



# Application Joseph and Nancy Fail School of Nursing

Gulfport  
School of Nursing  
Attn: Dr. Janet Williams  
William Carey University  
1856 Beach Drive  
Gulfport, MS 39507  
228-897-7200

Hattiesburg  
School of Nursing  
Attn: Ms. Kay Cater  
William Carey University  
498 Tuscan Avenue  
Hattiesburg, MS 39401  
601-318-6147

New Orleans  
School of Nursing  
Attn: Dr. Marilyn Cooksey  
William Carey University  
N.O.B.T.S.  
3939 Gentilly Blvd., Box 308  
New Orleans, LA 70126  
504-286-3275

Date: \_\_\_\_\_ Term to Enter: \_\_\_\_\_ Campus: \_\_\_\_\_

**Communication should be with the campus to which you are applying. You may only apply to one campus; once admitted, no transfer is allowed.**

**Applying to take the pre-admission examination?** \_\_\_\_\_ YES \_\_\_\_\_ NO  
(Business office receipt *must* be attached unless you have already passed the exam).

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**All correspondence regarding admission will be mailed to the address listed, unless otherwise notified.**

Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Please check the appropriate answer to the following questions:**

- Have you attended another nursing program?  
\_\_\_\_\_ NO \_\_\_\_\_ YES School name \_\_\_\_\_  
Dates of attendance \_\_\_\_\_  
Degree earned \_\_\_\_\_ None \_\_\_\_\_ LPN \_\_\_\_\_ RN Dip \_\_\_\_\_ RN AD
- Do you hold, or have you ever held, a license in any health care discipline?  
\_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, do you have any disciplinary action pending against your license? \_\_\_\_\_ YES \_\_\_\_\_ NO
- Do you have a disability as defined by Section 504 of the 1973 Rehabilitation Act and/or the 1990 American Disability Act for which reasonable accommodation is necessary?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
- Have you ever been convicted of a felony?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
- Have you ever been arrested, charged with, ticketed (except for speeding or parking tickets), summoned, or received a citation for any criminal offense in any state including misdemeanors, felonies, and juvenile offenses?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Questions continue on back

6. Have you ever been arrested, charged with, convicted of, pled guilty or no contest to, or been sentenced for any criminal offense in any state? \_\_\_\_\_ YES \_\_\_\_\_ NO

**NOTE:** A pardon, suspension or imposition of sentence, expungement, dismissal, or pretrial diversion or similar programs shall not negate or diminish the requirements of the above questions.

- You must answer "yes" if question 4, 5 and 6 apply, regardless of the disposition of your situation.
- All official documents related to questions 4, 5 and 6 must be supplied to Louisiana State Board of Nursing prior to enrollment or to the Mississippi Board of Nursing prior to taking NCLEX-RN.

All students enrolled in nursing must have clearance of criminal background checks prior to participating in nursing clinical courses. This is a mandatory requirement as part of the Mississippi state law, Section 43-13-11 of Mississippi Code of 1972, and in accordance with R.S. 37:921, LAC 64:XLVII.3403 and LAC 46:XLVII.3331 of the Louisiana State Board of Nursing.

I understand that I must maintain high scholastic standards, develop adequate nursing skills, and exhibit those personal qualities which are necessary for professional nursing practice. I verify that I possess the physical and emotional skills required by the nursing professional.

I have also read and understand the following statements.

- Applicants to the nursing major holding licensure in any health care discipline shall be free of disciplinary action.
- Notification must be given to the program director should I become subject to disciplinary action while enrolled in the program.
- Individuals having been convicted of a misdemeanor or felony may not be allowed to take the NCLEX Exam for R.N. Licensure by virtue of the authority of the Mississippi Board of Nursing.
- The Louisiana State Board of Nursing reserves the right to deny, revoke, or suspend licensure of any individual upon proof that the individual has been arrested, charged with, convicted of, pled guilty or no contest to, or been sentenced for any criminal offense in any state or county.

I affirm that the information in this application is accurate and complete and I understand that falsification of information is grounds for permanent dismissal from the School of Nursing. I hereby make application for admission to the Joseph and Nancy Fail School of Nursing, William Carey University and agree to abide by the regulations and policies of the School of Nursing while I am a student.

***CANNOT BE NOTARIZED UNLESS SIGNED IN THE PRESENCE OF THE NOTARY***

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary' signature: \_\_\_\_\_ Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_\_\_.

State of \_\_\_\_\_ County/Parish of \_\_\_\_\_

William Carey University offers equal educational opportunities to all persons without discrimination and without regard to sex, race, color, religion, national origin, or disability in its educational program or activities.

William Carey University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools, 1866 Southern Lane, Decatur, GA 30033-4097, (404) 679-4501, to award bachelor and master degrees.

WCU School of Nursing is accredited by the National League for Nursing Accrediting Commission, 61 Broadway, New York, NY 10006, (800) 669-9656, ext. 153.