BACONE COLLEGE

Billie R. Tower Nursing Program

LPN to RN

Visit our website www.bacone.edu

Admission Requirements
LPN to RN Program

For those who have obtained a degree as a Licensed Practical Nurse, Bacone offers the LPN to RN program. This program is designed to enable the licensed practical nurse to achieve registered nurse status within a reasonable time period.

Admission Requirements

Admission requirements to the LPN to RN program are the same as the adn program (see Admission Requirements under Nursing ADN) with these exceptions:

1. Submission of PN school transcripts
2. Evidence of Oklahoma licensure as a practical nurse
3. Passing score on the Excelsior College Fundamentals Challenge Exam, if applicable. Evidence of passing must be received prior to admission to the program

Admission Procedure

1. Applicants for admission to the nursing program shall comply with the application requirements and procedure for filing these items with the Admissions Office
2. Application for Admission to Bacone College
3. Application for Admission to the Billie R. Tower Department of Nursing
4. ACT scores, reading score, high school diploma or GED certificate, and college transcripts
5. Application for financial aid and dormitory resident (if applicable)
6. Completed OSBI criminal background check

APPLICATION FOR ADMISSION TO THE BACONE COLLEGE BILLIE R. TOWER NURSING PROGRAM

With the exception of name and address, all information above the dotted line is optional and used for statistical information only.
Please check the Program you are applying for:
____ Two-year ADN Program
____ CAPN (Career Advancement for Practical Nurses)
____ Baccalaureate Degree Completion Program

NAME:____DATE____________
Last First Maiden/Previous Married Name

MAILING
ADDRESS:____
Street or Box No. City County State Zip

TELEPHONE:____________________BIRTHDATE:______________________GENDER:_______________

Optional:
ETHNICITY:____________________

TRIBE: (If American Indian/Alaskan Native)____________________________

MARITAL STATUS (Circle One): S M W D YOUR OCCUPATION:__________________________________

_ _

DATE of HIGH SCHOOL GRADUATION (or the equivalent):
____

DATE of P.N. PROGRAM GRADUATION (if applicable): ______________

Name of P.N. School: _________________

DATE of ADN/DIPLOMA PROGRAM GRADUATION(if applicable):__________

Name of ADN/Diploma:____________

ACT SCORES:
(Prior to October 1989) English_____ Math_____ Social Science_____ Natural Science_____ Composite_____
(After October 1989) English_____ Math_____ Reading_____ Science Reasoning_____ Composite______

DATE ACT WAS TAKEN:___________________

HAVE YOU TAKEN THE FOLLOWING PRE-REQUISITE COURSES IN HIGH SCHOOL or COLLEGE?
Algebra: (taken in College) Course(s)_____________________ Grade:________
Where:______________________
Chemistry: Course(s)_______________________ Grade:________ Where:______________________
Anatomy: (taken in College) Course(s)_____________________ Grade:________
Where:______________________

COLLEGES and/or VOCATIONAL SCHOOLS
ATTENDED:_____
(Official transcripts from all colleges attended are to be submitted to Office of Admissions)

IF YOU FEEL THAT YOUR SCHOLASTIC PERFORMANCE TO DATE IS NOT A TRUE INDICATION OF YOUR ABILITY ,USE THIS SPACE TO
EXPLAIN:_____

_____

WHO REFERRED YOU TO THE NURSING PROGRAM?
_____Parent _____Counselor _____Teacher _____Bacone College Recruiter _____Bacone College Student
_____Alumni _____Other _____Media (Indicate)_____

HEALTH RELATED
EXPERIENCE:_____
(Also, indicate length of work – must have six (6) months experience as an RN within the last two (2) years if applying for the
BSN program.)

WOULD YOU COMMUTE?_____ FROM WHERE?_____ ROUND TRIP MILEAGE?_____

WOULD YOU LIVE IN THE RESIDENCE HALLS?_____

WHY DO YOU WISH TO BECOME A NURSE or PURSUE AN ADVANCED DEGREE IN NURSING?
_____
_____
_____
_____
_____

WHY DID YOU SELECT BACONE'S NURSING PROGRAM?
_____
_____
_____
_____
_____
_____

*A PHYSICAL EXAMINATION IS REQUIRED BY THE CONTRACTING AGENCY
BEFORE STUDENTS CAN PRACTICE IN A HOSPITAL.
(Do not have the physical examination until after you have been admitted into the program.)

***Individuals seeking nursing licensure in Oklahoma who have been arrested or convicted of any offense including a deferred sentence or expunged offense within the past five (5) years; or have ever been convicted of a felony; or have ever had disciplinary action taken against another health-related license; or have ever been judicially declared incompetent are required to notify the Oklahoma Board of Nursing prior to being approved to write the National Council Licensure Examination (NCLEX-RN). Failure to report such action may be a violation of the Oklahoma Nursing Practice Act.*

BILLIE R. TOWER DEPARTMENT OF NURSING
BACONE COLLEGE
LPN to RN TRANSITION PROGRAM

WAIVED BACONE COLLEGE COURSES		CREDIT HOURS
NUR 1103	Pharmacology/Dosage Calculations	3
NUR 1112	Nursing Skills & Techniques	2
NUR 1115	Fundamentals of Nursing	5
NUR 1224 NUR 1222	Medical/Surgical Nursing Medical/Surgical Nursing Clinical	4 2
PSY 1113	Intro to Psychology	3
ENG 1113	English Composition I	3
BIO 1114	Human Biology	4
BIO 2134	Anatomy & Physiology I	4
BIO 2144	Anatomy & Physiology II	4
PSY 2023	Developmental Psychology	3
	TOTAL CREDIT HOURS WAIVED	37

For admittance into the Level II year of the Associate Degree Nursing Program (ADN), the LPN to RN student will have earned 3 credit hours for taking the 8 week LPN to RN course (at Bacone), with the potential for an additional 37 credit hours being granted, leaving 38 credit hours to complete the ADN program study for a total of 75 credit hours. The LPN to RN transition program may be completed in 3.5 semesters.

REQUIRED BACONE COLLEGE COURSES		CREDIT HOURS
NUR 1213	LPN to RN Transition	3
NUR 2023 NUR 2021	Nursing Care of the Children Nursing Care of the Children Clinical	3 1
NUR 2033 NUR 2031	Nursing Care of the Family Nursing Care of the Family Clinical	3 1
NUR 2042 NUR 2041	Psychiatric-Mental Health Nursing Care Psychiatric-Mental Health Nursing Care Clinical	2 1
NUR 2144 NUR 2142	Advanced Med/Surg Nursing Care Advanced Med/Surg Nursing Care Clinical	4 2
NUR 2243 NUR 2242	Nursing Strategies for Progressive Leadership Nursing Strategies for Progressive Leadership Clinical	3 2
AIS _____	An American Indian Studies Course	3
ENG 1213	English Composition II	3
BIO 2324	Microbiology	4
REL ____	A Religion Course	3
	TOTAL CREDIT HOURS REQUIRED	38

For more information call: Office of Admissions (918) 781-7340
or the Health Science Recruiter (918) 360-3617

List of Supplies and Approximate Cost
Bacone Nursing Department
ADN and LPN to RN Students

1st & 2nd Semester

Uniform :	Navy blue scrubs* with White lab jacket	$150.00
	Black Golf Shirt and Khaki pants	$100.00
Shoes:	Nursing shoes all white	$75.00
Embroidered Emblem:	*from Uniform Shop	$50.00
Equipment:	Stethoscope, B/P Cuff, Pen Light & Bandage Scissors	$75.00
Books for first semester:	Approximate**	$1400.00

Books for 2nd 3rd and 4th semesters:	Approximate**	$350 - $400
Nursing pin for Graduation:		$62.00-364.00
Graduation pictures		$30.00

*Purchased through Uniform Shop contract with Bacone
**Approximate costs varies depending upon purchase location
This does not include tuition and fees required by Bacone College

School of Health Sciences

Reference Letter for _____ Program

***Identify:* Nursing or Radiography or Sonography**

This letter is sent in reference to _____ who has applied for admission. This person gave your name as someone who could evaluate them in the following areas.

CHARACTERISTICS SCORE	LOW 1	2	3	4	5 HIGH	
1. Honesty	_____	_____	_____	_____	_____	DON'T KNOW
2. Ethical/moral conduct	_____	_____	_____	_____	_____	DON'T KNOW
3. Appearance	_____	_____	_____	_____	_____	DON'T KNOW
4. Dependability/Accountability	_____	_____	_____	_____	_____	DON'T KNOW
5. Maturity	_____	_____	_____	_____	_____	DON'T KNOW
6. Judgment/Decision Making	_____	_____	_____	_____	_____	DON'T KNOW
7. Interpersonal relations:						
a. With immediate supervisor	_____	_____	_____	_____	_____	DON'T KNOW
b. With co-workers	_____	_____	_____	_____	_____	DON'T KNOW
c. With peers	_____	_____	_____	_____	_____	DON'T KNOW
8. Initiative and Creativity	_____	_____	_____	_____	_____	DON'T KNOW
9. Motivation for further Education	_____	_____	_____	_____	_____	DON'T KNOW

How long have you known the applicant? _____ years.

In what relationship have you known the applicant (co-worker, minister, teacher, employer, counselor)?

_____

What Agency/School/Congregation do you represent? _____

Are you related to the applicant? No_____ Yes_____ If yes, how? _____

OVERALL, I WOULD/WOULD NOT RECOMMEND THE APPLICANT TO YOUR PROGRAM.
(circle one)

NAME_____TITLE_____ (please print)
ADDRESS_____
_____

_____ _____
Signature Date

*Please return this form, by mail, to Bacone College
Office of Admissions
2299 Old Bacone Road
Muskogee, OK 74403

School of Health Sciences

Reference Letter for _____ Program

***Identify:* Nursing or Radiography or Sonography**

This letter is sent in reference to _____ who has applied for admission. This person gave your name as someone who could evaluate them in the following areas.

CHARACTERISTICS SCORE	LOW 1	2	3	4	5 HIGH	
1. Honesty	_____	_____	_____	_____	_____	DON'T KNOW
2. Ethical/moral conduct	_____	_____	_____	_____	_____	DON'T KNOW
3. Appearance	_____	_____	_____	_____	_____	DON'T KNOW
4. Dependability/Accountability	_____	_____	_____	_____	_____	DON'T KNOW
5. Maturity	_____	_____	_____	_____	_____	DON'T KNOW
6. Judgment/Decision Making	_____	_____	_____	_____	_____	DON'T KNOW
7. Interpersonal relations:						
a. With immediate supervisor	_____	_____	_____	_____	_____	DON'T KNOW
b. With co-workers	_____	_____	_____	_____	_____	DON'T KNOW
c. With peers	_____	_____	_____	_____	_____	DON'T KNOW
8. Initiative and Creativity	_____	_____	_____	_____	_____	DON'T KNOW
9. Motivation for further Education	_____	_____	_____	_____	_____	DON'T KNOW

How long have you known the applicant? _____ years.

In what relationship have you known the applicant (co-worker, minister, teacher, employer, counselor)?

_____

What Agency/School/Congregation do you represent? _____

Are you related to the applicant? No_____ Yes_____ If yes, how? _____

OVERALL, I WOULD/WOULD NOT RECOMMEND THE APPLICANT TO YOUR PROGRAM.
(circle one)

NAME_____TITLE_____ (please print)
ADDRESS_____
_____

_____ _____
Signature Date

*Please return this form, by mail, to Bacone College
Office of Admissions
2299 Old Bacone Road
Muskogee, OK 74403