

FORM 1 CONDITIONS OF APPLICATION CHECKLIST

Complete all portions of Forms 1 & 2 as directed. Use name, email & address as indicated in [myLane](#) (verify myLane account)

L# _____ LAST NAME _____ FIRST NAME _____

E-mail address: _____ Cell Phone _____ Home Phone _____

Physical Address: _____ City: _____ State: _____ Zip: _____ County: _____

_____ All courses were taken at LCC **OR**

_____ Official Transcripts from other colleges have been submitted to [Lane Community College Enrollment Services](#) –
ATTN: HP Transcript 4000 East 30th Ave, Eugene, OR 97405

I have completed the following and submitted prior to the application deadline. (CHECK ALL THAT APPLY)

_____ A. I understand **official**, sealed transcripts from all colleges **other than LCC** (if needed) were submitted to [LCC Enrollment Services](#) and **must be recorded as received by application close date** **OR** all courses were taken at LCC.

_____ B. Completed the LCC Credit Admission process for Spring term 2025 (**application** term) and have an L number.

_____ C. Completed the LPN Online Program Admission Application & Payment process including paying the **\$35 non-refundable** application fee **and** will submit these **fillable** forms 1 & 2 to HPApplicationCenter@lanecc.edu

Conditions of Application:

_____ A. I have read ALL information in the Fall 2025 LPN Program Application Information Packet.

_____ B. I understand it is **HIGHLY recommended** that I meet with an LCC Nursing advisor or correspond via email with HPAdvising@lanecc.edu with any specific questions, prior to submitting the forms packet.

_____ C. I understand that I must have a social security # to obtain an LPN License from the Oregon State Board of Nursing.

_____ D. I understand that **I MUST attach a copy of my Certified Nursing Assistant, Certified Medical Assistant or Paramedic license** along with my application to receive work experience points on my application **OR** I must have one of these licenses completed no later than Sept 1, 2025 in order to start the LPN program.

_____ E. I understand that my application will not be returned and that it is my responsibility to keep a personal copy.

_____ F. I understand that I am NOT considered an applicant to the program unless all required admission steps, Forms 1 and 2 (Sections 1-4) and documentation have been received **prior to the application deadline**.

_____ G. I understand that should I be accepted into the program, conditions of enrollment require **completion** of all **Fall Entry Course Requirements**; **mandatory** attendance to the orientation session where I will find out more about the following requirements: physical, immunizations, CPR certification, background check; drug/alcohol screening; medical insurance.

_____ H. I affirm all application information and documentation submitted **online and by email** is accurate and authentic and understand that **errors I have made on the forms will not be corrected by the Health Professions Application Department**.

Be sure to use Google Chrome and the latest version of Adobe Reader to complete and submit these fillable pdf forms. Forms 1 and 2 that are submitted scanned, via Google docs, handwritten or delivered in person **will not be accepted**. **Apple/Mac users** – do not use “Preview” to view or complete this Form. Save it first. **Set Adobe Reader as the default PDF reader** <http://get.adobe.com/reader/>

Submit Forms 1 & 2 and any and all supporting documentation attached to ONE E-mail by the application deadline.

Submit fillable forms & supporting documents to:

HPApplicationCenter@lanecc.edu

E-mail Subject: Last, First Name, LNumber, LPN25 Application

Save this PDF and change the file name to: LastNameFirstInitialLNumberLPN25
(no spaces) (i.e., SmithJL8888888LPN25)

REMINDERS: Confirm all LCC courses are transcribed and/or transcripts were submitted to [Enrollment Services](#) that reflect **any** courses or degree(s) **listed** on the Point Petition Sheet.

Complete the Online LPN Program Admissions Application and Payment.

Form 2 Point Petition Sheet

Each course must meet the **minimum** credit requirement, as shown in column 1

LPN Fall 2025

Required Courses Section 1A listed below - Minimum to Apply Section 2A listed below - Required by Fall Entry	College Name, Course #, Course Name as it appears on transcripts OR <u>N/A on each line below is required.</u>	TERM/YEAR COURSE TAKEN	QUARTER CREDITS	C or C+	B	A	POINTS (Enter 0 if not complete)
SECTION 1: Required Program Prerequisites							
C- or lower NOT accepted							
SAMPLE LINE:	Lane Community College (or LCC) BI 231 Human A&P 1	Sp21	4	8	16	16	16
1A: REQUIRED TO APPLY							
BI 231 (4 Credits) *Required to Apply			4	8	16	16	
MTH 052, 065, 095 or Higher (4/5 Credits) *Required to Apply			5	8	16	16	
2A: REQUIRED by FALL ENTRY							
BI 232 (4 Credits)			4	8	16	16	
BI 233 (4 Credits) Fall 2018 or later			4	8	16	16	
WR 121 (3/4 Credits) (See WR note below)			4	6	12	12	
WR 122 (3/4 Credits) (See WR note below)			4	6	12	12	
OR Writing Waived with Bachelor's Degree (List College, Degree & Term Awarded here and 24 pts)		WR 121 & 122 Pts OR BA/BS pts				24	
WR NOTE: (MUST have 8cr of writing or Bach Degree by the end of the program to graduate)							
PSY 215 (3/4 credits)			4	6	12	12	
HP 100/HO 100 (3/4 credits) (C- allowed)			4	6	12	12	
Total Section 1 Credits (max 33cr) & Points (max 112pts):							

Form 2 Point Petition Sheet
(continued)

LPN Fall 2025

SECTION 2: 24 possible (all blanks must be filled in to receive points.)			
Military Service	Veteran - Active or Honorable Discharge	3pts	Military Points:
	Must attach a copy of DD-214 to your email as documentation to receive points		Document Attached:
Nutrition Course	FN 225 or equivalency (C or better accepted for points)	2pts	FN225 Pts:
	College Name, Course #, Course Name, Term/Year (required)		
Microbiology Course	BI 234 or equivalency (C or better accepted for points)	2pts	BI234 Points:
	College Name, Course #, Course Name, Term/Year (required)		
Certified Nursing Assistant, Certified Medical Assistant or Paramedic License (Required by 9/1/25) (See application info pkt for details)	Current, unencumbered Certified Nursing Assistant, Certified Medical Assistant or Paramedic license REQUIRED by 9/1/25	3pts	License Points:
	Must attach copy of license to your email as documentation to receive points		License Attached:
	State, License # & Date of Expiration (required):		
Certified Nursing Assistant, Certified Medical Assistant or Paramedic License Work Experience (See application info pkt for details) MUST submit proof of licensure above and Work Verification Form(s), as directed, in order to receive Work Experience points.	Documented 1000 hours or more = 15pts	15pts	Wk Exp Points:
	Documented 500 - 999.9 hours = 10pts	10pts	
	Documented 100 - 499.9 hours = 5pts	5pts	
	Certified Nursing Assistant, Certified Medical Assistant or Paramedic paid work experience performing patient care in a Skilled or Acute Care setting of 100 hours or more , beginning January 2016 or later.		License Attached:
			Wk Exp Forms Submitted:
Total LPN Application Points (Maximum 137 Pts):			
NOTES to HP Application Center: (below)	Be sure to complete the Online Application and Payment Process to complete your final step in applying to the LPN Program. If you have anything else you feel we need to know, please place it in the "Notes" box below.		