CITY COLLEGE
MONTANA STATE UNIVERSITY BILLINGS

PRACTICAL NURSING CERTIFICATE OF APPLIED SCIENCE

APPLICATION FORM

APPLICATION DEADLINE: Must be received no later than 12:00pm Friday, OCTOBER 30th

We recommend that applications be hand delivered, but can be mailed, faxed, or emailed.

Susan Floyd, Nursing Director
3803 Central Avenue
Billings, MT 59102
sfloyd@msubillings.edu
406-247-3026 (fax)

To be eligible for consideration, you must be admitted to MSU Billings. Please contact City College Jacket Student Central to confirm you have been admitted and have submitted all required official transcripts: 406-247-3019 or ccadvising@msubillings.edu

Last Name: _____ First Name: _____

MSU Billings Student ID: _____ Email address: _____

Mailing Address: _____ Phone Number: _____

City, State & Zip Code: _____

What is your selective GPA?_____ **(Students must have at least a 2.50 selective GPA)**

Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than $100; and (2) charges or convictions prior to your 18th birthday unless you were tried as an adult. Yes No

Attach copies of all college transcripts including MSU Billings (can be unofficial transcripts).

Applicants must have a "C" or better in the following prerequisite courses for admission to the program. Fill out chart completely.

COURSE	NAME	GRADE	DATE	APPROVED SUBSTITUTION
BIOH 101 OR 104	Basic Human Biology/Foundations of Human Biology			
BIOH 105	Foundations of Human Biology Lab			
M 120	Mathematics with Healthcare Applications			
WRIT 101	College Writing			
PSYX 101	Introduction to Psychology			

List *all* colleges and/or universities attended.

Institution	Location	Dates of Enrollment	Degree/Major

List employment history, most recent first during the past five years. If using medical employment for points then provide HR documentation that includes job title, dates of employment, and HR contact information.

Admission to the nursing program does not guarantee placement in clinical rotations. All students are required to undergo a background check as part of the program requirements. A positive result on a background check may impact a student's ability to participate in clinical experiences, which are mandatory for program completion. Clinical sites reserve the right to deny placement based on background check findings. If clinical placement cannot be secured due to background check results, the student may be unable to progress in or complete the nursing program.

Vaccination Disclaimer

Participation in clinical experiences is a mandatory component of the Nursing Program and is essential for the successful completion of program requirements and graduation. Clinical sites may require students to provide proof of immunizations, including but not limited to vaccinations against influenza, hepatitis B, MMR (measles, mumps, rubella), varicella, and Tdap.

Students who choose not to receive required vaccinations or who are unable to provide appropriate documentation may be denied access to clinical placements by the clinical site. As the program cannot guarantee alternative clinical placements, students who are unable to complete clinical requirements due to immunization status may be unable to progress in or complete the Nursing Program.

It is the student's responsibility to comply with all health and safety requirements established by clinical affiliates. Requests for exemptions will be reviewed in accordance with applicable laws and policies, but exemption approval by the nursing program does not guarantee acceptance by clinical sites.

I understand that enrollment in the Nursing Program signifies my willingness to conduct myself in accordance with the appropriate standards of personal behavior and to adhere to the academic policies and other regulations stated in the catalog. I grant permission for Nursing Department to review my updated transcript for the purposes of this application.

_____ _____

Student Signature ***Date***