



**SKC Nursing Department  
BSN Admission Application**

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**First Name**                      **Middle Initial**                      **Last Name**                      **Previous Name**

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**Mailing Address**                      **City**                      **State**                      **Zip code**

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**Phone Number**                      **Message Phone**                      **Email Address**

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**Emergency Contact Name**                      **Phone Number**

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**Date of Birth**

**Ethnicity, Gender, and Age Group data are for statistical purposes only-- DOES NOT AFFECT SELECTION**

**Tribal Enrollment Status:**

Federal Recognized Tribes Only. Must provide verification.

- Enrolled     Descendent     Non Native

**Tribal Affiliation:**

**Ethnicity: Check all that apply**

- American Indian or Alaskan Native  
 Asian or Pacific Islander  
 African American  
 Hispanic  
 Caucasian  
 Other: \_\_\_\_\_

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**Name of Tribe**                      **State**

**Gender**

- Female     Male     Other

**Education**

**College Degrees or Certificate**

Must provide transcript from University, Colleges, Technical Schools, or Certificate Programs

**Age Group**

- 18-24     45-54  
 25-34     55-64  
 35-44     65-Above

**In the Fall of 20\_\_\_\_\_, I plan to enroll as a (check one):**

- Part-time in BSN courses at SKC  
 Full-time in BSN courses at SKC

**Check all that apply:**    Attach copy of current certification or license

- I am a SKC ASN Graduate, Year Graduated \_\_\_\_\_  
 I am a ASN Graduate from \_\_\_\_\_, Year Graduated \_\_\_\_\_  
 I am licensed as a 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.
- You will be asked to participate in a group problem solving exercise. This exercise will be scored and taken into consideration as part of the application process.

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) 275-4922  
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; or the Montana Human Rights Commission; 1236 Sixth Ave.; P.O. Box 1728; Helena, MT 59624; 406-444-2884 / 800-542-0807.