



Division of Health Sciences • 101 Cunningham Blvd • Booneville, Mississippi 38829
Phone (662) 720-7396/(800) 555-2154 Fax (662) 720-7215

Dear Applicant,

Thank you for your interest in the Practical Nursing Education (PNE) Program. The PNE program is a 12 month course of study beginning in August and ending in the following August. We accept a total of 36 students each August – 24 students are admitted to the Booneville Campus and 12 to the New Albany Campus. The deadline for application is May 1st.

The requirements for admission are outlined below:

1. Applicants for all Allied Health Programs must meet requirements for regular admission to the college and make a separate application to the PNE program.
2. **Applicants must provide a score of 17 or higher on the ACT. This test is given by the Counseling Center and you can call 720-7313 for test schedule information.**
3. Applicants must complete Anatomy and Physiology I and II with a C or above before admission. If you have any previous college credit that you are transferring from another college it is your responsibility to make sure that the transcript arrives at Northeast before the application deadline.
4. Applicants must have a 2.0 overall college GPA.
5. Sign a notarized affidavit verifying no disqualifying offenses on the criminal background check.

After the application deadline applicants will be rated using the rating sheet that is attached. **Please note that only applicants with a 17 or higher on the ACT will be rated.** If A&P I and/or A&P II is pending, applicants may receive provisional acceptance if rating points warrant. The top 36 applicants will be admitted to the program. If a seat becomes available, the alternates will be called in order of the points accumulated on the rating sheet.

Also enclosed is an estimation of the fees involved in completing the PNE program. All applicants admitted to the PNE program must present a complete physical examination form before attending class.

If you wish to become an active applicant, please complete the enclosed application and return it to me. If you have any questions, please call me. Thank you.

Patti Cooper
PNE Program Director
Wright 109
662-720-7567

Dr. Nick Alexander
Assistant Division Head, Health Sciences- Allied Health
662-720-7283

PNE Instructors: Mary Sue Perrigo (720-4081), Kimberly Lester (720-7398), Paula Stennett (692-1506)

**NORTHEAST MISSISSIPPI COMMUNITY COLLEGE
PRACTICAL NURSING EDUCATION PROGRAM**

Breakdown of Fees

The following is an **estimation** of the fees involved in completing the PNE program. Fees may change without notice.

Tuition (\$945/semester for three semesters)	\$2,835.00
Malpractice Insurance (\$15.00/year)	\$ 15.00
Books	\$ 869.00
Hepatitis B vaccine	\$ 75.00
Physical Examination	\$ 40.00
Uniforms/supplies	\$ 150.00
Shoes	\$ 40.00
Clinical Travel (1 day/week in the first semester, 2 days/week in the second and up to 4 days/week in the third semester)	varies based on clinical site

NORTHEAST MISSISSIPPI COMMUNITY COLLEGE
Rating Scale for Practical Nursing Education Applicants

PNE Applicant _____ SS# _____

Date of Application: _____

The applicant must meet the requirements listed below (1-4) in order to be eligible for admission to the Practical Nursing Education Program. **Applicants will only be rated on the rating scale if ACT composite is 17 or above.** Appropriate transfer work is credited to students with points assigned as indicated in the criteria below.

1. Application on file in the nursing office by May 1.
2. ACT composite score of 17 or higher
3. Overall college GPA of 2.0 or higher
4. Anatomy and Physiology I and II (8 academic hours) with a grade of 'C' or higher

CRITERIA		VALUE POINTS					TOTAL POINTS
1	ACT Composite (List actual score) e.g.20 ACT= 20 points	Act composite = Value points				points	
		ACT _____					
2	Overall college GPA	3.5-4.0				4	
		3.0-3.49				3	
		2.5-2.99				2	
		2.25-2.49				1	
3	Academic courses taken at NEMCC with assigned point value as follows: A= 3 points B= 2 points C= 1 point Transfer courses will receive assigned point value as follows: A= 2 points B= 1 point C= 0 points	Course	Grade	N E	T	pts	
		A/P I					
		A/P II					
		Nutrition					
		Human Growth & Develop.					
		Subtotal _____					
4	Previous PNE Course(s) at NEMCC with assigned point value as follows: A= 4 points B= 3 points C**= 2 points	Course (list)	Grade			pts	
5	Residency	Mississippi				1	
6	Professional Commitment: Documentation must be in the Office of Health Sciences by deadline dates to earn point(s)— this is the student's responsibility.	___ Paramedic				3	
		___ BS or higher degree				3	
		___ EMT				2	
		___ Allied Health program cert/ licensure				2	
		___ Certified Nurse Assistant				2	
		___ High School Health Occupations Course				1	
GRAND TOTAL OF POINTS							

** A score of 80 is required for an assigned grade of 'C' on PNE course(s). Applicants will be admitted from highest accumulated points to lowest. Eligibility does not guarantee admission to the Practical Nursing Education Program. In the event of a tie in the rating score, order of admission will then be based on highest academic course points then highest ACT. (Revised 08/2009)



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PRACTICAL NURSING EDUCATION - APPLICATION FOR ADMISSION

Date: _____ Social Security Number: _____

Name: _____
 Last First Middle Maiden

Address: _____
 Street/Apt. #/ P.O. Box City State Zip Code

Email address _____

Telephone #s: Home _____ Cell _____

List all colleges attended (including NORTHEAST MS CC) and dates of attendance:

Expected Date of Enrollment: _____

If requesting *readmission*, indicate which semester: _____ Fundamentals
 _____ Med/Surg, Alterations, IV Therapy
 _____ Maternal/Child, Mental Health, Transitions

If requesting *alternate placement*, indicate ADN courses completed: ___1118 ___1229 ___2339

Answer all questions and, if appropriate, sign the release of information. Applications submitted with unanswered questions will be considered incomplete and may delay your ability to enter the program.

YES	NO	Have you ever been convicted of, pled no contest to, or are charges pending against you for a felony or misdemeanor in any state/ jurisdiction? <i>(The Mississippi Board of Nursing may, in its discretion, refuse to accept the application of any person who has been convicted of a criminal offense).</i> If you checked yes, please request a personal interview appointment with the Practical Nursing Education Program Director.
YES	NO	Have you ever been disciplined by or pled no contest to charges filed by or entered into any agreement restricting your practice with any regulatory agency or certification organization? If you checked yes, please request a personal interview appointment with the Practical Nursing Education Program Director.
YES	NO	Do you understand that you will submit a notarized affidavit and/or criminal background check/fingerprinting and must have no disqualifying offenses as listed in Section 45.33.23(f) of the MS Code in order to be admitted into the Practical Nursing Education program? (Please ask if you do not understand).
YES	NO	Do you understand the functional skills/abilities that are considered essential for the practice of nursing as listed below? <i>These include: fine motor skills, hearing, arithmetic competence, emotional stability, analytical thinking, critical thinking, interpersonal skills, communication skills, mobility, vision, and reading.</i> Yocum, 1996 (Please ask if you do not understand).

Application continued on reverse side

Please indicate with any that currently apply to you:

Paramedic

BS, BA or higher level degree

EMT

Allied Health program certification/licensure

Certified Nursing Assistant

High School Health Occupations course completed

Date & place degree/certificate was awarded: _____

PLEASE NOTE: You are responsible for providing copies of certificates, etc. to validate the above information. Documentation must be submitted to the Health Sciences Office by the deadline date to receive points on the rating scale.

I attest the information provided on this application is true and accurate. I understand any falsification of the information invalidates the application.

Signature: _____

Date: _____

Comments: