**2021-2022** **SKC Nursing Department BSN Admission Application**

Students must apply to SKC and apply to the Nursing Program: SKC ID (if you have received it) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## First Name

Middle Initial

 Last Name

Other last Name(s)

Mailing Address City State Zip code

Phone Number Message Phone Email Address

Emergency Contact Name Phone Number

 Student’s Date of Birth

Demographic, Gender, and Age Group data are for statistical purposes only

**DOES NOT AFFECT SELECTION**

 **TRIBAL ENROLLMENT STATUS:**

Federally Recognized Tribes Only.

Please submit verification with application.

Enrolled Descendent Non-Native

## TRIBAL AFFILIATION:

**Name of Tribe State**

 **EDUCATION:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Name of Institution(s)

**Demographic: Check all that apply**

American Indian or Alaskan Native Asian or Pacific Islander

African American Hispanic Caucasian

Other:

## GENDER

Female Male

* College / University
* Degrees
* Certificates

Must provide unofficial transcript from High School, University, College, Technical School, or Certificate Programs with this application.

* **VETERAN**

(Please include Verification when you submit this application)

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##  AGE GROUP

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

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

HAVE YOU EVER BEEN REQUIRED TO REGISTER AS A SEXUAL OR VIOLENT OFFENDER OR BEEN CONVICTED OF A SEXUAL OFFENSE OR VIOLENT CRIME? Yes No

If Yes, Date of crime: Date released from prison:

Nature of crime:

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

 Please attach another sheet of paper if necessary.

**If this section of the nursing application is left blank, the application is considered nonresponsive** and the application for admission is denied. Any person who has acknowledged that they have been convicted or designated as a violent felony or a sexual offender must disclose their offense and give SKC a written release to obtain any information concerning their charge. Their application must be approved by the Nursing Admission Committee prior to acceptance into the nursing program. The Committee will assess the information submitted concerning the crime committed. The committee will determine whether the person will be granted admittance into the nursing program.

# BSN STUDENT RESPONSIBILITY STATEMENT

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

 Unofficial transcripts must verify coursework completed. (All high schools, colleges/universities attended)

 A complete application does not guarantee admission to the Nursing Program.

 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; including virtual sessions.

 I must have a computer, access to the Internet, and have an SKC email address.

 I must be competent in computer skills; including programs in Microsoft Office, prior to BSN course enrollment

 Scholarly writing skills must be demonstrated in nursing coursework.

 I must maintain professional liability insurance

 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: \_\_\_\_\_\_\_\_\_\_\_

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## Please return this completed form and all required documents to:

 ATTN: Nursing Department

 Salish Kootenai College

P.O. Box 70

 Pablo, MT 59855

Email: nursingadmissions@skc.edu

 Phone: (406) 275-4922 | Fax: (406) 275-4806 | Website: [nursing.skc.edu](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.