

Application for:  Associate RN Program  LPN to RN Bridge  Qualified Medication Aide (QMA)

Name \_\_\_\_\_  
 (Last) (First) (Middle) (Maiden)

Mailing Address \_\_\_\_\_  
 (Number and Street)

\_\_\_\_\_  
 (City) (State) (Zip)

Email Address \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Gender \_\_\_\_\_ Male \_\_\_\_\_ Female Marital Status \_\_\_\_\_

Last 4 Digits Social Security # \_\_\_\_\_ County of Residence \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ Y \_\_\_\_\_ N (If yes, please type explanation and attach)

**Educational Background**

Month/Year of High School Graduation \_\_\_\_/\_\_\_\_ Date of GED \_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 Name of High School Last Attended City State Zip

Have you previously taken classes at Ancilla College? \_\_\_\_\_ Y \_\_\_\_\_ N Dates \_\_\_\_\_

Honors, Memberships, Scholarships \_\_\_\_\_

List, in chronological order, all previous colleges/universities attended (use additional page if needed).

Institution	Location	Dates	Degree	Hours	GPA

**Professional Experience**

Beginning with your present position, list all of your professional employment experiences related to your field of study.

Employer Name & Contact Information	Position/Setting/Description of Activities	Date (start/end)

**Recommendations**

Provide the names of three persons (non-family members) who are willing and able to provide professional, educational, and/or personal references.

Name and contact information for reference (email, address, telephone)	Type of Reference

**Emergency Information**

Person to contact in case of Emergency \_\_\_\_\_  
Name Relationship to you

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Is there any medical condition of which you would like the College to be aware? \_\_\_\_\_  
If so, please list

I understand that I am responsible for the submission and receipt of official transcripts of my records. The College will accept for its permanent file only those transcripts issued directly to Ancilla College by the institution’s registrar. Formal admission to Ancilla College Nursing Program may be granted only after general admission to Ancilla College has transpired and all nursing admission standards are met.

I further authorize Ancilla College to make appropriate inquires, when necessary, to verify the accuracy of my records and verify my employment record if applicable. I understand that drug and alcohol testing is mandatory while attending this nursing program. I also understand that if accepted into the program, it will be my responsibility to obtain a criminal background check at my own expense.

I certify that the statements submitted in this application are correct to the best of my knowledge. I understand failure to answer questions on the form truthfully and accurately might make me ineligible for admission to Ancilla College or may result in my dismissal from the College and/or the Nursing Program or related courses.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Philosophy Statement (not required for OMA)**

On a separate page, provide a short essay regarding your personal beliefs about nursing and why you wish to become an RN. This should be type written, double spaced, and be grammatically correct.

**Your essay must be attached to your application in order to be considered for admission into any Ancilla College Nursing Program.**

Return completed application to: Ancilla College, Division of Nursing, P.O. Box 1, Donaldson, IN 46513  
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