

**Dyersburg State Community College  
Division of Nursing and Allied Health  
3149 Highway 51 S  
Covington, TN 38019**

**APPLICATION FOR NURSING  
SPRING SEMESTER, 2011  
Application Deadline: September 1, 2010**

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth \_\_\_\_\_ DSCC ID Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Number \_\_\_\_\_ Number \_\_\_\_\_ Number \_\_\_\_\_

Place of Employment \_\_\_\_\_

Email Address \_\_\_\_\_

Are you presently attending DSCC? Yes \_\_\_\_\_ No \_\_\_\_\_ Have you previously attended DSCC? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list all college and universities you have attended other than DSCC \_\_\_\_\_

---

***Have submitted all school transcripts to the Admissions and Records Office AND the Division of Nursing for point accumulation.***

College Cumulative GPA \_\_\_\_\_ High School Graduation Date \_\_\_\_\_  
Completed MATH 1020: Yes \_\_\_\_\_ No \_\_\_\_\_ Date and Grade: \_\_\_\_\_

Have you ever: (1) attended another school of nursing? Yes \_\_\_\_\_ No \_\_\_\_\_  
(2) been suspended or on probation from a college or nursing program? Yes \_\_\_\_\_ No \_\_\_\_\_  
(3) received 2 or more letter grade(s) of "D" or "F" in any nursing course(s)? Yes \_\_\_\_\_ No \_\_\_\_\_  
(4) withdrawn from 1 or more nursing courses? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any of the above is "Yes", please attach a sheet explaining in detail. (Please specify when, where, what happened?)

If you have attended another school of nursing, please state:

(1) what type of program (LPN, Diploma, Associate Degree, BSN, etc.); (3) date of program completion; and/or  
(2) name and address of school; (4) reason for not completing.

---

---

Have you taken the Academic Assessment Placement Program (AAPP) test or the COMPASS/ASSET test? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you completed all required Remedial and/or Developmental courses OR  
Will you have completed all required courses by the end of Summer Semester, 2010? Yes \_\_\_\_\_ No \_\_\_\_\_

When/Where did you / do you expect to take the Pre-RN Admission Exam (HESI)? \_\_\_\_\_  
(Students who have not taken the Pre-RN Entrance Exam (HESI) will automatically be denied enrollment in the Nursing Program. Please list date so we can verify!)

Do you have prior experience in a healthcare field or military? Yes\_\_\_ No\_\_\_ If yes, please briefly describe and attach a copy of your certification/license. \_\_\_\_\_

Have you ever been convicted of a violation of the law other than a minor traffic violation? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever had any license in any health care field suspended, revoked, or denied? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been listed on any abuse registry (Nursing Home, Home Health, Sexual, or Other)? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**Criminal background checks are a requirement for clinical practice by clinical agencies. Based on the results of these checks, an affiliated clinical site may determine to not allow your presence at their facility. This would result in your inability to successfully complete the requirements of each course and the program. Additionally, applicants should be aware that conviction of certain crimes may make them ineligible for registered nurse licensure in the State of Tennessee. To review a list of these crimes or to obtain more information, please to go to <http://www.state.tn.us/sos/rules/1000/1000-01.pdf>.**

All student files must be complete no later than September 1, 2010, in order to be considered eligible for admission to the nursing program at the Covington campus. Students will be notified of their acceptance before the end of Fall Semester, 2010. Points will only be awarded for classes completed through the end of Summer Semester, 2010. Students attending other colleges or universities during the Summer of 2010 should have their transcripts forwarded to the Division of Nursing and Allied Health as soon as possible after completion of the semester.

If you have previously applied for admission to the nursing program, you must reapply for each term that you wish to be considered. We do not keep a waiting list of applicants. Also, your highest HESI test score will be used in point calculations.

Please read the "Core Performance Standards" in the current DSCC College Bulletin. If you feel that there may be a difficulty meeting these standards, please check here \_\_\_ and explain by attaching a sheet to this application.

**I have read and answered each and every question on this application. I hereby affirm the above information is true. I understand that falsification of any information can result in immediate dismissal.**

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date



Application Deadline - September 1, 2010.

NU-07-10

Dyersburg State Community College is accredited by the National League for Nursing Accrediting Commission.