

MAJOR

- Biomedical Sciences
- Diagnostic Medical Sonography
- Health Care Management
- Medical Laboratory Science
- Medical Radiography
- Nuclear Medicine Technology
- Nursing
- Radiation Therapy
- Respiratory Care
- Pre-Health Studies

HEALTH CARE PROFESSIONAL COMPLETION DEGREES

- Registered Nurse Completion Degree (RN-BSN)
- Registered Respiratory Therapist Completion Degree (RRT - BHS)
- Medical Laboratory Science Completion Degree (MLT-BHS)

GRADUATE DEGREE

- Doctor of Nursing Practice (Adult-Gerontology Acute Care Nurse Practitioner)

EDUCATIONAL INFORMATION

High School Attended: _____ Graduation Date: _____

High School City/State: _____

ACT/SAT score: _____ Date Taken (Month/Year): _____

Did you request ACT/SAT scores to be sent to Baptist College of Health Sciences? Yes No

In high school, were you a member of the National Honor Society? Yes No

Did you receive a General Education Diploma (GED)? Yes No If yes, date of GED: _____

How many college hours have you completed? 0 1-29 30-59 60-89 90

In college, were you a member of Phi Theta Kappa honor society? Yes No

Official transcripts from ALL colleges/universities you have attended since high school must be mailed directly to the Baptist College of Health Sciences, Admissions Office. Attach additional sheets as needed.

Colleges/Universities Attended Name/Location of Institution	Dates Attended	Degree Earned (if any)	Name Under Which Transcript Will Be Issued	Currently Enrolled?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

FORMER BAPTIST COLLEGE STUDENTS: (Former Baptist College students need to contact the Registrar's Office at 901-572-2452 before applying and/or paying the application fee to check his/her eligibility to return to Baptist College.)

Dates attended Baptist College: _____

Colleges attended since last enrolled at Baptist College: _____

INFORMATION ON PRIOR HEALTH PROFESSION PROGRAMS

Have you ever been a student in another Nursing or Allied Health program? Yes No

If yes, when? _____ Reason for leaving? _____

If yes, what school/program did you attend? _____

NOTE: Students wishing to transfer from another Nursing or Allied Health program must submit a letter from the Dean or Director of that program stating that they are eligible to continue in, or return to, that program before acceptance is granted. The letter should be sent directly to the Baptist College of Health Sciences' Admissions Office.

INFORMATION ON PRIOR POST-GRADUATE PROGRAMS

Have you ever been a student in another post-graduate program? Yes No

If yes, when? _____ Reason for leaving? _____

If yes, what school/program did you attend? _____

LICENSURE INFORMATION (for licensed health care professionals)

Registry Number(s): _____

Certifying Agency(ies): _____

State Licensure Number: _____

Renewal Date: _____

Have you ever been formally disciplined in your nursing license in any state? Yes No

If yes, please give dates and provide information explaining the circumstances. _____

BACKGROUND CHECK

The laws and regulations governing licensing and certification for the practice of nursing and many allied health professions state that a conviction for certain offenses may result in being denied a license or the privilege of sitting for state and/or national examinations. *Upon application to the college, all applicants must answer the following question:*

Have you ever been arrested for, convicted of or plead guilty to any crime other than a minor traffic violation? Yes No

(If yes, please give dates and attach a letter explaining the circumstances.)

EMPLOYMENT INFORMATION

Have you ever been employed by Baptist Memorial Health Care Corporation or any BMHCC affiliate? Yes No

If yes, are you eligible to continue employment or eligible for re-hire? Yes No

Current Employer: _____

Address: _____

Dates of Employment: _____ to _____

Title or Position: _____

GENERAL/RELEASE INFORMATION

As a student of Baptist Memorial College of Health Sciences, a possibility exists that I may perform clinical rotations at, and/or seek employment with Baptist Memorial Health Care Corporation or one of its affiliated companies, hospitals, or entities. Accordingly, I hereby agree that Baptist College of Health Sciences may release any and all information relative to my performance as a student to Baptist Memorial Health Care Corporation or any of its affiliated companies, hospitals, or entities. I further agree that Baptist Memorial Health Care Corporation or any of its affiliated companies, hospitals, or entities may release any and all information relative to my employment to Baptist College of Health Sciences. Both Baptist College of Health Sciences and Baptist Memorial Health Care Corporation agree to hold my academic and employment information accumulated while I am a student in confidence and will not distribute this information outside of the Baptist System without my further consent.

_____ Please initial indicating you have read and understood the above statements.

The information on this application is complete and accurate to the best of my knowledge. I understand that misrepresentation of facts on this application will be cause for refusal of admission, cancellation of admission, or dismissal from the College. I understand that the College may contact any previous institution I have attended to determine my eligibility to attend Baptist College of Health Sciences. The College also reserves the right to revoke any degree that may have been awarded in reliance on information contained in the application for admission, if it subsequently transpires that this information was fraudulent misrepresentation of fact. By signing this application, I attest to the accuracy of all information and agree to abide by the policies and regulations of the College. I understand this application will not be processed until I have signed on the line below.

Signature _____

Date _____

Annual reports providing information in compliance with the *Student Right to Know* and *Campus Security Act* are available in the Dean of Student Services' office.

EXPLANATION OF THE PRIVACY ACT OF 1974

In accordance with the Family Rights and Privacy Act of 1974, applicants for admission and enrolled students are advised that the requested disclosure of their Social Security Number to the Office of Admissions is voluntary. Students who do not provide Baptist College of Health Sciences with their Social Security Number will be assigned special nine-digit numbers. This number, or the Social Security Number, will be used to: (a) identify such student records as applicants for admission, registration and course enrollment documents, grade reports, transcript requests, and permanent academic records, and (b) to determine eligibility, certify school attendance, and report student status. Students are notified, however, that only the Social Security Numbers may be used as an identifier for grants, loans, and other financial aid programs according to federal regulations. The student's Social Security Number will not be disclosed to individuals or agencies outside of the College except in accordance with institutional policy on student records.

Baptist College of Health Sciences admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the college. Baptist College of Health Sciences does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

CAMPUS SAFETY REPORT

Applicants to the Baptist College of Health Sciences may access the Annual Campus Safety Report by logging on to the Baptist College website, www.bchs.edu. Once logged onto the website, click on Current Students/Services for Students/Safety and Security. This report describes the safety efforts and statistics for the campus. Applicants may also request a paper copy of the report.

Return this application, and a \$25 non-refundable application fee, to:

**Baptist College of Health Sciences
Admissions Office
1003 Monroe Avenue
Memphis, TN 38104**

Please make sure that the applicant's name and phone number are listed on the check.

**Website address: www.bchs.edu
Office: (901) 575-2247 or (866) 575-2247
Fax: (901) 572-2461**