



**APPLICATION FOR ADMISSION
TO THE BACONE COLLEGE
BILLIE R. TOWER NURSING PROGRAM**

With the exception of name and address, all information above the dotted line is used for statistical information only.

Please check Program you are applying for:

- Two-year ADN Program
 C.A.P.N. [Career Advancement for Practical Nurses]
 Baccalaureate Degree Completion Program

NAME: _____ DATE: _____
Last First Maiden/Previous Married Name

MAILING ADDRESS: _____
Street or Box No. City County State Zip

TELEPHONE: _____ BIRTHDATE: _____ GENDER: _____

ETHNIC BACKGROUND: _____ Tribe (if American Indian/Alaskan Native) _____

MARITAL STATUS (Circle One): S M W D YOUR OCCUPATION: _____

DATE HIGH SCHOOL GRADUATION (or the equivalent): _____

DATE P.N. PROGRAM GRADUATION (if applicable): _____ Name of P.N. School _____

DATE ADN/DIPLOMA PROGRAM GRADUATION (if applicable): _____ Name of ADN/Diploma _____

ACT SCORES:

(Prior to October 1989) English _____ Math _____ Social Science _____ Natural Science _____ Composite _____

(After October 1989) English _____ Math _____ Reading _____ Science Reasoning _____ Composite _____

DATE ACT WAS TAKEN _____

HAVE YOU TAKEN THE FOLLOWING PREREQUISITE COURSES IN HIGH SCHOOL OR COLLEGE?

Algebra: Course(s) _____ Where _____ Grade _____

Chemistry: Course(s) _____ Where: _____ Grade _____

Anatomy: (taken in college) _____ Where _____ Grade _____

COLLEGES AND/OR VOCATIONAL SCHOOLS ATTENDED: _____
(Official transcripts from all colleges attended are to be submitted to Office of Registrar)

IF YOU FEEL THAT YOUR SCHOLASTIC PERFORMANCE TO DATE IS NOT A TRUE INDICATION OF YOUR ABILITY, USE THIS SPACE TO EXPLAIN. _____

APPLICATION DEADLINES:

March 1 for application to ADN Program July 15 for application to C.A.P.N.
July 15 for application to Fall BSN Cohort Group Oct 15 for application to Spring BSN Cohort Group

Pending space availability, residual admission will be held in August for the ADN Program; in September for the C.A.P.N. Program; and in November/April for the BSN Program.

**A PHYSICAL EXAMINATION IS REQUIRED BY THE CONTRACTING AGENCY
BEFORE STUDENTS CAN PRACTICE IN A HOSPITAL**

(Do not have the physical examination until after you have been admitted into the program)

WHO REFERRED YOU TO THE NURSING PROGRAM?

Parent Counselor Teacher Bacone College Recruiter Bacone College Student Alumni
 Other Media (Indicate) _____

HEALTH RELATED EXPERIENCE: _____
(Also, indicate length of work – must have six (6) months experience as an R.N. within the last two (2) years if applying for BSN Program)

WOULD YOU COMMUTE? _____ FROM WHERE? _____ ROUND TRIP MILEAGE _____.

WOULD YOU LIVE IN THE RESIDENCE HALL? _____

Individuals seeking nursing licensure in Oklahoma who have been arrested or convicted of any offense including a deferred sentence or expunged offense within the past five (5) years; or have ever been convicted of a felony; or have ever had disciplinary action taken against another health-related license; or have ever been judicially declared incompetent are required to notify the Oklahoma Board of Nursing prior to being approved to write the National Council Licensure Examination (NCLEX-RN). Failure to report such action may be a violation of the Oklahoma Nursing Practice Act.

WHY DO YOU WISH TO BECOME A NURSE or PURSUE AN ADVANCED DEGREE IN NURSING? _____

WHY DID YOU SELECT BACONE'S NURSING PROGRAM? _____

**BACONE COLLEGE
BILLIE R. TOWER NURSING PROGRAM**

CONSENT TO RELEASE CRIMINAL HISTORY INFORMATION

I acknowledge that my acceptance into the Bacone College Nursing Program is dependent upon meeting all of the requirements of the Department. One of those requirements is to be free of any criminal history that would indicate a potential for violence against another person. I consent to the release of any records, if any exist, related to my criminal history. I release Bacone College officials from any potential claim or liability related to the appropriate use of this information.

This consent and release is effective as of the date signed and it will remain effective until further notice. The College is not required to notify me when the request will be submitted to any law enforcement unit and is not limited to the number of such requests.

By my signature below I acknowledge and agree that I consent to the access and release of any records maintained by any local, county, state or national law enforcement unit, including, but not limited to the Oklahoma State Bureau of Investigation. I also agree to incur the costs of the investigation.

(Signature)

(Name - please print)

(Other name used, if any)

(Social Security Number)

(Date of Birth)

(Race)

(Date)