

2023-2024 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	
<input type="checkbox"/> Enrolled <input type="checkbox"/> Descendant <input type="checkbox"/> 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: 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

Healthcare organizations allow Salish Kootenai College nursing students to come to their facilities for clinical experience. Healthcare organizations are under no obligation whatsoever to allow nursing students to access their facility and their patients. Nursing students are considered guests and as guests, we as a college agree to abide by the facilities' rules and regulations. This is clearly spelled out in our memorandums of understanding and affiliation agreements. Required immunizations are regulated by the specific healthcare organizations. Students are required to adhere to the immunization requirements set forth by the healthcare organizations. Students are required to acknowledge that they understand that refusal or declination to adhere to the immunization requirements set forth by the healthcare organizations will result in inability to attend clinical. Should a student not be able to attend clinical, requirements to pass the nursing course will be jeopardized and the student will fail the course and be dismissed from the nursing program.

Are you unable OR unwilling to obtain all immunizations required? YES NO

IF YES, PLEASE PROVIDE SUPPORTING DOCUMENTATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

ARE YOU IN THE PROCESS Of court proceedings for a felony charge? 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 CONVICTION: _____

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) and be submitted to admissions at SKC to be considered for admission to the nursing program.

___ 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 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: _____

By typing your name above you are acknowledging that your electronic signature is the legal equivalent of your hand written signature.

Please return this completed form and all required documents to:

ATTN: Nursing Department Admissions
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: Teresa Wall-McDonald, Title IX Coordinator, (406) 275-4985.