**Associate of Science in Nursing (ASN) Program Admission Application 2019-2020**

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) Native American or Alaska Native | **Age**  | 18-24 | **Gender** Female | **Veteran status\*\*** Non-veteran |
|  Asian or Pacific Islander |   | 25-34 |  Male |  Veteran |
|  African American |   | 35-44 |  Other |  Qualifying spouse |
|  Hispanic |   | 45-54 |  |  |
|  Caucasian |   | 55-64 |  |  |
|  Other:  |   | 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** | **Quarter / Year** | **Grade** | **Notes** |
| BIOS 215 | Anatomy and Physiology I |  |  | Fall 2014 or later; B or higher required |
| BIOS 216 | Anatomy and Physiology I Lab |  |  | Fall 2014 or later; B or higher required |
| BIOS 217 | Anatomy and Physiology II |  |  | Fall 2014 or later; B or higher required |
| BIOS 218 | Anatomy and Physiology II Lab |  |  | Fall 2014 or later; B or higher required |
| MATH 103MATH 100 | Contemporary Math ORCollege Algebra |  |  | Fall 2014 or later; B or higher required |
| ENGL 101 | English Composition I |  |  |  |
| ENGL 202ENGL 203 | English Composition II OR Technical Writing |  |  |  |
| PSYC 110 | Introduction to Psychology |  |  |  |
| IDST 101 | SKC Seminar |  |  | Students who started at SKC as freshmen  |
| NASD/NASL | Open Elective OR NASD 101 |  |  | Can be completed during the ASN Program |

# ASN Student Responsibility Statement

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 1st. 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 three (3) times to improve a grade.
5. The expenses for enrollment in the Nursing Program are higher than the cost of general college courses. While SKC assists students in obtaining financial aid, I am fully responsible for payment of tuition, related educational obligations, and my living expenses.

1. A physician’s recommendation and official American with Disabilities Act documentation MUST accompany all requests for specific classroom accommodations. I will be required to have ongoing monitoring by a physician to ensure that appropriate accommodations are met.

1. 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 a person’s physical capacity and/or ability to think clearly and provide safe care using sound judgment, must be stabilized prior to admission.
2. I must attend a mandatory Nursing Institute prior to the beginning of Fall Quarter.
3. I must complete and submit additional required documentation (e.g. immunization records) upon acceptance into the ASN Program and PRIOR to the Nursing Institute. Failure to do so WILL result in my dismissal from the program.
4. I must complete and pass a background check (fee charged by SKC) prior to the Nursing Institute.
5. All ASN students are subject to a random drug screening prior to attending the NSGD classes.
6. I am responsible for updating my contact information quarterly. The Nursing Department is NOT responsible for

delayed communication due to incorrect or outdated contact information.

1. Successful completion of the Nursing Program does not guarantee eligibility for licensure as an RN.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PRINT NAME PLEASE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read and understand each of the above listed statements, and have indicated so by signing this form.

Applicant signature Date

Please return the completed application form and copies of all unofficial transcripts

**by 4:30 p.m. on May 1st.**

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

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