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# BUNTAIN SCHOOL OF NURSING

# Northwest University

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## APPLICATION TO NURSING MAJOR

### 2012 Cohort

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Priority Due Date: January 31, 2012

4:30 pm

Additional applications accepted as space allows

**Fax: 425.889.5748**

**QUESTIONS - Call: 425.889.7822**

**Email: [nursing@northwestu.edu](mailto:nursing@northwestu.edu)**

Please return to:

Buntain School of Nursing

Northwest University

PO Box 579

Kirkland, WA 98083-0579

## APPLICATION FOR ADMISSION TO MAJOR 2012 Cohort

### Checklist for Submitting a Complete Application Package

Completed	Item	Due Date			
	Accepted to Northwest University	ASAP			
	Official Transcripts Ordered (Do not order or send NU transcripts)	ASAP			
	Reference Forms Distributed <b>Important:</b> All forms including references must be received in the School of Nursing Office before your application can be processed. Be sure to provide your reference with a stamped envelope addressed to the Buntain School of Nursing, P.O. Box 579, Kirkland, Washington 98083	ASAP			
	Application Packet and \$35.00 Fee Due Please make your check payable to Northwest University	January 31, 2012			
	References and Transcripts Due	January 31, 2012			
	Make an appointment to take the test at <a href="http://bson-office-info.wikispaces.com/TEAS-Sign-up-Sheet">http://bson-office-info.wikispaces.com/TEAS-Sign-up-Sheet</a> Cost \$40.00 cash or check due at beginning of test. Test of Essential Academic Skills –Test scores must be submitted with Application.	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"> <p>NU Students November &amp; December</p> </td> </tr> <tr> <td style="text-align: center;"> <p>Transfer students January</p> </td> </tr> </table> </td> </tr> </table>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"> <p>NU Students November &amp; December</p> </td> </tr> <tr> <td style="text-align: center;"> <p>Transfer students January</p> </td> </tr> </table>	<p>NU Students November &amp; December</p>	<p>Transfer students January</p>
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<p>Transfer students January</p>					
	Proctor Information Transfer Students – If you are unable to test at NU please contact ATI Testing for a testing location in your area. 1.800.667.7531 The School of Nursing can give you further instructions regarding the procedure to submit your test results. Please call 425.889.7822	January 31, 2012			

**Please Note:** Additional applications will be accepted after January 31st on a space available basis. All applications received on or before the priority due date will be reviewed and decisions communicated to the applicants before late applications are considered.

**The Test of Essential Academic Skills** must be taken by all applicants before January 31, 2012. This test is the entrance exam for the nursing major. A study guide is available at [www.atitesting.com](http://www.atitesting.com). To Schedule a time to take your exam please visit our WIKI site <http://bson-office-info.wikispaces.com/TEAS-Sign-up-Sheet>. **Please Note: Northwest University will allow a TEAS test retake every six (6) months. Any retake taken before the six (6) month waiting period will not apply to your application and the six (6) month waiting period will begin again.**

Please note that all communication regarding your application will be sent via email. It is imperative that the email address you provide on the Personal Information Sheet (**Form A**) is correct.

If you have any questions as you complete the application process please email [nursing@northwestu.edu](mailto:nursing@northwestu.edu).

***Please read all instructions BEFORE you begin work on the application.***

BUNTAIN SCHOOL OF NURSING, NORTHWEST UNIVERSITY  
APPLICATION FOR ADMISSION TO MAJOR

Thank you for your interest in the Buntain School of Nursing at Northwest University. All parts of this application must be received in the School of Nursing Office by Tuesday, January 31, 2012 at 4:30pm to meet the priority deadline for admission to the 2012 cohort of the nursing major. All applications received on or before the priority due date will be reviewed and decisions communicated to those applicants before late applications are considered. Final decisions regarding acceptance to the Buntain School of Nursing will be mailed via USPS to students in the last week of March if the application was received before the priority deadline. The instructions below are divided into three sections please be sure you carefully read the parts that apply to you.

**All Applicants:**

**If you are planning to transfer credits that would apply to your nursing degree two official copies of all relevant transcripts are needed; one must be sent to the Northwest University Admissions Office and one must be sent to the Buntain School of Nursing Office, P.O. Box 579, Kirkland, WA 98083.** If you take classes after the application due date at an institution other than Northwest University you **must order two official copies of these transcripts also and have them sent to the Admissions Office and the Buntain School of Nursing.** Students may **not** ask either the university enrollment office or the registrar's office to give them copies of relevant transcripts, as they would no longer be deemed official. It is not necessary to order transcripts from Northwest University.

Once we have received **Form A** of your application you will receive an email stating your application number. You may check our application tracker via our WIKI at <http://bson-office-info.wikispaces.com/2012+Application+Tracker>. Please do not call the School of Nursing office to see if your application is complete.

**Current Students of Northwest University:**

The **Test of Essential Academic Skills** will be given to all NU applicants by appointment only in the months of October and November. A sign-up sheet and instructions are available online at <http://bson-office-info.wikispaces.com/TEAS-Sign-up-Sheet>. You must place your name and phone number on this list to reserve a time to take the test. We will offer multiple test times to best accommodate our students' schedules but please be aware that time and space are limited and you may have to rearrange your schedule to take this exam. The cost of this exam is \$40.00 and the fee is due before the test is started. Applicants who do not earn a minimum score of 76% will not be admitted to the nursing program.

**Transfer Students:**

Please be aware that in order for us to make a decision regarding acceptance to the nursing major, **you must be accepted to Northwest University for fall 2012.** However, work on the School of Nursing application and the Northwest University application may be done simultaneously. If you have not yet received an application for admission to the University, please call (800) 669-3781 immediately to request one or print one from the web site linked at <http://www.northwestu.edu/admissions/apply.php>.

The **Test of Essential Academic Skills** will be given to all transfer applicants by appointment only in the month of January. If you live in the Seattle area you may sign up to test at <http://bson-office-info.wikispaces.com/TEAS-Sign-up-Sheet>. We will offer multiple test times to best accommodate our applicants' schedules, but please be aware that time and space are limited and **you may have to rearrange your schedule to take this exam.** The cost of the exam if taken at NU is \$40.00. If location or time prevents you from taking the exam at NU you must make an appointment to take this test at an ATI test center near your location. There are ATI testing centers located nationwide, to find the location nearest you please call 800.667.7531. This exam must be complete when you turn in your application. Applicants who do not earn a minimum score of 76% will not be admitted to the nursing program.

**Re-applicants:**

If you are a re-applicant or have deferred your application please call our office to see which forms we will need you to complete.

**Itemized below are the seven components of the application with instructions for completion:**

- A) Personal Information Sheet (Form A):** Complete this section and return it to our office as a portion of the basic application. Once we receive this form in our office you will be sent an email with your application number. You may then visit our Application Tracker on our WIKI at <http://bson-office-info.wikispaces.com/2012+Application+Tracker>. Here you will be able to see what component of the application we have received. Do not call our office to see if your application is complete.
- B) Academic Information Sheet (Form B):** Inform us of your CURRENT status for prerequisites both COMPLETE AND INCOMPLETE, and the timeframe in which you plan to be finished with the courses you have not yet taken. This form should be returned as a portion of the basic application. List all colleges and universities you have attended including Northwest University (NU) if you have taken course work at NU.
- C) Agreement to Support Mission, Vision, and Purpose (Form C):** Read this form carefully, sign and return it to our office as a portion of the basic application.
- D) Criminal Background Check (Form D):** Many of the clinical sites where our students will be practicing require you to have a recent National Criminal Background Check and/or Washington State Patrol background check. A signed permission slip authorizing the background check is required. Please complete and return this form front and back to our office as a portion of the basic application.
- E) Christian Leader Reference Form (Form E):** This reference form is to be filled out by a Sunday school teacher, youth leader, pastor, etc. from a Christian organization who knows you well and under whom you have learned, studied or served. The person who completes this form must not be related to you or any of your family members. As a courtesy, please provide your references with a stamped envelope addressed to Buntain School of Nursing; PO Box 579; Kirkland, WA 98083-0579.
- F) Faculty Reference Form (Form F):** This reference form is to be filled out by a faculty member that you think would best be able to assess your ability to succeed in Nursing School. You must use a college level instructor, rather than high school or below, who is not related to you or your family. As a courtesy, please provide your references with a stamped envelope addressed to Buntain School of Nursing; PO Box 579; Kirkland, WA 98083-0579, unless completed by a faculty member who teaches at Northwest University.
- G) Self-Analysis Essay Guide (Form G):** Instructions for this essay are listed on Form G. Include the essay as a portion of the basic application and return it to our office by January 31, 2012.
- H) An application fee** of \$35.00 is due with the basic application. Your application is not complete without payment of this fee. Please make check payable to Northwest University.

**For any questions regarding this application please email the School of Nursing Office at [nursing@northwestu.edu](mailto:nursing@northwestu.edu).**

BUNTAIN SCHOOL OF NURSING  
NORTHWEST UNIVERSITY  
APPLICATION FOR ADMISSION TO MAJOR  
**Personal Information Sheet**

Please Print

**Full Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Last) (First) (Middle)

**Birthday** \_\_\_/\_\_\_/\_\_\_  **Married** /  **Single** **Maiden Name** \_\_\_\_\_  
(M) (D) (Y)

**Other Names** \_\_\_\_\_ **NU Box #** \_\_\_\_\_ **NU ID #** \_\_\_\_\_  
(nicknames, maiden names & previous names)

**Current Address** \_\_\_\_\_ **Apt** \_\_\_\_\_  
(Street)

\_\_\_\_\_ **Cell Phone #** \_\_\_\_\_  
(City) (State) (Zip) (County)

**Permanent Address** \_\_\_\_\_ **Apt** \_\_\_\_\_  
(Street)

\_\_\_\_\_ **Phone #** \_\_\_\_\_  
(City) (State) (Zip) (County)

**Summer Address?** (check one)  **Current**  **Permanent**  **Other**  
(If "other," please write that address below.)

\_\_\_\_\_ Date address is active \_\_\_\_\_  
(Street)

\_\_\_\_\_ **Phone #** \_\_\_\_\_  
(City) (State) (Zip)

**Email** (required) \_\_\_\_\_

Please note: Notification regarding admission to the Buntain School of Nursing will be sent to you via the United States Postal Service to the address listed as "current", all other correspondence will be done via email. **Please make certain that you have supplied us with correct information and that it is legible. If your address or email changes it is your responsibility to provided us with updated information.**

Have you previously submitted an application to the Buntain School of Nursing?  
 Yes  No

If no, when did you last apply: \_\_\_\_\_  
(month) (year)

**\*\*Responding to this question is voluntary\*\***

What ethnicity do you consider yourself to be? \_\_\_\_\_

Male  Female

**Buntain School of Nursing**

**Northwest  
UNIVERSITY**

**Previous Experience**

In the table provided below, please list your previous and or current work experience.

DATES	PLACE	JOB TITLE	RESPONSIBILITIES

In the table provided below, please list any volunteer experience.

DATES	PLACE	JOB TITLE	RESPONSIBILITIES

Do you have any additional experiences that would enhance our knowledge of your nursing, academic, or leadership capabilities as you enter the nursing program (i.e. registrations, certificates, awards, etc.)?

Please list \_\_\_\_\_

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Name \_\_\_\_\_

(first)

(last)

**BUNTAIN SCHOOL OF NURSING, NORTHWEST UNIVERSITY**  
**APPLICATION FOR ADMISSION TO MAJOR**  
**Academic Information Sheet**

**Colleges and/or Universities Attended** (beginning with the most recent, please list NU if you have attended Northwest University):

<i>University/College</i>	<i>Dates Attended</i>	<i>GPA</i>	<i>Degrees Received</i>

**Attention:**

Below is the list of General Education Requirements that are required to earn a Bachelor of Science degree with a major in nursing at Northwest University. All of this coursework must be complete before you begin nursing courses. Please indicate in the space provided the term (quarter or semester) and year that you completed or plan to complete each course listed. Courses with an asterisk (\*) after the course number must be completed with a grade of 2.7 or higher. (REMEMBER: Official transcripts **MUST** be sent to **BOTH** the **School of Nursing Office** and the **NU Enrollment Office** for all transfer coursework represented below!)

**Prerequisite Course Completion**

<b>Course Number</b>	<b>Course Title</b>	<b>Semester Credits</b>	<b>To Be Completed</b> <small>FA/WI/SP/SU YEAR</small>	<b>Completed</b> <small>FA/WI/SP/SU YEAR</small>	<b>School</b>
EXPL 2101	Example Course	3	SU 2010 (or)	SP 2007	NU
ENGL 1013	Expository Writing	3			
ENGL 2613	Writing & Research: APA	3			
COMM 1212	Speech	2			
ARTE, MUSI, DRAM, etc.	Fine Arts: Art Appreciation, Music Appreciation, Drama Appreciation, etc.	2			
MATH 2003	Statistics	3			
SCIE 1203/1	College Chemistry I	(competency required)			
SCIE 1213/1*	College Chemistry II (Organic & Biochemistry)	4			
SCIE 2203/1*	Anatomy & Physiology I w/Lab	4			
SCIE 2213/1*	Anatomy & Physiology II w/Lab	4			
SCIE 2452	Genetics & Society	2			
SCIE 2613	Diet & Nutrition	3			
SCIE 3104	Microbiology	4			
PSYC 1013*	General Psychology	3			
PSYC 2563	Lifespan Psychology	3			
SOCI 3423	Cultural Anthropology	3			
BIBL 1103	Old Testament History/Literature	3			
BIBL 1203	New Testament History/Literature	3			
BIBL 2553	Biblical Interpretation	3			
THEO 1213	Christian Thought	3			
BIBL/THEO	Elective	3			

**Statement of Understanding:** Students in the Buntain School of Nursing must comply with rigorous academic standards in order to be admitted to, and continue in, the program. The requirements are listed in full in the academic catalog. Worth noting is that a student must achieve at least a 2.7 grade on a 4.0 scale in the following classes: Organic and Biochemistry; Anatomy & Physiology I, II; and General Psychology. **Overall**, the student must achieve **at least a 3.0** cumulative grade point average (GPA) on a 4.0 scale (calculated on program prerequisites only) to be admitted to the nursing major.

An overall GPA of 3.00/4.00 must be maintained throughout the sequence of nursing courses, and **the minimum passing grade for any nursing course is 2.7**. This is said in acknowledgement that the nursing curriculum is academically demanding. Once admitted to the nursing curriculum, the student is advised to **reduce any outside employment to one shift per week that does not conflict with clinical or classroom schedules**. During the senior year, especially the final semester of intense clinical work that is conducted abroad, students should plan to drastically reduce hours or take a leave of absence from their outside employment. Also, it is important to note, **permission to work on general education requirements will not be given once a student enters the nursing curriculum**.

Saturday class sessions may be necessary on occasion for reasons such as but not limited to a guest speaker or classroom availability. For the first three semesters the student should anticipate **approximately two hours of skills lab time per week to be scheduled after the beginning of the semester**. Because of the limited accessibility to certain clinical settings (e.g., hospital units), clinical practice may be scheduled for evening, night, or weekend shifts. When weekend, evening or night course sessions are planned by faculty, every effort will be made to provide at least one month's prior notice.

I certify that I have read and understand the above information and that the information that I have provided on **Form B** is true and complete to the best of my knowledge. I also understand that if I have not completed any of the courses listed on **Form B** by August 24, 2012, I will lose my position in the 2012 cohort.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### **Requirements**

**Transportation:** All transportation to and from clinical learning experiences and the cost of parking are the student's responsibility.

**Health Care Costs:** Clinical sites want students to be aware that they cannot provide treatment for illness or injury free of charge. You, the student, are responsible for the cost of your health care needs. Due to the requirements of many clinical sites, the School of Nursing requires all nursing students to provide proof of health and accident insurance. What is the name of the health and accident insurance company that will cover you throughout all periods of enrollment in the Buntain School of Nursing?

Name of insurance company \_\_\_\_\_

Identification # \_\_\_\_\_ Group # \_\_\_\_\_ Ex Date \_\_\_\_\_

OR--  I do not have insurance at this time but agree to provide this information by Friday, August 24, 2012.

**Passports:** All students will be required to show their passports on the first day of orientation **and** they will be required to supply the School of Nursing with a photocopy of their passport. The passport must not expire before October 1, 2014.

**Immunizations:** Once admitted to the program a list of **required** immunizations and titers will be sent to the student. Please note: Immunizations for Hepatitis A & B are required to start the program. In order to complete these series you will need to start them during the application process if you are to complete them before the first day of school.

I have read and understand the above statements. I accept the responsibility for transportation, healthcare costs, my passport, and immunizations, while enrolled in Northwest University's nursing program.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Name \_\_\_\_\_  
(first) (last)

BUNTAIN SCHOOL OF NURSING, NORTHWEST UNIVERSITY  
APPLICATION FOR ADMISSION TO MAJOR

Agreement to Support Mission, Vision, and Purpose

**Mark and Huldah Buntain School of Nursing Mission Statement**

The School of Nursing at Northwest University prepares graduates to answer their call to serve God throughout the world and lead others by using their professional expertise as nurses.

**Vision Statement**

The School of Nursing in all manner of philosophy and operations is uniquely and pervasively Christian. Its learners strive for the highest quality achievements in their educational, professional, and spiritual development. The graduates seek to blend a professional practice with a deeper personal faith as they influence health care in all parts of the world.

Listed above are the mission and vision statements of the Buntain School of Nursing. By signing below you are acknowledging that you understand that these statements will provide the groundwork for the curriculum to be taught. You are also saying that you believe that your goals are aligned with this mission and vision, and if selected as a student in the nursing major, you will support this mission and vision.

In applying for admission to the Buntain School of Nursing at Northwest University, I affirm that I will abide by the purposes that the University sets forth in its catalog as standards of conduct. I hereby certify that all statements made on this application are true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Buntain School of Nursing

**Northwest**  
**UNIVERSITY**

# BUNTAIN SCHOOL OF NURSING, NORTHWEST UNIVERSITY

## Criminal Background Check

The Washington State Child and Adult Abuse Information Law RCW 43.43.830-845, requires that anyone with unsupervised access to certain vulnerable populations be screened for specific information about any convictions for crimes against persons and crimes relating to financial exploitations, and for findings in related actions and proceedings. Clinical training sites are precluded by law from allowing persons with certain convictions histories to have unsupervised access to these vulnerable populations. Contracts with clinical training sites require the nursing program to assure that its students have been screened.

Conviction information, including information regarding certain court and administrative determinations, must be disclosed and verified before an applicant or student can be considered for enrollment or for continuation in the nursing program. A conviction/criminal history record does not necessarily disqualify an individual from admission or continuation. Conviction/criminal history records must be verified through a private national background check agency specified by the program. Admission and/or continued enrollment is subject to a satisfactory background check review. Individuals who do not sign this Conviction/Criminal History Disclosure Form will not be considered for admission or continuation. Questions about the use of conviction/criminal history information may be referred to Dean.

**PLEASE PRINT**

First Name:		Last Name:		Social Security Number	
Middle Name:		Previous Names or Alias		Date of Birth	
<b>I. CRIMES AGAINST PERSONS AND CRIME RELATING TO FINANCIAL EXPLOITATION</b>					
Have you ever been convicted of any of the following crimes? If <b>YES</b> , please check all that apply and provide detailed information in section VI.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Arson (1 <sup>st</sup> Degree)	<input type="checkbox"/> Custodial Interference (1 <sup>st</sup> , 2 <sup>nd</sup> Degree)	<input type="checkbox"/> Prostitution			
<input type="checkbox"/> Assault (Custodial)	<input type="checkbox"/> Extortion (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Degree)	<input type="checkbox"/> Promoting Prostitution (1 <sup>st</sup> Degree)			
<input type="checkbox"/> Assault (Simple or 4 <sup>th</sup> Degree)	<input type="checkbox"/> Forgery	<input type="checkbox"/> Rape (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Degree)			
<input type="checkbox"/> Assault (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Degree)	<input type="checkbox"/> Incest	<input type="checkbox"/> Rape of a Child (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Degree)			
<input type="checkbox"/> Assault of a child (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Degree)	<input type="checkbox"/> Indecent Exposure (Felony)	<input type="checkbox"/> Robbery (1 <sup>st</sup> , 2 <sup>nd</sup> Degree)			
<input type="checkbox"/> Burglary (1 <sup>st</sup> degree)	<input type="checkbox"/> Indecent Liberties	<input type="checkbox"/> Selling/Distributing Erotic Material to a Minor			
<input type="checkbox"/> Child Abandonment	<input type="checkbox"/> Kidnapping (1 <sup>st</sup> , 2 <sup>nd</sup> Degree)	<input type="checkbox"/> Sexual Exploitation of a Minor			
<input type="checkbox"/> Child Abuse or Neglect (RCW 26.44.020)	<input type="checkbox"/> Malicious Harassment	<input type="checkbox"/> Sexual Misconduct with a Minor			
<input type="checkbox"/> Child Buying or Selling	<input type="checkbox"/> Manslaughter (1 <sup>st</sup> , 2 <sup>nd</sup> Degree)	<input type="checkbox"/> Theft (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Degree)			
<input type="checkbox"/> Child Molestation (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Degree)	<input type="checkbox"/> Murder (Aggravated)	<input type="checkbox"/> Unlawful Imprisonment			
<input type="checkbox"/> Communication with a Minor	<input type="checkbox"/> Murder (1 <sup>st</sup> , 2 <sup>nd</sup> Degree)	<input type="checkbox"/> Vehicular Homicide			
<input type="checkbox"/> Criminal Abandonment	<input type="checkbox"/> Patronizing a Juvenile Prostitute	<input type="checkbox"/> Violation of Child Abuse Restraining Order			
<input type="checkbox"/> Criminal Mistreatment (1 <sup>st</sup> , 2 <sup>nd</sup> Degree)	<input type="checkbox"/> Promoting Pornography	<input type="checkbox"/> Or Any of These Crime That May Have Been Renamed			
<b>II. RELATED PROCEEDINGS</b>					
Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult? If YES, please provide detailed information in Section VI.				<input type="checkbox"/> Yes	<input type="checkbox"/> No If YES, please provide detailed information in Section VI.
<b>III. DRUG-RELATED CRIMES</b>					
Have you ever been convicted of a crime related to the manufacture of, delivery, or possession with intent to manufacture or deliver a controlled substance?				<input type="checkbox"/> Yes	<input type="checkbox"/> No If YES, please provide detailed information in Section VI.
<b>IV. MEDICARE FRAUD-RELATED CRIMES</b>					
Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs?				<input type="checkbox"/> Yes	<input type="checkbox"/> No If YES, please provide detailed information in Section VI.
<b>V. HEALTH CARE LICENSURE</b>					
Have you ever had your license as a health care practitioner revoked?				<input type="checkbox"/> Yes	<input type="checkbox"/> No If YES, please provide detailed information in Section VI.
<b>VI. FOR ALL ITEMS CHECKED IN SECTIONS I – V, PLEASE SPECIFY:</b>					
1) The specific details including the court or agency involved					
2) Conviction or action date(s)					
3) Sentence(s) or penalty(ies) imposed					
4) Prison release date(s)					
5) Current standing (e.g. parole, work release, suspended license, etc.)					
Please use separate paper if necessary					

**Criminal Background Check Cont.**

PLEASE PRINT

VII. GENERAL CONVICTION INFORMATION						
Aside from those crimes listed above, within the past 10 years, have you ever been convicted of or released from prison for any crimes, excluding parking tickets/traffic citations? If YES, please indicate all conviction dates, prison release date(s) and the nature of the offense(s). Please use other side of page if necessary.					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Address				City, State & Zip		
All other cities, counties and states in which resided <u>since turning 18 years of age</u> (please print):						
City, County, & State				City, County, & State		
City, County, & State				City, County, & State		
City, County, & State				City, County, & State		
City, County, & State				City, County, & State		
City, County, & State				City, County, & State		
<p>Under penalty of perjury, I certify that the above information is true, correct and complete. I understand that I am obligated to notify the nursing program within 30 days, in writing, of if I am convicted of any crime or if any of the specified court or administrative determinations are made against me during the application period and/or while enrolled as a student. I understand that any misrepresentation or omission in the above-stated information may lead to denial of admission or dismissal. I understand and agree that the Northwest University and the Buntain School of Nursing may verify this information through a private national background records verification agency. I also understand and agree that admission and continuation is conditioned on the Program's receipt of a satisfactory background check report from the agency.</p> <p><b>Authorization for Repeat Background Checks and Dissemination of Results:</b>  I agree to initiate, pay for and provide the Buntain School of Nursing with a repeat background check every year from the date of my admission to the Program. I authorize dissemination of my self-disclosure information, background check results, and conviction records to clinical training sites as deemed necessary by the Buntain School of Nursing during the completion of my academic program. I understand that the Buntain School of Nursing will provide the records listed above only with the condition that the receiving party or parties will be notified by the Buntain School of Nursing that they may not disclose the information to other parties, in a personally-identifiable form, without my further consent, unless the other parties are otherwise eligible under federal or state law to receive the records. I further understand that any statements that I have placed in my records commenting on consented information contained in the records listed above will be released along with the records to which they relate.</p>						
Signature					Date	
Printed Last Name		Printed First Name		Printed Middle Name		

## Process for Background Check Review:

1. All applicants/students submit a signed Conviction/Criminal History Disclosure Form.
2. Every applicant must verify conviction/criminal history through the private national background check agency specified by the nursing program, by the stated deadline. Failure to comply by the deadline may disqualify the applicant from admission. (Deadline will be published in your admission letter.)
3. All continuing students must complete a repeat check every year.
4. If the check is negative, the applicant may be admitted to and the continuing student may continue in the program.
5. If the check is positive, the applicant/student will be asked to explain any discrepancies. This information will be reviewed by a program chair and faculty. If the review indicates that the information and explanation are satisfactory, the applicant may be admitted to and the continuing student may continue in the program. If the review indicates that information and explanation are not satisfactory, the offer of admission may be withdrawn and the continuing student may be suspended or dismissed from the program.
6. The Dean will meet with the applicant/student and inform the applicant/student of the decision regarding the background check review verbally and in writing.

BUNTAIN SCHOOL OF NURSING, NORTHWEST UNIVERSITY  
APPLICATION FOR ADMISSION TO MAJOR

Christian Leader Reference Form

To the Applicant: Print your name and address on the lines below. If you should choose to release your rights to see this form and give the Christian leader permission to confidentially fill out this form, please sign and date in the space provided below.

Please note that this is not required of you, but it is strongly suggested for the benefit of the Christian leader providing the reference.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*This reference form will not be available to the applicant for inspection if he/she has signed above. The above named applicant is applying to the nursing major at Northwest University. The mission of the nursing program is to prepare graduates to answer their call to serve God throughout the world and lead others by using their professional expertise as nurses. Please consider this as you fill out the following reference form. By completing this form it is understood that you are **not related** to the applicant in any way.*

1. How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months

2. In what church or other organization do you have contact with the applicant?  
\_\_\_\_\_

3. In what capacity do you know this applicant? \_\_\_\_\_

4. How well do you know the applicant?

Casually       Well       Very Well

5. Does the applicant demonstrate Christ in his/her life-style? (Circle one)    Yes    No

Please Explain \_\_\_\_\_  
\_\_\_\_\_

Buntain School of Nursing

**Northwest**  
**UNIVERSITY**

6. Does the applicant have a positive attitude toward service? (Circle one)      Yes      No

Please Explain \_\_\_\_\_

7. In observing this applicant in class times or other interactions how would you rate this person's ability to lead a group of people?

Prefers to follow     Makes some effort to lead     Good Ability     Exceptional Ability

8. What qualities does this applicant exhibit that will contribute to an effective nursing career? \_\_\_\_\_

9. On a scale of 1 to 5 please rate the applicant in the following areas:

1 = Deficient      2 = Needs Work      3 = Average      4 = Above Average      5 = Superior

\_\_\_\_ Honesty and personal integrity

\_\_\_\_ Concern and care for others

\_\_\_\_ Attitude toward authority

\_\_\_\_ Dependability

\_\_\_\_ Ability to think analytically

\_\_\_\_ Optimism

\_\_\_\_ Attitude toward schoolwork

\_\_\_\_ Ability to face challenges

10. Please share any other comments you may have with regard to the applicant's admission to the Buntain School of Nursing at Northwest University. \_\_\_\_\_

11. What is your final recommendation to the Buntain School of Nursing regarding this applicant?

I recommend the applicant

I do not recommend the applicant\*

I recommend the applicant with this reservation\*

*\* If you have not recommended or have recommended this applicant with reservations, please explain on an additional sheet of paper. Please include any comments you feel would help us in regard to this applicant.*

Reference's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Employer/ Business: \_\_\_\_\_

Name (print): \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return form to Buntain School of Nursing, Northwest University, P.O. Box 579, Kirkland, Washington, 98083 by January 31, 2012.

BUNTAIN SCHOOL OF NURSING, NORTHWEST UNIVERSITY  
APPLICATION FOR ADMISSION TO MAJOR

Faculty Reference Form

To be Completed by a College Level Instructor

To the Applicant: Print your name and address on the lines below. If you should choose to release your rights to see this form and give the faculty member permission to confidentially fill out this form, please sign and date in the space provided below.

Please note that this is not required of you, but it is strongly suggested for the benefit of the faculty member providing the reference.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*This reference form will not be available to the applicant for inspection if he/she has signed above. The above named applicant is applying to the nursing major at Northwest University. The mission of the nursing program is to prepare graduates to answer their call to serve God throughout the world and lead others by using their professional expertise as nurses. Please consider this as you fill out the following reference form. By completing this reference it is understood you are not related to the applicant in any way.*

- How long have you known the applicant? \_\_\_\_ Years \_\_\_\_ Months
- In what type of capacity do you know this applicant? **(Select all that apply)**
  - \_\_\_\_ A student in one of my classes      \_\_\_\_ Some out of class interaction times
  - \_\_\_\_ A student in many of my classes      \_\_\_\_ Many out of class interaction times
- What goals does the applicant appear to have for his/her life? \_\_\_\_\_  
\_\_\_\_\_
- In observing this applicant in class times and other interactions, how would you rate this person's ability to lead a group of people?
  - Prefers to follow     Makes some effort to lead     Good Ability     Exceptional Ability
- What qualities does the applicant exhibit that will contribute to an effective nursing career?  
\_\_\_\_\_  
\_\_\_\_\_

Buntain School of Nursing

**Northwest**  
**UNIVERSITY**

6. On a scale of 1 to 5 please rate the applicant in the following areas:

1 = Deficient    2 = Needs Work    3 = Average    4 = Above Average    5 = Superior

\_\_\_ Honesty and personal integrity

\_\_\_ Ability to meet deadlines

\_\_\_ Attitude toward authority

\_\_\_ Ability to accept constructive criticism

\_\_\_ Ability to think analytically

\_\_\_ Ability to face challenges

\_\_\_ Attitude toward schoolwork

7. Please share any other comments you may have with regard to the applicant's admission to the Buntain School of Nursing at Northwest University.

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8. What is your final recommendation to the Buntain School of Nursing regarding this applicant?

I recommend the applicant

I do not recommend the applicant\*

I recommend the applicant with this reservation\*

*\* If you have not recommended or have recommended this applicant with reservations, please explain on an additional sheet of paper. Please include any comments you feel would help us in regard to this applicant.*

Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Institution \_\_\_\_\_

Name (print) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please return form to Buntain School of Nursing, Northwest University, P.O. Box 579, Kirkland, Washington, 98083 by January 31, 2012.

BUNTAIN SCHOOL OF NURSING  
NORTHWEST UNIVERSITY  
APPLICATION FOR ADMISSION TO MAJOR

Self-Analysis Essay Guide

Applicants for admission to School of Nursing at Northwest University must submit a self-analysis essay. This is a two-page essay (not including title and references pages). The essay is to be written in APA format, utilizing the 6<sup>th</sup> edition of APA. The essay will be kept as part of your permanent file in the School of Nursing office. It will be reviewed for content, your ability to organize and express your thoughts in a coherent and understandable manner, and your ability to follow directions.

Reflect on the following questions, but do not repeat the questions in the text.

The Mark and Huldah Buntain School of Nursing at Northwest University is distinctive in three ways. The Nursing Program is pervasively Christian, emphasizes cross-cultural values, and is baccalaureate in preparation. How do your values, experiences, and goals align with the Buntain School of Nursing program distinctives? How have your personal experiences prepared you for this program? What skills and strengths would you bring to nursing? What personal characteristics might you seek to improve throughout the nursing program?

**Buntain School of Nursing**



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