

## BSN APPLICATION FORM

<b>Application for Admission</b> <b>School of Nursing</b> <b>University of Nevada, Las Vegas</b> <b>Bachelor of Science Basic (Pre-licensure)</b>	<p style="color: red;"><b>(IMPORTANT NOTE!:</b> You <u>must</u> be admitted to UNLV as a Pre-Nursing Major before you may apply for admission to the School of Nursing).</p> <p><b>Make an appointment to return this Application to:</b>                  Health Sciences Advising Center 702-895-5448                  No <b>mailed</b> applications will be accepted.</p>
Pre-Nursing Catalog Entrance Year: _____	
The semester for which you are applying: Fall _____(Year) Spring _____(Year) Summer _____(Year)	
<b>Application Deadlines: July 1</b> (Fall Semester) <b>November 1</b> (Spring Semester) <b>March 1</b> (Summer Semester)	
<b>Part I: Identification Information</b>	
Full Legal Name: (Last, First, Middle, Maiden)	Social Security Number:
Home Address:	
City:	State:
Zip:	Home Phone:
e-mail address:	Mobile Phone:
<b>Part II: Previous Education</b>	
Complete the following information related to all Colleges/ Universities attended. (Use additional paper if necessary). <b>NOTE: Official transcripts must be submitted to the Office of the Registrar before application is accepted.</b>	
Name of Institution:	City & State:
Attendance Dates:	Degree/Diploma Earned & Date:
<b>Part III: Proficiency in English Language</b>	
English is my native language. _____(initial) or	
I am a non-native speaker of English. I have provided official transcripts (TOELF iBT, TOEFL, or Michigan Test of English Language Proficiency) demonstrating proficiency to the Health Science Advisement Center . _____ (initial)	
<b>Part IV: Information to Candidate Related to Licensing</b>	
<i>(These questions are asked prior to admission because they may also appear on the Application for Licensure for the state of Nevada. Applicants with affirmative responses will be given feedback on potential for licensure. Although applicants will not necessarily be precluded from being admitted on the basis of prior felony convictions, they are advised that the professional licensing boards in the State of Nevada and elsewhere may refuse to issue a license if an individual has a felony or other conviction on his or her record. You are advised that, if you have been convicted of a criminal offense, other than a minor traffic offense, you will be required to disclose the nature of the offense, the court in which the conviction occurred, and what disposition occurred as a result of that offense. This disclosure must be made irrespective of whether you served a sentence and had your civil rights restored, or whether you have had the conviction(s) expunged from your record.)</i>	
1. Have you <u>ever</u> had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you?	
2. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing?	
3. Are you currently in recovery for chemical dependency, chemical abuse or addiction?	
4. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing?	
<p><b>If your answer is YES to any of the above questions, be aware that you will have to produce explanation and documentation to the State Board of Nursing, and possibly be prevented from sitting for the NCLEX licensure exam. Also, health care facilities require a background check prior to students being allowed in the clinical areas. Findings of past misconduct on the background check may preclude such students from practicing in the facilities.</b></p>	
<b>Part V: Affirmation of Accuracy</b>	
I hereby certify that to the best of my knowledge the information furnished in this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal from the program.	
Signature: _____	
Date of Application: _____	
Print Name: _____	