

Baptist Health College Little Rock School of Nursing

LPN/LPTN TO RN Accelerated Track

Thank you for your interest in attending Baptist Health College Little Rock-School of Nursing Accelerated Track. An applicant to this Track will need to have already obtained their LPN/LPTN License or be a Paramedic. An applicant must complete and submit the following information as identified herein.

Professional Portfolio

The licensed practical and licensed psychiatric technician nurse brings to the program previous leaning and work experiences. The faculty of Baptist Health College Little Rock-School of Nursing Accelerated Track selected a Professional Portfolio as the method for acknowledging these attributes.

The purpose of the Professional Portfolio is to assess the licensed applicant by validating their knowledge and skills. In addition, licensed applicants have the opportunity to document their individual strengths, skills, and knowledge.

The Portfolio is a collection of individualized informational materials reflecting professional, educational, and personal achievements. This information is additional to that which is required for non-licensed applicants to the School. The Professional Portfolio assists the faculty in the selection of students and advisement related to the LPN/LPTN to RN Accelerated Track.

Portfolio Information

1. A resume that describes, in detail, employment experience, education, membership in professional associations, participation on committees, honors, community service, and awards (form enclosed).
2. Validation of fundamental nursing skills by employer verification (form enclosed). Recent practical nurse graduates may utilize instructor validation of basic nursing skills if approved by the Selection II Committee.
3. Validation of fundamental nursing skills by self (form enclosed).

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Licensed Applicant Resume Template

Name _____ Telephone _____

SS# _____ Arkansas license# _____

Address _____

Current Place of Employment _____

(Use this form as outline only, typed resume required)

EDUCATION:

EXPERIENCE:

(Include place, dates, description of job responsibilities and reason for leaving)

COMMITTEE MEMBERSHIP:

MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS:

HONORS:

COMMUNITY SERVICE:

AWARDS:

REFERENCES: (Names, addresses, and phone numbers)

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Employer/Instructor Validation of Basic Nursing Skills

Applicant Name _____ SS# _____

Procedure	Yes	No
1. Sterile Dressing Change		
2. Catheterization (one of the following)		
A. Female		
B. Male		
3. Surgical Sterile Technique		

COMMENTS:

EMPLOYER NAME (Please Print) /Title

EMPLOYER SIGNATURE /Title

DATE

Sworn to before me this _____ day of _____ 20____. My

Commission Expires _____
Date

Signature Notary Public

Seal

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Self Validation of Basic Nursing Skills

Applicant Name _____ SS# _____

Procedure	Yes	No
1. Sterile Dressing Change		
2. Catheterization (one of the following)		
A. Female		
B. Male		
3. Surgical Sterile Technique		

COMMENTS:

LICENSED APPLICANT SIGNATURE

DATE