



Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Number and Street (Failure to have current address and contact information may result in ineligibility to enter the program.)  
City State ZIP Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Mercy Co-worker:  Yes  No  
Optional Month Day Year Optional

Semester you plan to enter?  
 Fall Year \_\_\_\_\_  Spring Year \_\_\_\_\_

*Clinical experiences may be conducted at Mercy Health Systems facilities. Students must be eligible to participate in clinical hours within Mercy Health Systems.*

Program for which you are applying:

- Associate of Science in Nursing (ASN)
- Associate of Science in Radiography (ASR)
- RN – BSN Degree Completion Program
- BSHS – CAT Scan
- Pre-Licensure BSN (PLBSN)
- Associate of Science in Health Sciences
- Associate of Applied Science (AAS)
- ASN Transfer Nursing Program
- BSHS – Interventional Procedures
- LPN – RN Bridge Program
- Paramedic – RN Bridge Program
- BSHS - Leadership
- BSHS - MRI

Previous degrees you have earned:

- Associate of Applied Science
- Associate of Arts
- ASN/Diploma RN
- Bachelor of Science
- Bachelor of Arts
- Master's degree

Name of college: \_\_\_\_\_ Year degree earned: \_\_\_\_\_

Have you previously applied for admission to the Mercy College of Nursing and Health Sciences?  Yes  No

Have you ever been denied admission to another school of nursing or radiography?  Yes  No

If yes, please list the school name, date and reason: \_\_\_\_\_

Do you have an LPN or RN license?  Yes  No License number: \_\_\_\_\_

Do you have a Paramedic license?  Yes  No License number: \_\_\_\_\_

Do you have ARRT certification?  Yes  No Certification number: \_\_\_\_\_

Other healthcare license or certificate?  Yes  No License/Certificate number: \_\_\_\_\_

If yes, what type of license/certificate? \_\_\_\_\_ Received where: \_\_\_\_\_

The Mercy College of Nursing and Health Sciences at Southwest Baptist University follows a policy of nondiscrimination in regard to sex, age, race, color, religion, national origin, veterans and disability.

Admission is at the discretion and approval of the Program Director and the Dean of the Mercy College of Nursing and Health Sciences. Acceptance into Mercy College of Nursing and Health Science programs is contingent upon an acceptable background check and drug screen. Falsification of any part of the application procedure may prevent you from entering or graduating from this college.

At time of admission, physical demands may be provided. To participate in the program, you may be required to sign a functional screen ensuring your ability to meet these demands.

\_\_\_\_\_  
Signature Date