

Northeastern State University
Department of Health Professions: Nursing
APPLICATION TO THE NURSING PROGRAM

Maiden/Other Names: _____

Address: _____
Street City State Zip

Phone: Home: () _____ Work: () _____ E-mail: _____

R.N. License: State _____ Cert. No. _____ Annual No. _____ Exp. Date _____

(Please bring the license to the Department of Nursing for verification)

Past LPN/LVN Licensure: Yes _____ No _____ If yes, please identify when & where: _____

Other past and/or present licensures/certifications, numbers, and expiration dates, e.g. C, CS, ACLS, etc.:

Social Security No. _____ Date of Birth _____
Month, Day, Year

Professional Liability Insurance *(please send photocopy of front page)*:

Name of Company: _____ Policy Number: _____

Limits: _____ Exp. Date: _____

Semester you wish to enter the Nursing Program: _____, Year _____

I plan to enroll: Full time _____ Part time _____

I prefer classes: Daytime _____, Evening _____, Saturday _____, Weekend _____, Internet _____, ITV _____,

At: Tahlequah _____, Muskogee _____, Miami _____, Poteau _____, Other _____

Identify your career goal(s) *(If more room is needed for any of these questions, please use another sheet)*.

Identify your preferred nursing area(s)

In what area(s) do you feel you need additional knowledge and skill? _____

List in chronological order positions you have held in nursing (*Attach a separate sheet as needed*).

Institution/Agency	Position	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Chronologically list continuing education nursing programs and/or workshops/conferences in which you have participated in the last 2 years (*Attach a separate sheet as needed*).

1. _____
2. _____
3. _____
4. _____

List current and past memberships and/or involvement in professional nursing organizations and activities (*Include dates*). _____

List any outstanding accomplishments you have achieved in nursing, e.g. articles published, programs presented, awards, etc. _____

List current nursing publication subscriptions being received: _____

Please provide names and addresses of three people who are familiar with your academic and nursing capabilities, including your present employer (or recent employer if unemployed), and a former nursing instructor, if possible. Letters of recommendation will then be requested by the nursing program.

Name (<i>please print clearly</i>)	Complete Address
1. _____	_____
2. _____	_____
3. _____	_____

_____ Approved for conditional/unconditional admission to Nursing Program for _____ semester, 200__
_____ Disapproved
_____ Other

Chair: Nursing Department

Date