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.

<table>
<thead>
<tr>
<th></th>
<th>Associate Degree Nursing Program</th>
<th>Practical Nursing Program</th>
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<tbody>
<tr>
<td>Fall</td>
<td>Day</td>
<td>Fall-Day ONLY</td>
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<tr>
<td></td>
<td>Evening</td>
<td>Spring–Evening ONLY</td>
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<tr>
<td>Spring</td>
<td>Day</td>
<td></td>
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<tr>
<td></td>
<td>Evening</td>
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_____ 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

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<tr>
<th>APPLICATION DEADLINES</th>
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<tr>
<td>Associate Degree &amp; Practical Nursing Programs</td>
</tr>
<tr>
<td>June 1st for FALL SEMESTER Admission</td>
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<tr>
<td>October 1st for SPRING SEMESTER Admission</td>
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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 8/18/14 - 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
   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. If testing at a location other than Bishop State, you must request that scores be sent to Bishop State (fee will apply).

6. Complete the Nursing Program application and submit by the published deadline dates.

7. Letter from all previous colleges of nursing stating you were not dismissed due to ethical, legal or moral reasons. This MUST 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 current 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 current, 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.
THE ALABAMA COLLEGE SYSTEM
NURSING PROGRAM APPLICATION

Date: ________________________

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>
<th>Credit Hours</th>
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List ALL colleges ever attended and the date(s) attended (including Bishop State):

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<thead>
<tr>
<th>College</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Completed</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

Have you previously been admitted to any Nursing Program? Yes _____ No _____ Was program completed? Yes___No___
(Include Bishop State Nursing Program) If no, state reason for non-completion.
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

For Career Mobility (LPN to RN) applicants, only:
Do you hold a current, unencumbered Alabama LPN license? Yes _____ No _____ If Yes, License Number ____________

Have you taken the TEAS-V Nursing Entrance Exam? Yes _____ No _____ If yes, date tested ________________________
Your name, as listed when tested ________________________
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 also 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 also 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. Completion of BIO 103 with a “C” or better or waiver.
6. Eligibility for ENG 101 and MTH (MTH 116 for PN applicants and MTH 100 for ADN applicants, and BIO 201. These can be taken during 1st Term of Nursing courses if not already completed before applying to Nursing.
7. For the Career Mobility Program, prerequisites are ENG 101, MTH 100, BIO 201 and 202 prior to applying to Nursing.
8. Good standing with college.
9. 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 your application is incomplete and/or if 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
Baker-Gaines Central Campus
Bishop State Community College
1365 Dr. Martin Luther King, Jr. Avenue
Mobile, AL 36603-5362

NO faxed copies accepted!
BISHOP STATE COMMUNITY COLLEGE
NURSING PROGRAM

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