

**Blackfeet Community College
School of Nursing**

**Baccalaureate
Application Packet**

2025-2026

Nursing Program Director
Julie Lindsay, Ph.D., R.N.
Blackfeet Community College
School of Nursing
P.O. Box 819
Browning, MT 59417
406-338-5441
EXT 2917 or 2919

Applications Due: February 27, 2026, by 4 pm

Dear Applicant,

Thank you for being so interested in Blackfeet Community College School of Nursing. Please review the application in full to ensure you submit all the necessary paperwork. The Blackfeet Community College (BFCC) Nursing Program has a limited enrollment capacity due to clinical and lab space availability. Therefore, a competitive student selection process is necessary, and program applicants are accepted based on the criteria found in this packet.

Before applying for the BFCC Bachelors Science of Science (BSN) program the applicant must complete a BFCC Application for Admission.

Not all applicants will be accepted. The selection committee will interview qualified individuals **by March 24, 2026.**

The interviewer will evaluate the Applicant in the following areas during the interview:

- Application letter
- References
- Professionalism
- Language
- Body language
- A minimum overall GPA of 3.0 in all prerequisite coursework, with a "B" or better for all math and science courses
- **TEAS Score of 65 or higher**

Students receiving the official notification of **INITIAL** acceptance into the nursing program will be required to do the following as the **FINAL** step for acceptance into the Program:

- **Notify the Nursing Program if you accept/deny placement;** by the date provided in the student's official acceptance letter.

You should also review your completed application for placement in the Nursing Program with your academic advisor before submitting it by the deadline below.

Applications received after this date or incomplete applications will not be accepted or considered. Applications may **be mailed or hand-delivered** to the BFCC Nursing Department. Please send early to allow maximum opportunity for delivery before the deadline.

Mail to:

Blackfeet Community College
Nursing Program
P.O. Box 819
Browning, Montana 59417

Please note that all applications will be date stamped upon receipt, and we will enter your contact information into the tracking system. The individual's responsibility is to contact the Nursing department with email, address, or phone number changes.

The Nursing Program Director will inform the candidate of their selection status via an official letter by April 11, 2026.

Please do not call to ask about this status, as the program assistant will not give approval information over the phone. If you have any questions, please contact.

Nursing Program Faculty

Melissa Gordon at 406-338-5441 ex 2916

mgordon@bfcc.edu

OR

Nursing Program Assistant

Tiffany Yellow Owl at 406-338-5441 Ext 2919

Bachelors of Science in Nursing Program

Applications Due: February 27, 2026, by 4 pm

Please return your completed and signed application and all requested materials in a sealed envelope to the following address:

Blackfeet Community College
ATTN: Nursing Program
P.O. Box 819
Browning, Montana 59417

Please carefully read the application and review it for completeness before signing.

We will not accept or process INCOMPLETE AND UNSIGNED APPLICATION.

Please Print Legibly

Last Name First Name Student ID Number

Mailing address **Notification of acceptance/non-acceptance will be sent to this address**

City State Zip Telephone Number & Email

Application Checklist

PLEASE CAREFULLY READ THE FOLLOWING INFORMATION
AND SIGN

I understand that I must submit this application:

- Application letter (typed). (Include Personal statement regarding your choice in the career of nursing and goal(s))
- Proof of complete Hepatitis B Series, including antibody titer results. If the completed series leaves no detectable antibodies on the titer, one additional dose must be administered.
- Proof of Measles, Mumps, and Rubella immunity either by dates of two vaccinations after your first birthday, a physician diagnosis of disease history, OR laboratory verification of positive antibody titer (need only one of these methods of proof).
- Proof of Chicken Pox (Varicella) immunity either by the statement that verifies the date and age you had chickenpox or the date you had the vaccination or laboratory verification of positive antibody titer (need only one of these methods of proof).
- Proof of one dose of Tdap: tetanus/pertussis (whooping cough) vaccination within ten years.
- Proof of enrollment in a Federally recognized tribe or proof of Descendant status (if you wish to be considered in application).
- Transcripts and evaluation of transfer courses: Include copies of transcripts from other colleges or universities you have attended and are requesting to be considered for transfer or credit. Request official transcripts early, as this can take time. Official transcripts must also be on file in the BFCC registrar's office for the transfer of credit to be considered. Should you have courses from prior degrees that you wish to be considered a substitution for any nursing prerequisites. The Nursing Program Director must evaluate and approve these courses. These documents will be included in the application process and submitted by **February 14, 2025, by 4 pm.**
- I understand that I will be notified in writing whether or not I have received placement in the Nursing Program beginning Fall Semester.
- Students **who are not accepted may reapply** for placement the following year during the open application process.
- I understand that all Blackfeet Community College School of Nursing placements depend upon sufficient financial, faculty, clinical resources, and ability to pass a federal background check. I have evaluated my transcript(s) and academic standing, and I am confident that I can complete or have completed, all with a grade of "B" or higher, all of the required prerequisite courses for Nursing placement by the end of current Spring Semester.
- Math courses taken **within ten years** and Science courses taken within **the last five years**. General courses are taken within the previous ten years.
- I have included my signed Acknowledgment of Program Requirements for Personal Effort and Commitment form.
- I have included my completed work experience form.
- I have included my two completed reference forms in sealed envelopes with the signatures across the seal.
- Upon withdrawal from the Program, I understand that I must apply for re-entry into the Program for any reason. Re-entry is not guaranteed.
- I have signed the application below and included the \$30.00 non-refundable processing fee payment receipt.**
- I have retained a copy of this application for my records (*it is my responsibility to make my copy*).

Student Signature _____

Date _____

Baccalaureate Program Outcomes

Upon completion of the course of study, the student will have demonstrated the ability, through personal exploration and classroom didactic learning combined with skills laboratory demonstrations and clinical practicums, to:

BSN Program Outcomes

At the completion of the BSN program, a graduate of the Blackfeet Community College will be able to:

1. Facilitate safe, holistic and effective patient/family centered care outcomes through use of evidence-based research and other science-based frameworks to promote and maintain health, prevent disease, and manage illness.
2. Demonstrate professional accountability and responsibility for nursing judgments and actions within an ethical and legal framework, utilizing the most current knowledge.
3. Demonstrate leadership in the provision and coordination of safe, cost effective and high-quality nursing care.
4. Advocate for patients, families, communities, and the nursing profession, applying values and utilizing an ethical framework, clinical reasoning, and cultural competence.
5. Utilize information and technology to communicate, manage knowledge, educate, mitigate error and support decision making.
6. Provide entry-level professional nursing care to clients across the lifespan in a variety of health care settings.
7. Promote a culture of caring to provide holistic, compassionate, culturally competent care.
8. Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision making to achieve quality patient care.

Student Learning Outcomes

1. Within the context of the nursing process, synthesize and incorporate the knowledge, skills, behaviors, and attitudes learned from the liberal arts and sciences, and the nursing program to provide comprehensive assessment, planning and delivery of ethical, spiritually and culturally sensitive holistic care to clients and populations of all ages and in a variety of settings. (Essential I, VII, IX).
2. Collaborate and communicate effectively with clients and other healthcare professionals fostering open communication, mutual respect, and shared decision making and provide safe, high quality care to advocate for clients, families and communities across a variety of healthcare settings for optimal health outcomes. (Essential II, V, VI).
3. Apply leadership skills and knowledge of organizational systems to promote quality care and client safety for diverse populations in differing environments. (Essential II).
4. Locate, analyze, and incorporate evidence from credible sources in care planning, which promotes and restores health, and assists to relieve suffering at the end life. (Essential III)
5. Use information technologies and systems to enhance and facilitate delivery of safe, effective, quality client care. (Essential IV)
6. Demonstrate responsibility for consistent application of nursing standards and core values within ethical, legal, and regulatory parameters. (Essential VIII)
7. Assume responsibility for personal and professional behaviors including engaging in activities to ensure competency through life-long learning (Essential I, VII, VIII)

CODE OF ETHICS

Ethics is an integral part of the foundation of nursing and has a distinguished history of concern for the welfare of the sick, injured, and vulnerable and for social justice. This concern is embodied in providing nursing care to individuals and the community. Nursing encompasses the prevention of illness, alleviating suffering, and protecting, promoting, and restoring health in the care of individuals, families, groups, and communities.

Nurses act to change those aspects of social structures that detract from health and well-being. Individuals becoming nurses expect to adhere to the ideals and moral norms of the profession and embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive. A code of ethics makes the profession's primary goals, values, and obligations explicit. (<http://www.nursingworld.org/codeofethics>).

ADMISSION TO THE BSN PROGRAM

Admission to BFCC recognizes the Applicant as a pre-nursing student with the full rights and privileges of all students entering a program of study for a baccalaureate degree. **Admission to BFCC does not guarantee entry into the nursing program.** Each approved nursing program by the Montana State Board of Nursing must comply with a pre-determined and written formula impacting student program admissions and continuation. These regulations ensure safe student practice and adequate faculty supervision in all clinical areas.

Admission to the college does prepare pre-nursing students to compete for acceptance into the nursing program based on program admission criteria.

REQUIREMENTS FOR ADMISSION

To be considered for admission, an applicant **MUST** submit evidence of the following:

1. Prerequisite coursework completed or in progress.
2. A minimum overall GPA of 3.0 in all prerequisite coursework, with a "B" or better for all **math and science courses**.
3. ATI TEAS General Knowledge Exam (GKE) entrance exam results with a minimum score of 65.
4. Physical examination, health insurance, and completed immunizations.

Prerequisite Courses

At the time of program application, an applicant must have completed, currently enrolled in, or have a written plan to complete all prerequisite courses before full program admission and the first day of class.

Students **currently utilizing** a health-related degree may have their courses considered case-by-case for the application process.

- D **BIOH- 201/202-** Anatomy and Physiology, I with Lab
- D **BIOH- 211/212** Anatomy and Physiology II with lab
- D **BIOM 250/251-** Microbiology with lab
- D **CHMY-141/142-** College Chemistry with lab
- D **COMX 111-** Speech
- CORE 6-** Humanities course

- CSCI 105-** Introduction to computers Science
- M 121-** College Algebra
- NASX141-** History & Foundations the Piikani Language
- BIOH 256** Pathophysiology
- NUTR 221-Basic** Human Nutrition
- PKNI 129-** Piikani History
- PSYX 100-** Introduction to Psychology
- PSYX 230** -Developmental Psychology
- SOCI 101-** Introduction to Sociology
- STAT 216-**Introduction to Statistics
- TCC 101-** Freshman seminar -critical thinking
- WRIT 101-** College Writing
- WRIT 201-**Advanced College Writing

PROGRAM OF STUDY AND NURSING COURSES

Bachelor of Science in Nursing

Year I

Fall Semester			Spring Semester		
Course#	Course Name	Credits	Course#	Course Name	Credits
Core 6	Humanities ANY	3	BIOH 201/202	Human Anatomy and Physiology I w/Lab	4
CSCI 105	Introduction to Computer Science	3	COMX 111	Speech	3
BCC 101	First Year Seminar	1	M 121	College Algebra	3
WRIT 101	College Writing	3	SOCI 101	Introduction to Sociology	3
PSYX 100	Introduction to Psychology	3	NASX 141	History & Foundations of Piikani Language	3
NUTR221	Basic Human Nutrition	3			
	TOTAL	16		TOTAL	16

YEAR2

Fall Semester			Spring Semester		
Course#	Course Name	Credits	Course#	Course Name	Credits
BIOH 211/212	Human Anatomy and Physiology II w/Lab	4	WRIT 201	Advanced College Writing	3
CHMY 141/142	College Chemistry w/Lab	4	BIOM 250/251	Microbiology for Health Science w/Lab	4
STAT 216	Introduction to Statistics	4	PSYX 230	Developmental Psychology	3
PKNI 129	History of the Piikani	3	BIOH 256	Principles of Pathophysiology	3
	TOTAL	15		TOTAL	13
				Prerequisites Total	60

APPLY TO NURSING PROGRAM

YEAR3

Fall Semester			Spring Semester		
Course#	Course Name	Credits	Course#	Course Name	Credits
NRSG 319	Foundations of Nursing (Nursing Theory & Writing)	2	NRSG 310/311	Medical Surgical Nursing I - Nursing Care Across the Lifespan & Lab/Clinical	4/2
NRSG 332/333	Holistic Health Assessment & Lab	2/2	NRSG 349/350	Maternal Newborn & Clinical	2/2
NRSG 334/335	Pharmacology & Lab	3/1	NRSG 317	Health Systems and Vulnerable Population	1
NRSG 306/307	Essentials of Nursing Care & Lab	2/1	NRSG 329/330	Mental Health Nursing & Clinical	3/2
	TOTAL	13		TOTAL	16

YEAR4

Fall Semester			Spring Semester		
Course#	Course Name	Credits	Course#	Course Name	Credits
NRSG 431/432	Medical Surgical II - Complex Care & Clinical	4/2	NRSG 441/442	Medical Surgical Nursing III - Acute care of the Adult with clinical	3/2
NRSG 405/406	Pediatric Nursing & Clinical	2/2	NRSG 451/452	Leadership & Management with clinical	2/2
NRSG 416	Research and Ethics in Nursing	3	NRSG453	Professional Growth and Empowerment	3
NRSG417	Population Health Nursing	3	NRSG 449	Policy, Ethics and Advocacy in Professional Nursing Practice	3
	TOTAL	16		TOTAL	15
				BSNTOTAL	120

Transfer Students

Students wanting to transfer into the BFCC BSN program are accepted case by case.

Pre-Admission Testing

Admission requirements for ATI TEAS General Knowledge Exam for students will include a benchmark of 65% or higher. However, applicants scoring between 50 and 55 may retake the exam once to meet the criterion. Students may only take the ATI TEAS GKE test two times, at which point the student is not eligible to apply to the nursing program **this admission cycle**. For further information go to <https://www.atitesting.com/teas-prep>.

The Nursing program will provide the TEAS Test for free as part of the application process

Health Requirements

D **Physical Examination** Provide evidence of a physical examination by a primary care provider who states the student is clear for participation in the BSN program.

Vaccinations

- D **Proof of complete Hepatitis B Series**, including antibody titer results. If antibodies are undetected on the titer, the student must receive one additional documented dose.
- D **Proof of Measles, Mumps, and Rubella** immunity either by dates of two vaccinations after your first birthday, a physician diagnosis of disease history, and laboratory verification of positive antibody titer (Required by clinical sites).
- D **Proof of Chicken Pox (Varicella) immunity** either by the statement that verifies the date and age you had chickenpox or the date you had the vaccination or laboratory verification of positive antibody titer (need only one of these methods of proof).
- D **Proof of one dose of Tdap:** tetanus/pertussis (whooping cough) vaccination within ten years
- D **T.B. Screening** Upon admission, students must receive a T.B. screening for the BSN Program and an annual screening afterward. The student must meet the requirements before clinical starts. If the test is contraindicated or found positive, then evidence of medical follow-up, including a chest x-ray, with recommendations must be presented unless medically contraindicated. In addition, an annual symptom screen will be required and submitted by the student. **Students are responsible for reviewing and updating individual health records. Before registration each semester, as they progress through the Program.**
- D **Flu Vaccine** maybe required clinical sites

Health Insurance

Accident and Sickness Insurance (health insurance proof, i.e., Indian Health Services, Medicaid, Private insurance) is mandatory for all BSN students. Therefore, they are providing evidence of coverage. All students are encouraged to carry a copy of their insurance card to avoid delay in healthcare in an emergency and provide updated information to the nursing program to add to your file. For IHS you will need to go to Purchase Referred Care and fill out the application for approval and bring in proof.

Illness or Injury During School Terms

Students who become ill, require surgery, sustain an injury, or undergo any significant change in physical health while in the nursing program may not be able to participate in clinical activities and may be required to present clearance from their healthcare provider to return to clinical and perform the usual duties of a nurse.

Essential Functions

Students who apply for admission to the BSN Program, including persons with disabilities, must be capable of performing certain essential functions listed in Appendix A of this handbook. These essential functions comply with the Board of Nursing expectations of any student seeking initial licensure as a registered nurse. Essential functions are the basic activities a student must demonstrate (vision, touch, hearing, smell, etc.) to provide safe nursing care and accurate assessment skills. Any student who applies and has met the necessary prerequisites and can perform the essential functions of the nursing program in a reasonably independent manner, either with or without reasonable accommodations, will be considered for admission.

To be granted accommodations for conditions that qualify under the American Disabilities Act, the student needs to see Karen Davis with disabilities services on campus. In addition, the student should discuss their needs with the instructor at the beginning of each nursing class where accommodations are beneficial.

Timeline

Please note, we strictly enforce due dates and deadlines. The nursing program usually has more eligible students than can be admitted. Therefore, only completed applications are accepted.

The signed acknowledgment indicating acceptance of program admission **MUST** be received in the Nursing Office by the deadline. The Nursing Director will notify the alternate position if the candidate does not accept by the deadline.

Post-Acceptance Applicant Responsibilities

Sign and return the acceptance form to the Nursing Department Office.

Check Immunization Record

Confirm the currency of all immunizations previously listed in this document.

- All up-to-date immunizations that expire in the school year need the booster before the start of the fall semester. In addition, documentation must be in the community college's records before students can enroll or continue in clinical courses.
- Unless medically contraindicated, the student must present an annual influenza vaccine documentation by October 1 of each year. Students will not be allowed to attend clinical, which may result in the student receiving a failure in the course (Novel Coronavirus "COVID-19" may be required by clinical sites).
- For subsequent years, students must have the one-step T.B. skin test within 30 days of beginning nursing courses. Individuals who cannot take the skin test must present verification of a negative chest X-Ray. uploaded to **My Clinical Exchange**.

Orientation AKA Bootcamp

Attend the mandatory three-day BSN student orientation before the beginning of classes.

Tuition/Fees

Pay tuition/fees or make arrangements for the total amount before the beginning of orientation for the BSN Program and each semester after that.

Books

Available through the BFCC Bookstore on campus before the beginning of the semester.

Insurance

Provide evidence of health insurance to Complio before the beginning of classes.

Technology

Meet current technology requirements (have own smartphone and updated computer, preferably a laptop). To participate in the BSN program, students must have basic computing skills, including email, attaching documents, navigating web pages, and downloading and uploading files.

Criminal Background Check

A Criminal Background Check (CBC) is a mandatory yearly for all students initially accepted into BFCC's BSN program. Indian Health Services requires a yearly background check, this process can take over 90 days. BFCC has no control over the length of time it takes to receive the needed report for clearance. Answer all questions correctly and truthfully when applying for the BFCC. Carefully follow directions, and reveal all arrests, regardless of how long ago they occurred or how minor they were.

Drug Screening

Specific clinical sites may require drug screening(s) before the student's clinical rotation.

In the event, a student is suspected of being impaired while on the BFCC campus or at the assigned clinical site at any time while enrolled in the BSN program. The faculty or the Nursing Program Director may require a student to leave the area accompanied by a BFCC employee, go directly to an assigned laboratory, and submit to drug testing at the student's expense. The BSN Program director will designate a company to do the drug screen and will not accept results from companies other than those specified.

Any student with a positive drug screen will be immediately suspended from the BSN program for at least one calendar year. Likewise, any student who refuses to submit to a required drug screening will receive an immediate suspension from the Program. If the student is allowed back into the BSN program, retested by the school-approved laboratory, and has a negative drug screen. This testing is at the student's expense.

CPR Certification

Students must show evidence of active CPR **certification by the American Heart Association - Health Care Provider (BLS)** before beginning nursing courses; other CPR programs are unacceptable. If this requirement is met, the student will only start or continue in clinical courses. It is suggested that students take the training during the summer before clinical nursing courses have begun to comply for the entire academic year. Training may be available as part of new student orientation. If so, the information will be included in the student admission material. A copy of the certification should be posted online with Certified Background. The certificate will be verified before registration each year.

ACKNOWLEDGEMENT OF PROGRAM REQUIREMENTS FOR PERSONAL EFFORT AND COMMITMENT

Blackfeet Community College's Nursing Program, as with most nursing programs, requires a substantial time commitment to fulfill the intensive requirements of the Program in the classroom, nursing laboratory, and clinical settings. Student success in the nursing program depends on a collaborative working partnership by students and faculty. The nursing program philosophy and faculty view learning as interactive with faculty facilitating learning. We are genuinely committed to assisting you to succeed in the Program.

However, learners must assume responsibility for their learning and shape their own learning experiences. As part of your application to the Program, please read the following and sign below.

Your signature is an acknowledgment of your understanding of the Program's expectations.

There is a minimal study expectation of two to three hours per week for each credit enrolled. For example, NRS 334 Pharmacology is offered in the initial semester of the BSN program, with three credits of didactic learning. Therefore, **the minimum** study expectation for this course is 6-9 hours per week. Most students spend more time than the **minimal** study expectation.

Although we appreciate your possible need to work to support yourself and your family, most students need help to work while attending classes for the Nursing Program. Clinical practicums are scheduled when facilities have available space **and are subject to change**. Clinical hours may include evenings, weekends, and night shifts. Clinical times are not listed in the course schedule on the BFCC website. A schedule will be made available to students each semester.

Students are expected to attend all classes and clinicals. Missed clinical time may result in failure of courses and dismissal from the nursing program. *Please do not make vacation and personal plans that would affect attendance in class or clinical. Most absences cannot be made up due to the fast pace of material presented in class and the limited availability of clinical experiences. Please attempt to make appointments that will not interfere with class schedules.*

In general, nursing students may not achieve the grades they have received in non-nursing courses, given the same amount of student effort. You will learn a "new language" and be exposed to in-depth, comprehensive nursing concepts and principles that may require more effort to learn and understand. Though grades may have been the primary focus of previous courses, the nursing program focuses on learning and comprehending information needed to deliver safe and competent care to patients/residents.

You are expected to be prepared for class, lab, and clinical. This will include extensive reading, pre-clinical preparation, and other assignments before your attendance in class, lab, or clinical. Exams given in nursing courses are structured similarly to the nurse licensing exam. This means that most of the items on the exams are application, analysis, and synthesis-type questions rather than simply knowledge and recall. These questions require a higher order of thinking to answer correctly. We provide you with learning strategies and test-taking strategies that will assist you in developing the critical thinking skills necessary for success on the nursing course exams and the NCLEX licensure exam.

The nursing program is very different and more complex than your past educational experiences. The nursing program's design is to facilitate the quality of the Program, prepare you to pass your licensing exam, and ensure you become a safe and competent nurse.

I certify that all statements in this application and the documents submitted are true and accurate to the best of my knowledge. I acknowledge that I have read and understand the above statements. If I am accepted into Blackfeet Community College's Nursing Program, I agree to organize my time and personal affairs to meet the commitment necessary to succeed.

Printed Name of Applicant

Signature of Applicant

Date

--

Please document all work experience, including paid, volunteer work, or job shadow experiences. All are important and considered in the application process.

Facility	
Job Title:	
Responsibilities	
Dates of employment & Hours per week	
Supervisor name & number	

Facility	
Job Title:	
Responsibilities	
Dates of employment & Hours per week	
Supervisor name & number	

Facility	
Job Title:	
Responsibilities	
Dates of employment & Hours per week	
Supervisor name & number	

Reference Forms - Please Complete All Pages and Return in a Sealed Envelope

_____ is applying to the Blackfeet Community College Nursing Program. BFCC cannot require that applicants waive their right to see their references. However, applicants may do so voluntarily. If confidentiality is waived, the reference response will not be shared with the candidate at any point.

I do waive my right to see this reference.

Applicant Signature _____ **Date,** _____

If you wish to have a copy of your completed reference form, ask your reference to provide you with a copy. Copies will not be provided to applicants by BFCC.

The need for nurses is continuing to grow. However, due to the availability of clinical sites, we are limited in the number of students we can accept into the Program. Our responsibility is to select students whose abilities, values, motives, and character give the most significant success for nursing success. Your candid, honest responses to the questions we ask are important. We ask that you take the time to consider each answer carefully.

The Applicant will provide an envelope for your reply. Please **return it to the Applicant sealed and with your name written across the glued portion of the flap. Any evidence of tampering with the envelope seal will disqualify the candidate.** The Applicant will then submit the envelope with other application materials. We request your prompt attention as the Applicant has a deadline to submit materials. Thank You.

Please provide the following information:

Date: _____

Name and Title of Reference: _____

Institution Name and Address: _____

Phone Number (we may contact you further): _____

In what capacity and duration have you known the Applicant? _____

Name of Applicant:

Please read the following and respond as honestly as possible. A single response will cause neither denial nor assurance of admission to a program. We ask that you answer by comparing the Applicant with others with similar backgrounds, responsibilities, and capabilities. If you cannot evaluate in some areas, please check "N/A."

Applicant characteristics to be evaluated:	Outstanding	Above Average	Average	Below Average	Poor	N/A
	5	4	3	2	1	0
Interacts well with peers, co-workers, employers, others						
Effectively communicates orally						
Has clear written communication						
Is an effective team member						
Responds positively to criticism						
Is appropriately assertive						
Exhibits ethical behavior consistently						
Is self-motivated						
Displays initiative and creativity						
Prioritizes tasks appropriately						
Analyzes and solves problems						
Requests assistance appropriately						
Accomplishes tasks promptly						
Is present when expected ... reliable						
Is an effective team leader						
Interacts respectfully with diverse individuals						
Dress and personal care are appropriate.						
Language is professional						
Demonstrates kindness and compassion						
Able to laugh at themselves						
Able to function with safety for self and others						
Exhibits qualities you would like to have in someone taking care of you						

Additional Information: Please feel free to add descriptions or give examples that illustrate the above. Use the back of the form or additional paper if needed.

To help us evaluate this recommendation form, please answer the following:

The evaluation characteristics were clear and easy to rate	yes	no
This evaluation form allows a fair picture of the Applicant	yes	no
The evaluation process took an acceptable amount of time	yes	no

Signature _____ Date, _____

Additional comments:

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I do waive my right to see this reference.

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The Applicant will provide an envelope for your reply. Please **return it to the Applicant sealed and with your name written across the glued portion of the flap. Any evidence of tampering with the envelope seal will disqualify the candidate.** The Applicant will then submit the envelope with other application materials. We request your prompt attention as the Applicant has a deadline to submit materials. Thank You.

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In what capacity and duration have you known the Applicant? _____

Name of Applicant:

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Applicant characteristics to be evaluated:	Outstanding	Above Average	Average	Below Average	Poor	N/A
	5	4	3	2	1	0
Interacts well with peers , co-workers , employers , others						
Effectively communicates orally						
Has clear written communication						
Is an effective team member						
Responds positively to criticism						
Is appropriately assertive						
Exhibits ethical behavior consistently						
Is self-motivated						
Displays initiative and creativity						
Prioritizes tasks appropriately						
Analyzes and solves problems						
Requests assistance appropriately						
Accomplishes tasks promptly						
Is present when expected reliable						
Is an effective team leader						
Interacts respectfully with diverse individuals						
Dress and personal care are appropriate						
Language is professional						
Demonstrates kindness and compassion						
Able to laugh at themself						
Able to function with safety for self and others						
Exhibits qualities you would like to have in someone taking care of you						

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The evaluation process took an acceptable amount of time	yes	no

Signature _____ Date _____

Additional comments:

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If you wish to have a copy of your completed reference form, ask your reference to provide you with a copy. Copies will not be provided to applicants by BFCC.

The need for nurses is continuing to grow. However, due to the availability of clinical sites, we are limited in the number of students we can accept into the Program. Our responsibility is to select students whose abilities, values, motives, and character give the most significant success for nursing success. Your candid, honest responses to the questions we ask are important. We ask that you take the time to consider each answer carefully.

The Applicant will provide an envelope for your reply. Please **return it to the Applicant sealed and with your name written across the glued portion of the flap. Any evidence of tampering with the envelope seal will disqualify the candidate.** The Applicant will then submit the envelope with other application materials. We request your prompt attention as the Applicant has a deadline to submit materials. Thank You.

Please provide the following information:

Date:

Name and Title of Reference: _____

Institution Name and Address: _____

Phone Number (we may contact you further): _____

In what capacity and duration have you known the Applicant? _____

Name of Applicant:

Please read the following and respond as honestly as possible. A single response will cause neither denial nor assurance of admission to a program. We ask that you answer by comparing the Applicant with others with similar backgrounds, responsibilities, and capabilities. If you cannot evaluate in some areas, please check "N/A."

Applicant characteristics to be evaluated:	Outstanding	Above Average	Average	Below Average	Poor	N/A
	5	4	3	2	1	0
Interacts well with peers, co-workers, employers, others						
Effectively communicates orally						
Has clear written communication						
Is an effective team member						
Responds positively to criticism						
Is appropriately assertive						
Exhibits ethical behavior consistently						
Is self-motivated						
Displays initiative and creativity						
Prioritizes tasks appropriately						
Analyzes and solves problems						
Requests assistance appropriately						
Accomplishes tasks promptly						
Is present when expected ... reliable						
Is an effective team leader						
Interacts respectfully with diverse individuals						
Dress and personal care are appropriate						
Language is professional						
Demonstrates kindness and compassion						
Able to laugh at themselves						
Able to function with safety for self and others						
Exhibits qualities you would like to have in someone taking care of you						

Additional Information: Please feel free to add descriptions or give examples that illustrate the above. Use the back of the form or additional paper if needed.

To help us evaluate this recommendation form, please answer the following:

The evaluation characteristics were clear and easy to rate	yes	no
This evaluation form allows a fair picture of the Applicant	yes	no
The evaluation process took an acceptable amount of time	yes	no

Signature _____ Date: _____

Additional comments:

PATIENT NAME:

DATE

/

NAME (FIRST, MIDDLE, LAST)	AGE	DATE OF BIRTH
STREET ADDRESS	SEX <input type="radio"/> MALE <input type="radio"/> FEMALE	
(CITY, STATE & ZIP)	HOME PHONE	
OCCUPATION	WORK PHONE	
EMERGENCY CONTACT	EMERGENCY CONTACT PHONE	
MARITAL STATUS <input type="radio"/> SINGLE <input type="radio"/> MARRIED <input type="radio"/> SEPARATED <input type="radio"/> DIVORCED <input type="radio"/> WIDOWED		
IF MARRIED, SPOUSE'S NAME		
CHILDREN'S NAME (S) AND AGE (S)		
ALLERGIES TO MEDICATIONS, X-RAY DYES, OR OTHER SUBSTANCES <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE LIST THE NAME OF THE MEDICATION OR SUBSTANCE AND TYPE OF REACTION):		

PAST MEDICAL HISTORY & REVIEW OF SYSTEMS

PLEASE CIRCLE IF YOU HAVE HAD PROBLEMS WITH OR ARE PRESENTLY COMPLAINING OF ANY OF THE FOLLOWING

<input type="radio"/> 1. HIGH BLOOD PRESSURE	<input type="radio"/> 19. PNEUMONIA	<input type="radio"/> 37. UNEXPLAINED WEIGHT GAIN / LOSS	<input type="radio"/> 54. SKIN DISEASES
<input type="radio"/> 2. DIABETES	<input type="radio"/> 20. PERSISTENT COUGH	<input type="radio"/> 38. HEMORRHOIDS	<input type="radio"/> 55. BLOOD DISORDERS
<input type="radio"/> 3. CANCER	<input type="radio"/> 21. T.B.	<input type="radio"/> 39. GALL BLADDER DISEASE	<input type="radio"/> 56. VENEREAL DISEASES
<input type="radio"/> 4. HEART DISEASE	<input type="radio"/> 22. HAY FEVER	<input type="radio"/> 40. COLITIS	<input type="radio"/> 57. ANXIETY
<input type="radio"/> 5. CHEST PAIN/ CHEST TIGHTNESS	<input type="radio"/> 23. ABDOMINAL DISCOMFORT	<input type="radio"/> 41. HEPATITIS OR JAUNDICE	<input type="radio"/> 58. DEPRESSION
<input type="radio"/> 6. SHORTNESS OF BREATH	<input type="radio"/> 24. INDIGESTION	<input type="radio"/> 42. THYROID DISEASE	<input type="radio"/> 59. ANEMIA
<input type="radio"/> 7. SWOLLEN ANKLES	<input type="radio"/> 25. NAUSEA	<input type="radio"/> 43. HEAD OR NECK RADIATION	<input type="radio"/> 60. ALCOHOL ABUSE
<input type="radio"/> 8. PALPITATIONS	<input type="radio"/> 26. VOMITING	<input type="radio"/> 44. HEADACHE	<input type="radio"/> 61. DRUG ABUSE
<input type="radio"/> 9. LIGHTHEADEDNESS	<input type="radio"/> 27. CONSTIPATION	<input type="radio"/> 45. KIDNEY DISEASES	<input type="radio"/> 62. GOUT
<input type="radio"/> 10. FREQUENT URINATION	<input type="radio"/> 28. DIARRHEA	<input type="radio"/> 46. KIDNEY STONES	<input type="radio"/> 63. COUGHING BLOOD
<input type="radio"/> 11. RHEUMATIC FEVER	<input type="radio"/> 29. BLOOD IN STOOL	<input type="radio"/> 47. DIFFICULTY URINATING	<input type="radio"/> 64. CHANGE IN APPETITE
<input type="radio"/> 12. ASTHMA	<input type="radio"/> 30. ULCERS	<input type="radio"/> 48. PAINFUL BOWEL MOVEMENT	<input type="radio"/> 65. INSOMNIA
<input type="radio"/> 13. BREAST MASSES/ DISCHARGE	<input type="radio"/> 31. URINATE AT NIGHT	<input type="radio"/> 49. BLOOD IN URINE	<input type="radio"/> 66. RINGING IN EARS
<input type="radio"/> 14. DEAFNESS	<input type="radio"/> 32. WEAKNESS	<input type="radio"/> 50. NASAL DISCHARGE	<input type="radio"/> 67. TINGLING/ NUMBNESS
<input type="radio"/> 15. MUSCLE PAIN	<input type="radio"/> 33. URINARY INCONTINENCE	<input type="radio"/> 51. DEFORMITIES	<input type="radio"/> 68. SORENESS OF THROAT
<input type="radio"/> 16. URINARY INFECTIONS	<input type="radio"/> 34. POST NASAL DRIP	<input type="radio"/> 52. ARTHRITIS	<input type="radio"/> 69. OTHER (PLEASE SPECIFY):
<input type="radio"/> 17. NECK STIFFNESS	<input type="radio"/> 35. DIFFICULTY SWALLOWING	<input type="radio"/> 53. LOW BACK PROBLEMS	
<input type="radio"/> 18. BRONCHITIS	<input type="radio"/> 36. CHANGE IN BOWEL HABITS		

PATIENT NAME: _____

DATE _____ / _____

PHYSICAL EXAMINATION
(To be completed by physician)

TO THE EXAMINER: Please review the patient's history and complete the Medical Examination form. Please comment on all positive findings and be sure all information is complete.

Name _____ Birthdate _____

Blood Pressure _____ Pulse _____ Weight _____ Height _____

Visual Acuity: OD 20/____ OS 20/____ Corrective lenses _____

ANY ABNORMALITIES OF:

	YES	NO	If yes, please explain
Skin			
Eyes, Head, Ears, Nose, Throat			
Neck, Thyroid			
Lungs			
Heart			
Abdomen			
Genitourinary			
Hernia			
Extremities/Joint			
Neurological			
Mental Status			

Does the patient have any illnesses or health condition that may affect his/her activities? If yes, please describe: _____

Does the patient have any illnesses or health condition that may affect the safety of patients in a health care setting? If yes, please describe: _____

Is the patient on any medication? _____

Is the patient under treatment for any medical or emotional conditions (including allergies)? _____

Signature M.D./N.P. _____ Date _____

Print Name _____ Telephone _____

Address _____