

**WALLACE STATE COMMUNITY COLLEGE SELMA  
NURSING PROGRAM REINSTATEMENT/TRANSITION APPLICATION**

Application Date ____/____/____			
<b>Please initial intended program of study &amp; term</b>			
Associated Degree of Nursing (ADN)_____		Practical Nursing (LPN)_____	
<b>Reinstatement Term</b>		<b>Reinstatement Term</b>	
Generic Track _____ Fall reinstatement only	Deadline June 1 <sup>st</sup> _____	Deadline Nov 1 <sup>st</sup> Spring Reinstatement _____	Deadline April 15 <sup>th</sup> Summer Reinstatement _____
Mobility Track LPN to RN _____ Summer reinstatement only	Deadline December 1 <sup>st</sup> _____	Deadline June 1 <sup>st</sup> /Fall Reinstatement Day _____ Evening _____	
Please review my application for PN reinstatement if I am not accepted in the ADN program. Yes _____			
No _____			

**I. PERSONAL DATA**

Name \_\_\_\_\_  
(Last)
(First)
(Middle)
(Maiden)

Permanent Address \_\_\_\_\_ SSN \_\_\_\_\_

Include A # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are You Currently Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you employed Full -Time \_\_\_\_\_ or Part -Time \_\_\_\_\_

Place of Employment \_\_\_\_\_

**II. EDUCATION**

High School Graduation Year \_\_\_\_\_ High School Name: \_\_\_\_\_

Have you previously been admitted to WCCS Practical Nursing or ADN program? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, state date of last admission. (LPN \_\_\_\_\_) (ADN \_\_\_\_\_)

Have you ever been enrolled in another nursing program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give the name of the college(s) attended and reason for withdrawal:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **TRANSFER POLICY REQUIREMENT**

IF YOU HAVE EVER BEEN ENROLLED IN ANOTHER ALABAMA 2 YEAR COLLEGE NURSING PROGRAM PLEASE CONTACT THE PN OFFICE AT (334) 876- 9337 or the AND/PN OFFICE AT 876-9275 FOR TRANSFER POLICY REQUIREMENTS.

Have you taken the COMPASS test? Yes \_\_\_\_\_ NO \_\_\_\_\_ If yes, date \_\_\_\_\_, your name as listed when tested \_\_\_\_\_.

### **III. ESSENTIAL FUNCTIONS**

In order to be admitted and to progress in the Nursing Program you must possess a functional level of ability to perform the duties required of a nurse with or without reasonable accommodation(s). Admission or progression may be denied if you are unable to demonstrate the essential functions with or without reasonable accommodation(s). Please review the Essential Functions at [wccs.edu](http://wccs.edu) under Nursing programs. Submit a signed Essential Function Verification form, along with your application.

### **IV. DRUG SCREENING POLICY**

- Each applicant is required to submit a Drug Screening Policy Signature Form
- Please view Drug Policy at [www.wccs.edu](http://www.wccs.edu) under Nursing.

### **V. ELIGIBILITY FOR LICENSURE**

Legal requirement for licensure in the State of Alabama are listed in the Alabama Board of Nursing Administrative Code. The Alabama Board of Nursing determines the eligibility for licensure based on the following questions. As nursing program applicants you are not required to respond to these questions, however, it is important that you understand the successful completion of the Nursing Program does not guarantee eligibility to take the NCLEX exam.

The Board of Nursing may deny any individual permission to take the National Council Licensure Examination (NCLEX) based on an investigation of these responses.

- **Have you ever been arrested or convicted of a criminal offense other than a moving traffic violation?**
- **Have you within the last five (5) years abused drugs/alcohol or been treated for dependency to alcohol or illegal chemical substance?**
- **Have you ever been arrested or convicted for driving under the influence of drugs/alcohol?**
- **Have you within the past five (5) years received inpatient or outpatient treatment or been recommend to seek treatment for mental illness?**
- **Have you ever had disciplinary action or is action pending against you by any board of nursing?**
- **Have you ever been placed on a state and or federal registry?**

**I understand that completion of this application is a component of the student profile and does not in itself grant admission to the Nursing program. I understand that an application must be resubmitted if I am not selected.**

**Minimum admission standard to the Nursing program included:**

- **Unconditional admission to Wallace Community College Selma.**
- **Receipt of completed application for the desired nursing program by the deadline date for the program in which you are desiring reinstatement.**
- **A student may be reinstated to the nursing program only one time. The reinstatement is not guaranteed due to limitations in clinical spaces. All nursing program admission standards must be met.**
- **A student must have a 2.0 cumulative GPA at the current institution for reinstatement.**
- **Maintain ability to meet essential functions for nursing with or without reasonable accommodations.**

a. **Maintain program health requirements.**

**Progression**

- **A total of two unsuccessful attempts in two separate semesters (D, F, or W) in the nursing program will result in dismissal from the program.**

- **Meeting the essential functions or technical standards required for nursing.**

Admission to the Nursing Program is competitive, and the number of students is limited by the number of faculty and clinical facilities available.

**MEETING MINIMAL REQUIREMENT DOES NOT GUARANTEE ACCEPTANCE.**

**I HEREBY CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE. I HAVE READ ALL STATEMENTS INCLUDED IN THIS APPLICATION:**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**NOTE: THE FOLLOWING ITEMS MUST BE ON FILE IN THE OFFICE OF STUDENT SERVICES, PRIOR TO THE PUBLISHED DEADLINE DATES. FOR RETURNING STUDENTS THESE FORMS MUST BE UPDATED IN EMPLOYMENT SCREENING SERVICES (ESS)**

- **COMPLETED NURSING APPLICATION PACKET TO INCLUDED:**
- **COPY OF ESSENTIAL FUNCTIONS VERIFICATION FORM**
- **COPY OF STUDENT DRUG SCREEN POLICY PARTICIPATION FORM**
- **COPY OF BACKGROUND SCREENING CONSENT AND RELEASE FORM**
- **COPY OF HIGH SCHOOL TRANSCRIPTS (GED ACCEPTABLE) (IF APPLICABLE)**
- **TRANSCRIPTS FROM ALL PREVIOUSLY ATTENDED COLLEGES (IF APPLICABLE)**
- **COPY OF TEAS SCORE**
- **INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED**

Please deliver complete application to the address below.

**Dr. Sarah Davis, RN**

**Located in the Health Science Building, 1st Floor,  
Wallace Community College Selma**

**Health Sciences Department**

**P. O. Box 2530/3000 Earl Goodwin Parkway**

**Selma, Alabama 36702-2530**

**Telephone: 334- 876-9337 or (334) 431-7108 or e-mail:sarah.davis@wccs.edu**

Formulated 4/2020