Lurleen B. Wallace College of Nursing
Application for Admission to the STEP Program

***Please attach your professional goals statement describing your reasons for pursuing a BSN degree and a copy of your current driver's license. Fax (256) 782-5430**

TERM FOR WHICH YOU ARE APPLYING: _____ **JSU Student ID Number:** _____-_____-_____

Name:_____
(Last) (First) (Middle or Maiden)

Personal E-mail: _____ **JSU E-mail address**: _____

Phone (H)_____**(Work)**_____ **(Cell)**_____

Address: _____
Street Address City State Zip Code

Please list all states, license number & expiration date in which you have a RN License: (attach an additional sheet if necessary)

RN Lic: _____ **RN Lic**: _____
State Number Exp Date State Number Exp Date

RN Lic: _____ **RN Lic**: _____
State Number Exp Date State Number Exp Date

Are all the licenses listed above unencumbered? ( ) Yes ( ) No

If no, please list which states are encumbered _____

In all states that you hold an RN license, it must be unencumbered for you to be eligible for the STEP Program.

RN Degree Conferred by: _____
Name of Institution City, State Graduation Date

Do you hold a previous Bachelor's degree in another field from an accredited university? ( ) Yes ( ) No
If yes, please state what university, degree obtained and year: _____

Please verify that all grades are currently on file at JSU's Registrar's Office: **( ) Yes ( ) No**

If no, what college(s) currently has grades to be mailed to JSU?_____

Indicate date transcript was requested: _____

For Office Use Only

_____CL _____A _____H _____P _____NL _____EM _____DB _____ CIT

If you have not completed the core requirement courses, indicate your plan for completion: (include courses in which you are currently enrolled)

Course Number/Title	College/University	Term
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Computer Literacy	☐ Beginner	☐ Moderate	☐ Advanced
Word/WordPerfect	☐ Beginner	☐ Moderate	☐ Advanced
EXCEL	☐ Beginner	☐ Moderate	☐ Advanced
ACCESS	☐ Beginner	☐ Moderate	☐ Advanced
Internet	☐ Beginner	☐ Moderate	☐ Advanced

Gender: ☐Male ☐ Female Date of Birth _____
Month/Day/Year

Citizenship: ☐USA ☐Other; Specify country ☐Resident Alien-Specify country

What is your ethnicity? ☐Hispanic/Latino ☐Non-Hispanic or Latino

What is your race? ☐Black or African American ☐Native Hawaiian or other Pacific Islander

☐Hispanic ☐American Indian or Alaska Native

☐Asian ☐White

Voluntary (not used for admission)

Are you currently employed by Brookwood Baptist Health, St. Vincent's Health System, Alacare or Northeast Alabama Regional Medical Center? Yes No

If yes, please select which location: ☐Brookwood BMC ☐Citizens BMC ☐Princeton BMC ☐Shelby BMC

☐Walker BMC ☐St. Vincent's Birmingham ☐St. Vincent's Blount ☐St. Vincent's Chilton ☐St. Vincent's East

☐St. Vincent's St. Clair ☐St. Vincent's One Nineteen ☐St. Vincent's Primary Care ☐Alacare

☐RMC- Anniston ☐RMC- Jacksonville

I certify that the information on this application is true and complete. I understand that any falsification of this application will result in immediate dismissal from this program without recourse. I have read and understand the conditions set forth in this application:

_____ _____

Applicant's Signature Date