



Application for Admission

Name: _____
Last First Middle Maiden

Address: _____
Number and Street (Failure to have current address and contact information may result in ineligibility to enter the program.)
City State ZIP Phone: (____) _____

Email Address: _____ Social Security Number: _____

Date of Birth: _____ Gender: Male Female Mercy Co-worker: Yes No
Optional Month Day Year Optional

Semester you plan to enter?

Fall, Year _____ Spring, Year _____ Summer, Year _____

Program for which you are applying:

- | | | |
|--|---|--|
| <input type="checkbox"/> Associate of Science in Nursing (ASN) | <input type="checkbox"/> Associate of Applied Science (AAS) | <input type="checkbox"/> LPN - RN Bridge Program (Springfield) |
| <input type="checkbox"/> Associate of Science in Radiography (ASR) | <input type="checkbox"/> ASN Transfer Nursing Program | <input type="checkbox"/> Paramedic - RN Bridge Program (Salem) |
| <input type="checkbox"/> Bachelor of Science in Nursing (RN-BSN online) | <input type="checkbox"/> BSHS - CAT Scan | <input type="checkbox"/> Paramedic - RN Bridge Program (Springfield) |
| <input type="checkbox"/> Bachelor of Science in Nursing (BSN-SBU campus) | <input type="checkbox"/> BSHS - CAT Scan | <input type="checkbox"/> BSHS - Interventional Procedures |
| <input type="checkbox"/> Associate of Science in Health Sciences | <input type="checkbox"/> LPN - RN Bridge Program (Salem) | <input type="checkbox"/> BSHS - MRI <input type="checkbox"/> BSHS - Leadership |
| | <input type="checkbox"/> Community Paramedic | |

Previous degrees you have earned:

Associate of Applied Science Associate of Arts ASN/Diploma RN Bachelor of Science Bachelor of Arts Master's degree

Name of college: _____ Year degree earned: _____

Have you previously applied for admission to the Mercy College of Nursing and Health Sciences? Yes No

Have you ever been denied admission to another school of nursing or radiography? Yes No

If yes, please list the school name, date and reason: _____

Do you have an LPN or RN license? Yes No License number: _____

Do you have a Paramedic license? Yes No License number: _____

Do you have ARRT certification? Yes No Certification number: _____

Other healthcare license or certificate? Yes No License/Certificate number: _____

If yes, what type of license/certificate? _____ Received where: _____

The Mercy College of Nursing and Health Sciences at Southwest Baptist University follows a policy of nondiscrimination in regard to sex, age, race, color, religion, national origin, veterans and disability.

Admission is at the discretion and approval of the Department Chair, APR Committee, and the Dean of the Mercy College of Nursing and Health Sciences. Acceptance into Mercy College of Nursing and Health Science programs is contingent upon an acceptable background check and drug screen. Falsification of any part of the application procedure may prevent you from entering or graduating from this college.

Signature

Date