

**APPLICATION FOR ADMISSION
RN-BSN COMPLETION PROGRAM**

Type or print all information. Answer all questions completely.

Please indicate the year for which you are applying _____

Full Legal Name _____
(Last) (First) (Middle) (Other name(s) which may appear on your records)

Social Security Number _____ **Birth Date** ____/____/____ **Age** _____ Male Female
Address to which admissions information should be sent. (Please notify us immediately of changes).

Home Address _____
(Number & Street or PO Box) (City) (County) (State) (Zip Code) (Home Phone) (Cell Phone)

Email address _____

Permanent Address if different from above

Address _____
(Number & Street or PO Box) (City) (County) (State) (Zip Code)

In case of emergency contact _____
(Name) (Address) (Phone)

The RN-BSN Completion Program requires an RN degree.

State(s) of Licensure _____ License Number _____ Expiration Date _____
Was your basic nursing program NLN accredited? Yes No Unknown

Employment Information: List Your Work Experience for the Last Five (5) Years, Starting with the Most Recent Employment:

EMPLOYER/LOCATION	POSITION	DATES/LENGTH OF EMPLOYMENT
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Required is a 500 word essay discussing your philosophy of nursing. Discuss your motivation and professional goals for a career in nursing. Include experience with diverse groups and/or underserved populations. (Diverse groups can include characteristics of gender, age, ethnicity, race, geographic location, education, etc.)

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.

Applicant's
Signature _____ **Date** _____

All materials should be sent to:
**Department of Nursing
Adams State College
208 Edgemont Blvd
Alamosa CO 81102**