



BSNC PROGRAM APPLICANT CHECKLIST

This checklist includes important steps that must be completed to be eligible for admission into the BSNC Program. If you have any questions, our staff will be happy to assist you. The steps on this checklist must be completed and returned by their listed due dates.

STEP 1 – ACCEPTANCE PACKET DUE: [DECEMBER 1, 2019](#)

- COMPLETE** and **RETURN** Program Reservation Form
- SUBMIT** \$100 Reservation Fee
- COMPLETE** and **RETURN** Demographic Form

STEP 2 – ENTRANCE REQUIREMENTS DUE: [DECEMBER 15, 2019](#)

- Two-step TB (Tuberculosis) test**
 - Documentation of two-step TB skin test – followed by one-step every year after
 - This test involves 2 injections and 2 reads
 - 7-21 days apart
 - You may obtain these tests free of charge through the Aultman College Health Services Nurse; their phone number is 330-363-9371. If you do not have the area checked within the time frame or are non-compliant with any component of the two-step TB and it has to be repeated, a \$15 per step fee will be charged.

- Basic Life Support for Health Care Providers CPR Course**
 - You must submit a signed copy of the certification card by the deadline listed above.
 - Aultman College Corporate & Community Education (ACCE) offers BLS courses; additional information is attached.

- Liability Insurance**
 - Submit proof of liability insurance (minimum \$1 million policy)



SPRING 2020

BACHELOR OF SCIENCE IN NURSING COMPLETION PROGRAM RESERVATION FORM

If you accept admission into the BSNC Program, please complete and return this form along with the \$100 non-refundable reservation fee. The reservation fee is required to hold your seat in the program for the semester. **The reservation form will not be accepted without the reservation fee.**

Payment may be made by:

- A check payable to Aultman College
- A credit card in the main office or over the phone at 330-363-6347
- Cash

Return to: AULTMAN COLLEGE
ATTN: ADMISSIONS
2600 SIXTH STREET SW
CANTON, OH 44710

FORMS & FEE MUST BE RETURNED BY:
DECEMBER 1, 2019

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE NUMBER _____

ACCEPTING PROGRAM ADMISSION

_____ I **accept** admission.

DECLINING PROGRAM ADMISSION

_____ I **decline** admission. Please let us know why you are declining admission: _____

Signature _____ Date _____



DEMOGRAPHIC FORM

NAME:

 (LAST) (FIRST) (MIDDLE INITIAL) (PREVIOUS NAMES)

ADDRESS:

 (NUMBER & STREET) (APT. NO.) (CITY) (STATE) (ZIP) (COUNTY)

TELEPHONE: _____ **EMAIL:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER:** _____ **DID YOU FILE A FAFSA?**
 (MM/DD/YYYY) (###-##-####) YES NO I PLAN TO

RACE: WHAT IS YOUR RACE? SELECT ONE CATEGORY TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.

NON-RESIDENT ALIEN ASIAN, NON-HISPANIC
 HISPANIC NATIVE HAWAIIAN OR ANOTHER PACIFIC ISLANDER
 BLACK OR AFRICAN AMERICAN, NON-HISPANIC TWO OR MORE RACES, NON-HISPANIC
 WHITE, NON-HISPANIC UNKNOWN
 AMERICAN INDIAN OR ALASKA NATIVE, NON-HISPANIC

GENDER: MALE FEMALE OTHER **MARITAL STATUS:** SINGLE MARRIED OTHER

EMERGENCY CONTACT PERSON:

 (NAME/RELATIONSHIP) (TELEPHONE)

ARE YOU A VETERAN: NO YES **PLEASE SELECT WHICH BRANCH OF THE MILITARY YOU HAVE SERVED IN, IF ANY?**
 ARMY NAVY AIR FORCE MARINES COAST GUARD

HIGHEST LEVEL OF EDUCATION COMPLETED:

CURRENT HIGH SCHOOL STUDENT TECH PREP PROGRAM BACHELOR'S DEGREE
 HIGH SCHOOL DIPLOMA 1 YEAR OR LESS OF COLLEGE MASTER'S DEGREE
 GED / HIGH SCHOOL EQUIVALENCY 2 YEARS OR MORE OF COLLEGE DOCTORATE DEGREE
 NON-HIGH SCHOOL GRADUATE 4 YEARS OR MORE OF COLLEGE CERTIFICATION/LICENSE

PLEASE INDICATE ANY CERTIFICATION(S) OR LICENSE(S) YOU CURRENTLY HOLD THAT MIGHT PERTAIN TO HEALTH CARE:

ARE YOU A FIRST-GENERATION COLLEGE STUDENT? **ARE YOU AN AULTMAN HEALTH FOUNDATION EMPLOYEE?**

YES YES, IN _____
 NO NO

*A FIRST-GENERATION COLLEGE STUDENT IS THE FIRST IN HIS/HER FAMILY (MOTHER, FATHER, OR SIBLINGS) TO COMPLETE A COLLEGE EDUCATION.

STUDENT'S SIGNATURE _____

DATE _____



BASIC LIFE SUPPORT (BLS)

It is a requirement of this program that you be CPR certified with a Basic Life Support (BLS) for Health Care Providers course through the American Heart Association.

- If you are already certified through the American Heart Association, please submit a signed copy of your current CPR Certification Card by the date listed on the first page of this packet.
- If you are not already CPR certified through the American Heart Association, you must complete their approved Basic Life Support (BLS) for Healthcare Providers course.

IS THERE A COURSE HERE I CAN TAKE?

Aultman College Corporate & Community Education (ACCE) does offer healthcare-focused community education and training courses at an affordable price. ACCE strives to provide exceptional customer service and personalized instruction that focuses on the individual needs of each learner.



CORPORATE & COMMUNITY EDUCATION

HOW MUCH IS IT?

The course offered through ACCE is a 4-hour course for \$55. All the materials are included. There is a list of available course dates listed on the website listed below.

HOW CAN I REGISTER?

Visit ACCE's website at <http://www.aultmancollege.com/community-ed> or feel free to call at **330-363-6181**.

WHERE DO I SUBMIT MY CPR CERTIFICATION?

MAIL: Aultman College
ATTN: Vanessa Kleinhenz
2600 Sixth Street SW
Canton OH 44710

EMAIL: vanessa.kleinhenz@aultman.com

FAX: 330-580-6654

PLEASE NOTE: the American Heart Association has 20 days to issue CPR cards following course attendance. Plan your class accordingly to receive, sign, and submit a copy of your card by the deadline.