



Butler County Community College  
Department of Nursing

**Application for Admission**

**Personal Information:**

Date: \_\_\_\_\_ Butler ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Legal Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Maiden Name)

Home address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ Work Telephone Number: (\_\_\_\_) \_\_\_\_\_

Current Employer: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Person to be notified in case of emergency:

\_\_\_\_\_  
(Name) (Relationship)

Home address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ Work Telephone Number: (\_\_\_\_) \_\_\_\_\_

**Previous College Information:**

College, University, Vo Tech	City, State, Country	Dates Attended	Degree / Certificate Earned

**Have you completed a certified program for patient care experience?: \_\_\_\_\_**  
**Must provide proof of documented patient care experience. Examples include: Certified Nurse Aide, Patient Care Tech, Emergency Medical Service, Medical Assistant, Physical Therapy Assistant.**

If you have previously attended a nursing program (including LPN), reason for leaving: \_\_\_\_\_

Are you requesting admission as a transfer student from another nursing program? Yes No

I am a LPN? Yes No

***IF YES, please complete the Advanced Standing Application***

**Admission Information:**

Which semester / year do you wish to be considered for the BCC Nursing Program?

- Spring \_\_\_\_\_ (Year)
- Fall \_\_\_\_\_ (Year)

Are you interested in the Butler KU partnership?    Yes                  No

- ◆ It is the student's responsibility to request a copy of all college transcripts, **other than BCC**, be sent to the Department of Nursing to verify completion of prerequisites and other support courses.

Give the date the following prerequisites have been or will be completed:

English Composition I \_\_\_\_\_      Anatomy & Physiology \_\_\_\_\_  
 (must have been completed within last 5 years)

General Psychology \_\_\_\_\_      College Algebra or higher \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony?    Yes                  No

Please note: The Kansas State Board of Nursing has the power to deny, revoke, limit or suspend any license to practice nursing as a licensed practical nurse or a registered professional nurse that is issued or applied for if the applicant or licensee is found after a hearing:

1. To have been guilty of a felony or to have been guilty of a misdemeanor involving illegal drug offense unless the applicant or licensee establishes sufficient rehabilitation to warrant public trust except notwithstanding KSA 74-120, no license, certificate of qualification or authorization to practice nursing as a licensed professional nurse or licensed practical nurse shall be granted to a person with a felony conviction for crime against persons.
2. To be unable to practice with skill and safety due to current abuse of drugs or alcohol. (Kansas Nurse Practice Act 65-1120 Denial, Revocation, limitation of license or certification of qualification-July 2001)

Prospective students must understand the:

- Qualifications for writing the state board licensure examinations. <http://www.ksbn.org/npa/pages/65-1115.pdf>
- Grounds for disciplinary action/denial of license. <http://www.ksbn.org/npa/pages/65-1120.pdf>.
- Crimes against persons. [http://www.kslegislature.org/li/b2017\\_18/statute/021\\_000\\_0000\\_chapter/021\\_054\\_0000\\_article/](http://www.kslegislature.org/li/b2017_18/statute/021_000_0000_chapter/021_054_0000_article/)

I certify that I have carefully considered each question and that my information is true and complete to the best of my knowledge. I have read the admission requirements, nursing admission procedure and legal qualifications for LPN and RN licensure.

\_\_\_\_\_  
(Legal Signature)

\_\_\_\_\_  
(Date)

All admission materials, including the nursing department application, transcripts from colleges other than BCC, and previous TEAS scores taken at other institutions are to be sent to:

Department of Nursing  
 Butler County Community College  
 901 S Haverhill Road  
 El Dorado, KS 67042  
 316-322-3140 or 316-733-3140 (from Wichita)

Notice Of Non Discrimination: Butler County Community College is committed to a policy of nondiscrimination involving equal access to education and employment to all regardless of sex, race, age, religion, color, national origin or disability. The administration further extends its commitment to fulfilling and implementing the federal and state laws and regulations as specified in Title IX and Section 504 of the Rehabilitation Act. For assistance in these areas, contact the Director of Human Resources, Butler County Community College, 901 S. Haverhill Rd., El Dorado, KS 67042; (316)322-3152 or (316)322-3263.