FORM 1   CONDITIONS OF APPLICATION CHECKLIST

Complete all portions of Forms 1 & 2 as directed. Use name, email & address as indicated in myLane (verify myLane account)

L# _____   LAST NAME _____   FIRST NAME _____

E-mail address: _____   Cell Phone _____   Home Phone _____

Physical Address: _____ City: _____ State:_____ Zip:_____ County:_____

_____   All courses were taken at LCC **OR**

_____   Official Transcripts from other colleges have been submitted to Lane Community College Enrollment Services –
ATTN: HP Transcript 4000 East 30th Ave, Eugene, OR 97405

I have completed the following and submitted prior to the application deadline.

_____ A.   I understand **official**, sealed transcripts from all colleges **other than LCC** (if needed) were submitted to LCC Enrollment Services and **must be recorded as received by application close date** OR all courses were taken at LCC.

_____ B.   Completed the LCC Credit Admission process for Fall term 2024 (**application** term) and have an L number.

_____ C.   Completed the LPN Online Program Admission Application & Payment process including paying the **$35 non-refundable** application fee *and* will submit these *fillable* forms 1 & 2 to HPApplicationCenter@lanecc.edu

Conditions of Application:

_____ A.   I have read ALL information in the Fall 2024 LPN Program Application Information Packet.

_____ B.   I understand it is **HIGHLY recommended** that I meet with an LCC Nursing advisor or correspond via email with HPAdvising@lanecc.edu with any specific questions, prior to submitting the forms packet.

_____ C.   I understand that I must have a social security # to obtain an LPN License from the Oregon State Board of Nursing.

_____ D.   I understand that **I MUST attach a copy of my Certified Nursing Assistant, Certified Medical Assistant or Paramedic license** along with my application to receive licensure or work experience points on my application.

_____ E.   I understand that my application will not be returned and that it is my responsibility to keep a personal copy.

_____ F.   I understand that I am NOT considered an applicant to the program unless all required admission steps, Forms 1 and 2 (Sections 1-4) and documentation have been received prior to the application deadline.

_____ G.   I understand that should I be accepted into the program, conditions of enrollment require **completion** of all Fall Entry Course Requirements; **mandatory** attendance to the orientation session where I will find out more about the following requirements: physical, immunizations, CPR certification, background check; drug/alcohol screening; medical insurance.

_____ H.   I affirm all application information and documentation submitted online and by email is accurate and authentic and understand that errors I have made on the forms will **not** be corrected by the Health Professions Application Department.

Be sure to use Google Chrome and the latest version of Adobe Reader to complete and submit these fillable pdf forms. Forms 1 and 2 that are submitted scanned, via Google docs, handwritten or delivered in person **will not be accepted. Apple/Mac users** – do not use "Preview" to view or complete this Form. Save it first. **Set Adobe Reader as the default PDF reader** http://get.adobe.com/reader/

Submit Forms 1 & 2 and any and all supporting documentation attached to ONE E-mail by the application deadline.

Submit fillable forms & supporting documents to: HPApplicationCenter@lanecc.edu
E-mail Subject: Last, First Name, LNumber, LPN24 Application

Save this PDF and change the file name to: LastNameFirstInitialLNumberLPN24 (no spaces) **(i.e., SmithJL88888888LPN24)**

REMINDERS: Confirm all LCC courses are transcripted and/or transcripts were submitted to Enrollment Services that reflect any courses or degree(s) listed on the Point Petition Sheet.

Complete the Online LPN Program Admissions Application and Payment.

Form 2 Point Petition Sheet

Each course must meet the *minimum* credit requirement, as shown in column 1

LPN Fall 2024

Required Courses **Red Items** listed below - Minimum to Apply **Green Items** listed below - Required by Fall Entry WR122 (and a full 8 credits of writing) MUST be completed PRIOR to graduation	College Name, Course #, Course Name as it appears on transcripts OR N/A on each line below is required.	TERM/YEAR COURSE TAKEN	QUARTER CREDITS	C or C+	B	A	POINTS
SECTION 1: Required Program Pre-Requisites					C- or lower **NOT** accepted		
SAMPLE LINE:	*Lane Community College (or LCC) BI 231 Human A&P 1*	*Sp21*	*4*	*8*	*16*	*16*	*16*
BI 231 (**4** Credits) *Required to Apply				8	16	16	
BI 232 (**4** Credits)				8	16	16	
BI 233 (**4** Credits) Fall 2017 or later				8	16	16	
MTH 052, 065, 095 or Higher (**4/5** Credits) *Required to Apply				8	12	16	
WR 121 (**3/4** Credits) (See WR note below)				6	9	12	
WR 122 (**3/4** Credits) (See WR note below)				6	9	12	
OR Writing Waived with Bachelor's Degree (List College, Degree & Term Awarded here and 24 pts)		WR 121 & 122 Pts **OR** BA/BS pts				24	
WR NOTE: (MUST have 8cr of writing or Bach Degree by the end of the program to graduate							
PSY 215 (**3/4** credits)				6	9	12	
HP 100/HO 100 (**3/4** credits) (C- allowed)				6	9	12	
Total Section 1 Credits (max 33cr) & Points (max 112pts):							

Form 2 Point Petition Sheet   LPN Fall 2024

SECTION 2: 24 possible (all blanks must be filled in to receive points.)			
Military Service	Veteran - Active or Honorable Discharge	3pts	**Military Points:**
	Must attach a copy of DD-214 to your email as documentation to receive points		**Military Attached:**
Certified Nursing Assistant, Certified Medical Assistant or Paramedic License (REQUIRED by 9/1/24) **(See application info pkt for details)**	<u>Current, unencumbered</u> Certified Nursing Assistant, Certified Medical Assistant or Paramedic license **(REQUIRED by 9/1/24)** *Must attach copy of license to your email as documentation to receive points* **State, License # & Date Issued (Fill out completely for points):**	3pts	**License Points:** **License Attached:**
Certified Nursing Assistant, Certified Medical Assistant or Paramedic License Work Experience **(See application info pkt for details)** **MUST submit proof of licensure above and Work Verification Form, as directed, in order to receive Work Experience points.**	Documented 1000 hours or more	18pts	**Wk Exp Points:**
	Documented 500-999.9 hours = 9pts	9pts	
	Certified Nursing Assistant, Certified Medical Assistant or Paramedic required paid work experience performing patient care in a Skilled or Acute Care setting of **500 hours or more**, beginning **January 2019 or later.**		**License Attached** **Wk Exp Forms Submitted:**
		Total LPN Application Points (Maximum 136 Pts):	
NOTES to HP Application Center: (below)	Be sure to complete the Online Application and Payment Process to complete your final step in applying to the LPN Program. If you have anything else you feel we need to know, please place it in the "Notes" box below.		