

# APPLICATION FOR ADMISSION TO THE AUGUSTANA COLLEGE NURSING PROGRAM

*Please complete the information below, and return this form and attachments to:*

The Office of Admission  
AUGUSTANA COLLEGE  
2001 S. Summit Ave.  
Sioux Falls, SD 57197

Name \_\_\_\_\_ Date \_\_\_\_\_

Home address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Expected year of graduation from Augustana College \_\_\_\_\_

*Please answer the essay questions below on a separate sheet of paper. Answers should be typewritten, double-spaced, and not exceed 300 words for each question.*

- a. Describe what led you to your decision to pursue a major in nursing.
  
  
  
  
  
  
  
  
  
  
- b. What would you identify as your greatest strengths and needs for growth as you pursue a college education?

*Because the practice of nursing is regulated by law (the South Dakota Nurse Practice Act) to protect the public safety, it is necessary for nursing education programs to ask prospective students about any previous legal violations. Please respond to the checklist on the back of this page and sign and date this document.*



## QUESTIONS RELATED TO THE SOUTH DAKOTA NURSE PRACTICE ACT

1. Have you ever been convicted, pled guilty or no contest/nolo contendere, pled guilty to, or have been granted a deferred judgment or sentence with respect to a felony, misdemeanor, or petty offense other than minor traffic violations? (If yes, please provide a signed and dated explanation.) \_\_\_\_\_yes \_\_\_\_\_no
2. Is there any pending criminal prosecution against you which would constitute a felony? \_\_\_\_\_yes \_\_\_\_\_no
3. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you? \_\_\_\_\_yes \_\_\_\_\_no
4. Has any nursing license or certificate ever held by you in any state or country been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action? \_\_\_\_\_yes \_\_\_\_\_no
5. Have you ever had privileges revoked, reduced, or otherwise restricted at any hospital or other healthcare provider entity? \_\_\_\_\_yes \_\_\_\_\_no
6. Have you ever been subject to proceedings by a professional society to revoke, reduce, or restrict membership? \_\_\_\_\_yes \_\_\_\_\_no
7. Have you ever been treated for abuse or misuse of any alcohol or chemical substance? \_\_\_\_\_yes \_\_\_\_\_no
8. Have you ever experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care? \_\_\_\_\_yes \_\_\_\_\_no
9. Do you currently owe child support arrearages in the amount of \$1,000 or more? \_\_\_\_\_yes \_\_\_\_\_no

If you have questions or concerns regarding this provision, please contact the Office of the South Dakota Board of Nursing in Sioux Falls: (605)362-2760.

Signed \_\_\_\_\_

Date \_\_\_\_\_



2001 SOUTH SUMMIT AVENUE  
SIOUX FALLS, SOUTH DAKOTA 57197