

##### BACHELOR OF SCIENCE IN NURSING PROGRAM APPLICATION

*This application is specifically for military applicants and will be used in place of a NursingCAS application*

**\_\_\_\_\_ Basic Track \_\_\_\_\_ LPN to BSN Track \_\_\_\_\_ Previous Nursing Coursework**

 CHECK HERE IF THIS IS YOUR FIRST CHECK HERE IF YOU GRADUATED FROM CHECK HERE IF YOU HAVE PREVIOUSLY

DEGREE IN NURSING AN LPN PROGRAM AND HOLD A LICENSE COMPLETED ANY NURSING COURSEWORK

 IN GOOD STANDING (NON-LPN)

**Applying for:**

**Fall Semester Admission \_\_\_\_\_\_\_ (Year) Spring Semester Admission \_\_\_\_\_\_\_ (Year)**

***Incomplete applications will NOT be processed***

###### Personal Information

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| **Last** Name | **First** Name | **Middle** Name | **Prior** Name |
| Permanent Address (Street, Apt #) | City, State, Zip |
| Local Mailing Address (if different from above) | City, State, Zip |
| Primary Phone | Secondary Phone | **LCSC Student I.D. Number** | Alternate E-mail |
| LCMail E-mail Address | Current Certificate or License (circle one that applies) and attach a copy.CNA LPNProvide license # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or certificate. |
| Person to contact in case of emergency | Telephone | Relationship |

Educational Record

Beginning with the most recent, list all colleges and universities attended, regardless of length of attendance. Include any educational institution you are currently attending.

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| **College or University** | **Location: City and State** | **Dates of Attendance****FROM: Mo./Yr. TO: Mo./Yr.** | **Degree or Certificate Earned** |
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| Are you a legal Idaho Resident? **YES NO** Bachelor’s degree or higher held? **YES NO**  | To assist with planning clinical placements, tell us where you plan to live **while** in the BSN Program: \_\_\_\_ Lewiston/Clarkston Other: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Moscow/Pullman |

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| **General Education Core Coursework** All \* courses are **required** to be satisfactorily completed prior to entrance to nursing coursework. **Any courses not completed prior to the program must be accounted for in your Degree Plan that you are submitting with your military scholarship application.****This section must be completed for LCSC and transfer courses--- including all courses currently in-progress “IP”.**  |
| Course | Institution | Prefix & Course #  | Credit Hours | Name of Course (attach course descriptions for courses taken outside of Idaho) | Semester/Year Taken | # TimesClass was Taken | Grade (if currently in progress, write “IP”) |
| \*COMM Core Communications |  |  |  |  |  |  |  |
| \*ENGL 101Writing/Rhet I |  |  |  |  |  |  |  |
| \*ENGL 102Writing/Rhet II |  |  |  |  |  |  |  |
| HUM #1Art/Lit/Lang |  |  |  |  |  |  |  |
| HUM #2Art/Lit/Lang |  |  |  |  |  |  |  |
| \*MATH Core Mathematics |  |  |  |  |  |  |  |
| \*Social Science #1 |  |  |  |  |  |  |  |
| \*Social Science #2 |  |  |  |  |  |  |  |
| \*Diversity Core |  |  |  |  |  |  |  |
| ID 300/301 Int. Seminar |  |  |  |  |  |  |  |
| **Prerequisite Coursework--This section must be completely filled out.**All coursework is to be satisfactorily completed prior to start of nursing program. With the exception of Pathophysiology and Nutrition, the courses below must be completed **prior** to application.  **Any courses not completed prior to the program must be accounted for in your Degree Plan that you are submitting with your military scholarship application.** |
| Course | Institution | Prefix & Course #  | Credit Hours | Name of Course (attach course descriptions for courses taken outside of Idaho) | Semester/Year Taken | # TimesClass was Taken | Grade (write “IP” if currently in progress) |
| BIOL 250Microbiology |  |  |  |  |  |  |  |
| BIOL 227A/P I (Anatomy) |  |  |  |  |  |  |  |
| BIOL 228A/P II (Physiology) |  |  |  |  |  |  |  |
| CHEM 105Organic/Biochem |  |  |  |  |  |  |  |
| PSYC 300 or Math 153Statistics |  |  |  |  |  |  |  |
| BIOL 312Pathophysiology |  |  |  |  |  |  |  |
| HLTH 253Nutrition |  |  |  |  |  |  |  |

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| **Certification: Nursing Assistant or LCSC Substitution** |
| Certification: Nursing Assistant (C.N.A.) ***Check one**** C.N.A. certification complete. **Attach a copy of certificate**
* C.N.A. class completed; testing completed but no certificate. **Attach verification of successful completion of written exam**; once certificate is received, submit copy to NHS office
* C.N.A. class currently in process. **Attach validation of enrollment** (from provider of class). Validation must include course start and end dates
* C.N.A. class planned for a future date. **Attach verification of enrollment** (from provider of class). Validation must include course start and end dates. Must be completed by July 17th for Fall BSN entrance or Dec. 17th for Spring BSN entrance.
* LCSC Equivalency. Validation is sent directly from Workforce Training to Nursing & Health Sciences division. If not complete, **attach validation of enrollment** in Skills Only course or CNA Challenge exam.
* LPN/LVN licensure. Attach a copy of license.
* Medic/Corpsman affirmation (ask NHS program advisor for details)
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| **non-native English language applicants** |
| BS degree from U.S. regionally accredited college | YES | NO | NA |  |
| HS in U.S. or Canada; private schools in native country taught in English  | YES | NO | NA | **Advisors**: For “yes” contact:**Office of International Students (OIS)**Verify educational status as marked*Students with citizenship or resident status may not be registered with OIS* |
| BS/BA in native country taught in English  | YES | NO | NA |
| IIE with cum GPA at or > 3.3 | YES | NO | NA |
| U.S. permanent resident (resident alien) or U.S. citizenship | YES | NO | NA |
| Eng 101 and 102 taken in U.S. with grade of “C” or better? | YES | NO | NA |
| **Advisors:** Designate TOEFL status (see Pre-Program Student Handbook for details) Required? Not required? |
| **All students with English as the non-native language are required to take the TOEFL for application unless they meet special educational standards as described above.** See [*Pre-Application Requirements*](http://www.lcsc.edu/nursing/bsn-basic-track/pre-application-requirements/students-with-english-as-a-second-language/) for the minimum required score. |
| TOEFL: (please circle) iBT or IELTS **Attach a copy of test results** | Overall score: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Verbal sub-score:\_\_\_\_\_\_\_\_\_\_\_\_ |

**Advisor’s Validation**

\_\_\_Verify all information is correct, completed and legible on the application form.

\_\_\_ Student must attach transcripts from all colleges other than LCSC, for all courses taken.

\_\_\_Review student’s Degree Audit, TRER for satisfactory completion of pre-requisite coursework, and repeated courses.

-----Include a petition for policy exceptions (In-progress Sci/Stats, incomplete Gen Ed Core)

\_\_\_Complete Course Substitutions form required for degree audit substitution (Elect-999 courses/NU credit)

­­­\_\_\_Ensure all needed documents are attached. (Course Substitutions, Course Descriptions, copy of CNA/LPN license)

\_\_\_Evaluated prior practical nursing coursework for LPN to BSN applicants to determine courses needed for the BSN program.

\_\_\_Unofficial documentation of in-progress coursework at any college other than LCSC.

\_\_\_Discuss background check and immunization process for admitted students; students should start gathering documents at the

time of application.

\_\_\_Discuss alternative academic plans (including referral contact information) if the student is not admitted in this application cycle

and eligibility for an Associate’s degree if they have 65 or more credits

\_\_\_MECP and AECP recipients (military students): Include a copy of your original provisional acceptance letter.

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 **LCSC Advisor Print Name LCSC Advisor Signature Date**

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_**