AP-LPN Application

Joseph and Nancy Fail School of Nursing

Tradition
School of Nursing
William Carey University
19640 Highway 67
Biloxi, MS 39532
228.702.1825

Baton Rouge, LA
School of Nursing
William Carey University at
Baton Rouge General
3600 Florida Boulevard, Suite 1010
Baton Rouge, LA 70806
225.381.2741

Hattiesburg
School of Nursing
William Carey University
710 William Carey Parkway
Hattiesburg, MS 39401
601.318.6147

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

(If no, I understand that I must submit my official ATI TEAS transcript indicating a composite score of 67% or higher. Business office receipt *must* be attached unless you have already passed the exam).

Name: _____

****All correspondence regarding admission will sent to the email address listed below, unless otherwise notified.***

E-mail Address: _____

Address:_____Home/Cell Phone: _____

_____Work Phone: _____

Please check the appropriate answer to the following questions:

1. Have you attended another nursing program?
_____NO_____YES School name _____

Dates of attendance _____

Degree earned_____None_____LPN_____RN Dip_____RN AD

2. 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

3. 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

4. Have you ever been convicted of a felony? _____YES_____NO

*NON-REFUNDABLE FEES

5. 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

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. 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.

Applicant's Signature: _____Date:_____

License Number: _____

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