BAPTIST COLLEGE

OF HEALTH SCIENCES

APPLICATION FOR ADMISSION

Baptist College of Health Sciences seeks academically well prepared, highly motivated students who are interested in a career in health sciences. Admission is based on a variety of criteria including grade point averages and standardized test scores. **Special attention is given to grades earned in science and math courses.**

Admission to the College: Admission to Baptist College is a selective, competitive process and every facet of the individual's application and academic record is reviewed in making an admission decision. The number of applicants admitted to Baptist College during any trimester may be limited. The published admissions criteria are minimum criteria for consideration, but does not guarantee admission to the College. For admissions deadlines and other information, please log onto www.bchs.edu.

Selection to the Program: Students must be admitted to Baptist College in order to be considered for selection to the professional program. For selection criteria required for each academic program, please log onto www.bchs.edu to review the criteria.

	BIOGRAPHICAL INFORMATION	ON (Please print or ty	ype legibly)	
Social Security Number:		Date of Birth:	/ /	
Full Legal Name:				
	LAST	FIRST	MI	
Preferred First Name:				
Previous /Other Last Nam	ne:			
Mailing Address:				
CITY	COUNTY (E.G. SHELBY, TIPTON, ETC.)	STATE	ZIP	
Permanent Address (If d	ifferent from above):			
CITY	COUNTY (E.G. SHELBY, TIPTON, ETC.)	STATE	ZIP	
Telephone Numbers: Ho	ome ()	Work ()		
Cell Phone: ()	E-mail Addres	SS:		
Are you a U.S. Citizen? If not a U.S. Citizen, you	□ Yes □ No If not a U.S. Citizen, must provide proof of permanent resider			
Disclosure of the following information is voluntary.What is your ethnicity?What is your race? (Please choose one)(Please choose one)I White		aoose one or more of the	<i>Have you ever served</i> <i>following</i> Sefollowing Sefollo	
 Hispanic/Latino Not Hispanic/Latin 	 Black/African American American Indian/Alaskan Asian 	Native	If yes, what branch of the Military did you serve? Air Force D Marine C	•
Gender: □ Male □ Female	 Native Hawaiian /Other Pa 	cific Islander	□ Army □ Navy □ Coast Guard	Lorps
	ENTRANCE IN	FORMATION		
Status of Entrance:	Graduate Degree Former Bag (Former Bapti		hours) Transfer (30+ college ho contact the Registrar's Office at 901-572-2452 before to check his/her eligibility to return to Baptist	ore
Term of Entrance:	Pa	age 1 of 4		

Biomedical Sciences

Diagnostic Medical Sonography

Health Care Management

Medical Laboratory Science

Medical Radiography

Nuclear Medicine TechnologyNursing

Radiation Therapy
 Respiratory Care
 Pre-Health Studies

HEALTH CARE PROFESSIONAL COMPLETION DEGREES

MAJOR

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:

Date Taken (Month/Year):

High School City/State:

ACT/SAT score:

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? $\Box 0$ $\Box 1-29$ $\Box 30-59$ $\Box 60-89$ $\Box 90$

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?
				🗆 Yes 🗳 No
				🛛 Yes 🖾 No
				🛛 Yes 🖾 No
				🖵 Yes 🗳 No
				🛛 Yes 🖓 No
				🗆 Yes 🗳 No
				🖵 Yes 🖵 No
				🛛 Yes 🖓 No
				🛛 Yes 🖾 No
				🗅 Yes 🗳 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? \Box Yes \Box 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

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