

Application & Information Packet

Technical Certificate in

Selection

Selection

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NOTE: ~~Repeat~~
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ADDENDUM

Arkansas State Board of Nursing -- NURSE PRACTICE ACT

17-87-312. Criminal background checks.

(a)(1) Each first-time applicant for a license issued by the Arkansas State Board of Nursing shall apply to the Identification Bureau of the Department of Arkansas State Police for a state and national criminal background check, to be conducted by the Federal Bureau of Investigation.

(a)(2) At the time a person applies to an Arkansas nursing educational program, the program shall notify the

- (29) Promotion of prostitution in the first degree as prohibited in §5-70-104;
- (30) Stalking as prohibited in §5-71-229;
- (31) Criminal attempt, criminal complicity, criminal solicitation, or criminal

Application for Admission Practical Nursing

1. Complete this application. (Type ~~print~~ legibly)
2. If classes are in progress at another university, please attach a schedule of those classes.

Name _____
 Last First Middle Maiden

CellPhone# _____ HomePhone# _____ WorkPhone# _____

E-mailAddress _____

MailingAddress _____
 Street Number or Box City State Zip

Student ID# or SSN _____
 Date of Birth City/State of Birth

*Have you ever been convicted of a misdemeanor or felony? Yes No

*Do you have any pending legal cases? Yes No

List the five most recent Colleges, Universities, or Highschool/Middle/Elementary Schools Attended, Most Recent First:

Institution	Dates Attended	Hrs./Grade Attempted	GPA
1. University of Arkansas, Smith	August 20	Present	
2.			

Name of Student: _____

How long have you known the applicant? _____

In what capacity? _____

Rate the applicant in terms of quality by checking the appropriate space listed below.

Characteristic	Superior	Good	Fair	Poor	Unknown	Comments
Ability to get along with others						
Attendance						
Attitude						
Dependability						
Ethical Behavior						
Honesty						
Initiative						
Intellectual Ability						
Maturity						
Motivation						
Reaction under stress						
Self Confidence						

Indicate below your level of willingness to recommend this applicant.

_____ Highly recommend

_____ Recommend

_____ Recommend, but with reservation

_____ Do not recommend

Use the space below to make any additional comments.

Please print or type the following information of the person providing recommendation:

Name: _____

Position/Title: _____

Institution: _____

Address: _____

Telephone: _____

Signature: _____

Feel free to contact me with any questions; thank you.

Jourdan Scoggins, MS, BSN, RN
Executive Director, Allied Health Programs
College of Health Sciences/WATC
Telephone: 479-88-7375
eMail: Jourdan.Scoggins@uafs.edu

University of Arkansas Fort Smith
College of Health Science/WATC
Practical Nursing Program Recommendation Form

Applicant Instructions:

1. Included are 2 copies of this three page recommendation form. This recommendation form should be given to individuals who are in a position to comment on your qualifications for entering the Practical Nursing Program. One letter must be from a professor in either Basic Anatomy/Physiology or Medical Terminology.
2. The recommendations cannot be from a family member or friend. Suggested recommenders include high school principal, counselors, or teachers; clergy members, religious teachers, or employers who know you well.
3. Fill in your name and address at the bottom of this page on both copies.
4. Give one form to each of your recommenders, along with an envelope. Address envelopes:

University of Arkansas Fort Smith
Attention: Jourdan Scoggin, CHS 307
5210 Grand Avenue
Fort Smith, AR 72913

5. Each recommendation must be in its own envelope with the signature written across the sealed back flap. The recommendations should be submitted with the application or mailed to arrive by the first Monday in November.

Instructions:

The individual requesting this recommendation plans to apply to the Practical Nursing program at the University of Arkansas Fort Smith. Your assistance in completing this form is appreciated. The information will be used by the Program Director and faculty in the selection of students for admission to the program. Please return the recommendation form to the applicant in the sealed envelope with your signature written across the sealed flap. Thank you so much for assisting this applicant.

Applicant Name: _____

Applicant Address: _____

Name of Student: _____

How long have you known the
