



DATE: July 2012
TO: Reentry Applicant
FROM: BHSLR – Schools of Nursing

RE: Reentry Application Process

Thank you for your recent inquiry regarding reentry to Baptist Health Schools Little Rock-Schools of Nursing. In order for the respective selection committee to consider your application for reentry, complete the following items and return to the school.

- Complete Reentry Application,
- Criminal History Report from the Arkansas State Police Bureau (located at Geyer Springs Road and Interstate-30),
- Complete Essential Functions Form (enclosed),
- Official transcript (s) (required if applicant has taken a college or university course since last enrolled in school).

Envelopes are provided for you to submit the required information as well as transcript release forms if needed. The respective selection committee will contact you if additional information or an interview is required. If you have any questions regarding the reentry process to the School of Practical Nursing, please contact the secretary at (501) 202-7448. If you have questions regarding reentry to the School of Nursing, please contact the secretary at (501) 202-7446.

application for re-entry

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Application Process

- Step 1** Submit completed Application for Re-Entry form. Please DO NOT fax.
- Step 2** Take appropriate pre-admissions testing for the desired program.
- Step 3** Request Official Transcripts from ALL previous educational institutions (including high school).
- Step 4** Mail pages **1 – 3**, of this application, to: BHSLR, 11900 Colonel Glenn Road, Little Rock, AR 72210 – 2820

Selection for entry into Baptist Health Schools Little Rock is determined by the appropriate program's Selection Committee by use of rating methodology.

Program For Which You Are Applying For Re-Entry:

- School of Nursing: Accelerated*
- School of Nursing: Express (2 years)
- School of Nursing: Traditional (3 years)
- Practical Nursing

* must be an LPN, LPTN or Paramedic to apply

Date of Application: _____ Term of Desired Admission: _____

Name: _____
FIRST MI LAST MAIDEN

Social Security Number: _____ Other Name(s): _____

Current Address: _____
STREET CITY STATE ZIP

Permanent Address (if different): _____
STREET CITY STATE ZIP

Home Telephone Number: (____) _____ Cellular Phone Number: (____) _____

Email Address: _____

When did you first enter a Baptist Health School? Year: _____ Month: _____

Which Baptist Health school(s) have you attended? _____

When were you last enrolled at BHSLR? _____

Have you attended school or college since leaving BHSLR? Yes _____ No _____

If yes, _____
NAME OF INSTITUTION LOCATION

If yes, please submit official transcript(s) with Re-Entry Application for all schools attended.

Classification when enrolled (check all that apply): _____ Full-time study _____ College courses only

_____ Pre-Professional _____ Freshman _____ Sophomore _____ Junior _____ Senior

Personal Background

Yes No

Have you ever been convicted of a misdemeanor, felony or plead guilty or nolo contendere to any charge in any state or jurisdiction? *Baptist Health Schools Little Rock defines a crime as all criminal offenses and/or misdemeanors. Crimes are not limited to felonies. DWI is considered a crime.*

Felony (please explain including date):

Misdemeanor (please explain including date):

Criminal Offense (please explain including date):

Rationale for Re-entry: Please list courses you need to retake; include a brief description of your activities during absence from study to 1) strengthen your academic preparation, 2) improve your professional knowledge base and 3) maintain your professional knowledge base. Attach additional page(s) if needed.

Employment History

Current Employer, telephone number and address: _____

List all employers since last attended Baptist Health School, including phone numbers:

Employer	City/State	Dates Employed	Job Title	Reason for Leaving

You have my permission to contact above employers. Yes No

I hereby make application for selection to Baptist Health Schools Little Rock 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 entry or dismissal from enrollment and that any future application(s) shall not be considered by Baptist Health Schools Little Rock. In addition, I also hereby give Baptist Health permission to conduct a criminal background check and social security number verification, as well as utilize application documents from previous application files (i.e. transcripts, test scores).

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

demographic data

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Note to Applicant: This information is used for statistical and reporting purposes only and does not in any way affect the eligibility for selection. This information will not be shared with selection committees.

Name: _____ Social Security Number: _____

Marital Status:

- Single
- Married
- Separated
- Divorced
- Widowed

Gender:

- Male
- Female

County of Permanent Residence:

- Pulaski
- Faulkner
- Saline
- Lonoke
- Other: Please specify _____

Residence Status:

- U.S. Citizenship
- Permanent Resident Alien
- Resident Alien
- Nonresident Alien
- H-1 Visa
- Other: Please specify _____

Race/Ethnicity:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander
- White
- Race and ethnicity unknown
- Two or more races: Please specify _____
- Other: Please specify _____

Date of Birth: ____/____/____
MM DD YYYY

Applicant Signature: _____ Date: _____

fundamental essential functions statement

APPLICANT NAME (PLEASE PRINT)

SOCIAL SECURITY NUMBER

Essential functions, established by the school, are capabilities that must be demonstrated by the student. Student requirements are reflected in the ability to engage in educational and training activities in such a way that they shall not endanger other students, the public or patients.

Directions:

1. Complete and return Fundamental Essential Functions Statement to the school as part of the entry/reentry application process requirement.
2. Indicate your ability to perform each function listed by circling YES next to the item.
3. If you are unable to perform any of the listed functions circle NO. A box at the end of the document is provided for any explanation where you circled NO.

Observation	YES	NO
I am able to see and read printed materials including but not limited to clinical documents, course materials, and computer screens.	YES	NO
I am able to visually observe patients and the patient's environment.	YES	NO
I require the use of glasses/contacts and wear them when necessary.	YES	NO

Speech/Hearing	YES	NO
I am able to speak clearly and be understood.	YES	NO
I am able to hear and interpret voices as well as loud, soft or muffled sounds.	YES	NO

Physical Abilities/Fine Motor Touch	YES	NO
I am able to walk, lift in excess of 50 lbs, push, pull, reach, sit and stand for long periods of time when necessary.	YES	NO
I am able to move heavy objects by bending, stooping, reaching or moving side to side.	YES	NO
I am able to use my fingers for fine motor dexterity and manipulating small objects, etc.	YES	NO
I am able to gather information (ex: temperature) by using the sense of touch.	YES	NO
I am physically able to work on or with equipment following proper training.	YES	NO
I have physical use of all of the following: fingers, hands, arms, feet, legs, back and neck	YES	NO

Intellectual/Conceptual/Cognitive	YES	NO
I am able to do basic mathematical calculations (add, subtract, multiply, divide).	YES	NO
I am able to recognize emergency situations and take appropriate actions as taught.	YES	NO
I am able to comprehend and process verbal and written information.	YES	NO
I am able to organize and prioritize job tasks.	YES	NO

Communication/Behavior		
I am able to read and write.	YES	NO
I am able to verbally communicate in the English language.	YES	NO
I am able to legibly communicate in writing using the English language.	YES	NO
I am able to assess or interpret non-verbal communication such as facial expressions, hand signals for help, etc.	YES	NO
I am able to demonstrate and maintain psychological and emotional stability.	YES	NO
I am willing and able to behave in a professional and respectful manner.	YES	NO
I am willing and able to comply with the Baptist Health Values: Service, Honesty, Respect, Stewardship and Performance.	YES	NO
I am willing and able to follow all expectations, policies and procedures outlined by the school.	YES	NO
I am able to follow organizational policies which maintain safety for patients, self and others.	YES	NO

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If there was a A No response to any of the above items you must include an explanation in this space.

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Statement:

I understand the required Fundamental Essential Functions, as identified above, and in the school's catalog, and can perform each upon entry to the school. For those items that I am unable to perform I have provided written explanation. I understand that Baptist Health Schools Little Rock may request additional documentation regarding the written explanation. I also understand that any misrepresentation, falsification or omission of information or any other attempt to deceive the Baptist Health Schools Little Rock is cause for non-selection for entry / reentry or dismissal if already enrolled.

 APPLICANT SIGNATURE

 DATE