SKC Nursing Department BSN Admission Application



Personal

First Name	Middle Initial	Last Name		Previous Name	
Mailing Address		City	State	Zipcode	
Phone Number Message Phone		Email Address			
Emergency Contact Name			Phone Number		
Date of Birth			Gender, and Age Group ses only DOES NOT A	o data are for statistical AFFECT SELECTION	
2	tus: es Only. Must provide ver escendent		Ethnicity: Check all t American Indian or Asian or Pacific Isla African American Hispanic Caucasian	r Alaskan Native ander	
Name of Tribe	State	-	Other:		
			Gender Female Male	Other	
Education			Age Group		
College Degrees or Certificate Must provide transcript from University, Technical Schools, or Certificate Program		5,	☐ 18-24 ☐ 45-54 ☐ 25-34 ☐ 55-64 ☐ 35-44 ☐ 65-Abov	<i>r</i> e	
In the Fall of 20 ,	, I plan to enroll as a (c	check one):			
□ Part-time in BSN c □ Full-time in BSN co					
	Attach copy of current of aduate, Year Graduated ate from RN in the State of				

BSN Requirements

Complete BSN Application packet (see Check List) BSN Prerequisites (See Course Catalog) 2.5 GPA

BSN Student Responsibility Statement

As part of the RN/BSN admissions process, I understand that: (initial each one as you read and understand)

- I maintain hold a current unencumbered license to practice an RN.
- If my license/certification has ever been suspended, revoked or if I have been placed on probation, I will make this known to SKC nursing department. (Please describe on separate paper.)
- Official transcripts must verify coursework completed. (All colleges attended)
- A complete application does not guarantee admission to the Nursing Program.
- Prerequisites, general education and nursing courses can be repeated only once to improve a grade.
- Expenses for the enrollment in the Nursing Program are higher than those for the general college student. While SKC assists students in obtaining financial aid, I am fully responsible for timely payment of tuition, related education obligations and living expenses.
- Attendance is mandatory for all face-to-face class meetings.
- ____ Weekly posting of online assignments is expected for online classes.
- _____ I must have a computer, access to the Internet, and have an SKC email address.
- _____ I must be competent in basic computer skills, including word processing, before enrollment in the BSN courses.
- Scholarly writing skills must be demonstrated in nursing coursework.
- I maintain professional liability insurance or purchase it through SKC vendors for a fee, and notify SKC of any lapse in coverage.
- I must provide proof of health insurance coverage: I.H.S., Medicaid or private health insurance.
- Any request for specific classroom accommodations must be accompanied by a physician's recommendation and official American with Disabilities Act documentation. It's required to have ongoing monitoring by a physician to ensure appropriate accommodations are met.
- ____ Nursing Student Colleagues are expected to maintain the professional code for nurses.
- _____ I must demonstrate a clear background check through the SKC vendor. A fee will be charged.
- Fraud or misrepresentation of information requested on the application or health form may lead to denial of admission or dismissal from the nursing program.

I, ______ have read and understand each of the above listed statements, and have indicated so by initialing in front of each statement.

Applicant's signature: _____ Date: _____



Please return this completed form to:

Nursing Department Salish Kootenai College PO Box 70 Pablo, MT 59855

Phone: (406) 275-4909 Fax: (406) 275-4806 Web site: http://nursing.skc.edu/

SKC does not discriminate on the basis of race, ethnicity, national origin, gender, age or disability in admission or access to educational programs or college activities. Because SKC is a tribal college, some academic programs may have tribal preference policies explained in their admissions materials. Inquiries concerning Title VI, IX and Section 504 may be referred to: Rachel Andrews-Gould, Title IX Coordinator, (406) 275-4985.