

Idaho State
UNIVERSITY
College of Technology

Application for Admission to the Practical Nursing Program Fall 2012
DEADLINE: February 15th, 2012

Submit Application and \$35 Application Fee to:
ISU College of Technology, Student Services, Stop 8380; Pocatello ID 83209 (208) 282-2622

Personal Information

Date of Application _____	Home Telephone # _____
Student ID# _____	Cell Phone# _____
E-mail _____	Emergency Contact Name: _____
Name _____	Emergency Contact Phone: _____
Address _____	
City _____	Permanent Address _____
State _____	City _____
Zip _____	State _____
Daytime Telephone # _____	Zip _____

Minimum Requirements

Applications missing any of the requirements listed below will be considered incomplete and will not be evaluated. The following criteria will be used to rank the applicants: *GPA or test scores, nationally- normed exam, and medical experience.*

- I have applied and been accepted to ISU.
 - I meet the minimum Math and English requirement, only ONE criteria below necessary.
 - a) Test Scores- COMPASS or ACT (Please contact a counselor/advisor in Student Services) and/or
 - b) Completed (Math 0015/TGE 100M and/or English 0090/TGE 100W)
 - I have no transfer work to submit. (If you have outstanding transfer work from other school/s, it must be received by application deadline.)
 - I am aware that a minimum 2.0 cumulative GPA is required.
 - I understand that I must take a nationally-normed entrance exam to be considered for the program. Qualified applicants will be invited to test in March.
- I have a disability and will require special accommodations for the nationally-normed test. _____ No _____ Yes

Background

Have you ever been convicted of or have pending against you a felony or misdemeanor other than minor traffic violations? _____ No _____ Yes (*If yes, please attach a written explanation*)

Has any licensing agency ever taken any disciplinary action against you, including but not limited to, any reprimand, suspension, probation, limitation, revocation? _____ No _____ Yes (*If yes, please attach a written explanation*)

Educational Background

Please complete the following:

<i>Prerequisites (must be completed by end of Summer semester 2012)</i>	<i>Semester/Year Completed or Registered</i>	<i>Grade Received C- or higher required</i>	<i>College/University (Transcripts or proof of registration for all classes must be submitted prior to deadline)</i>
Psychology (PSYC 1101)			
Intro to Computers (BI 0170 or CIS 1101)			
Medical Terminology (HO 0106, HCA 2210 or HE 2210)			
Anatomy & Physiology (HO 0111 or BIOL 3301 & BIOL 3302)			
Nutrition (NTD 3340)			

Medical Certification and Experience:

- Do you have a current American Heart Association BLS certification for Healthcare Providers (BLS/CPR)?
 ___ Yes ___ No If no, when are you taking the BLS/CPR course? _____ (Must submit a copy by August 1, 2012)
- Do you have certification to practice as a CNA?
 ___ Yes ___ No If no, when are you taking the CNA class? _____ (Must submit a copy by August 1, 2012)
- Do you have CNA/medical experience?
 ___ Yes ___ No If yes, how long? Years _____ Months _____ How many hours per week? _____

Please list applicable medical experience (attach additional pages if necessary)

<i>Facility</i>	<i>Dates of Employment</i>	<i>Supervisor/Telephone #</i>

Briefly describe your medical experience (attach additional pages if necessary)

I have attached the following to my application:

- I have attached copies of my ISU and all college transcripts (unofficial)
- I have attached a copy of my BLS/CPR card OR copy of my registration for BLS/CPR class
- I have attached a copy of my CNA license OR copy of my registration for CNA class

Agreement and Signature

By submitting this information, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted to the Practical Nursing Program, any false statements, omissions, or other misrepresentations made by me on this form may result in my immediate dismissal. I also understand my acceptance will be conditional until I submit all required documents to the program including immunizations, drug screening and a background check.

Student Signature

Date