Applicant’s Name: ________________________________

BISHOP STATE COMMUNITY COLLEGE
BAKER-GAINES CENTRAL CAMPUS
1365 DR. MARTIN LUTHER KING JR. AVENUE
MOBILE, AL 36603-5362
(251) 405-4495/405-4503

A separate application MUST be completed for each Nursing Program if you wish to apply to both.

Please mark 1st and 2nd choice for Associate Degree Nursing Program. Mark your 1st and 2nd choice ONLY if you are able to attend day or evening program.

_____ Associate Degree Nursing Program
______ Fall     _____ Day
______ Evening

______ Spring     _____ Day
______ Evening

_____ Practical Nursing Program
______ Fall–Day ONLY
______ Spring–Evening ONLY

_____ LPN to RN Mobility Program–NUR 200
______ Summer–Day ONLY
______ Spring–Evening ONLY

______ Check here if you are a graduate of the PN Program within the last two (2) years.

Check one: ( ) NUR 201–Summer  ( ) NUR 201–Fall
Check one: ( ) Day ( ) Evening  ( ) Day ( ) Evening

<table>
<thead>
<tr>
<th>APPLICATION DEADLINES</th>
<th>LPN to RN Mobility Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 1st for FALL SEMESTER Admission</td>
<td>October 1st for SPRING SEMESTER Admission to NUR 200</td>
</tr>
<tr>
<td>October 1st for SPRING SEMESTER Admission</td>
<td>March 1st for SUMMER TERM Admission to NUR 200/NUR 201</td>
</tr>
<tr>
<td>June 1st for FALL SEMESTER Admission</td>
<td>August 1st for SUMMER SEMESTER Admission to NUR 201</td>
</tr>
</tbody>
</table>

Please read and respond to the following in order to facilitate completion of the Nursing Program Application. The Application to Nursing must be submitted each semester/term of requested admission. The ADN Standard Track and Practical Nursing Track are offered Fall and Spring Semester only. The LPN to RN Mobility Track offers Summer and Fall admission to NUR 201 for graduates of the ACS Practical Nursing Curriculum within the last two (2) years. Applications must be submitted by October 1st for Spring Semester admission to NUR 200 and March 1st for Summer Term admission to NUR 200. Graduates of the ACS Practical Nursing Curriculum must submit application to the ADN LPN to RN Career Mobility Track by March 1st for Summer Term admission and June 1st for Fall Semester admission. There is no admission for the ADN Standard Track or Practical Nursing Track during the Summer Term.

The applicant is responsible for having all items completed and returned to the NURSING OFFICE in Suite 210, by the deadline dates to complete application process. The student must ATTACH DOCUMENTATION, where applicable. DOCUMENTATION WILL BE VERIFIED BY NURSING 210 PERSONNEL BY SIGNATURE IN “OFFICE USE ONLY” AREA.

Revised 10/23/12 - IMT
Admissions Checklist

1. Apply to Bishop State Community College.

2. Request an OFFICIAL high school* (if no college work has been completed) and college transcript from ALL colleges attended, if applicable. Official transcripts should be mailed or can be brought by student in sealed envelope to:
   Bishop State Community College
   Baker-Gaines Central Campus, Suite 106
   1365 Dr. Martin Luther King Jr. Avenue
   Mobile, AL 36603-5362

3. Allow 21 days from the time you request your transcript(s) to inquire if they have been received and evaluated. **ALL official** transcripts must be received in order to proceed with this process. You may visit the BSCC website to print out a copy of courses that were accepted. This step should be completed at least two (2) weeks prior to the deadline date.

   Internet: [www.bishop.edu](http://www.bishop.edu)
   Log on to B.O.R.I.S.
   Print transcript
   (251) 405-4400

4. Minimum GPA of 2.5 on last 24 credit hours taken or transferred from other colleges.

5. Register for and take the ATI TEAS-V exam **BEFORE** submitting nursing application. Go to [www.atitesting.com](http://www.atitesting.com).

6. Complete the Nursing Program application. Attach TEAS-V score to application.

7. Letter from all previous colleges of nursing stating you were not dismissed due to ethical, legal or moral reasons. This should be on letterhead from the director of nursing.

8. All areas on application are complete and accurate. **Incomplete applications WILL NOT be considered.**

9. Name on application is current legal name and matches copy of photo ID and name in BSCC’s AS400.

10. Attach a picture ID (driver’s license or student ID ONLY) to nursing application.

**Career Mobility (LPN to RN) applicants ONLY**

11. Attach copy of a valid unencumbered Alabama practical nurse license. **If out-of-state, you must APPLY FOR and RECEIVE an Alabama license prior to submitting your application. Must show Alabama PN license prior to submitting application.**

12. Proof of working 500 hours as an LPN should be submitted with application. Proof should be submitted by Human Resources personnel on official letterhead. Pay stubs are unacceptable.
THE ALABAMA COLLEGE SYSTEM  
NURSING PROGRAM APPLICATION

Date: ____________________  

A Photo Must Be Attached to Application  
Copy of Current Driver’s License, Student ID required.  
No personal photos will be accepted.

Program Applying For:  
_____ Registered Nursing Program  
_____ Practical Nursing Program  
_____ Career Mobility Program

I. PERSONAL DATA  
Last Name: ____________________________  
First: ____________________________  
MI: _____  
Maiden: ____________________________  

Student Number: ____________________________

Permanent Address: ____________________________________________

City: ____________________________  
State: ________  
Zip Code: __________  
Home Phone: ____________________________

Cell Phone: ____________________________  
E-mail address: ____________________________  
Work Phone: ____________________________

II. EDUCATION  
High School Graduation Year: ________  
High School Name: ____________________________

GED (if applicable): ____________________________  
Date Completed: ____________________________

Are you currently taking college courses? Yes _____ No _____  
If yes, what college ____________________________  
List all courses currently enrolled in:(List additional courses on a separate sheet of paper if necessary.)

<table>
<thead>
<tr>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

List all colleges attended and the year(s) attended:  

<table>
<thead>
<tr>
<th>College</th>
<th>Years Attended</th>
<th>Degree Seeking/Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you previously been admitted to a Nursing Program? Yes _____ No _____  
If yes, state reason for leaving or withdrawal. (Include Bishop State Community College Nursing Program)

__________________________________________________________________________

__________________________________________________________________________

Which college’s nursing program ____________________________  
When ____________________________

Do you hold a current Alabama LPN license? Yes _____ No _____

If yes, are you applying for the Career Mobility Track? Yes _____ No _____

Have you taken the TEAS-V Nursing Entrance Exam? Yes _____ No _____  
If yes, date tested ____________________________

Your name, as listed when tested ____________________________
III. Complete this section **ONLY** if you are applying for the Career Mobility Track (LPN TO RN)

Are You Currently Employed? Yes _____ No _____ Place of Employment: ________________________________

Employer’s Address: ____________________________________________________________

City: __________________ State: ___________ Zip Code: __________________

Employer’s Phone Number: __________________ Name of Supervisor: __________________

Are You Employed Full-Time _____ Part-Time _____ Initial Date of Employment: __________________

I understand that completion and submission of this application is a component of the student profile and does not in itself grant admission to the nursing program. I understand an application must be resubmitted if I am not selected. I certify that the information given in this application is true and correct. I understand that providing false information may be deemed sufficient reason to dismiss the student and/or refuse admission.

Minimum admission standards include:
1. Unconditional admission to the college.
2. Receipt of completed application for the nursing program(s).
3. For students with previous college: minimum of 2.5 GPA on last 24 credit hours.
4. Without prior college work (GED acceptable): minimum of 2.5 GPA on last 24 hours.
5. Eligibility for ENG 101 and MTH 100. Effective Fall 2010, MTH 116 for PN applicants and MTH 100 (with MTH 098 and lab MTH 080) as a prerequisite for ADN applicants. MTH 100 and BIO 201 are required prerequisites for the Career Mobility Program. Completion of BIO 103 with a “C” or better or waiver.
6. Eligibility for BIO 201 during the first term of associate degree nursing and practical nursing.
7. Good standing with college.
8. Meeting the essential functions or technical standards required for nursing.

Admission to the Nursing Program is competitive, and the number of students is limited by the number of faculty and clinical facilities available. **Meeting minimal requirements does not guarantee acceptance.**

*If any false information is provided, your application will **NOT** be considered.

_________________________________________  ______________________________
Applicant’s Signature                        Date

Date received: ____________________________  Initials: __________________

NOTE: COLLEGE APPLICATION, COLLEGE AND/OR HIGH SCHOOL TRANSCRIPTS MUST BE ON FILE IN ADMISSIONS – ROOM 106 NO LATER THAN 21 DAYS BEFORE THE APPLICATION DEADLINE. IT IS RECOMMENDED THAT YOU CHECK WITH ADMISSIONS TO SEE IF YOUR FILE IS COMPLETE PRIOR TO THE DEADLINE.

Please bring or mail to: Department of Nursing – Suite 210
NO faxed copies accepted! Baker-Gaines Central Campus
Bishop State Community College
1365 Dr. Martin Luther King, Jr. Avenue
EVIDENCE of COMPUTER SKILLS

This is to verify that I have basic computer skills as evidenced by the following:

_____ Satisfactory completion of computer course ____________________________ or

_____ Job-related experience and training: (Please describe in detail) ______________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

I understand that computer literacy is required to obtain the Certificate or Associate in Applied Science degree in Nursing and that nursing courses will have computer-assisted instruction, computer-based examinations or involve types of skills such as word processing and Internet access/searching. It is my responsibility to have the necessary skills.

_______________________________________  ______________________________________
Nursing Faculty Approval                  Date                              Student’s Signature               Date

____________________________________________________________________________

Student’s Name Printed

____________________________________________________________________________

Student Number