



**APPLICATION FOR ADMISSION TO THE AUGUSTANA UNIVERSITY
TRADITIONAL NURSING PROGRAM**

Please complete the information below, print and return this form to:
Nursing Department * Augustana University * 2001 S. Summit Ave. * Sioux Falls, SD 57197

Name _____ Date _____

Address, City, St, Zip _____

Telephone (_____) _____ E-mail _____

Year of High School Graduation _____ Expected year of graduation from Augustana _____

Please answer the essay questions below on a separate sheet of paper. Answers should be typewritten, double-spaced, and not exceed 300 words for each question.

1. Describe what led you to your decision to pursue a major in nursing.
2. What would you identify as your greatest strengths and needs for growth as you pursue a University education?

If you have ever been enrolled in another Nursing program, Augustana Nursing will require a reference from that program. Augustana will send them a reference form to complete. Please provide the contact information for your Nursing Advisor or the Program Director. Please list previously attended program here and provide name, phone and e-mail address for the contact:

____ Please mark an x in the blank if you waive your right to review this reference.

Transfer Students: Institution(s): _____

The following pre-requisite courses must be successfully completed prior to beginning upper division nursing clinical courses. Please indicate courses (if any) you have completed.

- ____ BIO 150 Human Anatomy (4 credits; must include a lab component)
- ____ BIO 225 Human Physiology (4 credits; must include a lab component)
- ____ BIO 250 Introductory Microbiology (4 credits; must include a lab component)
- ____ CHEM 116 General Chemistry (4 credits; must include a lab component)
- ____ CHEM 145 Survey of Organic and Biochemistry (4 credits; must include a lab component)
- ____ SOC 110 Contemporary Sociology – 3 credits
- ____ MATH 140 Quantitative Reasoning – 3 credits
- ____ PSYCH 210 Life-Span Human Development – 3 credits
- ____ NURS 230 Pharmacotherapeutics – 3 credits

If the pre-requisite courses are taken at another college or university, a transcript analysis will determine course equivalencies.

QUESTIONS RELATED TO THE SOUTH DAKOTA NURSE PRACTICE ACT

The practice of nursing is regulated by the South Dakota Nurse Practice Act to protect public safety. Nursing education programs must ask prospective students about any previous legal violations. All students offered conditional admission must complete a criminal background check and drug screening prior to final admission. Please respond to the checklist on the final page of this document and sign and date this document.

1. Have you ever been convicted, pled guilty or no contest/nolo contendere, pled guilty to, or have been granted a deferred judgment or sentence with respect to a felony, misdemeanor, or petty offense other than minor traffic violations? (If yes, please provide a signed and dated explanation.) Yes No
2. Is there any pending criminal prosecution against you which would constitute a felony? Yes No
3. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you? Yes No
4. Has any nursing license or certificate ever held by you in any state or country been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action? Yes No
5. Have you ever had privileges revoked, reduced, or otherwise restricted at any hospital or other healthcare provider entity? Yes No
6. Have you ever been subject to proceedings by a professional society to revoke, reduce, or restrict membership? Yes No
7. Have you ever been treated for abuse or misuse of any alcohol or chemical substance? Yes No
8. Have you ever experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care? Yes No
9. Do you currently owe child support arrearages in the amount of \$1,000 or more? Yes No

If you have questions or concerns regarding this provision, please contact the Office of the South Dakota Board of Nursing in Sioux Falls: (605) 362-2760.

Signed _____

Date _____