

Please indicate date you are seeking to enroll in the nursing program. Session/Month \_\_\_\_\_

## PERSONAL DATA

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Social Security Number \_\_\_\_\_

Full Legal Name \_\_\_\_\_  
*Last First MI Maiden*

Shipping Mailing Address \_\_\_\_\_  
*City State Zip Code*

Home Mailing Address \_\_\_\_\_  
*City State Zip Code*

Phone Numbers \_\_\_\_\_  
*Home Mobile Work*

Office Email Address \_\_\_\_\_

Personal Email Address \_\_\_\_\_

Type of Internet access \_\_\_\_\_ Is your internet access reliable? \_\_\_Yes \_\_\_No

If no, please describe \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
*City County State, Country*

Date of Birth (Month, Day, Year) \_\_\_\_\_ Age \_\_\_\_\_

### Circle the best response to the following:

Are you an American citizen? Yes No If no, country of citizenship: \_\_\_\_\_

Are you currently serving in the Armed Forces? Yes No Are you a U. S. Veteran? Yes No Active Reserve Retired

Do you hold any professional licenses? Yes No If yes, please list: \_\_\_\_\_

**Bethel University Department of Nursing Clinical Affiliation Agreements state clinical facilities will deny experiences to nursing students who have been convicted of a felony.**

Have you ever been convicted of any violation of criminal law, or is there a current charge against you? Yes No

If the answer to the above question is yes, please attach an explanation of the violation or current charge.

Do you have an active, unencumbered RN license? Yes No

Have you applied for admission to Bethel University? Yes No

If the answer is no, when do you intend to apply? \_\_\_\_\_

**You must be admitted to Bethel University before you can be admitted to the nursing program.**

Are you a first generation university student? Yes No Are you expecting to be enrolled: Full Time Part Time

Do you have experience taking online courses? Yes No If yes, please describe \_\_\_\_\_

Do you have the proper equipment available (laptop, printer, etc.) Yes No

If no, please indicate what you do not have \_\_\_\_\_

Are you comfortable with technology? Yes No

If no, please describe \_\_\_\_\_

Will you be working while enrolled in nursing school? Yes No If the answer is yes, estimated hours per week \_\_\_\_\_

## OPTIONAL

The Bethel University Department of Nursing seeks to attract students from all races, ethnic groups and cultural situations in society. We would appreciate you providing the following **optional** information that will be used for statistical purposes only and will not be considered as part of the admissions decision.

What is your gender? \_\_\_\_\_ Ethnicity \_\_\_\_\_

What is your living status/support system? Single Married Living with Significant Other Divorced Widowed

Number of dependents? \_\_\_\_\_ Ages? \_\_\_\_\_

## EMERGENCY CONTACTS DATA

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Notes: \_\_\_\_\_

Notes: \_\_\_\_\_

**EDUCATIONAL DATA**

List ALL universities, and professional/technical schools attended and forward all transcripts for post-secondary education:

Name of School	City/State	Dates Attended	Degree Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all previous Financial Aid you have received. \_\_\_\_\_

How do you plan to finance this degree? \_\_\_\_\_

**Bethel University RN-BSN Curriculum Pre-Requisites**

PRE-REQUISITE COURSE NAME	INSTITUTION WHERE COMPLETED	SEMESTER & YEAR	GRADE
COE 102 - College Orientation Experience *	Waived		
ENG 101 - Expository Writing			
ENG 111 - Writing About Literature			
PSY 111 - Introduction to Psychology			
BIO 201/201L - Human Anatomy & Physiology I *			
BIO 202/202L - Human Anatomy & Physiology II *			
MTH 111 or 112 - College Algebra * or Higher, excluding MTH 113			
BIO 211/211L - Introduction to Microbiology or BIO 211 only			
MTH 202 - Introduction to Statistics (pre or co-requisite for Nursing Research) <sup>1</sup>			
PSY 211 - Human Growth & Development (before Complex Illness I) <sup>2</sup>			
Fine Arts/Humanities Elective			
Fine Arts/Humanities Elective			
REL 111 - Understanding the Old Testament			

PRE-REQUISITE COURSE NAME	INSTITUTION WHERE COMPLETED	SEMESTER & YEAR	GRADE
REL 112 - Understanding the New Testament			
SOC 111 - Principles of Sociology			
HSC 212 or HEA 211 – Nutrition for Healthcare Providers or Nutrition			
* expected to be completed as part of ADN curriculum - if not, must be completed prior to enrolling in NUR courses, except COE 102 which is waived due to completion of 12 hours of college credit			
<sup>1,2</sup> Prerequisite courses prior to specified NUR courses			

Total pre-requisite credits \_\_\_\_\_

## EMPLOYMENT DATA

List the two most recent positions and dates of employment.

Employer #1 \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_ Duties \_\_\_\_\_  
*City State*

Employer #2 \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_ Duties \_\_\_\_\_  
*City State*

## HEALTH DATA

Positive Blood Titers: \_\_\_Measles \_\_\_Mumps \_\_\_Rubella \_\_\_Varicella \_\_\_Hepatitis B

Date of Last TB Skin Test: \_\_\_\_\_ or negative chest X-Ray: \_\_\_\_\_

Date of CPR Expiration: \_\_\_\_\_

Date of last Criminal Background check: \_\_\_\_\_

Where is the above information on file? \_\_\_\_\_

**Primary Insurance:**

Name of insurance \_\_\_\_\_ Plan type (circle): † HMO † PPO † POS † Traditional  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Subscriber name: \_\_\_\_\_ Subscriber ID # \_\_\_\_\_

**Secondary Insurance:**

Name of insurance \_\_\_\_\_ Plan type (circle): † HMO † PPO † POS † Traditional  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Subscriber name: \_\_\_\_\_ Subscriber ID # \_\_\_\_\_

Do you have have a physical health examination on file with your employer? Yes No

Do you have any restrictions concerning your physical or mental ability to practice in a health care setting? Yes No

If yes, please explain \_\_\_\_\_

**Please answer the following questions:** (You may use additional pages as needed)

**Why are you choosing to further your education and obtain a BSN?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why have you chosen to complete your BSN at Bethel University?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SIGNATURE

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I certify that the statements in this application are true and complete to the best of my knowledge.

I understand that intentional misrepresentation of any of the information contained in this application will result in the refusal of my admittance to the Bethel University Department of Nursing, or will result in the dismissal from Bethel University Department of Nursing should I be admitted before the misrepresentation is discovered.

I consent to the release to Bethel University of any and all of my education records from the Institution(s) I have attended for the purpose of admission consideration. I understand it is my responsibility to ensure all previous education records (transcripts) reach Bethel University, and this application will not be considered complete until all education records (transcripts) reach Bethel University.

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Signature

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Date

\*Submit copy of this application to:  
Bethel University Department of Nursing  
325 Cherry Avenue  
McKenzie, TN 38201

OR, email a copy of this application to: [RNtoBSNcoordinator@bethelu.edu](mailto:RNtoBSNcoordinator@bethelu.edu)