

BLACK RIVER TECHNICAL COLLEGE

HEALTH OCCUPATIONS PROGRAMS



Practical Nursing Program

APPLICATION FOR ADMISSION

DEADLINE FOR APPLICATIONS:

Application material must be postmarked by: ***October 31st for Spring classes and April 1st for Fall.***
If we do not have your application by the deadline date, you will not be considered.

Name: _____
Last First Middle Maiden Student ID (from BRTC)

As it appears on your picture ID

Social Security #: _____ - _____ - _____ Telephone number (____) _____ - _____ (____) _____ - _____
(Home) (Work/Cell)

E-Mail Address _____

Mother's Maiden Name _____ Your D.O.B. _____ M/F
M/D/YY Circle

Present Address: _____

City State Zip

Permanent Address: _____
 (If different) _____
City State Zip

High School Attended: _____ Date of Graduation: _____

GED: Yes No

Date GED received: _____

List all colleges, universities or other secondary institutions attended since high school, credit earned, and degree(s) **including** Black River Technical College if applicable:

Please attach a list on additional page if more space is required.

College/University	#Credits/Degree	Date

(Over)

I am currently enrolled at Black River Technical College Yes No (attached current schedule)

Prerequisites: These courses must be completed before a student can be considered for enrollment in the Practical Nursing program.

Human Anatomy and Physiology I with lab	ZOOL 2004
Human Anatomy and Physiology II with lab	ZOOL 2414
Human Growth and Development	PSY 2003
Basic Human Nutrition	NRS 2203
Introduction to Computer Concepts	CA 1903
Freshman English I	ENG 1003
*Math for Nurses	MTH 1213

**Students must have an ASSET score or ACT score high enough for College Algebra or complete the minimum of Intermediate Algebra MATH 0033 before being allowed to enroll in Math for Nurses*

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1. Have you ever been convicted of a misdemeanor or felony? Yes No
 2. Have you ever had a nursing license, certificate, or registration disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any State or jurisdiction? Yes No
 3. Do you currently engage in drug-related behavior, including the use of mood-altering drugs/substances and/or alcohol that would affect your functional abilities to perform while working as a nurse? Yes No
 4. In the last two years, have you been the subject of a chemical or alcohol dependency intervention or participated in chemical or alcohol dependency treatment/rehabilitation? Yes No
 5. Have you ever been enrolled in a nursing program? Yes No If yes, Where _____
Please include a letter of "Good Standing" from said program with this application.

Students applying to the Practical Nursing Program who are not or have never been students at BRTC must also apply for admission to Black River Technical College. Contact the Office of Admissions, P.O. Box 468, Pocahontas, AR 72455 or phone (870) 248-4000 ext. 4150.

If your overall GPA for all colleges attended is below 2.0 you are not eligible for admission at this time.

APPLICATION PACKET

With this form, applicants are required to submit the following documents:

1. Official college/university transcript(s) of all college work attempted
2. Letter of Good Standing if applicable from any previously attended Nursing program.
3. Current transcript from BRTC*
4. Current Class schedule*
5. Demographic information*

*print off from CampusConnect. <http://connect.blackrivertech.org>

Students accepted into the Practical Nursing Program will be expected to travel to assigned clinical affiliates and furnish their own transportation.

I hereby affirm that all information supplied on this application is complete and accurate. It is my understanding that I will not be considered for admission to this program until I have submitted all credentials specified.

(Date)

(Signature)