**RN-BSN PROGRAM APPLICATION FORM**

\*\*This form is submitted to the Secure Link provided by Allied Health.
In order to start the process for receiving the secure link, the [interest form](https://forms.office.com/Pages/ResponsePage.aspx?id=U1R-1i9z3EqUpEiI8tl9XUakwsM_5KVEgQl5nK5D38ZUMjVaTVRGN09POEpGVUVMVkNVNDhFSkxXMSQlQCN0PWcu), must be completed and advisement from a Senior Success coach in progress.

**Please note**: This Application is for current Registered Nurses or graduating ADN students pursuing a Bachelor of Science in Nursing Degree. Acceptance to Dallas College is required before you can be considered for admission into the RN-BSN Nursing Program.

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I am submitting application materials for admission to the:**

 **Fall 20**\_\_\_\_\_\_**semester. Spring20**\_\_\_\_\_\_**semester. Summer 20**\_\_\_\_\_\_**semester.**

**Part I: General Information**

**DALLAS COLLEGE STUDENT ID Number**

(if you do not have a student ID number please go through the process to become a DC student [Click here](https://www.dallascollege.edu/admissions/transfer-to/pages/enroll.aspx))

**NAME**

 **Last First MI Maiden/Other**

*Name Must Match Driver’s License*

**PREFERRED NAME**

**ADDRESS**

 **Number and Street Apartment Number**

 **City State Zip Code**

**PHONE**  **Home Cell/Other**

**PERSONAL EMAIL**

**DALLAS COLLEGE EMAIL**

**GENDER**

Male

 Female

 Other

**RACE**

 Caucasian/White (Not Hispanic)

 African American/Black

 Hispanic/Latino

 Asian

 Native Hawaiian or Other Pacific Islander

 American Indian/Alaskan

 Other Missing/Unknown

**ETHNICITY**

 Hispanic

 Non-Hispanic

Are you a veteran, active duty, Reserve/ National Guard member, or spouse/ child of these individuals?

Yes\_\_\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_\_

Are you a F-1 Student? Yes\_\_\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_\_

**Part II: Licensure/ Employment**

**TEXAS RN LICENSE NUMBER:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EXP. DATE:**

**Employment Information**

List the last two years places of employment (start with the last place of employment):

|  |  |  |
| --- | --- | --- |
| Name of Organization/ Address | Position | Dates of Employment |
|  |  |  |
|  |  |  |
|  |  |  |

Do you plan to work while completing the RN-BSN Program? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

 **If yes, please state how many hours per week**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify that the information given on this application is complete and accurate.**

 **Applicant’s Signature Date**

***Equal Educational Opportunity***

***Educational opportunities are offered by Dallas College without regard to race, color, religion, national origin, sex, disability, age, sexual orientation, gender identity, or gender expression.***

**STATEMENT OF STUDENTS’ RESPONSIBILITY**

**Review and initial each section as verification that you have read and understand this information:**

\_\_\_\_\_ I acknowledge that this information packet contains policies, regulations, and procedures in existence at the time this publication went to press. I also acknowledge that Dallas College reserves the right to make changes at any time to reflect current Board policies, administrative regulations and procedures, and applicable State and Federal regulations. Furthermore, I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student, or faculty member and Dallas College.

\_\_\_\_\_ I have read and understand the admission process for the RN-BSN Program and acknowledge that it is a first come. first serve process with a limited number of spaces available. I understand that successful completion of the prerequisite courses, support courses, and submission of complete application packet materials does not guarantee full acceptance to the program.

\_\_\_\_ I understand that I must submit all of my current official transcripts to studenttranscripts@dcccd.edu or in a sealed envelope to Admissions-Eastfield campus, 3737 Motley Drive, Mesquite, TX 75150 prior to applying to a health sciences program and that failure to do so will void my application to the RN-BSN Program.

\_\_\_\_\_ I accept full responsibility for submitting a complete RN-BSN Program application packet prior to or by the designated application filing deadline and understand incomplete materials will disqualify my application. I also accept the responsibility of informing the Health Occupations Admissions Office at the El Centro campus of any change in my status, address, telephone number, or other information that would affect my application status.

\_\_\_\_\_ I am aware that if I am accepted to the program, I am required to have my own personal health care insurance coverage and submit documented proof to Castlebranch with my immunization records by the first day of starting any course with a clinical learning experience.

\_\_\_\_\_ I am aware that if I am accepted to the program, I will be required do a drug screening prior to being allowed to attend a clinical learning experience. I understand that the results of these screenings become the property of the School of Health Science and will not be released to me or any other third party. I also understand that the outcome of these screenings may result in my dismissal from the RN-BSN Program.

\_\_\_\_\_ I am aware that if I am accepted to the program, I must submit the official physical exam form and documentation of required immunizations, tuberculosis screening, and BLS CPR certification to CastleBranch prior to starting any clinical learning experience. I further understand that if my records are not complete at the at the start of a clinical learning experience, my admission status me be deferred or delayed.

\_\_\_\_\_ I acknowledge that I have read the RN-BSN Program Handbook.

 Applicant’s Signature Date