

PLACE 2X2 PASSPORT PHOTO HERE	THE UNIVERSITY OF LOUISIANA AT MONROE KITTY DEGREE SCHOOL OF NURSING  APPLICATION FOR ADMISSION	<b>DEADLINES</b> Application Fee \$55 HESI \$45  Received: Date:
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**I. PERSONAL DATA**

**CWID:** \_\_\_\_\_      **PHONE #:** \_\_\_\_\_      **DATE:** \_\_\_\_\_  
**NAME:**  
**LAST/MARRIED:** \_\_\_\_\_      **FIRST:** \_\_\_\_\_      **MIDDLE:** \_\_\_\_\_      **MAIDEN:** \_\_\_\_\_  
**MAILING ADDRESS:** (Address where you wish to receive your acceptance/rejection letter)  
**STREET:** \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_  
**ULM WARHAWK EMAIL ADDRESS:** \_\_\_\_\_  
**RACE:** \_\_\_\_\_      **PLACE OF BIRTH:** \_\_\_\_\_      **PARISH OF RESIDENCY:** \_\_\_\_\_  
 MALE       FEMALE       SINGLE       MARRIED  
**U.S. CITIZEN?** \_\_\_\_\_      **LOUISIANA RESIDENT?** \_\_\_\_\_  
**SSN:** \_\_\_\_\_      **DOB:** \_\_\_\_\_

SPOUSE'S NAME:		DAYTIME PHONE:	
FATHER'S NAME:		DAYTIME PHONE:	
MOTHER'S NAME:		DAYTIME PHONE:	
ALTERNATE CONTACT:		DAYTIME PHONE:	
HIGH SCHOOL ATTENDED:		GRADUATION DATE:	
PREVIOUS DEGREE:		DATE EARNED:	

**II. THE FOLLOWING QUESTIONS MUST BE ANSWERED HONESTLY AND TRUTHFULLY**

Have you had, or do you now have pending, any disciplinary action against you by any licensing or certifying board in any state? If yes, please attach explanation.	
Have you habitually used or been diagnosed as addicted to drugs, alcohol or mood altering substances? If yes, please attach explanation.	
Do you have any physical or mental impairment which may affect your ability to practice safely as a registered nurse? If yes, please attach explanation.	
Have you ever been arrested, charged with, convicted of, pled guilty or no contest to, or adjudged a juvenile delinquent, for any criminal offense in any state? (Even though an arrest, conviction or plea has been pardoned, dismissed, or your civil rights have been restored, you must answer a YES. <b><u>If YES, attach explanation. (The fact that an arrest or conviction has been pardoned, dismissed or that your civil rights have been restored, does not mean that you can answer the question a no, you would have to answer a yes.)</u></b> )	

Have you been discharged from the military on ground(s) other than an honorable discharge?  
If yes, please attach explanation.

***Failure to disclose or to correctly answer the questions on the application constitutes falsification of documents and will result in denial of licensure. The Louisiana State Board of Nursing will conduct a criminal background record check on all applicants for licensure as a registered nurse in Louisiana.***

### **III. REPORTING OF SUBSEQUENT ARRESTS OR CONVICTIONS:**

If a student is admitted to the clinical sequence of the program, any subsequent disciplinary action, arrest, criminal charge or conviction, addiction, or impairment shall also be reported IMMEDIATELY to the Director of the School of Nursing who will forward them to the Board. All required documents shall be forwarded to the Director of the School of Nursing for evaluation in determining the student's eligibility to continue in the clinical sequence of the program. After review, the documents will then be forwarded to the Louisiana State Board of Nursing.

I CERTIFY THAT ANY INFORMATION PROVIDED ON THIS FORM OR IN ANY ATTACHED DOCUMENTS IS TRUE AND ACCURATE AND INCLUDES ALL DISCIPLINARY ACTION, OR CRIMINAL INCIDENTS THAT I HAVE EVER BEEN ARRESTED FOR OR CHARGED WITH, OR ANY ADDICTION WITHIN THE LAST FIVE YEARS, OR IMPAIRMENT. I FURTHER CERTIFY THAT I HAVE READ THIS DOCUMENT AND THAT I UNDERSTAND THAT FALSIFICATION OF THIS DOCUMENT OR FAILURE TO REPORT ALL SUBSEQUENT DISCIPLINARY ACTIONS, ARRESTS, OR IMPAIRMENT WILL RESULT IN DENIAL OF MY APPLICATION TO ENROLL IN A CLINICAL NURSING COURSE AND DENIAL OF LICENSURE AS A REGISTERED NURSE.

Have you applied to the ULM Nursing program before?

If yes, when?

DATE:

SIGNATURE:

PRINT NAME:

Date:

Kitty DeGree School of Nursing  
The University of Louisiana at Monroe  
700 University Avenue, NURS 124  
Monroe, Louisiana 71209-0460

I have read and agree to abide by the policies and procedures of the University of Louisiana at Monroe, the College of Health Sciences, and Kitty DeGree School of Nursing.

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Print Name

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Signature

**NOTE:** This form must accompany the application for admission into the School of Nursing professional program.