



APPLICATION FOR ADMISSION GRADUATE PROGRAM
MSN-FNP PROGRAM

OFFICE OF ADMISSIONS
5414 Brittany Drive, Baton Rouge, Louisiana 70808
(225) 768-1700

I. IDENTIFYING INFORMATION:

Today's date: Social Security Number: Birth Date MM/DD/YY
Last Name First Name Middle Name
Maiden Name
Other Name(s) under which your education records may be filed
Permanent Address (Number & Street)
City State Zip Parish/County
Mailing Address
City State Zip
How long have you lived in the state listed above? years Email
Phone (H) Phone (W) Cell (C)

II. DEMOGRAPHIC INFORMATION:

Are you Hispanic/ Latino? Yes No

Check all that characterize your race.

(Note: regardless of your answer to the previous question, please mark one or more races to indicate what you consider yourself to be.)

- American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White

SEX:

Male
Female

RELIGION:

MARITAL STATUS:

Married
Single
Divorced
Widowed

NO. OF CHILDREN:

AGES:

CITIZENSHIP: U.S. Place of Birth (Country)

If other than the USA, give alien registration number

Driver's License No.: State Date License issued:

III. FAMILY INFORMATION:

PERSON TO NOTIFY IN CASE OF EMERGENCY: Relationship:

Name Phone

Address (if different from above)

City State Zip

If parent/spouse, how long have they lived in the state listed above? Years

OFFICE USE ONLY:
AMT. REC'D: _____
DATE REC'D: _____
MOP: _____

IV. EDUCATION INFORMATION:

EDUCATION EXPERIENCE

The GRE must have been taken within the last five (5) years.

Test Date:	Test Score
GRE _____	Verbal _____ Quantitative _____ Analytical or Analytical Writing _____
GRE _____	Verbal _____ Quantitative _____ Analytical or Analytical Writing _____

POST SECONDARY INSTITUTIONS

List all formal education beyond high school, including OLOL College. Attach an additional sheet if necessary. If you have ever been enrolled in a Nurse Practitioner program, you must submit a letter of good standing from the program director.

From _____ To _____ _____ MM/YY	Institution _____	City/State _____ MM/YY
Credits/ Degrees Earned _____		
From _____ To _____ _____ MM/YY	Institution _____	City/State _____ MM/YY
Credits/ Degrees Earned _____		
From _____ To _____ _____ MM/YY	Institution _____	City/State _____ MM/YY
Credits/ Degrees Earned _____		
From _____ To _____ _____ MM/YY	Institution _____	City/State _____ MM/YY
Credits/ Degrees Earned _____		

V. EMPLOYMENT INFORMATION:

List all work experience, both full and part-time, during the last five years. Attach an additional sheet if necessary.

From _____ To _____ MM/YY MM/YY	Title of Position _____	Employer _____
City/State _____		
Job Responsibilities _____		
From _____ To _____ MM/YY MM/YY	Title of Position _____	Employer _____
City/State _____		
Job Responsibilities _____		
From _____ To _____ MM/YY MM/YY	Title of Position _____	Employer _____
City/State _____		
Job Responsibilities _____		
From _____ To _____ MM/YY MM/YY	Title of Position _____	Employer _____
City/State _____		
Job Responsibilities _____		

VI. PROFESSIONAL MEMBERSHIPS:

VII. REFERENCES AND STATEMENT:

List three individuals who you will ask to provide references. **(See attached forms provided)**

Instructions to Applicant: One of the three required references must be from your current, immediate supervisor. **Person writing this reference must mail reference to Office of Admissions in a sealed envelope.**

- (1) Name: _____
Address: _____
- (2) Name: _____
Address: _____
- (3) Name: _____
Address: _____

Please provide a detailed statement of your career goals and your reasons for pursuing the MSN-FNP degree. Your goal statement should address, in detail, your intellectual and clinical interests, your interest in the specific specialty to which you are applying, and your fit with OLOL College's program.

VIII. CERTIFICATION AND AGREEMENT: (Must be completed by all applicants):

*** PLEASE READ CAREFULLY ***

Please answer the following questions. If your answer is yes to any of the following, please attach an explanation.

Have you ever been arrested, charged with, convicted of, pled guilty or no contest to, or been sentenced for any criminal offense in any state? Yes No

Have you ever had disciplinary action pending or taken regarding any health license, Certificate registration or permit you hold or have held, including participation in the recovering nurse program? Yes No

Have you ever been denied a license, certification, registration or permit to practice in a Regulated health occupation? Yes No

Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations? Yes No

Have you ever had a malpractice judgment against you or settled any malpractice action? Yes No

Were you ever disciplined for academic performance or conduct violations (e.g. academic probation, dismissal, suspension, disqualification, etc.) by any college or school? Yes No

If you have answered "Yes" to any of the previous four questions, please provide a brief explanation.

Note: *If you have ever been diagnosed with or possess any physical or mental impairment, which may affect your ability to practice safely as a health care practitioner or if you answered yes to one of the above questions, approval to enter the clinical courses may be denied.*

BY MY SIGNATURE, I CERTIFY:

1. *To the best of my knowledge, all information on this application is complete and accurate. I understand that giving false or incomplete information will make me ineligible for admission to Our Lady of the Lake College. Moreover, I understand that discovery of false information or omission of information will result in immediate dismissal from the College.*
2. *I do hereby authorize Our Lady of the Lake College to make an investigation of my personal history, past/present employment and/or education background. I understand that if admitted to a Graduate Program, I will be subject to a pre-enrollment drug screen and random drug screening during enrollment. I understand that if I graduate from a Graduate Program, I may be subject to a national criminal background check before I will be allowed to sit for the certification/licensing examinations.*
3. *I certify that (if applicable) I have registered (or will register) with the selective service.*
4. *I am aware that Our Lady of the Lake College is a Catholic Institution committed to graduate programs which provide the basis for excellence in the practice of health care and which constitute a solid foundation for student academic and personal development. Students are expected to strive for academic excellence and clinical competence with emphasis on the art of human caring. I agree to strive to meet the expectations set forth in the mission of Our Lady of the Lake College.*
5. *I have received and reviewed a copy of the CORE PERFORMANCE TECHNICAL STANDARDS for Admission and Progression for the program for which I am applying.*

Signature of Applicant

Date

RETURN THIS APPLICATION WITH THE NON- REFUNDABLE \$50 APPLICATION FEE TO:

**OUR LADY OF THE LAKE COLLEGE
OFFICE OF ADMISSIONS
5414 Brittany Drive, BATON ROUGE, LOUISIANA**