



# Lake Region State College

## Paramedic – Nurse Bridge

### Application

### January 2027 Cohort

Submit all documents required for admission to the **Lake Region State College Paramedic Bridge Program** by placing application materials listed below in *one large envelope*. Print your full name clearly on the outside of the envelope. The envelope may be mailed or hand-delivered to the address below **on or before October 15, 2026**.

Lake Region State College  
ATTN: Nursing Department  
1801 College Drive North  
Devils Lake, ND 58301

# Paramedic to Nurse Bridge Admission Application

## Description

The LRSC Paramedic to Nurse Bridge is a co-requisite group of three courses that makes the paramedic eligible to apply to the Associate Degree nursing program.

## **REQUIREMENTS FOR ENTRY INTO THE LRSC Paramedic to Nurse Bridge Program**

1. High School Diploma or GED Certificate
  - a. High School GPA of 2.5 or greater. If a student has completed 12 credits of college level classes included in the program requirements, the college GPA will be considered instead of the HS GPA.
2. Students must be 18 years of age by December 31<sup>st</sup> of the year they start the program.
3. Application and admission to the respective college is required before applying to the nursing program. There are two application processes – first to the college and then to the nursing program.
4. Student must be a graduate from a state board approved paramedic program have at least two years’ experience, with an active, unencumbered, license to practice as a paramedic in the United States of America as a paramedic.
5. Current CPR Certification for Basic Life Support, either instructor led or Heart Code BLS is acceptable, (American Heart Association) or CPR/Healthcare Provider (Red Cross) and must be updated to remain current throughout program.
6. Proof of Math Skill Readiness.
  - a. Student must have completed **at minimum:**
  - b. The developmental math course (ASC 093 or other developmental math course that would qualify a student to take Math 103 with a grade of Satisfactory or “C” or a higher-level math course (such as MATH 103 College Algebra)
  - or**
  - c. Equivalent scores for ACT/PLAN/SAT/COMPASS and/or Accuplacer as listed below and taken within the past 2 years:

<b>Math</b> Score Equivalencies According to Site ( <b>COMPASS score is listed in the Algebraic domain</b> )				
ACT-Math	PLAN-Math	SAT Critical Reading + Math	COMPASS (Algebraic Domain)	Accuplacer
21 or higher	19 or higher	990 or higher	49 or higher	116 or higher

7. Proof of Academic Readiness:
  - a. All applicants are required to complete the most current Assessment Technologies Institute (ATI), standardized **Test of Essential Academic Skills (TEAS)** prior to application deadlines.
    - i. Applicants are allowed two (2) attempts per application period at the TEAS exam per application period.
    - ii. A minimum TEAS composite score must be in the Basic level or greater. Any applicant scoring below the Basic level will not be accepted. The best score achieved, of two attempts, may be submitted. Last year the average TEAS score for all admitted applicants was within the Proficient level.

- iii. TEAS scores are valid for up to two (2) years prior to July 15th of the year of application.
- iv. It is to your advantage to double check the other parts of your application to make sure you are qualified in the other areas before you attempt the TEAS exam.
- v. It is recommended that you use the study materials on the TEAS website to score well on the exam. As noted above you may repeat the TEAS to better your chance of admission.

**8. ACT composite score of 19, or**

- i. ACT/ASSET/Accuplacer/Compass/SAT test(s) with an equivalent score, **or**
- ii. Successful completion of 12 credits of college courses with a minimum GPA of 2.50.

**9. For any required college courses completed prior to admission, the grade in that course must be a 2.0 (C) or higher, and nursing GPA for all completed required nursing courses must be 2.75 or higher.**

- Pre-requisites:
  - a. Anatomy and Physiology I and II with Lab.
  - b. Introduction to Pharmacology (*must be taken within the last 7 years*).
  - c. Developmental Psychology.
  - d. Introduction to Psychology
  - e. English Composition I
- AD program requirements (may be completed before or while in the AD program)
  - f. Microbiology
  - g. Communications elective or English composition II

**10. Guidelines for approval include:**

- a. High School GPA of 2.5 or greater **or**
- b. If a student has completed 12 credits of college level classes, the college GPA will be considered instead of the HS GPA. Nursing GPA for any completed required nursing program courses must be 2.75 or higher.
- c. Overall cumulative GPA for all college courses completed must be 2.5 or higher.
- d. No required course may have a grade lower than 2.0 (C).
- e. If a student repeats a required science course, or previous nursing course, a grade of 2.0 (C) or higher **must be obtained in the first repeat (A & P I and II, Microbiology)**. An appeal process may be sought if the student has failed science course more than two times.
- f. Critical course completed more than 7 years prior to program application must be repeated: Introduction to Pharmacology.

**11. A certain level of English proficiency is necessary for academic success in nursing as well as for patient safety. In addition to general college English proficiency requirements, who was not born in USA or Canada, or who have not attended 4 years of U. S. high school and achieved a HS GPA of 3.0 or higher, must meet additional language proficiency requirements for admission to the Dakota Nursing Program. These requirements must be met prior to consideration.**

**Minimum TOEFL Scores for Admission to the Dakota Nursing Program**

To be considered for admission to the pre-licensure program, English as a second language (ESL) applicants must achieve minimum scores on the TOEFL internet-based test (TOEFL iBT) of:

**Minimum Cumulative Score of:**

- 86 Combined

**AND Minimum Individual Scores of:**

- 26 in Speaking
- 20 in Writing

- 20 in Reading
- 20 in Listening

**Please contact the paramedic program manager before you submit your application to discuss these requirements and to make arrangements to take the TOEFL exam if applicable.**

- Students accepted into the nursing program must have access to reliable, high-speed internet.

### **PROGRAM APPLICATION AND ADMISSION PROCESS**

- Complete all requirements for admission to the College.
- Complete all requirements for entry into the Paramedic Bridge Program and submit the application packet.
- Interview with the admissions committee
- Qualified students are accepted into the program on a competitive basis until all spaces are filled. After that, qualified applicants are admitted as space becomes available for that academic year.

### **CHECKLIST FOR THE PARAMEDIC BRIDGE PROGRAM APPLICATION PROCESS**

#### **1. Application to your local college:**

Complete an Application for Admission to **LRSC** as a degree-seeking student.

- The application fee (this only applies if you are a new student to your local college)
- Official high school transcript or GED test results
- Official **updated** college transcripts, including current semester, from **all** colleges attended. Transcripts must be mailed from the college attended or hand delivered in a sealed envelope. Faxed copies are not accepted.
- Immunization record (You will need to submit this again to the nursing program with additional immunization information when you are admitted to the nursing program – keep a copy.)
- Record of ACT, SAT, Compass, or Accuplacer scores (completed within the last 7 years)

#### **2. Application to the Paramedic Bridge Program:**

Submit all documents required for admission by placing application materials listed below in **one large envelope**. Print your full name clearly on the outside of the envelope. The envelope may be mailed or hand-delivered **on or before October 15, 2026** to the address listed on the cover sheet/front cover.

- \_\_\_ Paramedic Bridge application form
- \_\_\_ Copy of current CPR certification for Basic Life Support Providers
- \_\_\_ Transcripts from each high school and college you have attended. Photocopies are allowed if it is a copy of the official transcript found in Student Services.
- \_\_\_ Proof of math skill readiness (ACT, SAT, Compass, or Accuplacer, or transcript with math course)
- \_\_\_ Proof of academic readiness (ACT, SAT, Compass, or Accuplacer, or transcript with 12 required credits)
- \_\_\_ TEAS test results
- \_\_\_ A narrative statement
  - Summarize your educational/work experiences and how those experiences will help you progress through the bridge and nursing program.
  - Describe why you want to be a nurse and why this is a good time in your life to pursue a nursing degree.
  - Limit the narrative to 1.5 to 2 typed pages, double space, and use #12, Times New Roman Font.
  - Content as well as your writing ability including grammar and spelling will be evaluated.
- \_\_\_ Provide statements from **two (2) professional references**. Use attached reference forms, to request reference statements from employers, instructors, and/or professional colleagues who are not related

to you.

- Complete section 1 on each form by printing your name **and** signing the waiver before distributing the forms to your selected references.
  - Instruct the reference providers to seal the statement in an envelope and reference providers sign across the seal before returning the reference to you (the student).
  - Collect the sealed letters of reference and include them in your application packet.
- i. \_\_\_\_\_ Complete criminal background disclosure form. See enclosure. NOTE: Background check with CastleBranch. You will be given instructions on how to acquire fingerprint cards and complete the form upon admission to the program.

**All applicants will be notified of status on or before October 31, 2026.**

**\*Incomplete applications are not able to be processed and will be refused\***

### **Paramedic to Nurse Bridge Curriculum**

**Nurs 201: Nursing Concepts Transition I for the Paramedic (3 credit Theory Course)**

**Nurs 202: Nursing Concepts Transition II for the Paramedic (3 Credit Theory Course)**

\*\*\*Nurs201 & Nurs 202 will be online courses. Please schedule 18 hours of personal time per week to complete required reading and assignments. Proctored testing will be on-campus.

**Nurs 203: Nursing Practice Transition for the Paramedic (3 Credit Lab/SIM/Clinical Course)**

\*\*\*Nurs203 labs/clinical will be scheduled once a month for 2 – 3 days in a row. Schedule to be dispersed to students as soon as it is completed for scheduling purposes.

*Upon successful completion of the above curriculum, the student will be eligible to apply to the AD nursing program.*

**It is the applicant/student's responsibility to verify that all required documentation, general education courses, electives, and nursing courses are complete and met the requirements of the Dakota Nursing Program one semester prior to graduation.**

## **Criminal Background Checks**

Upon admission to the Paramedic Bridge Program, the student will be required to complete and pay for a background check through the agency designated by LRSC. **Student is responsible for any costs associated with the background check.**

The student will not initiate the background check until directed to do so upon receipt of the letter notifying the applicant of acceptance into the program. The acceptance letter will specify the background check process to be followed.

If a background check is received with any offenses (felonies, misdemeanors, or infractions), the student must address in writing their account of the offense and what specific rehabilitation measures occurred.

If the offense is less than 5 years old or of a grave nature, the student must make an appointment to appear before the admissions committee to personally address each offense.

The information will be used by the admissions committee to determine the suitability of the candidate for admission to the nursing program.

If the background check is returned with offenses that are greater than 5 years or of less than grave nature, the committee will notify you of what your next action will be.

Upon applying for licensure examination, the North Dakota State Board of Nursing will require the applicant to complete and pay for another background check. All offenses must be reported to the NDBON when applying for licensure.

## **Mandatory Drug Testing and Screenings**

The Dakota Nursing Program maintains a no tolerance policy regarding substance abuse. Students must undergo drug screens if requested by the Dakota Nursing Program, a clinical agency or if suspected to be under the influence of alcohol, narcotic prescription drugs or illegal drugs while on a clinical rotation. Failure of the student to either take the drug test or show a clear drug screen will result in termination from the nursing program and all nursing courses. **Drug testing/Background check will be done by Castle Branch. The student is responsible for any costs associated with drug test or screening. \*\*You will be given instructions on how to create an account with Castle Branch and where to pick up the Chain of Custody form to complete the drug testing which will include designated testing location.**

Please complete disclosure form enclosed in this application packet.

# Application Form for Admission to the Paramedic Bridge Program

All lines must be completed for the application to be accepted

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

Personal Email: \_\_\_\_\_ College Email: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Local Mailing Address: \_\_\_\_\_

(If different from  
address above)

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Student ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Place of Birth: \_\_\_\_\_

*Country*

*City/Municipality*

*State/Province*

*County*

Is English your second language? Yes No

Ethnicity: White/Caucasian Black/African American Hispanic/Latino

American Indian/Alaskan Native Asian Native Hawaiian or other Pacific Islander

Other (Please Specify): \_\_\_\_\_

# REFERENCE FORM FOR ADMISSION

## SECTION 1

**To be completed by paramedic to nurse bridge program applicant:**

Name of the Applicant (Please print):

\_\_\_\_\_ applicable \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Former, if

I waive the right to access this evaluation:

## SECTION 2

**To be completed by the applicant's reference (non-relatives such as employers, instructors, and/or professional colleagues):**

**NOTE:** The person whose name appears above has applied for admission to the Paramedic to Nurse Bridge Program. **The information you provide will be confidential.**

How long have you known the candidate and in what capacity?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Check:**

	Outstanding	Very Good	Average	Below Average	Do not know
Integrity/Honesty					
Initiative/Motivation					
Maturity					
Ability to work with others					
Communication Skills					
Empathy/Caring					
Judgment					
Ability to make Decisions					
Dependability					
<b>Overall Rating</b>					

**Other Comments: (Please use the back of this form if you need more space)**

**Please print:**

Name of Reference (Please print): \_\_\_\_\_ Company \_\_\_\_\_ Title:

\_\_\_\_\_

Signature of Reference: \_\_\_\_\_

Address:

**The letters of reference must be:**

- Sealed in an envelope with the signature of the reference written across the seal
- Returned to the applicant to be placed in the application packet for the Dakota Nursing Program



# REFERENCE FORM FOR ADMISSION

## SECTION 1

**To be completed by paramedic to nurse bridge program applicant:**

Name of the Applicant (Please print):

\_\_\_\_\_ applicable \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Former, if \_\_\_\_\_

I waive the right to access this evaluation:

## SECTION 2

**To be completed by the applicant's reference (non-relatives such as employers, instructors, and/or professional colleagues):**

**NOTE:** The person whose name appears above has applied for admission to the Paramedic to Nurse Bridge Program. **The information you provide will be confidential.**

How long have you known the candidate and in what capacity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Check:**

	Outstanding	Very Good	Average	Below Average	Do not know
Integrity/Honesty					
Initiative/Motivation					
Maturity					
Ability to work with others					
Communication Skills					
Empathy/Caring					
Judgment					
Ability to make Decisions					
Dependability					
<b>Overall Rating</b>					

**Other Comments: (Please use the back of this form if you need more space)**

**Please print:**

Name of Reference (Please print): \_\_\_\_\_ Company \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Reference: \_\_\_\_\_

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

**The letters of reference must be:**

- Sealed in an envelope with the signature of the reference written across the seal
- Returned to the applicant to be placed in the application packet for the Dakota Nursing Program



# Disclosure Form

**The Paramedic to Nurse Bridge Program requires that all applicants provide information concerning any past felony or misdemeanor records.**

Past convictions of a felony or misdemeanor would not necessarily prevent an applicant from being accepted into the program. However, failure to provide information concerning such conviction would warrant dismissal if the information were later revealed, thus indicating that the applicant had falsified this form.

**Note:** The Dakota Nursing Program requires FBI background checks with fingerprints before you are fully admitted to the program. It has been our experience that occasionally, applicants with a criminal history have been told by their attorney that their records have been expunged. We have been able to see that history on the FBI background check and students have been denied acceptance depending on the offense and the fact that they did not disclose it. Please be sure to disclose all information requested below.

Please complete, sign, and submit this form as part of your application to the Paramedic to Nurse Bridge Program.

1. Have you ever been arrested (outcome was either dismissal, deferral, or conviction) of a felony, a misdemeanor, traffic violation or appeared in court for anything?

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

2. Have you ever been subject to limitation, suspension or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure to The National Registry in Emergency Medicine or the Department of Health DEMST Licensing Agency in any state?

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

3. Have you ever been on the Office of Inspector General (OIG) list of excluded individuals (abuse list)?

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

4. Have you ever been on the Certified Nurse Aide abuse list?

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

If you answered yes to any of the above questions, please explain the issue(s) and/or disciplinary action(s). Please use a separate sheet of paper and attach it to this form.

My signature below certifies that to the best of my knowledge the information above is true and complete. I understand that if the background check is found to be other than stated above, it is sufficient cause for rejection of my application or dismissal from the program. I give permission to release this information and information received on my background check to affiliated nursing practice agencies.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Mandatory Drug Testing and Screenings

My signature below signifies that I agree to undergo the mandatory and/or random drug testing and screenings requested by the Paramedic to Nurse Bridge Program or clinical agencies affiliated with the program and adhere to the listed policy.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## LRSC Paramedic to Nurse Bridge STUDENT ESTIMATED COSTS

Paramedic Bridge		Subtotals
Uniforms	1 pair program-designated scrubs WITH PATCH = \$50.00 (you may want 2 pair) Clinical Specific Shoes = \$50.00, Black Dress Shoes = \$50.00 Dress Slacks = \$20.00, Polo Shirt = \$30.00	\$235.00
Equipment	Stethoscope = \$60.00 or more based on quality Sphygmomanometer = \$30.00 or more based on quality Watch with second hand = \$25.00, Bandage scissors = \$3.00, Penlight = \$5.00	\$123.00
Textbooks and Skyscape electronic reference books.	Spring semester = \$578.00 The cost may vary depending on the general education classes you take each semester. Check your bookstores online site for book cost and ISBN numbers.	\$578.00
ATI	Access to Assessment Technologies Institute (ATI) online practice and proctored exams, and online resources (books and videos). Payment due to college bookstore or business office	\$464.00
Program Fee	\$450.00 each semester = \$450.00	\$450.00
Lab Fee	\$50 for each lab/clinical course	\$ 50.00
Background Check and Drug Screen	Must be done after a student is accepted but before designated date in the summer before they start class.	\$150.00
Tuition and Fees	<b>Spring semester session: Paramedic</b>	<b>\$2,189.22</b>
	6 credits of online class	\$250.00/credit hour \$1,500.00
	3 credit of lab/clinical	\$229.74/credit hour \$689.22
Individual Expenses such as travel, child care, etc.	Per individual student (may include travel to clinical sites), Others: Name pin if you lose the first one - \$10.00. Nursing Program Pin per program - varies - check with coordinator	Varies
Laptop Computer and Printer	<b>Students must have access to a computer and high-speed internet</b> which may entail purchasing a laptop if they do not have one. Students at several sites must have their own computers to bring to class to complete exams and assignments.	\$2,000.00
Handheld Electronic Device	Students will access the Skyscape electronic references for clinical on a handheld electronic device which may entail purchasing the device if they do not have one. Students in the past have found that the iPod Touch and iPhone are very compatible with this format. Other smart devices such as Blackberry or Android devices are also effective.	\$300.00
<b>Total</b>	<b>Plan on costs from \$4,106.34 - \$6,539.22</b> <b>Work with your financial aid officer and nursing advisor for an individualized estimation.</b>	

Please note that this is an estimate. To the best of our knowledge this form is complete. There may be unforeseen expenses that come up during the year. You will be responsible for all program expenses even if they have been inadvertently left off this form.

These costs are non-refundable if you are dismissed or voluntarily leave the bridge program.