



Have you been discharged from the military on ground(s) other than an honorable discharge?  
If yes, please attach explanation.

***Failure to disclose or to correctly answer the questions on the application constitutes falsification of documents and will result in denial of licensure. The Louisiana State Board of Nursing will conduct a criminal background record check on all applicants for licensure as a registered nurse in Louisiana.***

**III. REPORTING OF SUBSEQUENT ARRESTS OR CONVICTIONS:**

If a student is admitted to the clinical sequence of the program, any subsequent disciplinary action, arrest, criminal charge or conviction, addiction, or impairment shall also be reported IMMEDIATELY to the Director of the School of Nursing who will forward them to the Board. All required documents shall be forwarded to the Director of the School of Nursing for evaluation in determining the student's eligibility to continue in the clinical sequence of the program. After review, the documents will then be forwarded to the Louisiana State Board of Nursing.

I CERTIFY THAT ANY INFORMATION PROVIDED ON THIS FORM OR IN ANY ATTACHED DOCUMENTS IS TRUE AND ACCURATE AND INCLUDES ALL DISCIPLINARY ACTION, OR CRIMINAL INCIDENTS THAT I HAVE EVER BEEN ARRESTED FOR OR CHARGED WITH, OR ANY ADDICTION WITHIN THE LAST FIVE YEARS, OR IMPAIRMENT. I FURTHER CERTIFY THAT I HAVE READ THIS DOCUMENT AND THAT I UNDERSTAND THAT FALSIFICATION OF THIS DOCUMENT OR FAILURE TO REPORT ALL SUBSEQUENT DISCIPLINARY ACTIONS, ARRESTS, OR IMPAIRMENT WILL RESULT IN DENIAL OF MY APPLICATION TO ENROLL IN A CLINICAL NURSING COURSE AND DENIAL OF LICENSURE AS A REGISTERED NURSE.

Have you applied to the ULM Nursing program before?

If yes, when?

DATE:

SIGNATURE:

PRINT NAME:

Date:

Kitty DeGree School of Nursing  
The University of Louisiana at Monroe  
700 University Avenue, NURS 124  
Monroe, Louisiana 71209-0460

I have read and agree to abide by the policies and procedures of the University of Louisiana at Monroe, College of Health and Pharmaceutical Sciences, and Kitty DeGree School of Nursing.

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Print Name

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Signature

**NOTE:** This form must accompany the application for admission into the School of Nursing professional program.

GPA PNURS – 120 HRS										Semester Applying for:		
Name:										Date:		
CWID:				ALL REPEATED PRE REQUIRES COURSES ARE INCLUDED IN NURSING GPA CALCULATION.								
PNURS COURSES	GRADE	X	HRS	=	QPTS	ADDITIONAL PNURS COURSES	GRADE	X	HRS	=	QPTS	
BIOL 1014			3									
BIOL 1015			3									
BIOL 1016			1									
BIOL 1017			1									
BIOL 2014			3									
BIOL 2015			1									
BIOL 2028			3									
CHEM			3									
CHEM LAB			1									
ENGL 1001			3									
ENGL 1002			3									
HLST 207			3									
MATH 1011			3									
MATH 1016			3									
NURS 2000			2									
NURS 2080			3									
PSYC 2001			3									
PSYC 2078			3									
PSYC 4001			3									
			48									
QP:		/	HRS:		=	GPA						
GPA POINTS			HESI-Admission Assessment				Score:		Date:			
HESI POINTS			<b>DO NOT TURN THIS GPA FORM IN. IT IS FOR YOU ONLY!</b>									