

Sinte Gleska University Nursing Department

Licensed Practical Nursing Program- Associate of Applied Science

**Application Deadline: February 1<sup>st</sup> (No applications accepted after this date.)**

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Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_ Enrolled Y/N

*Prerequisites Completed/Needed: Attach completed Status Sheet*

**Attachments:**

1. Attach your personal essay. These should be 1-2 pages and describe why you want to become a nurse. Describe your vision statement- how you see yourself in a nursing role, what has influenced and motivated you in this decision, what have your obstacles been and those that you currently have to overcome to succeed. Your essay will be evaluated for substance as well as organization, clarity, and command of the English language.
2. Official Transcripts should be on file with the SGU Registrar's Office by February 1.
3. ACT required (if score is less than 18, or more than 5 years, the AccuPlacer Test is required).
4. Attach **completed and up-to-date** health forms. This includes
  - a) Provider (MD, DO, NP, or PA) statement
  - b) Immunization Record (See required immunization form. Please note that Covid immunization is recommended but not required.)
5. Attach **three (3)** Work or Educational Reference Forms.

**Education:** List in chronological order, all educational institutions attended, dates of attendance and degree/diploma obtained.

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**Work Experience:** List all work experience in chronological order starting with your most recent position. State name of employer, phone contact information, date of employment, and position/role.

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**References:** List the names and contact information for three persons who will submit recommendations on your behalf. Recommendations should be from individuals who can speak to your academic and professional potential as well as personal character, commitment and accountability.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**In the event of an emergency please notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

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Have you **EVER** been convicted, plead guilty or no contest or received a suspended sentence for a felony, misdemeanor or other criminal offense? (This excludes minor traffic violations.)

**Yes or No**

Is there any pending criminal prosecution against you that would constitute a felony?

**Yes or No**

Do you currently use (in any amount or situation) or have you ever been treated for abuse or misuse of alcohol or chemical substances?

**Yes or No**

Have you experienced a physical, emotional, or mental condition that could limit your ability to meet academic and clinical requirements or that may endanger health or safety of persons entrusted to your care?

**Yes or No**

If you are a CNA, has your certification ever been suspended or revoked, stipulated, placed on probation or otherwise been subjected to any type of disciplinary action?

**Y or No**

Are you currently being investigated or have a disciplinary action pending?

**Y or No**

Have you ever been convicted of a crime against another person such as assault, battery or domestic violence?

**Y or No**

Have you ever been charged for abuse or neglect of another person (adult, child or elderly)?

**Y or No**

**If you have answered yes to ANY of the above, provide a full written explanation on a separate sheet of paper with dates and circumstances. Attach any supporting documents.**

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### **Applicant Acknowledgments**

1. The applicant acknowledges that admission into the nursing program requires many hours of devoted study and clinical performance, travel and physical walking, standing, and lifting. Nursing is rigorous.
2. The applicant acknowledges that nursing requires the student to maintain self-directed learning, discipline and to develop excellent interpersonal skills, written and verbal communication and time management.
3. The applicant acknowledges that they have read the current program policies and understand additional policies will be effective immediately upon adoption.
4. The applicant acknowledges that an active CNA (Certified Nursing Assistant) license is required for acceptance into the LPN program. It is your responsibility to ensure this does not expire during nursing school.
5. The applicant acknowledges that they must maintain a current CPR certification, vaccinations, and TB test.

Submit ALL attachments, supporting documents and recommendations to the Director of Nursing or the Administrative Assistant.

All admission decisions are made by personnel in the exercise of discretion and professional judgement and are not subject to review or appeal. Materials in support of an application become the property of SGU and will not be returned.

*I, the undersigned, hereby declare and affirm that the information provided on this application has been examined by me and is true and complete. I understand that if found otherwise, it is cause for dismissal. I further authorize SGU to make inquiries to certify the accuracy of my records and information.*

Applicant's Printed Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_