Dear LPN-to-RN AT Applicant:

Thank you for requesting an application to the LPN-to-RN AT at Copiah-Lincoln Community College at the Simpson County Center.

Please find enclosed the application packet for the school year 2026-2027.

<u>Please read and follow all instructions in the packet carefully.</u>

<u>The application packet includes</u>

_____Admissions Information Sheet/Program Information Sheet

_____Verification of Work Form

_____ LPN-to-RN AT Application for Admission **(On the Co-Lin ADN Website)**

_____Applicant Interview Written Interview Form **(On the Co-Lin ADN Website)**

_____Link to the Co-Lin College Application (Online only)

_____2 Reference Forms

The following documents <u>must be submitted</u> as part of the admissions process for the Associate Degree Nursing program:

1. Completed Application for Admission to Copiah-Lincoln Community College (Online only). **<u>Apply to the College</u>**

2. Submission of 2 copies of official college transcripts from all colleges/universities attended.
   (Applicants who are current, or previous Co-Lin students do not have to submit a transcript for Co-Lin)

3. Submission of 2 references on forms provided in the application packet.
   Completed reference forms may be returned to the school in two ways:
      1. Mailed directly to Co-Lin using the address below by the person completing the reference form **or**
      2. The applicant may hand deliver to the ADN office or mail each reference in a sealed envelope.

4. Submission of most current ACT composite score. (NOT usually on transcript)

5. **It is the student's responsibility to check with the ADN office (601-643-8413) to verify that all application information has been received and is being processed prior to the application deadline of January 1st.**
   Mailing Address:
   Mail the following items to: **Co-Lin**
                                                    ADN Program
                                                    P.O. Box 649
                                                    Wesson, MS 39191

   _____ **<u>Official Transcripts</u>** (2 copies)
   _____ **<u>Verification of Work</u>**
   _____ **<u>Verification of ACT Composite Scores</u>**
   _____ **<u>Application for Admission to the ADN Program</u> (On the Co-Lin ADN Website)**
   _____ **<u>(2) references</u>** on forms provided in the application

To be eligible for admission to the LPN-to-RN AT Program the applicant must meet the following criteria:

1. The applicant must be a high school graduate or submit passing GED scores to apply for regular admission to the college.
2. All applicants must be a licensed practical nurse (LPN) who holds a current, unencumbered nursing license to practice in Mississippi.
3. All applicants must have at least **one year of documented full-time** clinical practice as a licensed practical nurse **within 3 years** of the application year.
4. **The applicant must apply for regular admission and be accepted by the college, and must apply to the nursing program of the college.**
5. The applicant must apply to the nursing program by submitting a completed application packet to the nursing program office during the annual admissions cycle. **Application packets to the nursing program are accepted from October 1st to January 1st. All applications and related paperwork must be complete and on file in the ADN Office by January 1st of each year to be considered for a position in the summer nursing class. The applicant is responsible for ensuring that the application packet is received, accurate, and complete.**
6. All applicants must have a cumulative GPA of 2.50 or higher on a 4.00 scale for all previous college work attempted **AND** have an ACT composite score of 18 or higher. **Submission of an ACT score is required for this program.** Applicants with **less than the required ACT composite score** must have completed a minimum of 12 semester hours, including Anatomy and Physiology I & II with labs, with a cumulative GPA of 2.5 or higher before being admitted.
7. All prerequisite courses (Anatomy & Physiology I & II with labs, College Algebra, & Microbiology with lab) must be completed prior to entering the nursing program. Prerequisites must have a minimum grade of "C," and the admissions criteria must be met by the application deadline for an application to be considered. The applicant may be enrolled in final prerequisites at the time of applying.
8. If the applicant is not accepted and is interested in re-applying to the program, a new application must be submitted to the LPN-to-RN AT Program during the annual admissions cycle. A waiting list is not maintained.
9. Selection for the LPN-to-RN AT Program is based upon the applicant's cumulative grade point average on all college work attempted, ACT composite score, references, written interview, and enrollment at Co-Lin (current or previous). Priority is given to in-district residents, out-of-district Mississippi residents, and then out-of-state residents. In-district counties are Adams, Copiah, Franklin, Lawrence, Lincoln, Jefferson, and Simpson. All applications are judged on a competitive basis. All applicants are notified by letter or email of their acceptance or non-acceptance into the nursing program. The number of applicants accepted each year is limited to available clinical facilities and available faculty.
10. If accepted, all applicants must participate in drug and alcohol testing, and a criminal history background check with fingerprints (Criminal history complies with MS Code Section 43-11-13(5)(6)(iii).

Application Forms Check-List Co-Lin LPN-to-RN AT Program

Contact us: adn@colin.edu; 601-643-8413

Nursing Program Application	All applicants must submit a completed LPN-to-RN AT Program Admission Application, which can be found on the Co-Lin ADN website.
Official College Transcripts-**Co-Lin**	**Applicants who are current or previous Co-Lin students DO NOT have to submit Co-Lin transcripts; the nursing program office will print your Co-Lin transcripts for your application file.**
Verification of Work	All applicants must submit a complete verification of work form (enclosed in this packet).
Official College Transcripts-**NOT Co-Lin**	Applicants who have taken ANY college course(s) at ANY college/ university other than Co-Lin must submit official transcripts to Co-Lin's enrollment services (college admissions) office. Most transcripts are sent electronically in a pdf format. The applicant is responsible for requesting non-Co-Lin transcripts be sent to Co-Lin. Co-Lin enrollment services: enrollmentservices@colin.edu; 601-643-8309. **Note: If an applicant has previously sent non-Co-Lin transcripts to the college, the applicant does not have to resubmit these if no additional coursework has been taken at that institution.**
Official ACT Composite Score	All applicants must submit an official verification of their ACT composite score to the program office. ACT scores can be obtained from your high school transcript or www.act.org; official ACT super scores are accepted.
Reference Forms	All applicants must submit **two** references. The reference forms are located in this packet. References should be completed by someone who is familiar with the applicant in the areas on the reference form. References can be emailed to adn@colin.edu (Do NOT email a screenshot of the reference form) or mailed to Copiah-Lincoln Community College, ADN Program, P.O. Box 649, Wesson, MS 39191 or the form may be hand delivered in a sealed envelope by the applicant.
Co-Lin College Application	In addition to applying to the nursing program, all applicants **must** electronically submit an application to the college. The college application is located on the college website www.colin.edu under future students "apply now", then click "apply now" again. **Note: If** an applicant is a current Co-Lin student with continuous enrollment, a new application does not have to be submitted. If an applicant is a previous Co-Lin student with a disruption in enrollment, a new application will need to be submitted.
Applicant Interview Written Interview Form	All applicants must submit a completed written interview form, which is included with the LPN-to-RN AT Admission application.
Applicant Letter of Good Standing- for previous RN program enrollment	**IF** an applicant has attended another registered nursing program (ADN or BSN), the applicant must submit a letter of good standing located in this packet from that program as part of the application process. This form can be emailed to adn@colin.edu or mailed to Copiah-Lincoln Community College, ADN Program, P.O. Box 649, Wesson, MS 39191, or may be hand delivered in a sealed envelope by the applicant.

Admissions Process Summary

LPN-to-RN AT Program
Contact us: adn@colin.edu; 601-643-8413

October 1st to January 1st	**Program Application Submission** Applications for the nursing program are accepted October 1st to January 1st (Application forms can be completed online at www.colin.edu under the Associate Degree Nursing major).
January 1st	**Program Application Deadline** All required nursing application paperwork must be **received by January 1st** for the application to be processed.
February 20th	**Notification of Admission Status: Admitted, Admitted as Alternate, or Not-Admitted** Applicants will be notified by email on or after February 20th of their admission status for the nursing program for the fall class. Status categories are admitted, admitted as alternate, or not admitted
March 7th	**Accept or Decline** Applicants who have been admitted to the nursing program **must reply via email to adn@colin.edu by March 7th to accept or decline the nursing class position.**
End of March	**LPN-to-RN AT Program Orientation** Applicants who are admitted to the nursing program **must attend a mandatory program orientation** in mid-June. Uniform and equipment information will be reviewed at this orientation.
Drug Testing and Fingerprinting	Applicants who have been admitted to the nursing program are required to participate in **drug testing and fingerprinting** for criminal history background check/clearance. **Fingerprinting** will be scheduled by the nursing program.

Reference Form
Copiah-Lincoln Community College
LPN-to-RN AT Program

NAME OF APPLICANT_____

Information on this reference form is considered confidential and will not be disclosed to the applicant by the LPN-to-RN AT Program. Completed reference forms may be returned to the school by emailing adn@colin.edu (Do NOT email a screenshot of the form) or mailing directly to Co-Lin LPN-to-RN AT Program, P.O. Box 649, Wesson, MS 39191 **or** hand-delivered in a sealed envelope by the applicant.

Ratings

Evaluation Areas	Excellent (4)	Above Average (3)	Average (2)	Below Average (1)
Problem-solving: Thinks through situations; considers alternatives; arrives at logical/sound conclusions; prioritizes; takes appropriate action.				
Works well with others: Gets along well with peers and/or co-workers; shows respect & tact in peer relationships; resolves conflict through appropriate channels.				
Accepts guidance & constructive criticism: Is able to accept guidance & constructive criticism from authority figures, resulting in improved behaviors; Does not exhibit extreme negative behaviors during this process.				
Dependability/Responsibility: Is dependable, reliable, & responsible in attending and completing required work/course activities; Completes tasks/duties as assigned.				
Flexibility/Adaptability: Is flexible & adaptable in work/learning situations; displays rationale and stable behavior in new, diverse, or unexpected situations.				
Integrity: Behavior seems to be guided by moral/ ethical principles & values; Displays trustworthiness.				
Initiative: Seeks appropriate assistance as needed; Sets & achieves goals (if known); seeks out learning opportunities; Assumes responsibility for behaviors.				

Totals:

Based on your knowledge of this applicant, do you recommend the applicant to the Associate Degree Nursing Program? _____ YES_____ NO   If no, please explain below:

Any additional comments:

Individual completing this reference form:

Name (Please Print):_____

Title:_____ **Organization:**_____

Signature: _____

Relationship to Applicant: _____ Academic   _____ Employer   _____ Other (Please Specify) _____

NAME OF APPLICANT_____

Information on this reference form is considered confidential and will not be disclosed to the applicant by the LPN-to-RN AT Program. Completed reference forms may be returned to the school by emailing adn@colin.edu (Do NOT email a screenshot of the form) or mailing directly to Co-Lin LPN-to-RN AT Program, P.O. Box 649, Wesson, MS 39191 **or** hand-delivered in a sealed envelope by the applicant.

Evaluation Area	**Ratings**			
	Excellent (4)	**Above Average (3)**	**Average (2)**	**Below Average (1)**
Problem-solving: Thinks through situations; considers alternatives; arrives at logical/sound conclusions; prioritizes; takes appropriate action.				
Works well with others: Gets along well with peers and/or co-workers; shows respect & tact in peer relationships; resolves conflict through appropriate channels.				
Accepts guidance & constructive criticism: Is able to accept guidance & constructive criticism from authority figures, resulting in improved behaviors; Does not exhibit extreme negative behaviors during this process.				
Dependability/Responsibility: Is dependable, reliable, & responsible in attending and completing required work/course activities; Completes tasks/duties as assigned.				
Flexibility/Adaptability: Is flexible & adaptable in work/learning situations; displays rationale and stable behavior in new, diverse, or unexpected situations.				
Integrity: Behavior seems to be guided by moral/ ethical principles & values; Displays trustworthiness.				
Initiative: Seeks appropriate assistance as needed; Sets & achieves goals (if known); seeks out learning opportunities; Assumes responsibility for behaviors.				

Totals:

Based on your knowledge of this applicant, do you recommend the applicant to the Associate Degree Nursing LPN-to-RN AT Program? _____ YES_____ NO   If no, please explain below:

Any additional comments:

Individual completing this reference form:

Name (Please Print): _____

Title: _____ **Organization:** _____

Signature: _____

Relationship to Applicant: _____ Academic   _____ Employer   _____ Other (Please Specify) _____

COPIAH – LINCOLN
COMMUNITY COLLEGE

LPN-to-RN AT Program
Essential Skills, Functions, and Standards for Successful Nursing Practice

Students must be free from physical and/or mental disabilities that will interfere with his/her ability to administer safe, competent nursing care. To successfully complete the classroom and clinical components of the nursing program, the student must either independently or **with reasonable accommodation** be able to perform essential skills, functions, and standards to meet the required learning/program outcomes. The student must be able to practice as a safe, knowledgeable, and competent registered nurse. These essential requirements include, but are not limited to:

1. **Hearing:**
   a. Auditory acuity sufficient to understand and appropriately respond to verbal communication, directions, and instructions.
   b. Auditory acuity sufficient to perceive, interpret, and respond to client needs/data, including hearing body sounds with and without a stethoscope.
   c. Auditory acuity sufficient to perceive and interpret various equipment signals.
   d. Auditory acuity sufficient to communicate via telephone.
   Note: A student with a hearing impairment must be able to accurately hear blood pressure, pulse, breath sounds, bowel sounds, etc. If a student is unable to accurately assess the hearing required essentials to perform safe nursing practice, the student will not meet the required learning outcomes and thus will have to withdraw from the nursing program. The student will be responsible for purchasing their own amplified stethoscope.

2. **Vision:**
   a. Visual acuity sufficient to identify, understand, and appropriately respond to visual directions and instructions, including reading physicians' orders, medication records, and client chart data.
   b. Visual acuity sufficient to perceive, interpret, and respond to client needs/data, including viewing monitors and other client equipment.
   c. Visual acuity sufficient to implement the physician's orders, including accurate interpretation of required equipment and supplies, i.e., syringe markings.

3. **Olfactory (Smell)**
   a. Olfactory acuity sufficient to perceive, interpret, and respond to client needs/data.

4. **Speech:**
   a. Verbal ability sufficient to establish interpersonal rapport and communicate with clients, family members, and/or significant others.
   b. Verbal ability sufficient to engage in interpersonal communication with physicians, peers, co-workers, and any other health care team members or health care facility personnel.
   c. Verbal ability sufficient to respond to client needs/data.

5. **Mobility/Motor Ability:**
   a. Ability to stand and/or walk at least 8 hours in the clinical setting.
   b. Ability to assist in lifting or moving clients of all age groups and weights, bend, and squat.
   c. Ability to use arms, hands, and fingers for grasping, pulling, pushing, fine manipulation, and any other movements/skills necessary to perform health and physical assessment to meet client needs.
   d. Ability to engage in motor skills required to perform cardiopulmonary resuscitation.
   e. Ability to engage in any other mobility/motor skills necessary to respond to client needs/data.

   Applicant's Printed Name _____Date _____

   Applicant's Signature _____ Date_____

COPIAH — LINCOLN
COMMUNITY COLLEGE

LPN-to-RN AT Program
Applicant Letter of Good Standing
Directions: Applicants who have attended other registered nursing programs must submit a letter of good standing from that program as part of the application process. Please have the program(s) complete, sign, and submit this form to Co-Lin ADN Program at adn@colin.edu.

Date_____

To: Co-Lin ADN Admissions Committee

Re: Letter of Good Standing for _____
<div align="center">Student Name</div>

This letter is to verify that the above-named student attended the Nursing Program at

_____. Based on the program's
<div>   (Name of College or University)</div>

re-admission policies and/or course repeat policies, please see a summary of the student's status below.

Student's Status: Check all that apply.

_____   Student is in good standing and eligible for re-admission to the nursing program.

_____   Student is NOT eligible for re-admission to the nursing program.
<div align="center">NO   YES</div>
Is non-eligibility disciplinary is nature.   ☐   ☐

Comments: _____

_____

Please print the name of the person completing this form: _____

Signed_____ (Nursing Program Representative)

Nursing Representative email: _____

<div align="center">

Contact us:
adn@colin.edu; 601-643-8413.
Co-Lin LPN-to-RN AT Program

</div>

Copiah-Lincoln Community College
Associate Degree Nursing Program
LPN to RN Accelerated Track
Employment Verification Form

Applicant Name_____
(Applicant should give this form to clinical facilities where employed full-time in the years 2009, 2010, 2011; Applicant should make additional copies of this form as needed to provide to clinical facilities.)

Section I: To be completed by the clinical facility
Directions: The above-named applicant is applying to the LPN to RN Accelerated Track at Copiah-Lincoln Community College. Please complete the required employment information to verify the applicant's clinical practice as a licensed practical nurse.

Clinical Facility Name_____

Address_____

Description of Facility/Unit where applicant is employed _____

_____

Dates of employment _____

Employment position_____

Number of weekly hours/work schedule _____

_____

I verify by signing below that this applicant has been employed by our clinical facility during the dates listed above.

Person completing this form (please print) _____

Title_____

Signature_____

Phone number to call for any questions_____

Date_____

Comments:

Copiah-Lincoln Community College
Associate Degree Nursing Program
LPN to RN Accelerated Track
Employment Verification Form

*Applicant Name*_____

Section II: To be completed by applicant
Directions: Please complete the following questions regarding your employment as a licensed practical nurse.
All applicants must have at least one year of full-time clinical practice as a licensed practical nurse within 3 years of the application year to be eligible for admission to the LPN to RN Accelerated Track.

Practical Nursing Program graduated from _____

Month and Year graduated from practical nursing program_____

Date of licensure as a practical nurse_____
(If exact date is unknown, approximate date is acceptable)

MS practical nurse license number _____

Employment History for years 2022, 2023, 2024
(Begin with most recent.)

Clinical Facility	Dates of Employment	Position	Description of Facility/Unit	Number of weekly hours/work schedule

Comments:

Applicant Name_____

Section III: To be completed by applicant
Directions: Please complete the following questions regarding your skills/clinical experiences as a licensed practical nurse.

Are you IV Therapy Certified?   _____ YES   _____ NO

List the types of skills you perform routinely on your job. Example: Medication administration, office work etc.

_____

_____

_____

_____

_____

_____

List the types of clients you have cared for? Example: Long-term care, acute care, children, etc.

_____

_____

_____

_____

_____

_____

Required Clinical Health Requirements

If an applicant is admitted into the associate degree nursing program, the following is a summary of the current clinical health requirements. This is for your information only! **NO ACTION is required during the application process.**

<u>Clinical Requirements Summary List</u>

1. History and Physical Examination
2. American Heart Association BLS CPR Certification
3. 2 step TB Skin Testing
4. Chicken Pox/Varicella (vaccination record or blood titer)
5. Measles, Mumps, Rubella (vaccination record or blood titer)
6. Hepatitis B (vaccination record or signed waiver)
7. Criminal History Background with Fingerprinting and Clearance Letter (The nursing program schedules this)
8. Drug screen
9. Covid Vaccination: Please be aware that the nursing program currently has clinical affiliates that may require COVID vaccination to participate in clinical activities at their facilities. Covid vaccination **could** be required during your enrollment in the nursing program.

Student Fees & Expenses Per Semester
(Fees & expenses are subject to change during enrollment)

First Semester Expenses
(1st year student)

ADN Program Fee (includes student malpractice insurance and resource packets) .... $ 300.00
Tuition.. 1,850.00
Technology Fee... 125.00
Student Services Fee... 125.00
Nursing Books/Learning Resources... 500.00*
Uniforms, Clinical Equipment & Supplies.. 450.00*
Clinical Travel .... varies
Annual Physical Exam and Immunizations.. 200.00*
Hepatitis B Vaccine (3 injections) (Optional)... 300.00*
American Heart Association BLS/CPR 50.00*
Activity Fee.. 10.00
Standardized Testing Package 340.00*
Drug Testing 32.00
Criminal History Processing 50.00
Skills Lab Tote w/Supplies.. 200.00*

                                                        Total $ 4,532.00

Second Semester Expenses
(1st year student)

ADN Program Fee (includes student malpractice insurance and resource packets)................... $ 300.00
Tuition.. 1,850.00
Technology Fee... 125.00
Student Services Fee... 125.00
Nursing Books/Learning Resources... 250.00*
Clinical Travel .... varies
Professional Meeting Fee... 75.00*
Activity Fee.. 10.00
Standardized Testing Package 360.00*

                                                        Total $ 3,095.00

Student Fees & Expenses Per Semester
(Fees & expenses are subject to change during enrollment)

Third Semester Expenses
(2nd year student)

ADN Program Fee (includes student malpractice insurance and resource packets) .... $ 300.00
Tuition.. 1,850.00
Technology fee.. 125.00
Student Services fee.. 125.00
Nursing Books/Learning Resources.. 700.00*
Clinical Travel .... varies
Annual Physical Exam and Immunizations.. 200.00*
Activity Fee... 10.00
Standardized Testing Package 360.00*

Total $ 3,670.00

Fourth Semester Expenses
(2nd year student)

ADN Program Fee (includes student malpractice insurance and study packets) .... $ 300.00
Tuition.. 1,850.00
Technology Fee.. 125.00
Student Services Fee..125.00
Nursing Books/Learning Resources.. 250.00*
Clinical Travel .... varies
Professional Meeting Fee 75.00*
Standardized Testing Package 360.00*
Activity Fee 10.00
Composite Photograph (Sitting fee)(Optional) 50.00*
Graduation Fee.. 40.00
State Board Application Fee for RN Licensure 100.00
NCLEX®-RN certification exam fee (testing fee) 200.00
State Board Review Course 400.00*

Total $ 3,885.00

* Approximate cost. Associate Degree Nursing Student Handbook, 2024-2025

Date _____ Applicant Name _____GPA _____ ACT _____

Associate Degree Nursing Program Applicant Written Interview
For Scoring Only. Do NOT complete this page.

1. **Nursing:** Describe what you believe is the role of the registered nurse in the healthcare setting. Please include examples.

1	2	3	4
The description does not express what he/she believes to be the role of an RN in the healthcare setting.	Exhibits difficulty/struggles describing what he/she believes to be the role of an RN in the healthcare setting. No examples or details were provided.	Superficially describe or give a very simple description of the role that is not very in-depth or insightful. Does include a general example. Example lacks details.	Easily describes what he/she believes is the role of the RN in the healthcare setting, giving specific examples (i.e., examples of life experiences that influenced them). More in-depth and insightful statements about the reason(s). Provided a detailed example.

Total Score for this Item _____   Comments:

2. **Nursing:** Describe a study plan you will follow to ensure success in the program. Feel free to include days and times.

1	2	3	4
Unable to describe how he/she will be successful.	Exhibits difficulty/struggles with describing how he/she will be successful. Lack a study plan.	Superficially or very simply describes how he/she will be successful. Simple statement(s) that is not very in-depth or insightful. A general schedule is included.	Easily describes how he/she will be successful in the program and gives specific examples. Statements are in-depth and may include a description of the student as a self-directed learner. A schedule is included.

Total Score for this Item _____   Comments:

3. **Communication:** Describe a time when you had to communicate a complex idea or procedure. How did you ensure it was understood? Provide examples.

1	2	3	4
Unable to communicate relevant information in a clear, concise manner.	Exhibits difficulty/struggles with communicating relevant information. An example is not provided	Overall, the student communicates relevant information in a clear, concise manner that is understood. Statements are not very in-depth or insightful. Example lacks specific details.	Easily communicates relevant information in a clear, concise manner that is easily understood. Statements are in-depth, insightful, or very well thought through. Specific examples are given.

Total Score for this Item _____   Comments:

4. Professionalism: Describe how you manage disagreements with family, friends, or co-workers? If possible, provide specific examples.

1	2	3	4
Unable to communicate relevant information in a clear, concise manner.	Exhibits difficulty/struggles with communicating relevant information. An example is not provided.	Overall, the student communicates relevant information in a clear, concise manner that is understood. Statements are not very in-depth or insightful. Example lacks specific details.	Easily communicates relevant information in a clear, concise manner that is easily understood. Statements are in-depth, insightful, or very well thought through. Specific examples are given.

Describe any other significant information noted by the interviewer(s) related to this applicant:

_____