



**APPLICATION FOR ADMISSION
GRADUATE PROGRAM**

OFFICE OF ADMISSIONS
7434 Perkins Road, Baton Rouge, Louisiana 70808
(225) 768-1700

I. APPLICATION INSTRUCTIONS:

Read the enclosed instruction sheet for information about completing this application. Incomplete applications cannot be processed. (Please print or type)

II. 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) _____

III. DEMOGRAPHIC INFORMATION:

RACE:

- ___ Black/Non-Hispanic
- ___ American Indian/Alaskan
- ___ White/Non-Hispanic
- ___ Asian/Pacific Islander
- ___ Hispanic

Gender:

- ___ 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: _____

IV. 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

V. GRADUATE PROGRAMS:

___ Non-Matriculating Graduate

MASTER OF SCIENCE DEGREES

___ Nurse Anesthesia, Certified Registered Nurse Anesthetist

___ Nursing

___ Physician Associate

OFFICE USE ONLY:	
AMT. REC'D:	_____
DATE REC'D:	_____
MOP:	_____
CK/MO NO.:	_____
BY:	_____

VI. EDUCATION INFORMATION:

EDUCATION EXPERIENCE

Test History:

Test Score

GRE (most recent) Verbal _____ Quantitative _____ Analytical or Analytical Writing _____
GRE (other attempts) Verbal _____ Quantitative _____ Analytical or Analytical Writing _____
TSE (if applicable) _____

POST SECONDARY INSTITUTIONS

List all formal education beyond high school, including OLOL College. Attach an additional sheet if necessary.

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

VII. EMPLOYMENT INFORMATION:

List all work experience, both full and part-time, during the last five years. Attach an additional sheet if necessary (If not employed, list activity, e.g. homemaker, Baton Rouge, LA).

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

VIII. HEALTH CARE EXPERIENCE INFORMATION: Attach additional sheet if necessary.

Are you currently licensed or certified as a health care professional? _____ Yes _____ No
If yes, list license or profession: _____ Date of Expiration: _____
MM/DD/YY

Do you have any health-related work or volunteer experience, other than listed above? _____ Yes _____ No
If yes, please list.

From _____ To _____ Title of Position _____ Location _____
MM/YY MM/YY Job Responsibilities _____

From _____ To _____ Title of Position _____ Location _____
MM/YY MM/YY

Job Responsibilities _____

IX. REFERENCES AND STATEMENT:

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

(1) Name: _____

Address: _____

(2) Name: _____

Address: _____

(3) Name: _____

Address: _____

In the space below or on a separate sheet, please write a detailed statement of your career goals and your reasons for pursuing this Master of Science Degree.

Name: _____

Address: _____

Phone Number: _____

X. 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? 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 judgement against you or settled any malpractice action? Yes No

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:

- 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.*
- 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.*
- I certify that (if applicable) I have registered (or will register) with the selective service.*
- 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.*
- 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 A \$50 APPLICATION FEE TO:

OUR LADY OF THE LAKE COLLEGE
OFFICE OF ADMISSIONS
7434 PERKINS ROAD, BATON ROUGE, LOUISIANA 70808

OUR LADY OF THE LAKE COLLEGE assures equal opportunity for all qualified persons without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, pregnancy status, or military status in the admission to, participation in, or employment of its programs and activities.

If a student believes that he or she had been discriminated against on the basis of race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, pregnancy status, or military status, that student should report the matter to the Vice President of Administrative and Support Services, who will seek to assist the student with the resolution of the complaint as described in the complaint procedure.

OUR LADY OF THE LAKE COLLEGE will make reasonable special services and accommodations for students with learning, emotional or physical disabilities. Students wishing to self-identify may complete a *Special Needs Assessment* form, which is available from the office of the Dean of Student Services.

Information on campus crime statistics is available upon request. This information is also available on the college website http://www.ololcollege.edu/Campus_Security.html as well as links to the Louisiana State Police for information on registered sex offenders.

College Mission Statement

Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God's people, especially those most in need. We call forth all who serve in this healthcare ministry, to share their gifts and talents to create a spirit of healing – with reverence and love for all of life, with joyfulness of spirit, and with humility and justice for all those entrusted to our care. We are, with God's help, a healing and spiritual presence for each other and for the communities we are privileged to serve.