205;
(K) Adult abuse that constitutes a felony as prohibited in § 5-28-103; and
(L) Arson as prohibited in § 5-38-301.

History

NOTE: A copy of this subchapter 3 related to Criminal Background Checks will be signed at a scheduled orientation and placed in the student's file.

FUNCTIONAL ABILITIES

Nursing is a practice discipline, with cognitive, sensory, affective and psychomotor performance requirements. The knowledge and skills and abilities to safely and effectively practice nursing are varied and complex. The National Council of State Boards of Nursing has defined functional abilities that a nurse must possess to practice safely and effectively.

The functional abilities are the non-academic requirements of the program, and they comprise physical, emotional and professional demands of a nurse. Take into consideration whether you can perform the following functions, with or without accommodations. If you determine that you are unable to do any of the skills listed and have a documented disability, you will need to determine if a reasonable accommodation can be provided. To request an accommodation, you will need to contact Arkansas Northeastern College’s Student Services office and present documentation of your disability.

Students are required to read and sign understanding of the established Functional Abilities.

Functional Ability Categories, Descriptions and Representative Activities and Attributes

Gross Motor Skills sufficient to provide the full range of safe and effective nursing care activities.

- Move within confined spaces
- Sit and maintain balance
- Stand and maintain balance
- Reach above shoulders (e.g. IV poles)
- Reach below waist (e.g. plug electrical appliances into wall outlets)

Fine Motor Skills sufficient to perform manual psychomotor skills integral to patient care.

- Pick up objects with hands
- Grasp small objects with hands (e.g. IV tubing, pencil)
- Write with a pen or pencil
- Key /type (e.g. use a computer)
- Pinch/pickup or otherwise work with fingers (e.g. manipulate a syringe; withdraw medications from ampules, vials, etc.)
- Twist (e.g. turn objects/turns using hands)
- Squeeze with fingers (e.g. eye dropper)
Physical Endurance and Stamina sufficient to perform client care activities for entire length of work role.

- Stand (e.g. at client side during surgical or therapeutic procedure)
- Sustain repetitive movements (e.g. cardiopulmonary resuscitation (CPR))
- Lift 25 pounds (e.g. pick up a child or transfer a patient)
- Move light objects weighing up to 10 pounds (e.g. IV poles)
- Move heavy objects weighing from 11 to 50 pounds
- Defend self against combative client
- Carry equipment and/or supplies
- Use upper body movements (e.g. CPR, physically restrain a client)
- Squeeze with hands (e.g. operate a fire extinguisher)

Mobility including physical abilities sufficient to move from place to place and maneuver to perform nursing activities.

- Twist
- Bend
- Stoop/Squat
- Move quickly (e.g. respond to an emergency)
- Climb (e.g. ladders/stools/stairs)
- Walk

Hearing/Auditory ability sufficient for physical monitoring and assessment of client health care needs.

- Hear normal speaking level sounds (e.g. person-to-person report)
- Hear faint voices
- Hear faint body sounds (e.g. blood pressure sounds, assess placement of tubes)
- Hear in situations when not able to see lips (e.g. when masks are worn)
- Hear auditory alarms (e.g. monitors, fire alarms, call bells)

Visual ability sufficient for accurate observation and performance of nursing care.

- See objects up to 2 inches away (e.g. information on a computer screen, skin conditions)
- See objects up to 20 feet away (e.g. patient room)
- See objects more than 20 feet away (e.g. patient at the end of the hall)
- Use peripheral vision
- Distinguish color (e.g. color codes on supplies, charts, bed)
- Distinguish color intensity (e.g. flushed skin, skin paleness)

Tactile ability sufficient for physical monitoring and assessment of health care needs.

- Feel vibrations (e.g. palpate pulses)
- Detect temperature (e.g. skin, solutions)
- Feel differences in surface characteristics (e.g. skin turgor, rashes)
- Detect environmental temperature (e.g. check for drafts)

Smell/Olfactory ability sufficient to detect environmental and client odors.

- Detect odors from client (e.g. foul smelling discharge, alcohol breath, etc.)
- Detect smoke
- Detect gases or noxious smells

Reading ability sufficient to comprehend the written word at the minimum of a tenth grade level.

- Read and understand English written documents (policies, protocols)

Arithmetic ability sufficient to do computations at a minimum of eight grade level. Counting: the ct of enumerating or determining the number of items in a group. Measuring: the act or process of ascertaining the extent, dimensions or quantity of something. Computing: the act or process of performing mathematical calculations such as addition, subtraction, multiplication and division.

- Read and understand columns of writing (e.g. flow sheets, charts)
- Read digital displays
- Read graphic printouts (e.g. EKG)
- Calibrate equipment
- Convert numbers to and/or from the Metric System
- Read graphs (e.g. vital sign sheets)
- Tell time
- Measure time (e.g. count duration of contractions, etc.)
- Count rate (e.g. drops/minute, pulse)
- Use measuring tools (e.g. thermometer)
- Read measurement marks (e.g. measurement tapes, scales, etc.)
• Add, subtract, multiply and/or divide whole numbers
• Compute fractions (e.g. medication dosages)
• Use a calculator
• Write numbers in records

**Emotional Stability** sufficient to assume responsibility and accountability for actions.
• Establish therapeutic boundaries/relationships and communicate in a supportive, constructive manner
• Provide a client with emotional support
• Adapt to changing environment/stress
• Deal with the unexpected (e.g. patient doing bad, crisis)
• Focus attention on task
• Monitor own emotions and be able to keep emotional control
• Perform multiple responsibilities concurrently
• Handle strong emotions (e.g. grief)

**Analytical and Reasoning Skills** sufficient to perform deductive/inductive reasoning for nursing decisions.
• Transfer knowledge from one situation to another
• Process information
• Evaluate outcome
• Problem solve
• Prioritize tasks
• Use long-term memory
• Use short-term memory

**Critical Thinking** ability sufficient to exercise sound nursing judgment.
• Identify cause-effect relationships
• Plan/control activities for others
• Synthesize knowledge and skills
• Sequence information

**Interpersonal Skills** sufficient to interact with individuals, families and groups respecting social, cultural and spiritual diversity.
• Negotiate interpersonal conflict
• Respect difference in patients
• Establish positive rapport with patients
• Establish positive rapport with co-workers/peers
• Interact with other effectively

**Communication Skills** sufficient to speak, comprehend and write in English at a level that meets the need for accurate, clear and effective communication.
• Teach (e.g. patient/family about health care)
• Explain procedures
• Give clear oral reports (e.g. report on patient’s condition to others)
• Interact with others (e.g. health care workers)
• Speak effectively on the telephone
• Influence people and their actions
• Direct activities of others by providing clear written and oral instructions to others
• Convey information through writing (e.g. progress notes)

**If the applicant’s native language is other than English, an official transcript of the score for the Test of English Language (TOEFL) must be submitted from Educational Testing Service, Princeton, New Jersey 08540, to the Registrar’s Office at Arkansas Northeastern College. This test may be taken at various test centers throughout the world, but it is the applicant’s responsibility to obtain the necessary information and application forms, and to arrange to take the test by a date which will assure the results are reported to ANC by the required deadlines. ANC requires a minimum score of 500 on the TOEFL.**

**DRUG SCREENING POLICY**

**Policy Statement:** Arkansas Northeastern College Associate Degree Nursing Program (ADNP) requires students to complete Drug Screening conducted by a third party vendor at designated drug testing facilities. Students
are responsible for fees associated with the drug screening and failure to meet the deadline for drug screening may result in failure to continue in the nursing program.

Use of alcohol or illegal drugs, or misuse of prescription drugs is strictly prohibited in the classroom, clinical or laboratory setting. References to the College’s Alcohol and Drug Policy along with the policies on Student Conduct and Disciplinary Sanctions and Student’s Rights and Responsibilities are found in the link to the ANC Student Handbook at: http://www.anc.edu/docs/anc_handbook.pdf

Drug testing will be completed for selected First Level students upon enrollment into the ADNP. Second Level students must complete the drug screening prior to the beginning of clinical rotations during the third semester of the program OR if a returning student, at the time of readmission into the program.

Students with a positive drug screen may be denied the opportunity to participate in the clinical component of the nursing course. Students ineligible to complete clinical rotations due to a positive drug screen will not meet clinical and program objectives and therefore will be withdrawn from all Nursing courses by the Director of Associate Degree Nursing.

**CLINICAL REQUIREMENTS**

**Health Statement:** Students are required to complete all Health Statement documents provided during orientation and submit by the first day of Class. The requested health data and history information is kept confidential and will be used only as an aid in providing necessary health care if an emergency were to arise or to determine if medical clearance is necessary prior to entering the program. Students who are pregnant or who have an altered health status must update their health data and have written approval from their physician to enter or continue in clinical rotations. Students must meet all stated clinical outcomes and objectives along with meeting all attendance requirements.

**Health Insurance:** Arkansas Northeastern College does not provide medical related services, nor does the College assume responsibility for injuries incurred by students during any College activity. Medical services may be obtained from local doctors, clinics or hospitals at the student’s expense. All students are encouraged to carry their own health and accident insurance throughout the program.

**Immunization Requirements for all Enrollees at Arkansas Colleges and Universities:** Arkansas State Law, Act 141 of 1987, requires college students born after 1/1/57 to provide proof of immunity against measles, mumps, and rubella within 30 calendar days of enrollment. Two MMR immunizations are required. Exemptions shall be granted only by the Department of Health and must be applied for each academic year. Forms can be obtained by e-mail only at immunization.section@arkansas.gov after July 1, each year.

**Nursing and Allied Health MMR Immunization Policy:** Arkansas law requires all full-time students born on or after January 1, 1957 to provide proof of immunization against measles, mumps, and rubella (MMR) or immunity, or medical or non-medical exemption, or birth before 1957.

- **Proof of Immunization:** The immunization must be given in two doses. The first dose of the MMR must be given before the first birthday and after 1/1/1968. The second dose must be given at least 28 days after the first. Refer to Table III of the Arkansas State Board of Health, Rules and Regulations Pertaining to Immunization Requirements, page 16. Accepted proof of immunizations shall be those on an immunization record provided by a licensed physician, health department, military service or an official record from another educational institution in Arkansas. All accepted immunization records shall state the vaccine type and dates of vaccine administration.
• **Proof of Immunity:** In lieu of receiving vaccine students may provide proof of immunity. Students must submit serological test results (titers) appropriate for all three diseases (measles, mumps, and rubella) to the Arkansas Department of Health (ADH) along with a letter requesting approval of immunity. Please send letter and test results to:

    Arkansas Department of Health  
    ATTENTION: Immunization Section  
    4815 West Markham Street  
    Little Rock, AR 72205

    After the Medical Director of the Immunization Section of the ADH has reviewed the letter and results, the student will receive either an approval or denial letter. If approved, it is the student’s responsibility to provide ANC Registrar a copy of the letter for placement in the student’s permanent file. Thereafter, annual approval is not required. If denied, the student must receive the required immunization or request an exemption (see below) through the Arkansas Department of Health.

• **Medical or Non-medical Exemption:** Students may apply for an authorized exemption (medical, religious, or philosophical) from the Arkansas Department of Health. Exemptions must be applied for each academic year. Forms can be obtained after July 1, each year by e-mail only at: http://www.healthy.arkansas.gov/programsServices/infectiousDisease/Immunizations/Documents/2017-2018%20College%20Immunization%20Exemption%20Application%20Packet.pdf

**Other Immunization Requirements:** Students admitted to the nursing program must have a tetanus or tetanus booster if it has been greater than 10 years since their last booster. As a condition of admission and continuing enrollment in the ADN program, all students are required to provide at the beginning of each academic year documentation of a negative tuberculin (TB) skin test or in the event of a positive TB skin test, a negative chest x-ray within the past three years; OR provide evidence of no TB disease per negative result of interferon-gamma release assays (IGRAs) blood tests (T-SPOT or QuantiFERON).

Students entering the ADN Program must realize the potential for exposure to the Hepatitis B virus. Faculty recommends appropriate documentation of a completed series of Hepatitis B immunizations or consent to and be in the process of receiving the series of the 3 injections prior to any contact with patients. If a student refuses or has reason to believe that the vaccine is contraindicated for him/her, the student must sign a declination form acknowledging the risk of Hepatitis B infection in a healthcare setting. Students are required to have an annual seasonal influenza vaccine and it is recommended students who have not had the chicken pox receive the Varicella Vaccine.

**ACADEMIC PROGRESSION**

The ADN Program is competency based in skills and theory. In order to continue in any nursing course, a student must have satisfactory clinical performance and achieve an overall average of 80% on the unit tests and final exam. Any student not maintaining a "C" or better in Nursing and support courses will not be allowed to progress to the next semester of Nursing. Probation and suspension will occur based on College policies. Students will be required to complete standardized test throughout the nursing curriculum. Acceptable scores on such tests are required to progress through the nursing curriculum. In the last semester of nursing curriculum, students will be required to make an acceptable score on a comprehensive exam in order to graduate and apply for the National Council Licensure Exam (NCLEX).

Because the Nursing courses utilize the content of the physical and behavioral sciences, the course of study for Nursing will be according to prescribed sequence. The student may take the supporting courses before applying to the Nursing Program. Completion of support courses does not guarantee admission to the Nursing Program.
Many courses have prerequisites or co-requisites that call for a prescribed sequence. A grade of "C" or better is required in each support course and for each of the Nursing Courses. It is required for the Anatomy & Physiology lecture component and the lab component be completed at the same college/university. All science courses (Anatomy & Physiology I/Lab, Anatomy & Physiology II/Lab, Microbiology/Lab) must be completed within five years from the time of acceptance into the Nursing Program or be repeated unless otherwise approved by the Director of Associate Degree Nursing.

Academic Standards:

Curriculum Plan: The curriculum plan for the Associate in Applied Science Degree in Nursing is comprised of both nursing and general education. The general education courses further complement and support the study of Nursing. The Nursing Curriculum plan or course of study is approved by the Arkansas State of Nursing and the Accreditation Commission for Education in Nursing and must be taken in the order as outlined in the plan (Refer to page 13.)

Support Courses: The nursing courses utilize the content of the physical and behavioral sciences. The student may complete supporting general course work before applying to the nursing program. Completion of support courses does not guarantee admission to the nursing program. Many courses have prerequisites or co-requisites that call for a prescribed sequence. (Refer to ANC catalog for course descriptions). A grade of “C” or better is required in each support course and for each of the nursing courses.

Nursing Courses: The order for completing Nursing courses will be according to prescribed sequence in the ADN Curriculum Plan (refer to page 14). Each student must receive a performance rating of satisfactory in the nursing clinical laboratory experience and a grade of “C” or better in the theory area of each nursing course. If the student receives an A, B, or C grade in theory portion of the course and an unsatisfactory grade in the clinical portion of the course, the course will result in a non-passing grade.

If the student receives less than a “C” grade in the theory portion of the course, the course will result in a non-passing grade. An overall minimum grade point average (GPA) of 2.0 (on a 4.0 scale) is required for college graduation (excluding developmental course work).

Associate Degree Nursing Transfer Policy: Students requesting transfer to the ANC Nursing program must meet ANC Transfer Policies and Nursing Departmental Guidelines for Admission. Transfer students must be in good academic standing at the last institution attended and if unsuccessful in a prior nursing program, students must demonstrate proof of eligibility for re-admission. Admission is limited to those who can be properly accommodated by the Nursing faculty and clinical facilities. Credit for transfer must have been earned at an accredited college or university with a grade of “C” or better for which ANC offers equivalent courses. Transfer students may be required to repeat or enroll in courses to meet the ANC Associate Degree Nursing Curriculum Plan.

Grades earned in transfer courses are not considered in calculating students’ grade point averages. The cumulative grade point average at ANC is computed only on ANC courses completed. ANC Nursing Department may require nursing courses accepted for transfer, be validated by completion of standardized competency exams. Nursing courses will not be considered for transfer if they have not been completed within two years of transfer to ANC. Two consecutive semesters must be successfully completed at ANC to meet eligibility for graduation and application requirements for the NCLEX-RN.

Letter of Good Standing Policy: The ADN program requires a letter of good standing from the transfer program. Applicants seeking transfer into one of ANC’s Nursing or Allied Health Programs/Courses from another college must request a letter of good standing from the dean/director of that program. To be considered in good standing, the applicant must be eligible for re-entry into the previous college’s Nursing or Allied Health program. The letter of good standing must be mailed directly from the Dean/Director of the
previous program attended to the ANC Director of Nursing or Allied Health Program in which the applicant is applying. If the letter of good standing is not received, then the applicant may not be considered for admission.

**Arkansas Northeastern College**  
**Associate Degree Nursing**  
**Curriculum Plan 2018-2019**  
**Traditional Option**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Prerequisite Courses</strong></td>
<td></td>
</tr>
<tr>
<td>*MA 14023</td>
<td>Mathematical Applications for Allied Health</td>
<td>3</td>
</tr>
<tr>
<td>or MA 14043</td>
<td>or College Algebra</td>
<td></td>
</tr>
<tr>
<td>*BI 24003/BI 24011</td>
<td>Anatomy &amp; Physiology I with Lab</td>
<td>4</td>
</tr>
<tr>
<td>PY 23003</td>
<td>General Psychology</td>
<td>3</td>
</tr>
<tr>
<td>EN 12003</td>
<td>English Composition I</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Credits**: 13

**Fall Semester-Year One**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>NU 16008</td>
<td>Fundamentals of Nursing (16 weeks)</td>
<td>8</td>
</tr>
<tr>
<td>*BI 24023/BI 24031</td>
<td>Anatomy &amp; Physiology II with Lab</td>
<td>4</td>
</tr>
<tr>
<td>CS 11033</td>
<td>Computer Fundamentals</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Credits**: 15

**Spring Semester-Year One**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>NU 16045</td>
<td>Medical Surgical Nursing (8 weeks)</td>
<td>5</td>
</tr>
<tr>
<td>NU 16014</td>
<td>Psychiatric Nursing (8 weeks)</td>
<td>4</td>
</tr>
<tr>
<td>PY 23023</td>
<td>Developmental Psychology</td>
<td>3</td>
</tr>
<tr>
<td>EN 12013</td>
<td>English Composition II</td>
<td>3</td>
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</table>

**Total Credits**: 15

**Fall Semester-Year Two**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>NU 26034</td>
<td>Maternal Nursing (8 weeks)</td>
<td>4</td>
</tr>
<tr>
<td>NU 26004</td>
<td>Pediatric Nursing (8 weeks)</td>
<td>4</td>
</tr>
<tr>
<td>BI24043/BI24051</td>
<td>Microbiology with Lab</td>
<td>4</td>
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</table>

**Total Credits**: 12

**Spring Semester-Year Two**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>NU 26035</td>
<td>Advanced Medical Surgical Nursing I (8 weeks)</td>
<td>5</td>
</tr>
<tr>
<td>NU 26045</td>
<td>Advanced Medical Surgical Nursing II (8 weeks)</td>
<td>5</td>
</tr>
<tr>
<td>NU 26022</td>
<td>Nursing Leadership &amp; NCLEX Review (16 weeks)</td>
<td>2</td>
</tr>
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</table>

**Total Credits**: 12

**Curriculum Summary:**

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Education</td>
<td>30</td>
</tr>
<tr>
<td>Nursing</td>
<td>37</td>
</tr>
<tr>
<td>Total Degree Requirements</td>
<td>67</td>
</tr>
</tbody>
</table>

*The Math requirement must be completed prior to or with Anatomy and Physiology (A & P) I with Lab. A & P I with lab must be completed prior to A & P II with lab. A & P I & II lecture courses must be completed at the same college as the corresponding A & P lab courses. Science classes must be completed within 5 years of admission to the ADN Program.  
General education courses must be completed prior to or in the semester scheduled. Nursing Courses must be completed in the semester scheduled.  
All nursing courses (with the exception of Nursing Leadership) include a clinical component. Clinical days are Tuesdays, Thursdays, and/or Fridays depending on the course and site availability and are reflected on the individual course clinical schedules. Clinical locations and times vary with each nursing course.*
## Associate Degree Nursing Program Cost List 2018-2019

<table>
<thead>
<tr>
<th>Tuition</th>
<th>Per Credit Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mississippi County Residents</td>
<td>$70.00</td>
</tr>
<tr>
<td>Out of County Residents*</td>
<td>$80.00</td>
</tr>
<tr>
<td>Bootheel &amp; Tennessee Border</td>
<td>$80.00</td>
</tr>
<tr>
<td>Out of State Residents</td>
<td>$130.00</td>
</tr>
<tr>
<td>International Students</td>
<td>$130.00</td>
</tr>
</tbody>
</table>

### Estimated Tuition: In County Fees

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Education Courses ($70 per credit hour x 30)</td>
<td>$2,100.00</td>
</tr>
<tr>
<td>Nursing Courses ($70 per credit hour x 37)</td>
<td>$2,590.00</td>
</tr>
<tr>
<td>Technical Fee ($11.00 per credit hour x 67)</td>
<td>$737.00</td>
</tr>
<tr>
<td>Registration Fee ($25.00/semester x 4)</td>
<td>$100.00</td>
</tr>
<tr>
<td><strong>In County Total</strong></td>
<td><strong>$5,527.00</strong></td>
</tr>
</tbody>
</table>

### Nursing Fees

- **Nursing Course Fees**
  - First Year (1 Course x $338, 2 Courses x $132) $602.00
  - Second Year (5 courses x $132) $660.00

- **HESI Testing Fee**
  - $60.00

- **Professional Liability Insurance @ $25.00/year x 2 years**
  - $50.00

**In County Total** $1,372.00

### Other Nursing Program Costs

- **Background Screening/Urine Drug Screening**
  - $185.00

- **Student Tracking (Immunization/CPR)**
  - $35.00

- **Student Nurse Club Membership**
  - $20.00

- **Required Textbooks**
  - $1,200.00

- **Nursing Skills Pack**
  - $215.00

- **Uniforms, Shoes & Accessories**
  - $285.00

- **Hepatitis B Immunization/TB Skin Test/Flu Vaccine**
  - $160.00

- **CPR Course/Card**
  - $40.00

**In County Total** $2,100.00

### Program Completion Fees

- **AR State Board of Nursing Fees**
  - $100.00

- **AR Temporary Permit (optional)**
  - $30.00

- **ANC Graduation Fee**
  - $40.00

- **NCLEX-RN Exam**
  - $200.00

- **Nursing Pin/Guard, Lamp**
  - $90.00

- **Graduation Picture**
  - $40.00

- **AR State Police & Criminal Background Check**
  - $38.00

- **NCLEX-RN Review Course**
  - $350.00

**In County Total** $888.00

### Total Program Projected Cost:

- **In County Total** $9,809.00
- **Out of County Total**

---

*Costs are estimated at time of document completion and are subject to change. Updated 06/2018*
Date of Application: ______________________

Have you met with an ANC Allied Health Advising Specialist? _____Yes _____No

ATTN: Nursing Department
P.O. Box 1109
Blytheville, AR  72316-

Application Received (Office Only): ___________________________

Name: ____________________________________________________________

(Last) __________________________ (First) __________________________ (Middle) __________________________ (Maiden/Other) __________________________

Mailing Address:

(Street Number/P.O. Box) __________________________ (City) __________________________ (State) __________________________ (ZIP) __________________________ (County)

Physical Address (if different than Mailing Address):

(Street Number) __________________________ (City) __________________________ (State) __________________________ (ZIP) __________________________ (County)

Contact Phone Numbers: Primary __________________________ Secondary __________________________

Date of Birth: __________________________ Social Security Number: _______ - _______ - _______

E-mail address: __________________________________________________________

Completion of this information is optional for statistical purpose and does not affect admission status.

<table>
<thead>
<tr>
<th>Age: _____</th>
<th>Marital Status: Single _____ Married _____</th>
<th>Gender: Male _____ Female _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you consider yourself Hispanic or Latino? Yes____ No____</td>
<td>Check all that apply:</td>
<td></td>
</tr>
<tr>
<td>□ American Indian/Alaskan Native</td>
<td>□ Asian/Pacific Islander</td>
<td>□ Black/African American</td>
</tr>
<tr>
<td>□ Native Hawaiian/Pacific Islander</td>
<td>□ White</td>
<td>□ Other (specify) ________</td>
</tr>
</tbody>
</table>

Have you ever been convicted of a crime? No _____ Yes _____ (If yes, include an attached explanation.)

Planning to enter ADN Program: Fall of 2019_____ or Fall 20_____

High School Attended: __________________________ Graduation Date: ____________

(Name) __________________________ (City) __________________________ (State)

Colleges, Universities, or other schools attended (including ANC):

<table>
<thead>
<tr>
<th>Institution</th>
<th>Dates Attended</th>
<th>Hours Attended</th>
<th>Degree (Type) GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>__________________________</td>
<td>__________________________</td>
<td>__________________________</td>
</tr>
<tr>
<td>2.</td>
<td>__________________________</td>
<td>__________________________</td>
<td>__________________________</td>
</tr>
<tr>
<td>3.</td>
<td>__________________________</td>
<td>__________________________</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

Unofficial Transcripts attached: Yes ____ No ____ Requested ____

Current Certified Nursing Assistant in AR: Yes____ No____ If yes, must attach copy of certification to application.

Ever held a license in any healthcare profession? Yes ____ No ____ If yes, type: __________________________

Ever been enrolled in any Nursing/Allied Health program at ANC? Yes ____ No ____

If yes, name of program __________________________ Dates attended __________________________

I acknowledge that all information provided is true and that misrepresenting the truth can lead to permanent dismissal from ANC’s Associate Degree Nursing program. I understand that if I have been convicted of a crime, I will need permission from the Arkansas State Board of Nursing to write the NCLEX-RN.

_________________________ __________________________ __________________________
Print Name (legible, please) Signature Date
Statement of Responsibility & Understanding

Please complete and mail with Application:
Arkansas Northeastern College
ATTN: Nursing Department
P. O. Box 1109
Blytheville, AR 72316-1109

Statement of Responsibility:
The following statements of responsibility indicate your understanding of the requirements necessary for evaluation of your file for possible admission into the ANC Associate Degree Nursing Program (ADNP). Please sign and return to the Nursing Secretary.

- I have received and read the Information Guidelines for the Traditional Option of the Associate Degree Nursing Program from Arkansas Northeastern College regarding admission policies and requirements.
- I understand that it is my responsibility to validate that all copies of my transcripts and test scores are received by the Nursing Secretary (including those on file in other ANC offices). I will inform the Nursing Secretary of courses in which I am currently enrolled. I also accept the responsibly to have all transcripts from other colleges submitted and evaluated by the ANC Registrar.
- I have received the Arkansas State Board of Nursing – Nurse Practice Act - SUBCHAPTER 3 – LICENSING §17-87-312 Criminal Background Checks information. I understand that enrolling and completion of the ADNP does not guarantee me the ability to challenge the NCLEX-RN exam.
- I have read the Background Verification Policy and understand that, if selected for the ADNP, that I will be required to submit to a Criminal Background Check (CBC) by a third-party vendor. If found to be ineligible to complete clinical rotations due to an adverse or negative outcome from the CBC, I understand that I will not be able to meet clinical and program objectives and therefore dismissal from the program will be necessary.
- I have read and understand the Functional Ability Categories, Descriptions, and Representative Activities and Attributes Statement.
- I understand that nursing is a discipline with cognitive, sensory, affective, and psychomotor performance requirements. I understand that, if necessary and if I meet certain documentation requirements of a disability. I understand that, if necessary and if I meet certain documentation requirements of a disability, I must contact ANC Student Services at (870) 762-3180 to request accommodations.

I understand that my Application for Admission in the Associate Degree Nursing Program will not be filed or considered unless my signature is on this form.

___________________________________________
Print Name

___________________________________________  ____________________________
Signature (legible please)                     Date
Please complete and mail:
Arkansas Northeastern College
ATTN: Associate Degree Nursing Director
P. O. Box 1109
Blytheville, AR  72316-1109

 _____ Exception to course sequence
 _____ Request for Course substitution: Student must provide copy of College transcript with name and date course was completed, full course description from College Catalog. Copy of Course Syllabi recommended.
 _____ Extension of application deadline
 _____ Missing or incomplete immunizations by application deadline
 _____ Other requests/exception; please specify ____________________________

Explanation of Waiver Request (must be completed, attach additional documentation as needed or requested):

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

This form is provided only for applicants who anticipate that one or more of the minimum requirements for admission into the Associate Degree Nursing program may not be fulfilled by the application deadline. This form will be reviewed by the nursing faculty along with your application. Completion of this form does not guarantee approval of the request.

Print Name: ____________________________ Signature: ________________________________
Contact Number: ____________________________ Date: ____________________________
Email address: ________________________________________________________________

FOR NURSING OFFICE USE ONLY; DO NOT WRITE BELOW THIS LINE

Review Date: ____________________________  □ Approved  □ Disapproved
Comments: ________________________________________________________________

Associate Degree Nursing Director: ____________________________ Date: __________
Dean, Nursing, Allied Health & HPER: ____________________________ Date: __________
Student Notified of Determination: ____________________________ Date: __________