



## Admission Requirements and General Information Class Begins August 1, 2022

**Application Deadline is June 1, 2022**

All inquiries or correspondence for admission should be directed to:

Registrar  
JRMCSchool of Nursing  
1600 West 40<sup>th</sup> Avenue  
Pine Bluff, Arkansas 71603  
(870-541-7858  
[mccorkletr@jrmc.org](mailto:mccorkletr@jrmc.org)

Office hours for the School of Nursing are 8:00 a.m. to 4:30 p.m., Monday through Friday. The telephone number for the Registrar is (870)541-7858; E-mail address, [mccorkletr@jrmc.org](mailto:mccorkletr@jrmc.org). A class is admitted each January/July. Completed applications are reviewed and acted upon by the APRG (Admissions, Promotion, Recruitment and Graduation) Committee and/or Director.

### Admission Requirements

- High School Graduate/GED
- ATI TEAS score of at least a 60
- High School and College Transcripts
- Current CPR Certification through American Heart Association BLS Provider
- ACT (score will NOT be used to determine admission, but is required)
- Letter of Good Standing if previously enrolled in a nursing program
- COVID19 Vaccine - If fully vaccinated with the booster shot, all students/faculty have the option to wear a mask in the school building. All other social distancing guidelines still apply.
- Current Immunizations
  - Immunization records should include current TDap within the past 10 years; proof of (2) MMR vaccines and/or titers; proof of varicella x 2 or a positive history of disease and/or titers; proof of hepatitis B vaccine series and/or positive titers; current TB skin test; and annual flu shot. Covid vaccinations are now required for all students in the program. All immunizations need to be completed and put in your file before you are allowed to start class.

### Pre-Requisite Education Requirements

- English Composition I (ENGL 1313) (3 hours)
- English Composition II (ENGL 1323) (3 hours)
- Anatomy & Physiology I (BIOL 2454) (4 hours)
- Anatomy & Physiology II (BIOL 2464) (4 hours)
- Microbiology (BIOL 2474) (4 hours)
- College Algebra (MATH 1333) (3 hours)
- General Psychology (PSYC 2303) (3 hours)

\* Anatomy & Physiology I and II must be less than 5 years old

***\*All prerequisite courses are required to be completed before acceptance into the program. All transcripts as well as required documents must be in the file before the deadline or the application will not be considered for admission.***

Ability-to-benefit and/or applicants without a high school diploma or GED are ineligible for admissions.  
[www.jrmc.org/schoolofnursing](http://www.jrmc.org/schoolofnursing)

JRMCSchool of Nursing is not certified on SEVIS (Student and Exchange Visitor Information System), and therefore cannot accept international students on Student Visas, or applicants who are not U.S. citizens.

**JEFFERSON REGIONAL MEDICAL CENTER**  
**SCHOOL OF NURSING**  
 1600 WEST 40TH AVENUE  
 PINE BLUFF, ARKANSAS 71603  
 870-541-7858

**APPLICATION FOR ADMISSION**

Directions: Complete all areas of application, sign, date, and return this form to the address above. An Application fee of \$35.00 is due upon completion of application process. **ALL required documents must but be completed and turned in to the office BEFORE the deadline or the application will not be considered for admission. The School of Nursing will only accept the first 30 completed eligible applications.**

Print or type information below: Please list a current email where you can be reached.

Name: \_\_\_\_\_  
Last First Middle Maiden Other (Surname(s))

Current Address: \_\_\_\_\_

Street City State Zip

Telephone (Including area code): Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

How did you hear about JRMCS School of Nursing? \_\_\_\_\_

Have you previously applied to JRMCS School of Nursing? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Provide reference information on the chart below:

REFERENCE INFORMATION			
Name	Address	Telephone	Relationship

Have you ever been convicted of a crime? (See attachment) Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been arrested? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever had a legal charge brought against you? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been admitted to another nursing program? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is English your native language? If "No", results of TOFEL examination are required (contact Registrar)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If selected for entry, can you furnish proof you are a U.S. Citizen? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Complete all areas, List in chronological order high school and **all\*** colleges, universities, vocational schools, private schools, private career schools, etc., that you have attended. Attach a separate sheet of paper if additional space is needed. Official transcripts for **all** attended are required. **It is your responsibility to request that your transcripts be sent directly from these institutions to the Registrar of JRMCS School of Nursing.**

EDUCATIONAL HISTORY				
Name of Institution (college, school, university, or other	City/State	Dates Attended		Degrees/Certificates
		From	To	
High School				
GED				
Colleges/etc				

In the space below, list current enrollment(s) as applicable. Official transcript(s) are required when current courses are completed. Course grade report will be temporarily accepted if currently enrolled in a course of study.

EDUCATIONAL HISTORY (continued)			
Name of Institution	Course(s)	Credit Hours	Awarded (Degree/Diploma/Certificate)

Complete the chart below

TESTING HISTORY		
Have you ever taken:	ATI TEAS: Yes: _____ No: _____ Score: _____ Date: _____	TOEFL: Yes: _____ No: _____ Date: _____

Include **all**\* employment beginning with present or most recent. Attach a separate sheet of paper if additional space is needed.

EMPLOYMENT HISTORY					
Employer	City/State	Date		Job Responsibility	Reason for Leaving
		From	To		

Are you registered or licensed? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Registry/License No. and State: \_\_\_\_\_

The following information is optional and used for statistical purposes and does not affect eligibility for selection:

*Predominate Ethnic Background:*

\_\_\_\_\_ American Indian/Alaskan Native \* \_\_\_\_\_ Asian or Pacific Islander \* \_\_\_\_\_ Black, Non Hispanic  
\_\_\_\_\_ Hispanic/Latino \* \_\_\_\_\_ White, Non Hispanic \* \_\_\_\_\_ Biracial \* Other: \_\_\_\_\_

NOTE: This application **will not** be processed until **all** required records are submitted.  
(See "Application Process Letter" link on the web page and/or School Catalog for application procedure).

JRMC School of Nursing does not discriminate in the educational programs or activities of the School on the basis of race, sex, age, creed, national origin, marital status or disability. The School has identified specific essential functions (technical standards) critical to the success of students enrolled in the nursing program. Refer to the School Catalog, Essential Functions Policy.

I hereby make application for selection to Jefferson Regional Medical Center School of Nursing and declare that the information on this application is complete and accurate. I understand that any misrepresentation, falsification, omission of information or any other attempt to deceive the School is cause for either denial of selection for admission or dismissal from enrollment and that future applications shall not be considered by JRMC School of Nursing.

I have read and/or discussed the *Essential Functions* necessary in the role of nursing student which can be found in the School Catalog and believe I would be able to perform them.

I voluntarily give JRMC School of Nursing the right to make any investigation of my personal history related to school and employment records.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*All means "total; entirety"

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In the space provided below, write an account of:

1) Your experiences and activities since you last attended school (if more than six months ago).

2) What you most enjoy doing in your leisure time.

3) All the things you have accomplished that have given you the greatest satisfaction.

4) What contacts have you had with the health care field?

5) Yours plans and aspirations for the future.

6) There are Baccalaureate, Associate Degree and Hospital-based Diploma nursing programs in this state. Each program prepares the student to take the national nursing license examination and become a Registered Nurse. On the back of this sheet, please state your reasons or rationale, for choosing Jefferson Regional Medical Center School of Nursing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Instructions for Taking the ATI TEAS Test**

SEARK is a testing site for the TEAS exam.

The cost is \$70.00.

The test is given on Wednesdays at 8:30 am and 1:00 pm. You must be registered 24 hours prior to test date

A minimum score of 60 is required to be considered for admission into JRMC School of Nursing.

To Register for Test Go to the Website listed below:

<https://www.atitesting.com/>

STEP 1: Sign in or create a new user account. (NOTE: If you have ever been registered with ATI, do not sign in as a new user. Use your old account.)

You may take the TEAS exam a maximum of three (3) times per year.

There is study material available on the web site.

You must bring your driver's license in order to test.

UPON FINISHING EXAM, PRINT (2) COPIES OF RESULTS, (1) TO BE BROUGHT TO THE SCHOOL OF NURSING AND (1) TO KEEP.

If you have any questions, please contact the School of Nursing. (870)541-7858.

## INSTRUCTIONS FOR TAKING THE TEAS EXAM PROCTORIO (at home)

ATI now has made it possible for students to take the TEAS exam proctorio at home. There are specifications required for this exam. Please check the site for specifics.

A minimum score of 60% is required for admission into the JRMCS School of Nursing.

You are only allowed to take the TEAS exam 3 times in a year. If you surpass this, you will have to wait a year after you have taken the first exam in order to test again.

There is study material available on the website. There is also remediation available to you in your ATI account if you have taken the exam and your score was below 60%.

If you have ever been registered with ATI do **not** sign in as a new user. Use your old account.

### [TEAS information Link](#)

- (<https://www.atitesting.com/teas/the-ati-teas-exam-with-proctorio>)

### [TEAS Registration Link testing with ATI](#)

- (<https://www.atitesting.com/teas/register>)

Upon finishing the exam, print (2) copies of the results, (1) to be brought to the School of Nursing and (1) for yourself. You may also email it to the registrar at [mccorkletr@jrmc.org](mailto:mccorkletr@jrmc.org)