**Lane** Community College

## FORM 1   CONDITIONS OF APPLICATION CHECKLIST

**Complete all portions of Forms 1 & 2 as directed.  Use name and email as indicated in myLane.**

L# _____   FIRST _____   MI _____   LAST_____

**LCC Email address** _____   **Personal Email address** _____

**Physical Address** _____   **City** _____   **State**_____   **Zip**_____   **County**_____

**Cell Phone** _____   **Message Phone** _____

**I have completed the following and submitted prior to the application deadline.  (Read and check the box in A-C below.)**

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

_____   B.   Completed the LCC Credit Admission process, are an active student cleared to register, and have an L number.

_____   C.   I understand I must complete the LPN to RN Bridge Online Program Admission Application & Payment process including paying the **$60 non-refundable application fee** and will submit these fillable forms 1 & 2 to HPApplicationCenter@lanecc.edu.

**Conditions of Application: (Read and check the box in A-H below.)**

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

_____   B.   I have met with an LCC Nursing Advisor, have corresponded via email with HPAdvising@lanecc.edu regarding this LPN to RN Bridge application OR have attended a Preparing to Apply Workshop.

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

_____   D.   I understand that it is my responsibility to keep a personal copy of my application and all supporting documentation.

_____   E.   I understand that I am NOT considered an applicant to the program unless all required admission steps, Forms 1 and 2 (Sections 1-5) and documentation have been received prior to the application deadline.

_____   F.   I understand that the HP Application Center will not make **ANY** corrections to my application and that all entered information is my responsibility to make sure it is complete and accurate and that all supporting documents are sent.

_____   G.   I understand that should I be accepted into the LPN to RN Bridge program, conditions of enrollment into Pathophysiology 1 & Pharmacology 1 in Fall term requires **completion** of all fall entry requirements and **mandatory** attendance at the orientation session.  I also understand that there will be immunization, drug/alcohol testing and background checks that I will have to complete prior to starting in clinicals and I will find out more about these requirements at the orientation.

_____   H.   I affirm all application information and documentation submitted **online and by email** is accurate and authentic and will follow the detailed directions from the Application Information Packet and the blue boxes below.

**ATTENTION: use Google Chrome and latest version of Adobe Reader** http://get.adobe.com/reader/ **to complete and submit these fillable pdf forms.** Forms 1 & 2 submitted scanned, via Google Drive, 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 and **set Adobe Reader as the default PDF reader.**

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**READ all of this CAREFULLY:**  Submit Forms 1 & 2 and all supporting documentation in ONE email by the application deadline.

**Submit fillable forms & supporting documents to:**
HPApplicationCenter@lanecc.edu

**Email Subject:** Last, First Name, L Number, 2024 Bridge Application

**Save this PDF and change the file name to:** LastNameFirstInitialLnumberBridge24 (no spaces) **(i.e., SmithJL88888888Bridge24)**

**All Supporting documents,** (i.e., LPN License, HS Transcripts, etc. should be named with Last Name, First Name and name of form (i.e., Smith, John LPN License) & attached separately.

**REMINDERS:**

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

Confirm Online Nursing Program Admissions Application and Payment have been completed.

Name all documents correctly.

Fill in every detail as requested.

| **Form 2** Point Petition Sheet | Each course must meet the minimum credit requirement, as shown in column 1 | **LPN to RN Fall 2024** | | | | | | |
|---|---|---|---|---|---|---|---|---|
| SECTION 1: Required courses by **application** and/or **fall entry** (30 quarter credits **minimum** required to apply) | | | | | | | **C- or lower NOT accepted** | |
| **ALL courses below in red must be completed by application and BI 234, FN 225 and 8CR of writing must be completed _prior_ to Fall term** (Minimum 3.0 GPA on pre-requisite courses below is required) (BI 233 A&P 3 must not be expired to apply) | REQUIRED: College Name, Course #, Course Name as it appears on transcripts OR N/A on each line below is required. (When N/A is noted, put a zero in that numerical field.) | Term/Year (required) | Quarter Credits Taken (required) | C or C+ (C- not allowed) | B | A | GPA Credits (Min. fixed) | GPA Points |
| **SAMPLE LINE:** | *UofO HPHY 321 & 322 or LCC BI 231 A & P 1* | *SP20* | *4* | *8* | *16* | *16* | *4* | *16* |
| **BI 231** (**4** Credits) | | | | 8 | 16 | 16 | **4** | |
| **BI 232** (**4** Credits) | | | | 8 | 16 | 16 | **4** | |
| **BI 233** (**4** Credits) Fall 2017 or later | | | | 8 | 16 | 16 | **4** | |
| **BI 234** (**4** Credits) Fall 2017 or later | | | | 8 | 16 | 16 | **4** | |
| **MTH 095 or higher** (**4/5** Credits) | | | | 8 | 12 | 16 | **4** | |
| *OR* MTH option (see packet) (no points given) | | | | | | | | |
| **WR 121** (**3/4** Credits) (with BA/BS may use Approved Electives for max 4 credits) | | | | 6 | 9 | 12 | **3** | |
| **WR 122** (**3/4** Credits) (with BA/BS may use Approved Electives for max 4 credits) | | | | 6 | 9 | 12 | **3** | |
| **FN 225** (**3/4** Credits) | | | | 6 | 9 | 12 | **3** | |
| **PSY 215** (**3/4** credits) | | | | 6 | 9 | 12 | **3** | |
| **Approved** Elective (min. **30** credits required) | | | | x2 | x3 | x4 | | |
| **Approved** Elective (min. **30** credits required) | | | | x2 | x3 | x4 | | |
| **Approved** Elective (min. **30** credits required) | | | | x2 | x3 | x4 | | |
| (See Application Packet for Approved Elective List) | Total Credits (30-37) GPA Credits & Points: | | | | | | | |
| **Minimum 30 quarter credits are REQUIRED in Section 1 (to apply) with a Maximum 37 quarter credits and a 3.0 minimum GPA** | | | | | | | | |

| SECTION 2: GPA, additional coursework and extra points | | | |
|---|---|---|---|
| **Pre-requisite GPA from Section 1**<br>(MINIMUM 3.0 GPA is required to apply) | Please divide the **total # of GPA points by the total # of GPA credits** and round to the hundredth. | | GPA:<br>**3.0+** |
| **Prerequisite GPA Points**<br>(MINIMUM 3.0 GPA is required to apply) | 4.00 - 3.67 = 25 points     3.19 - 3.15 = 17 points<br>3.66 - 3.33 = 23 points     3.14 - 3.00 = 15 points<br>3.32 - 3.20 = 20 points | | GPA Points: |
| **Prior College Degree**<br><br>**All information requested must be entered and transcript must be on file to receive pts.** | Must be Assoc. Degree or Higher. Transcript must indicate degree awarded and be from an accredited institution.<br><br>**Name of Institution, Type of Degree, Term/Sem & Year Completed (required)** | **1pt** | Degree Point: |
| **LPN License (REQUIRED TO APPLY)**<br><br>**You MUST attach a copy of your license with application and fill out all details requested in order to receive points.** | **Current, unencumbered Oregon LPN license**<br><br>**OR State License # and Date of Expiration: (Required)** | | **Copy of license attached:** |
| **LPN Reference Form (Required)**<br><br>You must submit one reference form from an LPN Instructor or a Supervisor of an LPN position. The HP Application Center will enter the points. | **Please fill out page 1 of the Reference Form and submit it to your LPN Instructor or a Supervisor in an LPN position.** They will then submit directly to HPApplicationCenter@lanecc.edu and copy you.<br><br>**What is the email address the reference will come from:** | **0-18pts** | **Reference Doc Submitted:**<br><br>**HP App Ctr to enter pts** |
| **LPN Program GPA 3.00 or higher**<br>**All data must be entered and your transcript attached or on file showing 3.0 or higher GPA to receive points.** | Submit official transcripts from accredited institutions to Enrollment Services or if not accredited – attached scanned copies (e.g. Pioneer Pacific) with this form by email.<br><br>**Name of Institution AND year of Graduation Required (Proof of 3.0 or higher for points)** | **5pts** | **LPN GPA ≥ 3.00 Points:** |
| **Anatomy & Physiology - No Repeat**<br>**(BI 231, 232 & 233)** | Completing all A&P courses with no repeats (other than BI233 for expiration only or W's) | **3pts** | **A&P No Repeat Points:** |
| **Lane County Resident**<br>Must be current at time of application | **Resident of Lane County at least 90 days prior to application**<br>https://www.lanecc.edu/administration/enrollment-services/residency | **3 pts** | **Lane County Points:** |
| **Preparing to Apply Workshop**<br>Must register and be present for entire workshop. | **You registered for and attended a Preparing to Apply Workshop**<br>*Date Attended MUST be entered and you MUST show on the roster.* | **1 pt** | **Preparing to Apply Pt:**<br>**Date Attended:** |

| **SECTION 2: GPA, additional coursework and extra points (cont.)** | | | |
|---|---|---|---|
| **LCC LPN Program Graduate** | 2 points awarded if you graduated from the LCC LPN Program. (**MUST ENTER** information in boxes provided.) | **2pts** | **LCC LPN Points:** |
| | | | **Year Graduated:** |
| **Military Service** | Veteran - Active or Honorable Discharge | **3 pts** | **Military Points:** |
| | *Must provide scanned copy of DD-214 as documentation to receive points* | | **Form Attached:** |
| **Technical Writing Course** | WR 227/227z, or equivalency (C- or above accepted) | **3pts** | **Technical Writing Point:** |
| | College Name, Course #, Course Name, Term/Year (required) | | |
| | | | |
| **Medical Terminology Course** | HP/HO 100 or equivalency (C- or above accepted) | **2pts** | **Med Term Points:** |
| | College Name, Course #, Course Name, Term/Year (required) | | |
| | | | |
| **Statistics Course** | MTH 243/STAT 243z or equivalency (C- or above accepted) | **2 pts** | **Statistics Point:** |
| | College Name, Course #, Course Name, Term/Year (required) | | |
| | | | |
| **Lane Community College Credits** *Pre-requisite credits completed at LCC* *(Use only courses listed in Section 1)* | 36+ LCC credits completed in Section 1 | **5pts** | **LCC Credit Points:** |
| | 24-35 LCC credits completed in Section 1 | **4pts** | |
| | 12-23 LCC credits completed in Section 1 | **3pts** | |
| | 3-11 LCC credits completed in Section 1 | **2pts** | |
| **Foreign Language Competency** (See application info pkt for details) C- or above accepted. | Proof of "**Advanced**" proficiency | **5pts** | **Language Fluency Points:** |
| | 2 terms/1 semester of **same** language, college level, transcripted | **3pts** | |
| | 2 years of the same language, high school transcript required | **2pt** | |
| **You MUST attach a copy of your HS Transcript or Language Competency Test and submit it along with your application in order to receive these points. Outside College Transcripts or official CLEP tests must be received by the deadline.** | Language (**required**) | | |
| | | | |
| | College Name, Course #, Course Name, Term/Year (required) or attach HS transcript. | | |
| | | | |

| Be sure to complete the Online Application and Payment Process to complete your final step to apply to the LPN to RN Bridge Program. | **TOTAL APPLICATION POINTS:** **60 Max Points (pre-reference)** |
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| **NOTES to HP Application Center:** **Please be sure to use the space below if you feel there is anything additional we need to know about your application.** |
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