

# EAST CENTRAL

COMMUNITY COLLEGE

P. O. Box 129  
Decatur, Mississippi 39327

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Tel. No. 601-635-6293

DIVISION OF HEALTHCARE EDUCATION

Fax No. 601-635-5472

**Email address:** [ccooley@eccc.edu](mailto:ccooley@eccc.edu)

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To: Prospective Student

From: Sheryl Allen, PhD, MSN, RN  
Dean, Division of Healthcare Education

Thank you for your interest in the Licensed Practical Nurse (LPN) to Associate Degree Nursing (ADN) Transition program option. The spring course focuses on concepts related to the care of adult and pediatric patients with commonly occurring health alterations in the medical-surgical practice environment. We place emphasis on using the nursing process to develop competence in emerging therapeutic relationships, providing and coordinating legal and ethical nursing care. Our program courses offer diverse learning opportunities in the classroom, skills lab, and simulation lab to build intellectual knowledge, promote critical thinking, and develop clinical judgment for the lifelong learner.

The course design uses a fast track approach to assist the LPN with transition into the ADN Nursing program. The spring semester consists of a six semester credit hour nursing course, which includes four hours of theory (four clock hours) and two hours (four clock hours) of lab. Students who successfully complete the course matriculate into the third semester of the traditional ADN program with six semester credit hours. Course credit by validation is awarded for the LPN certificate from accredited/approved program, unencumbered MS LPN license, and documentation of one-year clinical experience as a LPN. The successful student completes the course with 19 semester validation credit hours, which consists of six semester credit hours awarded for the program.

This packet contains information required for applying to the **LPN to ADN Transition** program option.

Packet documents include:

1. Memo to prospective student
2. Admission requirements and steps
3. Acceptance criteria
4. Application instructions
5. LPN to ADN Transition application
6. Entrance exam form and instructions
7. Dosage Calculation Practice Problems
8. Employment History form
9. Program policies acknowledgement agreement

If you have questions about the LPN to ADN Transition program option or any ECCC healthcare programs, please call the Office of Healthcare Education at 601-635-6293 or email [ccooley@eccc.edu](mailto:ccooley@eccc.edu) or one of the nursing faculty listed on our website at [https://www.eccc.edu/sites/default/files/adn\\_faculty\\_contacts.pdf](https://www.eccc.edu/sites/default/files/adn_faculty_contacts.pdf)

**\*Please contact the financial aid office to apply for financial aid during the application process. Delay in financial aid request may delay the possibility of receiving benefits.**

**\*\*Contact the Workforce Innovation and Opportunity Act (WIOA) coordinator for financial assistance funds availability at 601-635-6404 or ECCC website at <https://www.eccc.edu/financial-assistance-available-through-wioa-eccc-career-tech-programs> .**

**\*\*\*Contact Student Services for scholarship application packets.**



Licensed Practical Nurses (LPN) are provided an opportunity to seek advanced placement into the Associate Degree Nursing (ADN) program. The program of instruction is consistent with the institutional commitment of teaching and learning, which is designed to incorporate the highest instructional and nursing standards. The program includes a balance of general education, nursing theory, laboratory, simulation, and clinical experiences to incorporate knowledge, attitudes, and skills applicable to life in a complex society.

The ADN is prepared to provide and manage care for individuals and groups in a variety of health care settings. Clear, concise, and timely communication with internal and external constituencies is a critical success factor for an effective nursing program. We believe the nurse of the future must encompass the core concepts of patient-centered care, professionalism, leadership, systems-based practice, informatics, communication, collaboration, safety, quality improvement and evidenced based practice, in order to provide safe and effective care.

Graduates of the program receive an Associate of Applied Science Degree (AAS) and those who meet the State Board of Nursing requirements are eligible to write the National Council Licensure Examination for Registered Nurses (NCLEX-RN®). The State Board of Nursing may, in its discretion, refuse to accept any application of any person who has been convicted of a criminal offense under any provision of the Title 97 of the Mississippi Code of 1972, as now or hereafter, amended. East Central Community College's (ECCC) ADN program has received continuing accreditation by the Board of Trustees of the State Institutions of Higher Learning of Mississippi (MS IHL) and the Accreditation Commission for Education in Nursing (ACEN).

## ADMISSION PROCEDURES

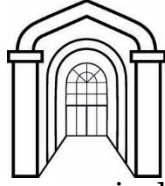
All applicants are required to take the American College Test (ACT) and meet all ECCC general admission requirements and LPN to ADN Transition program admission requirements. ADN nursing courses taken at another institution are not transferable. Applications for admission through the Office of Admissions & Records for ECCC may be completed at <https://www.eccc.edu/admissions>. Applications for the LPN to ADN Transition Program may be obtained on-line at <https://www.eccc.edu/lpn-adn-transition-program> after **August 1** each year. The application deadline for the next Spring semester's class is **October 1**. All admission materials must be on file in the Office of Admissions and Records and the Office of Healthcare Education before **November 30**.

### Admission Requirements and Steps for All Applicants

1. Must apply to East Central Community College for regular admission and be accepted by the College before applying to the LPN to ADN Transition program option.  
<https://www.eccc.edu/admissions>
2. Submit proof of age to be 18-years or older.
3. Must submit proof of a minimum ACT composite score of 18 or higher. (We accept the ACT National and Residual. Please note the ACT Residual cannot be transferred to another college).
4. Must have a cumulative grade point average (GPA) of 2.00 or higher.
5. Submit completed LPN to ADN Transition program option application to the Office of Healthcare Education before **October 1, 2021**. Applications are available for printing on the website at <https://www.eccc.edu/lpn-adn-transition-program> You may mail your application to:

Division of Healthcare Education  
East Central Community College  
P. O. Box 129  
Decatur, MS 39327

6. Submit official copies of all official college transcripts to the ECCC Office of Admissions and the Office of Healthcare Education. **Note:** If you are using an electronic transcript service, include the college and Mrs. Cooley by using her email at [ccooley@eccc.edu](mailto:ccooley@eccc.edu)



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## COMMUNITY COLLEGE

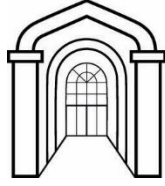
7. All applicants are required to complete prerequisite courses with a letter grade of “C” or higher. An applicant may be granted partial acceptance into the LPN to ADN Transition program option prior to completing prerequisite courses. Acceptance is granted when all prerequisite courses are completed with a letter grade of “C” or higher prior to the first day of spring semester nursing class and all other admission requirements are met. Prerequisite courses include:
  - Anatomy & Physiology I with lab or upper level equivalent
  - Anatomy & Physiology II with lab or upper level equivalent
  - Microbiology with lab or upper level equivalent
  - English Composition I
  - English Composition II
  - Human Growth & Development
8. Submit proof of one-year experience and a current, unencumbered LPN license to practice in Mississippi from the Mississippi Board of Nursing website’s license verification link. The Division of Healthcare will verify one-year experience and unencumbered licensure status with Nursys®.
9. Submit documentation demonstrating proof of a minimum of one-year clinical work experience within the last five-years from employer/s using the *Employment History Form* included in the application packet.
10. All applicants are required, at the student’s expense, to complete the Admission Examination scheduled by the Office of Healthcare Education. Applicants may access a **HESI A2 Practice Test** available at <http://www.hesia2practicetest.com/>. ECCC does not require completion of Biology and Chemistry tests.
11. All applicants are required to score 100% on a Dosage Calculation exam scheduled by the Office of Healthcare Education. A practice exam is provided in this application packet.
12. All applicants must attest to having no visible tattoos on the hands. Face tattoos are only allowed if it is makeup such as natural toned eyebrows, eyeliner, or lipstick. Makeup, bandages, dressings, and artificial substances increase the risk for patient infections and are not allowed on the hands. Other areas must be covered at all times in a clinical setting.

\*Each applicant will be notified of scheduled test dates via email from the Office of Healthcare Education. All applicants are required to pay the College’s business office for all applicable fees. The receipt for the **\$60.00** payment is due to the Office of Healthcare Education by **October 1st** for spring admission of each year.

### **Post-Admission Requirements:**

Applicants selected for admission to the LPN to ADN Transition Program must meet the following criteria and submit the following documentation (additional post-acceptance criteria may be found following the list below).

1. \*All candidates selected for admission into the program must submit to fingerprinting for a criminal history background check scheduled by the Office of Healthcare Education and produce a satisfactory result from the check. Current driver’s license and social security card are required for presentation during the fingerprinting process.
2. Satisfactory physical examination, including *Essential Functions Related to the American with Disabilities Act (ADA) Core Standards*, completed by a licensed physician or nurse practitioner in November or December prior to admission in spring.
3. Proof of Measles, Mumps, Rubella (MMR) vaccinations (2-series), or positive titer.
4. Proof of varicella vaccination (2-series) or positive titer.
5. Proof of Hepatitis B vaccine (3-series), or titer, or signed declination statement.
6. Copy of American Heart Association Basic Life Support certification dated no earlier than May 31, 2021.



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\* The criminal history background check is scheduled by the Office of Healthcare Education. Acceptable forms of identification include valid, current driver's license, birth certificate, state issued identification, or tribal identification. Email notifications will be sent to include the payment amount and criminal history background receipt due date; as well as, an appointment date for fingerprinting will be scheduled by the Office of Healthcare Education.

Admission may be rescinded and reversed based on review of the students' criminal background check. Applicants who refuse to submit to a criminal background check or do not pass the criminal background check review become disqualified and will be removed from the listing. Applicants or students dismissed from a Healthcare Education Division program may seek admission into another ECCC educational program.

All students must agree to the 2-step tuberculosis (TB) skin testing and influenza vaccination as scheduled by the college. These fees are included in semester course fees. If a student is allergic to substances used for TB skin testing, the student must submit evidence of QualntiFERON®-TB Gold In-Tube blood test (within last 6-months) at students' expense.

All students enrolled in the program must agree to random testing for illegal drugs and abuse of legal drugs and alcohol at any point and time while enrolled in any healthcare program. The student is responsible for all expenses associated with testing. (Drug testing fees and 2-step TB skin tests are included in the student's lab fees assessed by the College).

Post-acceptance requirements are the same as other ADN student options. Students admitted to any nursing courses must adhere to the policies in the current *East Central Community College Catalog*, *ECCC Student Handbook*, and *Nursing Student Handbook*.

The number of students admitted into the program will vary according to resources available, which may include faculty availability and classroom space. Priority selection is provided to qualified applicants who meet all admission and acceptance criteria and deadlines as each individual is ranked according to score placements on the admission rubric scale. (See Points Category below).

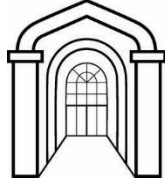
Admission into the LPN to ADN Transition program option is not guaranteed.

### ACCEPTANCE CRITERIA

Meeting the minimum admission criteria does not guarantee admission into the program. The applicant's file in the Office of Admissions & Records **and** the Office of Healthcare Education must be complete. **The applicant is responsible for assuring all information and data in the file is correct and received in both offices by the application deadline.** Information about the program may be found in the East Central Community College Catalog or on the website at [www.eccc.edu](http://www.eccc.edu).

**Applicants are responsible for clarifying all data in the files are correct and received by the application deadline of October 1<sup>st</sup>. Late applications and documentation will not be accepted after the deadline.**

Applications are reviewed and ranked using the following criteria.

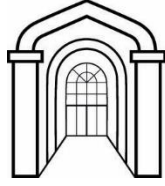


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### POINTS CATEGORIES

CATEGORY	POINTS	CATEGORY	POINTS																																							
1. Lives within the ECCC district or previously enrolled at ECCC (1 Point)	_____	7. Cumulative Admission Exam Score																																								
2. College GPA on ADN Curriculum Courses or High School GPA with no college courses taken.		<table border="0"> <thead> <tr> <th><u>Score</u></th> <th><u>Points</u></th> <th></th> </tr> </thead> <tbody> <tr> <td>85% or Above</td> <td>5</td> <td></td> </tr> <tr> <td>80%-84%</td> <td>4</td> <td></td> </tr> <tr> <td>75%-79%</td> <td>3</td> <td></td> </tr> <tr> <td>70%-74%</td> <td>2</td> <td>_____</td> </tr> <tr> <td>65%-69%</td> <td>1</td> <td></td> </tr> <tr> <td>Below 65%</td> <td>0</td> <td></td> </tr> </tbody> </table>	<u>Score</u>	<u>Points</u>		85% or Above	5		80%-84%	4		75%-79%	3		70%-74%	2	_____	65%-69%	1		Below 65%	0																				
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4. Students who receive a grade of "D" or "F" in more than 6 semester credit hours in the ADN curriculum will receive a 10-point deduction.	_____	<table border="0"> <thead> <tr> <th colspan="2"><u>Reading Comprehension</u></th> <th></th> </tr> <tr> <th><u>Score Percentage</u></th> <th><u>Points</u></th> <th></th> </tr> </thead> <tbody> <tr> <td>90%-100%</td> <td>3</td> <td></td> </tr> <tr> <td>80%-89%</td> <td>2</td> <td></td> </tr> <tr> <td>75%-79%</td> <td>1</td> <td></td> </tr> <tr> <td>74% or Below</td> <td>0</td> <td></td> </tr> </tbody> </table>	<u>Reading Comprehension</u>			<u>Score Percentage</u>	<u>Points</u>		90%-100%	3		80%-89%	2		75%-79%	1		74% or Below	0																							
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All Healthcare Education Division applicants must submit to and satisfactorily complete a criminal history background check. Admission to the program may be rescinded and reversed based on review of an individual's criminal background check results.

All applicants will be notified by Email of acceptance or non-acceptance in the LPN to ADN Transition program option by **October 30, 2021**. Please verify your Email address on the application. All communication and notification from the Office of Healthcare Education will be conducted through by emails.

### **Criminal History Background Checks**

All Healthcare Education Division students must submit to and satisfactorily complete a criminal background check. Candidacy for admission may be rescinded and reversed based on review of the students' criminal background check. Students and applicants who refuse to submit to a criminal background check will be disqualified as an applicant if seeking admission or readmission to the program. Students and applicants who are disqualified from a Healthcare Education Division program may seek admission into another educational program.

Criminal history record checks will be performed through the legal process of collecting data and fingerprints on all healthcare applicants and students by designated ECCC personnel. Fingerprints and data will be transmitted to the Mississippi Department of Public Safety and run through the Mississippi Criminal Information and Federal Bureau of Investigation databases to complete state and national criminal history background checks.

ECCC performs criminal history record checks pursuant to, but not inclusive to, Section 37-29-232 of the Mississippi Code of 1972, Annotated, Section 43-11-13 of the Mississippi Code of 1972.

A comprehensive criminal history search will be conducted through all state and federal databases. All convictions, deferred adjudications or judgments, expunged criminal records, and pending criminal charges will be noted. The student and/or applicant will be responsible for expenses to provide any necessary documentation showing disposition of charges.

Students and/or applicants have the right to review information reported by the Mississippi Department of Health for accuracy and completeness. (See Noncriminal Justice Applicant's Privacy Rights.) Prior to making a final determination that will adversely affect the student, the student will have the opportunity to provide any supporting documentation in disposition of the charge(s). The process to review, challenge, correct, or update erroneous information can be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

Although it is the students and/or applicants' right to withhold the evidence of the criminal background check, the college has to adhere to standards set forth by its clinical laboratory affiliates. Therefore, results must be disclosed to the Dean of Healthcare Education to seek eligibility for any healthcare education program at ECCC. Failure to notify the Dean within seven (7) business days of receiving the report will result in an automatic ineligible status for admission or progression into the healthcare programs of ECCC. Employability is not guaranteed in the chosen health education program.

All healthcare education students are required to submit to a criminal background check according to Mississippi law prior to any clinical experience. If a person has ever been convicted of a felony, or pleaded guilty to, or pleaded no contest to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offence listed in Section 45-33-23 (f), child abuse, grand larceny, burglary, gratification of lust or aggravated assault, felonious abuse and/or battery of a vulnerable adult the person may not be eligible to attend clinical experience, thus forfeiting the slot in the program.



## POST-ADMISSION CRITERIA

Students selected for admission must agree to be randomly tested for illegal substances at any time while enrolled in the ECCC ADN program. An annual substance screening cost is included in student course fees. Students may be subject to additional substance screening at the student's expense.

Agree to annual influenza vaccination and tuberculosis skin testing during fall semesters. The cost for tuberculosis skin testing is included in student course fees. Influenza vaccination or other healthcare fees may be charged to insurance or other healthcare coverage.

## Licensed Practical Nursing to Associate Degree Nursing Transition Program of Study

Academic Calendar		Course	Credit Hours
Prerequisites		BIO 2511 & BIO 2513 or BIO 2514: Anatomy & Physiology I with Lab or upper level equivalent	4.00
		BIO 2521 & BIO 2523 or BIO 2524: Anatomy & Physiology II with Lab or upper level equivalent	4.00
		BIO 2921 & BIO 2923 or BIO 2924: Microbiology with Lab or upper level equivalent	4.00
		ENG 1113: English Composition I	3.00
		ENG 1123: English Composition II	3.00
		EPY 2533: Human Growth & Development	<u>3.00</u>
			Total: 21.00
Year One	Spring	NUR 1116: LPN to ADN Transition <i>Upon successful completion of the LPN to ADN Transition course, credit by validation is awarded for the LPN certificate from an accredited/approved program; unencumbered MS license, and documentation of one-year experience as a LPN.</i> *Fine Arts or Humanities Elective	6.00  (13.00) <u>3.00</u> Total: 22.00
Year 2	Fall	NUR 2319: Adult Health Nursing II NUR 2120: Nurse Seminar PSY 1513: General Psychology *SPT 1113: Public Speaking I	8.00 0.00 3.00 <u>3.00</u> Total: 16.00
Year 2	Spring	NUR 2410: Advanced Concepts of Nursing Practice NUR 2941: NCLEX Review NUR 2121: Nurse Seminar	10.00 1.00 <u>1.00</u> Total: 12.00

\* Courses may be taken in any sequence.

Enrollment in NUR courses is limited to students who have been admitted to the ADN program and these courses must be taken in the sequence specified. All nursing courses must be completed within four years to graduate from the ADN program.

Progression/Graduation Requirements: Semester grade average of 80 or above in NUR courses, grade of "C" or above in all required courses, mastery of selected nursing skills, and completion of required assessment examination.



# EAST CENTRAL

. L E C C E

Please return to:  
Office of Healthcare Education  
East Central Community  
College  
P.O. Box 129  
Decatur, MS 39327



EAST CENTRAL  
COMMUNITY COLLEGE

\_\_\_\_\_  
(Date Office Received)

**LPN to ADN Transition Program Option**

**Student ID#** \_\_\_\_\_

## APPLICANT INFORMATION

Name \_\_\_\_\_  
Last First Middle/Maiden SS# Date of Birth

Address \_\_\_\_\_  
Street/Apartment Number/P.O. Box City State Zip County

Telephone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Cell or Work E-mail (PRINT)

## ACADEMIC INFORMATION

High School Attend \_\_\_\_\_ Graduation Date \_\_\_\_\_ ACT Score \_\_\_\_\_ / \_\_\_\_\_  
Date Taken \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

GED  Yes  No GED Graduation Date \_\_\_\_\_ State Where GED Was Taken \_\_\_\_\_

Other High School Equivalency Exam Name \_\_\_\_\_ Date Taken \_\_\_\_\_

\*Validated results of ACT must be submitted with application or on file in the Office of Admissions.

List all colleges/universities currently or previously attended, **including** ECCC.

**Name and Location of Institution**                      **Attendance Dates**                      **Degree Awarded (if applicable)**

Name and Location of Institution	Attendance Dates	Degree Awarded (if applicable)

An Official Transcript from each institution attended (excluding ECCC), and/or GED or other high school equivalency exam results must be submitted to the ECCC Admissions, P.O. Box 129, Decatur, MS 39327 **and** to the Office of Healthcare Education, P.O. Box 129 Decatur, MS 39327 before action can be taken on your application.





# EAST CENTRAL COMMUNITY COLLEGE

## FELONY/MISDEMEANOR DECLARATION

Please select "Yes" if you believe previous charges or convictions were removed. Charges and/or convictions could remain on your historical background.

**Have you ever been convicted of, charged with, or have charges pending against you for a felony or misdemeanor in any state/jurisdiction?**  Yes  No **If yes, please attach a brief explanation.**

\*If you have been convicted, pleaded guilty, or pleaded no contest to certain felony or misdemeanor crimes, you may be unable to obtain licensure/certification, participate in clinical, or obtain employment in a licensed health care facility in Mississippi. Clinical is required component of the curriculum. Students who cannot participate in clinical assignments will not be accepted for possible admission into the program.

## PREVIOUS HEALTHCARE PROGRAM ENROLLMENT

Have you ever been enrolled in a school of nursing or other health related program?  Yes  No  
If yes, please answer the following for each program:

Type of Program	School	City	State	Dates Attended	Did you graduate?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

If you did not complete a nursing program, you will need to submit a letter of "Good Standing" from the dean or program director with your application. The letter must be mailed or emailed from the dean or director to:

Dr. Sheryl Allen  
Dean of Healthcare  
East Central Community College  
P. O. Box 129  
Decatur, MS 39327  
Email: [sallen@eccc.edu](mailto:sallen@eccc.edu)

If you successfully completed the program, please provide the following information:

Date of Licensure/Certification/Registration \_\_\_\_\_  
Licensure/Certification/Registry Number \_\_\_\_\_

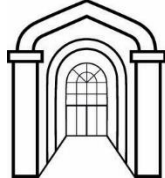
Are charges pending against your license or practice in any jurisdiction?  Yes  No  
If yes, please attach an explanation.

## CERTIFICATION

I hereby certify that the information I have provided on this application is accurate and that I have not intentionally mislead or withheld any information requested. I understand that any falsification of information may subject me to refusal for admission into, or dismissal from, any East Central Community College healthcare education program.

Applicant Signature

Date



# EAST CENTRAL

## COMMUNITY COLLEGE

### LPN TO ADN TRANSITION NURSING ENTRANCE EXAM (HESI A2)

As part of your admission process into the LPN to ADN Transition program option, all applicants are required to complete the HESI Admission Assessment for Associate Degree Nursing (HESI A2 with Critical Thinking). Please allow a maximum of four (4) hours to complete the exam. Select a date listed on this form. **Forward a copy of this form and receipt of the \$60.00 payment by the deadline of **October 1, 2021** to the address below.**

East Central Community College  
 Attention: Business Office  
 P. O. Box 129  
 Decatur, MS 39327

Applicants are responsible for submitting copies of this form and payment receipt to the Healthcare Education Office if payment is made in person to ECCC's Business Office. Payments mailed to the Business Office are forwarded to the Office of Healthcare Education. Applicants are responsible to verify the receipt is received by the Office of Healthcare Education.

Although the Office of Healthcare Education schedules test dates for applicants, these dates may be subject to change. Applicants will be notified if these changes should occur. Applicants must bring proof of identification on the assigned test date. No caps, jackets, coats, gloves, smart watches, calculators, phones, or personal belongings will be permitted at the testing station.

**Check-in time will begin promptly at 7:45 a.m. in the Phil A. Sutphin Hall, Computer Lab (Room 115) on the ECCC Decatur Campus. A photo ID is required during check-in. A Dosage Critical competency will be administered from 8:00 a.m. to 8:30 a.m. The HESI Admission Assessment with Critical Thinking A2 Exam will begin promptly at 9:00 a.m.**

PLACE A (✓) BY THE DATE OF YOUR SELECTION	EXAM DATES	Check-In & Exam Times	LAST DAY TO PAY THE BUSINESS OFFICE
	Friday, September 17, 2021	7:45 a.m. – 1:00 p.m.	<b>October 1, 2021</b>
	Friday, October 15, 2021	7:45 a.m. – 1:00 p.m.	<b>October 1, 2021</b>

**Each exam date is limited to 30 participants.** If a chosen exam date is closed, a new date will be assigned.

Confirmations will be emailed to those applicants who have completed their applications and submitted this form and a receipt of payment. The confirmation ticket must be presented in the Phil A. Sutphin Hall Computer Lab (Room 115) prior to taking the exam. Applicants **must** present one form of photo ID at this time.

Free HESI A2 practice questions: <http://www.hesia2practicetest.com/>

**NOTE: TESTING FEES, ONCE PAID, ARE NON-REFUNDABLE.**

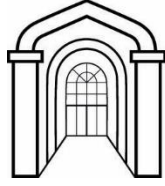
**PLEASE PRINT and Complete the Information Below**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Selected Date for Exams: \_\_\_\_\_



# EAST CENTRAL

## COMMUNITY COLLEGE

### Drug and Alcohol Policy

East Central Community College's Healthcare Division is committed to zero tolerance of the use of illegal drugs and the abuse of legal drugs and alcohol. In addition, the Division strictly prohibits the illicit use, possession, sale, conveyance, distribution, and manufacture of illegal drugs, intoxicants, or controlled substances in any amount or manner; and the abuse of non-prescription and/or prescription drugs. All Healthcare programs prohibit any student under the influence of alcohol and illegal drugs or substances from participating in a clinical/practicum, educational setting, campus, or any other program affiliate activity.

All students are required to submit a random alcohol or substance screening to designated laboratory personnel following acceptance into a Healthcare Division. The student must provide written consent for the results to be released to the Healthcare Division Dean and/or designee. It is the intent of the Healthcare Division to maintain an environment that is free from substance or abuse. Students who take a prescribed, controlled medication must provide proof of a current prescription by a licensed physician, nurse practitioner, or psychiatrist to the Dean of Healthcare.

If a student is suspected of being under the influence of alcohol or substances in the clinical/practicum setting, the assigned clinical faculty reserve the right to require a drug and alcohol test. A student's participation in the clinical/practicum program is conditioned upon the student willingness to waive any rights that the student may have, and to consent to, the initial drug testing, and subsequent random or reasonable-suspicion drug and alcohol screening.

Definition of Impairment: A Healthcare Division student who is suspected of any of following will be identified as impaired.

1. The student exhibits impaired professional (i.e. academic or clinical) performance in association with observed or alleged improper use of alcohol or drugs.
2. The student poses a danger to himself/herself, others, or demonstrates behavior considered disruptive to the goals of academic or clinical programs.
3. The student is, or appears to a reasonable observer to be, under the influence of alcohol and/or other drugs in the classroom, clinical, or other campus or professional setting.
4. The student is discovered using or found to have possession of any illicit substance on college property or at an event which utilizes the college's name.

For purposes of this policy, the following definitions shall apply:

1. Drug/alcohol screen is a forensic drug screen conducted by a licensed drug screening facility. The screen will detect the presence/non-presence of specified drugs or their analogs at standard industry levels indicating a positive (present)/negative (not present) screen.
2. Illegal drugs are drugs identified by state and federal law as illegal and include but are not limited to: marijuana, hashish, cocaine (including crack), amphetamines, heroin, PCP, hallucinogens and legal drugs taken without a documented prescription for the student.
3. Legal drugs are prescription drugs and controlled substances that are required by law to be prescribed by a physician or licensed health care provider for a specific individual. The drug is considered legal if the person has a written prescription from their health care provider in their name and the purpose and dose taken is prescribed. Reasonable Suspicion Testing means drug and alcohol testing based on the belief that a student is using or has used drugs or alcohol in violation of the Healthcare Division's Drug and Alcohol Policy and will be based on a suspicion of impairment (see definition of impairment above). If the student is required to submit to a drug test under this assumption, the student must undergo the testing within two hours of notification by faculty and the test will be done at the student's expense.

### Tattoo Policy

East Central College's nursing programs require practice in various healthcare agency settings, which mandates students to have no visible tattoos. Tattoos located on the hands cannot be covered with bandages, dressing, make-up or other artificial substances. Makeup, bandages, dressings, and artificial substances increase the risk for patient infections and are not allowed on the hands. Face tattoos are only allowed if it is substituted for makeup with natural toned eyebrows, eyeliner, or lipstick. Other areas must be covered at all times in a clinical setting



# EAST CENTRAL

COMMUNITY COLLEGE

## POLICIES AGREEMENT

I attest that I have read and understand the Drug and Alcohol Policy and the Tattoo Policy. I understand that if I am found to violate these policies, I will forfeit my application and fees paid to East Central Community College. I agree that I will abide by all policies and instructions provided to me in this application.

---

Print Applicant Name

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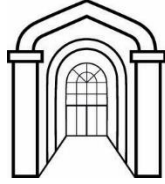
Student ID Number

---

Applicant Signature

---

Date



## Practice Problems for Dosage Calculation

1. Prescription: NIFEdipine ER 60 mg tablet PO daily.  
How many tablet or tablets would you administer?  
(Round your answer to the nearest whole number).

NDC 70771-1365-1

### NIFEdipine Extended-Release Tablets

**30 mg**

Tablets should be swallowed whole,  
not bitten or divided.

100 TABLETS  
Rx only

Each film-coated extended-release tablet contains Nifedipine USP .....30 mg

**Usual Dosage:** See package insert for complete prescribing information.

Store at 20° to 25°C (68° to 77°F)  
[See USP Controlled Room Temperature].

Protect from light. Protect from moisture.

Dispense in tight, light resistant containers (USP).

**KEEP THIS AND ALL DRUGS OUT OF THE REACH OF CHILDREN.**

Manufactured by:  
Cadila Healthcare Ltd.,  
Moraiya, Ahmedabad, India.

Rev: 07/18

$$\text{Answer: } \frac{? \text{ tab}}{1} = \frac{1 \text{ tab}}{30\text{mg}} \times \frac{60 \text{ mg}}{1} = 2 \text{ tabs}$$

2. Prescription: azithromycin 400 mg PO every day.  
How many teaspoons would you administer?  
(Round your answer to the nearest whole number).

FOR ORAL USE ONLY.  
Store dry powder below 30°C (86°F).  
PROTECT FROM FREEZING.

**1200 mg** (30 mL when mixed)  
NDC 0069-3140-19

**Zithromax®**  
(azithromycin) for  
oral suspension

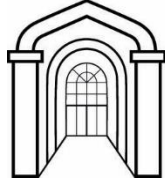
**200 mg\* per 5 mL**

CHERRY FLAVORED  
Rx only

\*When combined as directed, each teaspoon (5 mL) contains azithromycin dihydrate equivalent to 200 mg of azithromycin.

Distributed by:  
Pfizer Labs  
Division of Pfizer Inc, NY, NY 10017  
14603701  
IMPRINT AREA

$$\text{Answer: } \frac{? \text{ tsp}}{1} = \frac{1 \text{ tsp}}{5 \text{ mL}} \times \frac{5 \text{ mL}}{200 \text{ mg}} \times \frac{400\text{mg}}{1} = 2 \text{ tsp}$$



# EAST CENTRAL

COMMUNITY COLLEGE

3. Prescription: digoxin 0.125 mg PO every day.  
How many tablets would you give?  
(Round your answer to the nearest tenth.)

**USP**

NDC 50564-545-01

**DIGOXIN  
TABLETS, USP**

**250 mcg (0.25 mg)**

**Rx ONLY**

**100 TABLETS**

**Lot & Exp.**

**No Varnish**

**Dosage:** For complete prescribing information see insert.

Keep this and all medication out of reach of children.

Store at controlled room temperature 15°-25°C (59°-77°F) in a dry place and protect from light.

Dispense in a tight, light-resistant container as defined in the USP.

JEROME STEVENS PHARMACEUTICALS, INC.  
BOHEMIA, NY 11716

$$\text{Answer: } ? \text{ tabs} = \frac{1 \text{ tab}}{250 \text{ mcg}} \times \frac{1000 \text{ mcg}}{1 \text{ mg}} \times \frac{0.125 \text{ mg}}{1} = 0.5 \text{ tab}$$

4. Order: cephalixin 0.5 G PO q6 hours .  
How many mL would you give per dose?  
(Round your answer to the nearest whole number).

Usual Pediatric Patient's Dose - 25 to 50 mg per kg per day in four divided doses. For more severe infections, dose may be doubled. See accompanying literature. Contains Cephalexin Monohydrate equivalent to 2.5 g Cephalexin in a dry pleasantly flavored mixture.

**Prior to Mixing, Store at 20° to 25°C (68° to 77°F).** [see USP Controlled Room Temperature].

**Directions for Mixing - Add 70 mL of water in two portions to the dry mixture in the bottle. Shake well after each addition.**

**Each 5 mL (Approx. one teaspoonful) will then contain:** Cephalexin Monohydrate equivalent to 125 mg Cephalexin.

Rev. 09/10

NDC 61442-201-01

**CEPHALEXIN**

For Oral Suspension USP

**125 mg per 5 mL**

**Rx Only**

**Carlsbad Technology, Inc.**

100 mL (When Mixed)

125 mg per 5 mL. Oversize bottle provides extra space for shaking. Store in a refrigerator. May be kept for 14 days without significant loss of potency. **SHAKE WELL BEFORE USING.**

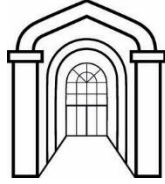
Manufactured by: Yung Shin Pharmaceutical Ind. Co., Ltd. Tachia, Taichung 43769, TAIWAN

Distributed by: Carlsbad Technology, Inc. 5923 Balfour Ct., Carlsbad, CA 92008, USA

**Lot.: CCP25e**

**Exp.:**

$$\text{Answer: } ? \text{ mL} = \frac{5 \text{ mL}}{125 \text{ mg}} \times \frac{1000 \text{ mg}}{1 \text{ gram}} \times \frac{0.5 \text{ grams}}{1} = 20 \text{ mL}$$



# EAST CENTRAL COMMUNITY COLLEGE

5. Prescription: rosuvastatin calcium 10 mg PO daily at HS.  
How many tablets do you give?  
(Round your answer to the nearest tenth).

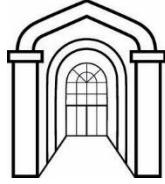


$$\text{Answer: } \underline{?} \text{ tab} = \frac{1 \text{ tab}}{20 \text{ mg}} \times \frac{10 \text{ mg}}{1} = \mathbf{0.5 \text{ tab}}$$

6. Prescription: doxycycline 50 mg PO every 12 hours.  
How many tablets do you give?  
(Round your answer to the nearest tenth.)



$$\text{Answer: } \underline{?} \text{ tab} = \frac{1 \text{ tab}}{100 \text{ mg}} \times \frac{50 \text{ mg}}{1} = \mathbf{0.5 \text{ tab}}$$



7. Prescription: cefuroxime 250 mg PO every 12 hours.  
How many tablets do you give?  
(Round your answer to the nearest whole number).



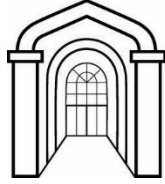
$$? \text{ tabs} = \frac{1 \text{ tab}}{250 \text{ mg}} \times \frac{250 \text{ mg}}{1} = 1 \text{ tab}$$

8. Prescription: amoxicillin 0.4 grams PO every 6 hours.  
How many mL do you administer?  
(Round your answer to the nearest whole number).



$$\text{Answer: } ? \text{ mL} = \frac{5 \text{ mL}}{250 \text{ mg}} \times \frac{1000 \text{ mg}}{1 \text{ gram}} \times \frac{0.4 \text{ grams}}{1} = 8 \text{ mL}$$





# EAST CENTRAL COMMUNITY COLLEGE

9. Order: diphenhydramine liquid 50 mg PO now.  
How much will you administer?

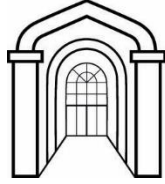


$$\text{Answer: } \underline{\quad} \text{ mL} = \frac{10 \text{ mL}}{25 \text{ mg}} \times \frac{50 \text{ mg}}{1} = 20 \text{ mL}$$

9. Prescription: amoxicillin 0.5 grams PO q8 hours.  
How many mL do you give?  
(Round your answer to the nearest whole number).



$$\text{Answer: } \underline{\quad} \text{ mL} = \frac{5 \text{ mL}}{250 \text{ mg}} \times \frac{1000 \text{ mg}}{1 \text{ gram}} \times \frac{0.5 \text{ grams}}{1} = 10 \text{ mL}$$

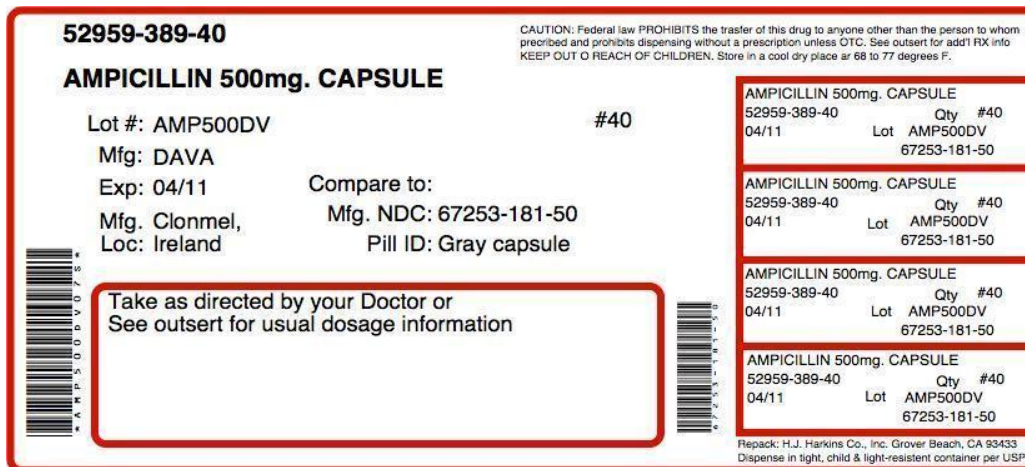


10. Order: levothyroxine 0.025 mg PO every day.  
How many tablets would you give?  
(Round your answer to the nearest tenth).

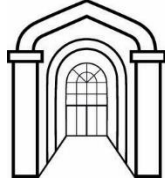


$$\text{Answer: } \frac{? \text{ tab}}{50 \text{ mcg}} = \frac{1 \text{ tab}}{50 \text{ mcg}} \times \frac{1000 \text{ mcg}}{1 \text{ mg}} \times \frac{0.025 \text{ mg}}{1} = 0.5 \text{ tab}$$

11. Order: ampicillin 1 gram PO every 6 hours.  
How many capsules would you give?  
(Round your answer to the nearest whole number).



$$\text{Answer: } \frac{? \text{ cap}}{500 \text{ mg}} = \frac{1 \text{ cap}}{500 \text{ mg}} \times \frac{1000 \text{ mg}}{1 \text{ gram}} \times \frac{1 \text{ gram}}{1} = 2 \text{ caps}$$



12. Order: penicillin G 400,000 units IM q4 hours.  
How many mL will you administer?  
(Round your answer to the nearest tenth.)

NDC 0781-6153-95  
**Penicillin G Sodium for Injection, USP**  
**5,000,000 Units\***  
(5 million units)  
Rx Only  
For IM or IV use  
**10 Vials**  
**SANDOZ**

\*Each vial contains Penicillin G sodium, equivalent to 5,000,000 units (5 million units) of penicillin G as the sodium salt, with 1.68 mEq of sodium per million units of penicillin G.  
Usual Dosage: See package insert.  
Store dry powder at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature]. Shake vial vigorously after all the diluent has been added.  
Preparation of solution – 5 million units

Diluent Added	Final Concentration
8 mL	500,000 units/mL
3 mL	1,000,000 units/mL

Sterile constituted solution may be kept in refrigerator 2° to 8°C for 3 days without significant loss of potency.  
Manufactured in Austria by Sandoz GmbH for Sandoz Inc., Princeton, NJ 08540  
Rev. 12/2017

46189861

$$\text{Answer: } \underline{\quad} \text{ mL} = \frac{1 \text{ mL}}{500,000 \text{ units}} \times \frac{400,000 \text{ units}}{1} = \mathbf{0.8 \text{ mL}}$$

13. Order: Phenobarbital 60 mg PO HS  
How many mL would you give per dose?  
(Round your answer to the nearest whole number.)

NDC 13517-107-16  
**Phenobarbital\* Elixir, USP (IV)**  
**20 mg/ 5 mL**  
Rx Only  
16 Fl Oz (473 mL)  
e5 pharma, llc

**Phenobarbital Elixir, USP (IV)**

Each 5 mL (teaspoonful) contains:  
Phenobarbital ..... 20 mg  
Alcohol ..... 15%

Inactive Ingredients: FD&C Red #40, flavors, glycerin, sucrose, and water.  
**\*WARNING: May be habit forming.**  
USUAL DOSAGE: See package insert.  
DISPENSE in a tight, light-resistant container as defined in the USP/NF with a child-resistant closure.  
STORE at 20°- 25°C (68°- 77°F) [see USP Controlled Room Temperature]. Keep tightly closed.

Manufactured for:  
e5 Pharma, LLC  
Boca Raton, FL 33432  
400902-03 Rev. 01/18

$$\text{Answer: } \underline{\quad} \text{ mL} = \frac{5 \text{ mL}}{20 \text{ mg}} \times \frac{60 \text{ mg}}{1} = \mathbf{15 \text{ mL}}$$



# EAST CENTRAL COMMUNITY COLLEGE

14. Order: hydroxyzine 25 mg IM.  
How many mL do you give?  
(Round your answer to the nearest tenth).

<b>HYDROXYZINE HCl</b> INJECTION, USP <b>50 mg/mL</b>	<b>NDC 0517-5601-25</b> <b>25 x 1 mL</b> <b>SINGLE DOSE VIALS</b>
<b>FOR INTRAMUSCULAR USE ONLY</b>	<b>Rx Only</b>
Each mL contains: Hydroxyzine HCl 50 mg, Benzyl Alcohol 0.9%, Water for Injection q.s. pH adjusted with Sodium Hydroxide and/or Hydrochloric Acid.	
<b>WARNING: PROTECT FROM LIGHT. DISCARD UNUSED PORTION.</b> Store at 20°-25°C (68°-77°F); excursions permitted to 15°-30°C (59°-86°F) (See USP Controlled Room Temperature). Directions for Use: See Package Insert.	
Rev. 11/05	Lot / Exp.
AMERICAN REGENT, INC. SHIRLEY, NY 11967	

$$\text{Answer: } \frac{? \text{ mL}}{50 \text{ mg}} = \frac{1 \text{ mL}}{50 \text{ mg}} \times \frac{25 \text{ mg}}{1} = 0.5 \text{ mL}$$

15. Order: methylprednisolone 60 mg IM twice daily.  
How much will you administer in a single dose?  
(Round to the nearest whole number).

**NDC # 61699-0047-2**  
**LOT # ??????**  
**EXP : ????????**

**PACKAGED BY:**  
**US MEDSOURCE, LLC**  
**SARASOTA, FL 34243**  
**(866) 543-4414**

<b>SOLU-MEDROL Preservative Free</b> <b>(Methylprednisolone Sodium Succinate for Injection, USP)</b>	
125mg/2mL 2 mL	SINGLE USE ACT-O-VIAL

SEE MANUFACTURER'S IN SERT  
FOR COMPLETE PRODUCT AND  
PRESCRIBING INFORMATION

Keep out of children's reach

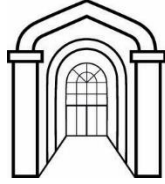
Store at 20 to 25°C (68 to 77°F). [See USP  
Controlled Room Temperature.]

**For Intramuscular or Intravenous Use Only. SINGLE USE VIAL. DISCARD UNUSED PORTION. PROTECT FROM LIGHT.** Each 2mL (when mixed) contains methylprednisolone sodium succinate equivalent to methylprednisolone, 125 mg. Lyophilized in container. **DO SAGE AND USE: See accompanying prescribing information.**

**MANUFACTURERS INFORMATION**  
PFIZER PHARMACEUTICALS  
ORIG MFG LOT: ??-??-XX



$$\text{Answer: } \frac{? \text{ mL}}{125 \text{ mg}} = \frac{2 \text{ mL}}{125 \text{ mg}} \times \frac{60 \text{ mg}}{1} = \frac{120 \text{ mL}}{125 \text{ MI}} = 0.96 \text{ mL} = 1 \text{ mL}$$



# EAST CENTRAL COMMUNITY COLLEGE

16. Order: Ceftriaxone 400 mg IM now.

How much would the nurse administer?  
(Round answer to the nearest tenth).

Available: Ceftriaxone 1gm vial with directions to add 3.5 mL sterile water to yield an approximate concentration of 250 mg Ceftriaxone per mL. How many mL would you give? (Round your answer to the nearest tenth.)

NDC 72572-061-01 Rx Only

## Ceftriaxone

For Injection, USP

1 gram/Vial

Equivalent to 1 gram Ceftriaxone

**For IV or IM Use**

Single Dose Vial

Protect From Light

For IM administration: Reconstitute with 2.1 mL 1% Lidocaine Hydrochloride Injection, USP or Sterile Water for Injection, USP. Each 1 mL of solution contains approximately 350 mg equivalent of ceftriaxone.  
For IV administration: Reconstitute with 9.6 mL of an IV diluent specified in the accompanying package insert. Each 1 mL of solution contains approximately 100 mg equivalent of ceftriaxone. Withdraw entire contents and dilute to the desired concentration with the appropriate IV diluent.

**USUAL DOSAGE and Storage After Reconstitution:** See package insert. **Storage Prior to Reconstitution:** Store powder at 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature].

Distr by: Civica, Inc., Lehi, Utah 84043  
Mfd by: Hikma Farmacéutica (Portugal), S.A.

NDC 72572-061-01  
 FLB416-CIV/1  
 Lot:           Exp:

Answer: Vial: 1 gram or 1,000 mg      Diluent: 2.1 mL      Yield: 350 mg per 1 mL

$$\frac{? \text{ mL}}{350 \text{ mg}} = \frac{1 \text{ mL}}{1} \times \frac{400 \text{ mg}}{1} = 1.1 \text{ mL}$$

17. Order: ceftazidime 1 gram IM at 0900.

How much will the nurse administer?  
(Use the insert directions and round to the nearest tenth).

NDC 52565-106-01

## Fortaz®

(ceftazidime for injection)

1 g/Vial

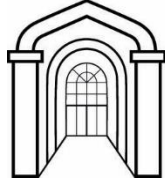
Equivalent to 1 g of anhydrous ceftazidime.

For intramuscular or intravenous use. Rx only

	Amount of Diluent to be Added	Approximate Available Volume	Approximate Ceftazidime Concentration
Size	(mL)	(mL)	(mg/mL)
<b>Intramuscular</b>			
500-mg vial	1.5	1.8	280
1-gram vial	3.0	3.6	280
<b>Intravenous</b>			
500-mg vial	5.3	5.7*	100
1-gram vial	10.0	10.8†	100
2-gram vial	10.0	11.5‡	170

Answer: (Vial: 1 gram or 1,000 mg      Diluent: 3.0 mL      Yield: 280 mg per mL)

$$\frac{? \text{ mL}}{400 \text{ mg}} = \frac{1 \text{ mL}}{1 \text{ gram}} \times \frac{1000 \text{ mg}}{1 \text{ gram}} \times \frac{1 \text{ gram}}{1} = 2.5 \text{ mL}$$



# EAST CENTRAL

COMMUNITY COLLEGE

18. Order: naloxone 0.5mg IM stat.  
How many mL would you give?  
(Round your answer to the nearest tenth).



$$\text{Answer: } \frac{? \text{ mL}}{400 \text{ mcg}} = \frac{1 \text{ mL}}{1000 \text{ mcg}} \times \frac{1000 \text{ mcg}}{1 \text{ mg}} \times \frac{0.5 \text{ mg}}{1} = 1.3 \text{ mL}$$

19. Order: furosemide 60 mg PO every day.  
How many tablets do you give?  
(Round your answer to the nearest tenth).

**NDC 64125-117-10**

**Each Tablet Contains:**  
Furosemide USP ..... 40 mg

**USUAL DOSAGE:**  
See accompanying product literature for complete information

**STORE** at 20°-25°C (68°-77°F) [see USP Controlled Room Temperature].  
Protect from light.

**DISPENSE** in a well-closed, light-resistant container as defined in the USP, using a child-resistant closure.

Tablet Imprinted: EP 117/40

Rev. 00

## Furosemide Tablets, USP

40 mg

**Rx only**

**1000 Tablets**

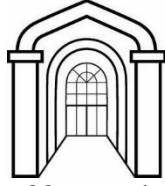
Mfd. By: Excellium Pharmaceutical, Inc.  
Fairfield, NJ 07004

**3 64125-117-10 5**

Batch#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

$$\text{Answer: } \frac{? \text{ tab}}{40 \text{ mg}} = \frac{1 \text{ tab}}{60 \text{ mg}} \times \frac{60 \text{ mg}}{1} = 1.5 \text{ tab}$$



# EAST CENTRAL

COMMUNITY COLLEGE

20. Order: enoxaparin 30 mg subcutaneous 0900.

How much will the nurse administer  
(Round to the nearest tenth).

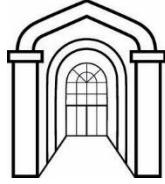


$$\text{Answer: ?} = \frac{0.4 \text{ mL}}{40 \text{ mg}} \times \frac{30 \text{ mg}}{1} = \mathbf{0.3 \text{ mL}}$$

Remember to look over your conversions.

If the answer is less than one, round to the nearest hundredth. Ex. 0.833 = 0.83

If the answer is greater than one, round to the nearest tenth. Ex. 1.45 = 1.5



# EAST CENTRAL COMMUNITY COLLEGE

## EMPLOYMENT HISTORY FORM

(To be completed by direct nursing supervisor)

**APPLICANT NAME:** \_\_\_\_\_  
Last First Middle Maiden

**HOME ADDRESS:** \_\_\_\_\_  
Street or P. O. Box

\_\_\_\_\_  
City State Zip

**PHONE NUMBER:** \_\_\_\_\_  
Home Cell Work

**Employment History:** (One year of clinical experience as an LPN within the past five (5) years).

Facility	Address	Date of Employment
_____	_____	_____
Job Title	_____	_____

I do hereby attest that the above referenced individual has worked under my supervision during the above stated dates of employment.

\_\_\_\_\_  
Signature of direct nursing supervisor

\_\_\_\_\_  
Date

Contact number \_\_\_\_\_