

**SKC Associate of Science in Nursing (ASN)
Program Admission Application
2018-2019**



First name Middle name Last name Previous name(s) used DOB

Mailing address City State Zip

Primary phone Message phone Email address

Emergency contact name Relationship Phone number

Ethnicity (please check all that apply)	Age	Gender	Veteran status**
<input type="checkbox"/> Native American or Alaska Native	<input type="checkbox"/> 18-24	<input type="checkbox"/> Female	<input type="checkbox"/> Non-veteran
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> 25-34	<input type="checkbox"/> Male	<input type="checkbox"/> Veteran
<input type="checkbox"/> African American	<input type="checkbox"/> 35-44	<input type="checkbox"/> Other	<input type="checkbox"/> Qualifying spouse
<input type="checkbox"/> Hispanic	<input type="checkbox"/> 45-54		
<input type="checkbox"/> Caucasian	<input type="checkbox"/> 55-64		
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 65-above		

Tribal affiliation* (Students enrolled in a federally recognized tribe must submit verification of enrollment.)
 Enrolled Descendent Name of the tribe: _____ State: _____

Previous healthcare related work experience (please submit a resume if more than one)

Employer _____	Immediate supervisor _____
Address _____	Phone number _____
Position title _____	Dates of employment _____

Previous college degree(s) or certificate(s) completed (please submit a resume if more than one)

Degree: _____ Major: _____ Date degree conferred: _____
 College: _____ City, state: _____

Have you ever attended SKC before?	Yes _____	No _____
If not, have you completed the SKC Application for Admission?	Yes _____	No _____
Have you submitted all your official college transcripts to the SKC Enrollment Services?	Yes _____	No _____
Are copies of all your college transcripts (can be unofficial) attached to this application?	Yes _____	No _____
If an enrolled tribal member, is a copy of your Tribal ID attached to this application?	Yes _____	No _____
Have you completed all the ASN pre-requisite courses listed below?	Yes _____	No _____

Course #	Course Title	Q / Yr	Grade	Notes
BIOS 215	Anatomy and Physiology I			Fall 2013 or later; B or higher required
BIOS 216	Anatomy and Physiology I Lab			Fall 2013 or later; B or higher required
BIOS 217	Anatomy and Physiology II			Fall 2013 or later; B or higher required
BIOS 218	Anatomy and Physiology II Lab			Fall 2013 or later; B or higher required
MATH 103 MATH 100	Contemporary Math OR College Algebra			Fall 2013 or later; B or higher required
ENGL 101	English Composition I			
ENGL 202 ENGL 203	English Composition II OR Technical Writing			
PSYC 110	Introduction to Psychology			
IDST 101	SKC Seminar			Students who started at SKC as freshmen in 2017
NASD/NASL	Open Elective OR NASD 101			Can be completed during the ASN Program

ASN Student Responsibility Statement

Please initial each statement to indicate that you understand and agree.

As part of the SKC ASN admissions process, I understand that:

1. Official transcripts verifying all coursework completed must be submitted directly to the SKC Enrollment Services by June 15th. _____
2. The Kaplan Nursing School Admission Test must be completed by June 15th. Directions will be sent to eligible applicants via email to the email address provided. _____
3. Completion of the application process and prerequisite coursework does not guarantee admission into the Nursing Program. _____
4. Prerequisite and general education courses can be repeated only twice to improve a grade. _____
5. The expenses for enrollment in the Nursing Program are higher than those of general college student. While SKC assists students in obtaining financial aid, I am fully responsible for payment of tuition, related educational obligations and living expenses. _____
6. A physician's recommendation and official American with Disabilities Act documentation must accompany all requests for specific classroom accommodations. It is required to have ongoing monitoring by a physician to ensure that appropriate accommodations are met. _____
7. In the clinical setting, client safety must be maintained at all times. Student health problems (such as chemical dependency/abuse, uncontrolled seizure disorder, etc.), which impede one's physical capacity and/or ability to think clearly and provide safe care with sound judgment, must be stabilized prior to admission. _____
8. I must attend a mandatory Nursing Institute prior to the beginning of the fall quarter. _____
9. I must complete and submit additional documentation (e.g. immunization records) upon acceptance into the ASN Program and prior to the Nursing Institute. Failure to do so may result in my dismissal from the program. _____
10. I must complete a background check (fee charged by SKC) prior to the Nursing Institute. _____
11. All ASN students are subject to drug screening prior to attending the NSGD classes. _____
12. I am responsible for updating my contact information. The Nursing Department is not responsible for delayed communications due to incorrect or outdated contact information. _____
13. Successful completion of the Nursing Program does not guarantee eligibility for licensure as an RN. _____

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

Applicant signature

Date

Please return the completed application form and copies of all unofficial transcripts **by 4:30 p.m. on May 1st** via:

Mail: Attn: Admissions, Nursing Department, Salish Kootenai College, PO Box 70, Pablo, MT 59855

Fax: (406) 275-4806 or **Email:** nursingadmissions@skc.edu