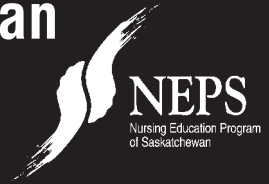


Nursing Education Program of Saskatchewan Licensed Practical Nurse Bridging Option Application for Admission – January 2010

\$90 FEE (non-refundable)



This application form should only be used by applicants to the Licensed Practical Nurse Bridging Option, Nursing Education Program of Saskatchewan. There is a separate application form for the regular Nursing Education Program of Saskatchewan.

This option is being offered at SIAST Wascana Campus (Regina) only. It is offered to graduates of the SIAST Practical Nursing Program, 2008 and more recent.

1 STUDENT IDENTIFICATION NUMBERS

If known, indicate your SIAST and/or University of Saskatchewan Student Identification number(s).

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SIAST Student Number

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U of S Student Number

2 PERSONAL INFORMATION

Are you attending or have you previously attended SIAST?

Yes No

Complete Legal Name

Surname
First and Middle Name(s)
Former Name(s) (if applicable)
Preferred Name (if different from First name)

Address

Apt. Number, Street, Box Number		
City or Town		
Province	Country	Postal Code
Telephone (Home) ()	Telephone (Business) ()	Cell ()
E-mail		
Emergency Contact	Relationship	Telephone ()

<input type="checkbox"/> Male	Date of Birth	day	month	year
<input type="checkbox"/> Female				

Citizenship Status

<input type="checkbox"/> Canadian Citizen	Province or Country of Residence _____
<input type="checkbox"/> Landed Immigrant (Submit a copy of your Record of Landing or Permanent Resident Card)	date of entry
	day month year
Country of Citizenship _____	Province of Entry to Canada _____

Residency Status

Are you a resident of Saskatchewan, the Yukon, Nunavut or Northwest Territories?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, indicate the first month of continuous residence (even if it is your birth date):	Month Year

Education Equity

The NEPS partners are committed to education equity. Completing this section is voluntary; however, by self-declaring you will be able to access equity programs and services. Information is confidential, is used for statistical purposes, and will be shared only with equity program and service providers.

Aboriginal Ancestry A number of seats are reserved for persons of Aboriginal ancestry. To qualify for one of these seats or for other services provided for persons of Aboriginal ancestry, you will need to check one of the following boxes: <input type="checkbox"/> Métis <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Status/Treaty Indian <input type="checkbox"/> Inuit <i>Note: Documentation verifying proof of Aboriginal ancestry must be submitted before you can be considered for a reserved equity seat.</i>	
Persons with Disabilities A number of seats are reserved for persons with permanent disabilities. To qualify for consideration for one of these seats or to be eligible for necessary accommodations to assist you with your studies, you will need to check the following box: <input type="checkbox"/> I have a permanent disability <i>Note: A confidential interview with a SIAST counsellor to verify documentation of your disability and to discuss necessary accommodations is required.</i>	Visible Minority This information is collected for statistical purposes. <input type="checkbox"/> I am a member of a visible minority

FOR OFFICE USE ONLY	
Receipt #	_____
Received	_____
Amount	_____
Initials	_____

See Reverse ⇨

3 PREVIOUS AND CURRENT EDUCATION

A complete listing of post-secondary education is required. **Applicants must provide proof of licensure as a Licensed Practical Nurse by August 31, 2009.**

Post-secondary Education (including any previous education from the institutions participating in this program)

University, College, Technical Institute	Program or Faculty	Prov. (Country)	From		To		Degree, Dipl. or Cert Obtained/exp	date		Language of Instruction
			mo	yr	mo	yr		mo	yr	

Have you ever been required to discontinue from any educational institution? Yes No If yes, specify date and institution:

Institution _____

Date _____

4 ENGLISH PROFICIENCY

First Language _____

Proof of English proficiency is required of all applicants whose first language is not English. Please indicate which proof(s) of proficiency you are providing with your application. Please check one.

- TOEFL
 MELAB
 IELTS
 CanTEST
 CAEL
 CPE
 CLB

5 DECLARATION

I agree, if admitted, to comply with the regulations applicable to students in the Nursing Education Program of Saskatchewan Licensed Practical Nurse Bridging Option. I certify that the information provided on the application is true and complete in all respects and that no relevant information has been withheld. I understand that misrepresentation, falsification of documents, or withholding of requested information in regard to this application are serious offenses which may result in disciplinary action being taken and/or prosecution under the Criminal Code of Canada. I understand that if I am discontinued by another institution, I may not be eligible to register in Nursing Education Program of Saskatchewan Licensed Practical Nurse Bridging Option. I also understand that other institutions may be notified if such misinformation is discovered. I hereby authorize release of information from my student record at SIAST to the U of S, and from my student record at the U of S to SIAST.

Signature _____

Date _____

Please submit the application form and a non-refundable \$90 application fee to SIAST, Registration Services by August 15, 2009. Make the cheque payable to SIAST.

Registration Services
 SIAST Kelsey Campus
 Idylwyld & 33rd St
 Saskatoon SK S7K 3R5

