

Sinte Gleska University Nursing Department
Application for Enrollment into LPN Program

APPLICATION DEADLINE: End of January (each year)
No applications will be accepted after this date!

Full Name _____ D.O.B. _____

Address _____ City/State/Zip _____

Email _____ Phone _____

Tribal affiliation _____ Enrolled Y / N

Prerequisites Completed (list) _____

Degree Program Entering:

Associate of Applied Science

Attachments:

- Attach to this form, your typed personal essay (**1-2 pages**). Describe why you chose to pursue nursing. Describe how you envision your role as a nurse. Your vision statement should include motivating factors and obstacles you may have to overcome to achieve this. Your essay will be evaluated for substance as well as organization, clarity, and command of the English language.
- **Official Transcripts should be on file with the Sinte Gleska University Registrar's Office by Spring 2016**
- ACT required (if score less than 18, or more than 5 years, AccuPlacer Test required). AccuPlacer Test is taken through the Foundational Studies Department.
- Attach **completed** and up-to-date health forms
Including: Hepatitis series (either completed or in process of completion), Tdap (along with every 10 year Td booster), TB skin test, Varicella titer or immunization, & current immunizations including MMR, DPT and polio (please see required immunization form).
- Attach **three (3)** Work or Educational Reference form

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

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

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 _____

Have you EVER been convicted, plead guilty or no contest or received a suspended imposition of sentence for a felony, misdemeanor or other criminal offense? (excluding minor traffic violations)

Y N

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

Y N

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

Y N

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 in your care?

Y N

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

Y N

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

Y N

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

Y N

If you answer 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.

- 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. In addition to mastering the medical/nursing sciences, nursing requires the student to maintain self-directed learning, discipline and to develop excellent interpersonal skills, written and verbal communication and time management.
- The applicant acknowledges that they have read the current program policies and understand additional policies will be effective immediately upon adoption.
- 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.**
- Students are **required** to maintain current CPR certification, vaccinations and TST (tuberculin skin test).
- Submit ALL attachments, supporting documents and recommendations to the **Nursing Program Administrator** or to the **Administrative Assistant**.
- The applicant acknowledges that admission decisions are made by personnel in the exercise of discretion and professional judgment 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 in all things true and complete without evasion or misrepresentation. I understand that if found otherwise, it is sufficient 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 _____
012/2018

Revised