

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

Name _____

Maiden/Other Names: _____

Address: _____
 Street City State Zip

Phone: (H) _____ (Cell) _____ (W) _____

Email Address: _____

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

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

Other past and/or present licensures/certifications, numbers, and expiration dates

Social Security No. _____ Date of Birth _____

Professional Liability Insurance (please send photocopy of front & back page): Yes ___ No ___

Formally entering with field experience course: Fall ___ or Spring ___ Year _____

I plan to enroll: Full time ___ Part time ___

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 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. **Recommendations will then be requested by the nursing office.**

Name (please print clearly)	Address	City	State	Zip
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

____ Approved for conditional/unconditional admission to Nursing Program for _____ semester, _____ year
____ Disapproved
____ Other

Chair: Nursing Program

Date