

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED AND  
THE APPLICATION PERIOD WILL NOT BE EXTENDED

## NURSING FUNDAMENTALS (HNUR 1214) APPLICATION–BRCC Acadian Campus

You must print & complete this application page

INDICATE STATUS	APPLICATION REQUIREMENTS
_____ Complete	1. Registered as a BRCC student. Write your L# or B#
_____ Complete Score/_____ Date:_____	2. Reading Accuplacer NG "235 / ACT of "16" / Passed College English or scored a 55 or greater on the TEAS
_____ Complete Exp. Date: _____	3. American Heart Association (AHA) Health Care Provider (BLS) CPR card
_____ Complete	4. Background check from Louisiana State Police – Right to Review
_____ Complete	5. Health History Physical Examination completed by applicant
_____ Complete	6. Physical Examination & Technical Performance Standard form completed by Physician
_____ Complete	7. a. Immunization record (flu immunization in season) b. MMR/Varicella titer's, Hepatitis B series) c. <b>Documentation of the COVID vaccine may be require.</b>
_____ Complete	8. All drug test must be completed through Viewpoint Screening. See instructions on page 7.
_____ Yes _____ No _____ N/A	9. Have you ever had a healthcare credential/ certification revoked?
_____ Yes _____ No	10. Have you been the subject of disciplinary action by any state agency?

  

PERSONAL INFORMATION			
Last Name	First Name	Middle Name	
Mailing Address	City / State	Zip Code	
Home Phone Number ( )	Cell Phone Number ( )		
E-Mail Address	Student ID Number		

  

OTHER REQUIRED INFORMATION	
Are you a licensed/certified healthcare provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No      License Number Exp. Date_____
Did you complete high school?	<input type="checkbox"/> Yes ____diploma ____ GED <input type="checkbox"/> No
Do you have additional post-secondary degrees?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please list additional degrees earned

  

**Make sure all application requirements are attached to the application.**

I would like to apply for the HNUR 1214, Nursing Fundamentals course. I understand that any attempt on my part to falsify or exclude information is cause for disqualification of my application and / or dismissal from the program. I hereby certify that all information presented is true to the best of my knowledge. I understand completion of HNUR 1214 does not guarantee admission to a BRCC Practical Nursing program nor certification as a CNA.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_.

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_.