

PARAMEDIC BRIDGE APPLICATION
ASSOCIATE OF SCIENCE IN NURSING (ASN)

ST. JOHN'S COLLEGE OF NURSING SOUTHWEST BAPTIST UNIVERSITY
4431 S. FREMONT
SPRINGFIELD, MO 65804
(417) 820-2069

Name: _____
Last First Middle Maiden

Address: _____
Number and Street

City State Zip

Telephone Number: () _____ Social Security Number: _____

*Secondary Education: List high school where you received diploma or GED.

From	To	Name of Institution	City & State	Diploma or GED received

*Post-Secondary Education: List all formal education beyond high school.

From	To	Name of Institution	City & State	Major	Credential Earned (Diploma, Certificate, Degree, No. of Credits)

***Official transcripts should be sent directly to the College of Nursing. You are responsible for making sure that your file is complete with all documents and test scores.**

Employment: List most recent work experiences (last 5 years)

From	To	Title of Position	Employer	City & State

Have you met Southwest Baptist University admission criteria? yes no

Have you previously applied for admission to this school? yes no

Have you ever been denied admission to another school of nursing? yes no

If yes, why? _____

Name of School: _____

Do you have an LPN license? yes no

Do you have a paramedic license? yes no

When do you desire to enter the ASN program? Fall Spring Year: _____

St. John's School of Nursing of Southwest Baptist University follows a policy of nondiscrimination in regard to sex, age, race, color, religion, national origin, veterans, and the handicapped.

Falsification of any part of the application procedure may prevent you from entering or graduating from this school.

Signature

Date

Please read and sign the reverse side.

Revised – 06/12