



LPN Fall 2022 Application Forms Packet

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 2022 (**application** term) and have an L number.
- _____ C. Completed the LPN Online Program Admission Application & Payment process including paying the **\$50 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 2022 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 NursingProgram@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 Oregon State Board of Nursing.
- _____ D. I understand that **I MUST attach a copy of my CNA license** along with my application to receive those additional 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 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/>

<p>Submit Forms 1 & 2 and any and all supporting documentation attached to ONE E-mail by the application deadline.</p> <p>Submit fillable forms & supporting documents to: HPApplicationCenter@lanecc.edu E-mail Subject: Last, First Name, LNumber, LPN22 Application</p> <p>Save this PDF and change the file name to: LastNameFirstInitialLNumberLPN22 (no spaces) (i.e., SmithJL8888888LPN22)</p>	<p>REMINDERS: Confirm all LCC courses are transcribed and/or transcripts were submitted to Enrollment Services that reflect any courses or degree(s) listed on Point Petition Sheet.</p> <p>Complete the Online LPN Program Admissions Application and Payment.</p>
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Form 2 Point Petition Sheet

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

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Required Courses Red Items listed below - Minimum to Apply Green Items listed below - Required by Fall Entry WR122 must be completed PRIOR to graduation	<u>College Name, Course #, Course Name as it appears on transcripts OR N/A on each line below is required.</u>	TERM/YEAR COURSE TAKEN	QUARTER CREDITS	C or C+	B	A	POINTS
SECTION 1: Required Program Pre-Requisites		C- or lower NOT accepted					
<i>SAMPLE LINE:</i>	<i>Lane Community College (or LCC) BI 231 Human A&P 1</i>	<i>F 18</i>	<i>4</i>	<i>8</i>	<i>16</i>	<i>16</i>	<i>16</i>
BI 231 (4 Credits) *Required to Apply				8	16	16	
BI 232 (4 Credits)				8	16	16	
BI 233 (4 Credits) Fall 2015 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 note below)				6	9	12	
WR 122 (3/4 Credits) (See note below)				6	9	12	
or WR: Bachelor's Degree (WR Waived)				WR 121 & 122 Pts OR BA/BS pts		24	
NOTE: Enter School, Degree, Term & Yr of award above and enter 24 pts on this line ONLY (instead of 121 & 122 points)							
PSY 215 (3/4 credits)				6	9	12	
HO 100 (3/4 credits)				6	9	12	
Total Section 1 Credits (max 37cr) & Points (max 112pts):							

Form 2 Point Petition Sheet (cont.)

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SECTION 2: Lane CC Discretionary Points - 24 possible (all blanks must be filled in to receive points.)			
Military Service	Veteran - Active or Honorable Discharge	3pts	Military Points:
	<i>Must attach a copy of DD-214 to your email as documentation to receive points</i>		Attached:
CNA License (Required by Fall Entry) See application info pkt for details.	Current, unencumbered CNA license	3pts	CNA Points:
	<i>Must attach copy of license to your email as documentation to receive points</i>		Attached:
	State, License # & Date Issued (Fill out completely for points): [Redacted]		
CNA Work Experience (See application info pkt for details) MUST submit proof of OSBN CNA certification and CNA Work Verification Form as directed.	Documented 1000 hours or more	18pts	Wk Exp Points:
	Documented 500-999.9 hours = 9pts	9pts	
	Certified Nursing Assistant paid work experience performing bedside care in a Skilled or Acute Care setting of 500 hours or more, beginning January 2018 or later.		CNA 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.			