



**LPN to RN APPLICATION FORM**

Print or type below. **Mail the completed application with the \$100 Application Fee to: Standard Health Care P.O. BOX 9164, Reston, VA 20190.**

Make money order payable to: **Standard Healthcare Services, Inc.** (no personal checks will be accepted). Application Fee is **NON REFUNDABLE**.

Name: \_\_\_\_\_  
Last First Middle

Other names you have used: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_

High School from which you graduated/last attended \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_

High School Diploma \_\_\_\_\_ OR GED \_\_\_\_\_ Date awarded: \_\_\_\_\_

Name of LPN school you graduated from: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Address of School (Street, City, State, Zip code):

\_\_\_\_\_

\_\_\_\_\_

Please list ALL educational Institutions of higher education previously attended:

1. \_\_\_\_\_ Yr: \_\_\_\_\_

2. \_\_\_\_\_ Yr: \_\_\_\_\_

3. \_\_\_\_\_ Yr: \_\_\_\_\_

Total number of college credits earned: \_\_\_\_\_

Are you currently working as an LPN? \_\_\_\_\_ (If yes, where?) \_\_\_\_\_

Other work Experience \_\_\_\_\_



Have you ever been  
traffic violation? \_\_\_\_\_ (If Yes Explain below)

convicted of a crime other than

\_\_\_\_\_

Whom to notify in case of emergency: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Home Tel: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Write a brief paragraph about how you intend to contribute to the nursing profession and the community when you become a Registered Nurse.**

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Standard Healthcare Services, Inc. School of Nursing does not discriminate in recruitment, education, employment or services on the basis of race, age, color, religion, gender, sexual orientation, national origin, creed or disability.

I certify that the information provided on this application is complete and accurate. I realize that failure to provide correct information is sufficient cause for reconsideration of my admission status. I also understand the privilege of writing the licensing examination is dependent on my satisfactory compliance with state requirements and the Nurse Practice Act.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Please submit a copy of the Admission Checklist with this application.



**LPN TO RN PRE-ADMISSION CHECKLIST**

	Student Initials	Admin Initials	PRE-ADMISSION APPLICATION REQUIREMENTS
1.			Attend <b>MANDATORY Information Session</b>
2.			Submitted application for Admission
3.			18 year of age or older.
4.			Submitted high school transcript and or GED certificate; and College transcripts
5.			Submit copy LPN license in good standing
6.			Completed Anatomy and Physiology I& II and Microbiology OR NAS 161 &162 OR Excelsior College Anatomy & Physiology and Microbiology Exams with a grade of "C" or better.
7.			Completed College English Composition (ENG 111) with a grade of "C" or better.
8.			Completed Introduction to Psychology with a grade of "C" or better.
9.			Completed College Mathematics or CLEP College Mathematics Exam with a grade of "C" or better.
10.			Passed the computer competency test or have completed college level computer competency course with a grade of "C" or better
11.			Successfully complete LPN Skills and Concepts validation course with a grade of "C" or better.
12.			Submit AHA CPR Certification for Health Care Providers
13.			Submit Physical Exam and Immunization Records to include drug testing
14.			Completed Criminal Background Check

**I understand I may be denied program entry if I have submitted incorrect information. Further, I understand it is my responsibility to submit this checklist with the RN Transition Program Application Form by mail to (Standard Healthcare Services Inc., 1073 West Broad St. Falls Church, VA 22046).**

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_