

Registered Nursing Program Application

The application for the Practical Nursing program must be hand-delivered to the Nursing office (W131) or mailed to:

WDT Nursing Department

ATTN: Nursing Administrative Assistant

800 Mickelson Drive

Rapid City, SD 57703

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		Applicant Informat	tion		
Full Name:			St	Student ID:	
T dii Ttairio.	Last	First	M.I.		
Address:					
Address.	Street Address			Apartment/Unit #	
	City		State	ZIP Code	
	Only		Giaic	ZII Gode	
Phone:		Email			
I am applyir	ng to start the Register	ed Nursing program: 🔲 Fall 2020 ((Application Deadline is Ju	une 26, 2020)	
		Desistand Number Dress	m Chaaklist		
_		Registered Nursing Progra	in Checklist		
mus	st be completed or in prog CHEM106/106L Chem HC202 Medical Microbi MATH114 College Alge SPCM101 Fundaments SOC100 Introduction to	ebra al of Speech o Sociology	gistered Nursing program:		
_	LEGE TRANSCRIPT(S): (Students are required to have a 2.5 or higher cumulative GPA)				
	RRENT LPN LICENSE: Current LPN License in the state of South Dakota, or license from nursing compact state along any disciplinary documentation. https://www.nursys.com				
_	SI ENTRANCE EXAM: 850 or higher				
_	MUNIZATION REQUIREMENTS: Hepatitis B Series, Annual TB Test, Polio, Tdap, Varicella, Annual Flu Shot CUMENTATION OF PAID HOURS AS AN LPN: Minimum of 750 hrs. of paid worktime within last 3 years.				
_		M: From supervisor and coworker			
_	BACKGROUND CHECK: Complete a background check through <u>www.castlebranch.com</u> , enter WP56bg for package code.				
☐ DR	UG TEST: Complete a d	rug test through <u>www.castlebranch.com</u> ,	, enter WP56dt for package	e code.	
certain misde may be preve	emeanors, you are advise	Disclaimer and Signaded guilty or no contest to, or received that you may not be able to complete d certification/licensure examinations in gram field.	a suspended imposition of all course requirements for	your chosen program, you	
		may include, but are not limited to, differ require travel outside the Rapid City Are		nts, weekends, and holidays) to	
HistCurCouCou	ory of discipline on a Boa rent enrollment in the He o If currently enrol irse history of repeating n irse history of repeating n	applicant's acceptance into the RN progrand of Nursing issued license or certificate alth Professional Assistance Program (Hled, applicant must submit a signed releanore than one science prerequisite nore than one previous nursing course in two previous nursing programs	e (such as CNA). IPAP), in South Dakota or s	similar programs in other states or to discuss status with HPAP	

All admissions will be decided on an individual basis by the Registered Nursing Admissions Committee.

Signature:

Date: