



Nursing & Allied Health Program Application

EMT Basic

EMT Advanced

Paramedic

Nursing Assistant

Level I: Generic RN

Level II: LPN/Paramedic to RN

Phlebotomy

(Choose one)

Medical Coding

Sterile Processing

Practical Nursing

Surgical Technology

Radiologic Technology

Respiratory Therapy

ADMISSION REQUIREMENTS: Complete all SEARK College Admission Requirements and general requirements listed below:

1. Completion of all general admission procedures of the College.
2. Completion of competency testing in Reading with a minimum score of:
 - ACT: 19
 - Compass Reading: 83
 - Accuplacer Reading: 75
 - Next Generation Accuplacer: 250 **OR**
3. Completion of a course in Developmental Reading with a grade “C” or better

ACCEPTANCE PROCEDURE: Should qualified applicants exceed the available slots in the program, admission into a class will be based on the date of completed application. Upon acceptance into the Program, the student must submit the following to begin classes: The cost of the subscription Drug Screen, and Criminal background check is the student’s expense. **(Not Applicable to all programs.)**

1. Functional Ability Acknowledgement Form
2. P.P.D. Skin Test or Chest X-Ray
3. Tdap Vaccination **(Must be taken within 10 years)**
4. Current Flu Vaccination
5. Hepatitis B Series or Signed Vaccination Waiver Claim Form.
6. Drug Screen
7. Criminal Background Check

The above information must be submitted to:
Southeast Arkansas College
Nursing & Allied Health Technologies Division
1900 S. Hazel St.
Pine Bluff, AR 71603

-OR-

Email Completed Application
(from SEARK Student Email)
to
Jscott@seark.edu

Students enrolled in Allied Health programs with a clinical component will be assessed a fee for malpractice insurance.

**SOUTHEAST ARKANSAS COLLEGE
NURSING & ALLIED HEALTH APPLICATION**



NAME _____
 ADDRESS _____
 CITY _____
 STATE and ZIP _____
 DATE OF BIRTH _____ SEX: MALE FEMALE
 STUDENT I.D. # _____
 PHONE NUMBER _____

PERSONS TO NOTIFY IN CASE OF EMERGENCY:

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE</u>	<u>PHONE NO.</u>
1. _____			
2. _____			

DO YOU HAVE HOSPITALIZATION OR HEALTH INSURANCE COVERAGE? YES _____ NO _____

PREVIOUS WORK EXPERIENCE (List current employer.)

<u>EMPLOYER</u>	<u>CITY/STATE</u>	<u>JOB TITLE</u>	<u>FROM</u>	<u>TO</u>

EDUCATION: HIGHEST GRADE COMPLETED _____ DATE OF GRADUATION OR GED _____

NAME & ADDRESS OF LAST SCHOOL ATTENDED _____

HAVE YOU EVER BEEN ENROLLED IN ANY OTHER SCHOOL OF NURSING? YES _____ NO _____ If yes, please submit transcript from school of nursing.

ARE YOU CURRENTLY CERTIFIED IN ANY ALLIED HEALTH AREA? YES _____ NO _____ LIST CERTIFICATION _____

HAS YOUR CERTIFICATION EVER BEEN ENCUMBERED? YES _____ NO _____ If yes, list reasons and dates of all encumbrances

ARE YOU WILLING TO GO TO ANY AGENCY IN OUR SERVICE AREA FOR YOUR CLINICAL TRAINING? YES _____ NO _____
 REASONS: _____

PLANS AFTER GRADUATION: _____

<u>PERSONAL REFERENCES</u>	(NO RELATIVES)	<u>COMPLETE ADDRESS</u>	<u>PHONE NUMBER</u>
<u>NAME</u>			
1. _____			
2. _____			

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____ IF YES, PLEASE EXPLAIN:

*Conviction of certain crimes may cause the applicant to be ineligible to do clinical at some clinical sites. This ineligibility may result in suspension from the program. Random drug screening may be utilized at any time during the program at the student's expense. I authorize the college to release information provided by me in application for admission to the NAH program to approval/accrediting agencies and clinical affiliates, as required. This authorization includes the release of my transcript.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentations or a falsification of information is cause for denial of admission or suspension from the program.

 DATE

 SIGNATURE submission from SEARK Email will suffice as signature