

2021-2022 SKC Nursing Department RN-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
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Mailing Address	City	State	Zip Code
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Phone Number	Cell or Alternative Phone	Email Address
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Emergency Contact	Phone Number
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Tribal Enrollment Status: Federally Recognized Tribes Only Enrolled Descendant Non-Native

Name of Tribe	State
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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: <i>Check all that apply</i> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Hispanic Caucasian <input type="checkbox"/> Other	Age Group: <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65- Above	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
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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*

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.

RN-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.

___ A copy of your RN License must be attached; license must be active and in good standing with no restrictions or unresolved disciplinary action.

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

Phone: (406) 275-4922 | Fax: (406) 275-4806 | Website: 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