



## 2021-2022 SKC Nursing Department 4 Year Direct Admit BSN Admissions Application

Students must apply to SKC **PRIOR** to applying to the Nursing Program:

SKC ID (if you have received it) \_\_\_\_\_

**First Name**

**Middle Initial**

**Last Name**

**Date of Birth**

**Mailing Address**

**City**

**State**

**Zip Code**

**Phone Number**

**Cell or Alternative Phone**

**Email Address**

**Emergency Contact**

**Phone Number**

**Tribal Enrollment Status:** Federally Recognized Tribes Only

Enrolled

Descendant

Non-Native

**Name of Tribe**

**State**

**Education:**

College/ University

Degrees

Certificates

**Name of Institution(s)**

**Veteran:**

Yes

No

**If yes, which Branch**

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

**DOES NOT AFFECT SELECTION**

**Demographic: Check all that apply**

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

**Age Group:**

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

**Gender:**

- Female
- Male
- Other

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: \_\_\_\_\_

NATURE OF CRIME: *PLEASE ATTACH ANOTHER SHEET OF PAPER IF NECESSARY*

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**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 of a felony or designated 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)*

\_\_\_ Official 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 with a camera and microphone, 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.

\_\_\_ Salish Kootenai College is committed to providing educational opportunities for individuals with disabilities. Reasonable accommodations are provided for eligible students with identified disabilities through the Disability Services Office. Disability Services is located in the Robert DePoe III Building, room 121, or can be reached at 406-275-4968. The College complies with the American With Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

\_\_\_ Nursing Students are expected to maintain the professional code for nurses at all times.

\_\_\_ I must demonstrate a clear background check annually 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: \_\_\_\_\_

**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](mailto: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: Tommie Linsebigler, Title IX Coordinator, (406) 275-4985.