

**JEFFERSON REGIONAL MEDICAL CENTER**  
**SCHOOL OF NURSING**  
 1600 WEST 40TH AVENUE  
 PINE BLUFF, ARKANSAS 71603  
 870-541-7858

**APPLICATION FOR ADMISSION**

Directions: Complete all areas of application, sign, date, and return this form to the address above. An Application fee of \$35.00 is payable to Registrar at time of interview with Director.

*Print or type information below:*

Name: \_\_\_\_\_  
                     Last                    First                    Middle                    Maiden                    Other (Surname(s))

Current Address: \_\_\_\_\_  
   Street                    City                    State                    Zip

Telephone (Including area code): Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_  
   Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

How did you hear about JRMC School of Nursing? \_\_\_\_\_

Have you previously applied to JRMC School of Nursing? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Provide reference information on the chart below:

REFERENCE INFORMATION			
Name	Address	Telephone	Relationship

Have you ever been convicted of a crime? (See attachment) Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been arrested? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever had a legal charge brought against you? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been admitted to another nursing program? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is English your native language? If "No", results of TOFEL examination are required (contact Registrar)  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_

If selected for entry, can you furnish proof you are a U.S. Citizen?  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_

Complete all areas, List in chronological order high school and **all\*** colleges, universities, vocational schools, private schools, private career schools, etc., that you have attended. Attach a separate sheet of paper if additional space is needed. Official transcripts for **all** attended are required. **It is your responsibility to request that your transcripts be sent directly from these institutions to the Registrar of JRMC School of Nursing.**

EDUCATIONAL HISTORY				
Name of Institution (college, school, university, or other	City/State	Dates Attended		Degrees/Certificates
		From	To	
High School				
GED				
Colleges/etc				

In the space below, list current enrollment(s) as applicable. Official transcript(s) are required when current courses are completed. Course grade report will be temporarily accepted if currently enrolled in a course of study.

EDUCATIONAL HISTORY (continued)			
Name of Institution	Course(s)	Credit Hours	Awarded (Degree/Diploma/Certificate)

Complete the chart below

TESTING HISTORY		
Have you ever taken:	ACT: Yes: _____ No: _____ Score: _____ Date: _____	TOEFL: Yes: _____ No: _____ Date: _____

Include **all\*** employment beginning with present or most recent. Attach a separate sheet of paper if additional space is needed.

EMPLOYMENT HISTORY					
Employer	City/State	Date		Job Responsibility	Reason for Leaving
		From	To		

**PROFESSIONAL AND TECHNICAL APPLICANTS ONLY**

Are you registered or licensed? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Registry/License No. and State: \_\_\_\_\_

The following information is optional and used for statistical purposes and does not affect eligibility for selection:

*Predominate Ethnic Background:*

\_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Black, Non Hispanic  
\_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ White, Non Hispanic \_\_\_\_\_ Other: \_\_\_\_\_

NOTE: This application **will not** be processed until **all** required records are submitted.  
(See “Application Process Letter” link on the web page and/or School Catalog for application procedure).

JRMC School of Nursing does not discriminate in the educational programs or activities of the School on the basis of race, sex, age, creed, national origin, marital status or disability. The School has identified specific essential functions (technical standards) critical to the success of students enrolled in the nursing program. Refer to the School Catalog, Essential Functions Policy.

I hereby make application for selection to Jefferson Regional Medical Center School of Nursing and declare that the information on this application is complete and accurate. I understand that any misrepresentation, falsification, omission of information or any other attempt to deceive the School is cause for either denial of selection for admission or dismissal from enrollment and that future applications shall not be considered by JRMC School of Nursing.

I have read and/or discussed the *Essential Functions* necessary in the role of nursing student which can be found in the School Catalog and believe I would be able to perform them.

I voluntarily give JRMC School of Nursing the right to make any investigation of my personal history related to school and employment records.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\*All means “total; entirety”

