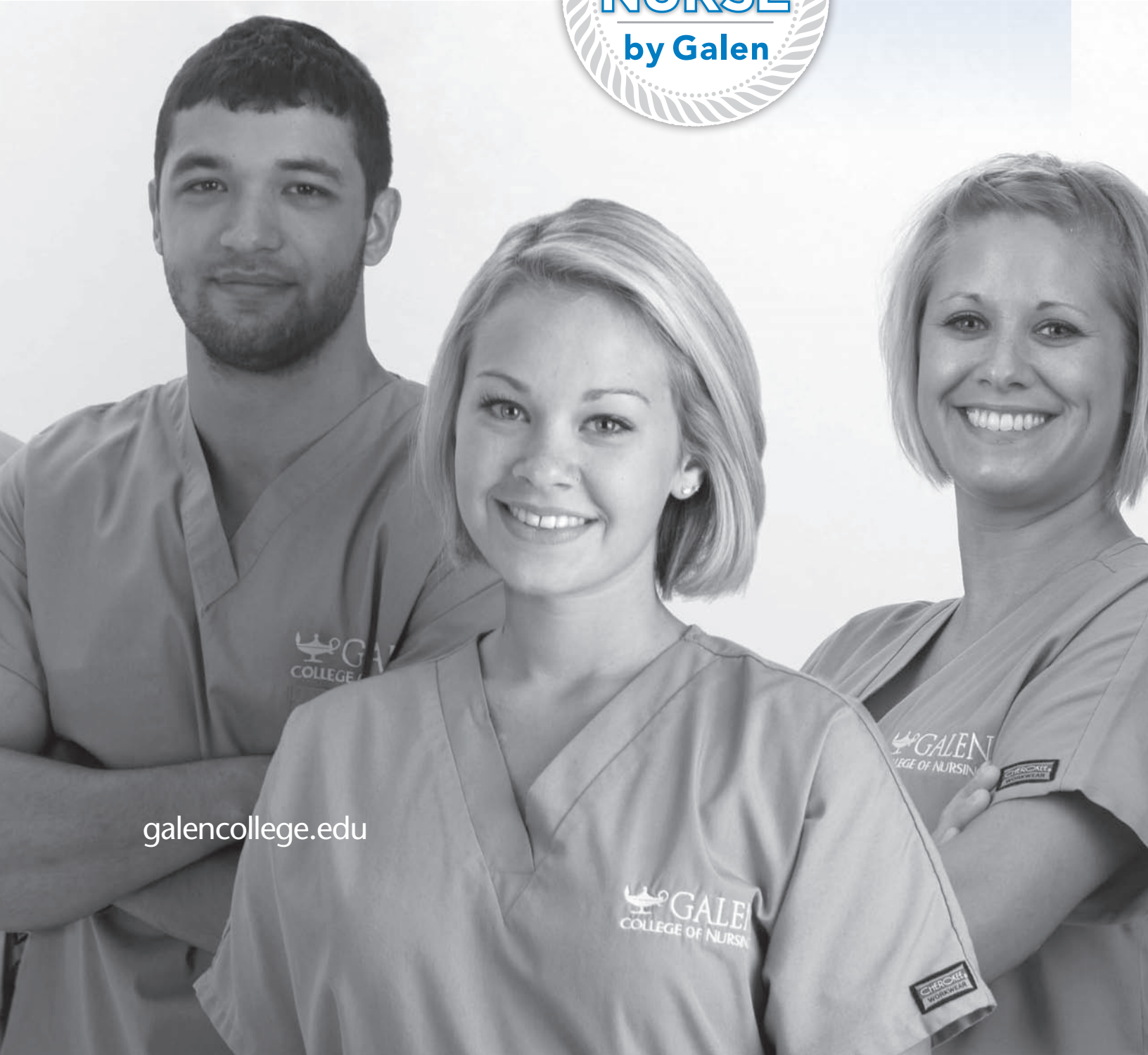




2012 APPLICATION



[galencollege.edu](http://galencollege.edu)

GALEN  
COLLEGE OF NURSING

GALEN  
COLLEGE OF NURSING

CHEROKEE  
WORKWEAR

Welcome to

# GALEN



**Congratulations** on your decision to become a Nurse by Galen!

The forms enclosed in this booklet represent your first official step toward an exceptional nursing education, as well as an exciting career in nursing.

To ensure your application's timely review, please fill out the following forms completely and to the best of your knowledge. Also, make sure to carefully read over each document before completing it.

If you have any questions regarding the application, supplementary forms, or any part of the Galen admissions process, we encourage you to contact us.

See locations on the back page for details.





**CINCINNATI**

PROGRAM (select one):  Advanced Standing Online/Evening  2 Year Associate (Generic)

Application for class beginning (circle which month): JANUARY APRIL JULY OCTOBER

**LOUISVILLE**

PROGRAM (select one):  PN Day  PN Evening  Bridge Day  Bridge Online/Evening

Application for class beginning (circle which month): JANUARY APRIL JULY OCTOBER

**SAN ANTONIO**

PROGRAM (select one):  VN Day  VN Evening  Bridge Day  Bridge Online/Evening

Application for class beginning (circle which month): JANUARY APRIL JULY OCTOBER

**TAMPA BAY**

PROGRAM (select one):  PN Day  PN Evening  2 Year Associate (Generic)  Bridge Day  Bridge Online/Evening

Application for class beginning (circle which month):  
Day FEBRUARY APRIL JULY OCTOBER  
Evening FEBRUARY --- JUNE NOVEMBER

**Personal Information**

NAME (print) - LAST FIRST

Do not use initials

MIDDLE MAIDEN / ALTERNATE NAMES

DAY-TIME PHONE ( ) ALT. PHONE ( )

EMAIL

ADDRESS CITY COUNTY

STATE ZIP

COUNTRY OF CITIZENSHIP RESIDENT ALIEN REGISTRATION #

(If not a U.S. citizen)

(Must have original card for file copy)

## Educational Background

DO YOU HAVE A HIGH SCHOOL DIPLOMA?

YES  NO

YEAR GRADUATED \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

If you do not have a high school diploma, do you have a high school equivalency (GED)?

YES  NO

State in which you received your GED \_\_\_\_\_

If you have taken the ACT, SAT, or PAX test within the last five years with scores acceptable to Galen, you will not be required to take our preadmission test, providing you submit an official copy of these scores.

If you know your scores, please indicate:

TEST:  ACT  SAT  PAX

DATE \_\_\_\_\_

SCORE \_\_\_\_\_

## Postsecondary Educational Background

List in chronological order including college, university, vocational/technical school, nursing school, etc. & any degree(s) earned

NAME OF SCHOOL \_\_\_\_\_

CITY/STATE \_\_\_\_\_

DIPLOMA / DEGREE OR SEMESTER / QUARTER  
HOURS COMPLETED \_\_\_\_\_

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## Employment

Do you plan on being employed while attending Galen?

YES  NO

If YES, how many hours per week? \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_

## Health Information

Some clinical experiences at Galen will require direct patient interaction, such as lifting patients and witnessing various medical procedures. If you have any concerns about your ability to participate in classroom or clinical course requirements due to physical restrictions or learning disabilities, your admissions representative will direct you to the appropriate staff member for assistance.

## General Background Information

You must give complete answers to all questions. If you answer YES to any question, you must list all offenses, and for each conviction provide the date of conviction and disposition, regardless of the date or location of occurrence. You may omit any minor traffic violations. Conviction of a criminal offense will not necessarily bar admission. Each case is considered on its merits and in conjunction with school policy. Your answers will be verified with appropriate background screening services. Applicants with convictions who are admitted to Galen must make an appointment with the Dean to discuss prior criminal offenses.

**DEFINITIONS— CRIMINAL OFFENSES** include felonies, misdemeanors, summary offenses, and convictions resulting from a plea of “nolo contendere” (no contest).

**A CONVICTION** is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence, or probation.

Were you ever convicted of a criminal offense regardless of adjudication?  YES  NO

Are you currently being charged with a criminal offense?  YES  NO

Have you ever forfeited bond or collateral in connection with a criminal offense?  YES  NO

Have you ever had any action taken against any professional license or certification?  YES  NO

For any YES responses, please provide a brief explanation:

## How did you hear about our program?

- |   |  |                                    |  |
|---|--|------------------------------------|--|
| <input type="checkbox"/> TV COMMERCIAL  | <input type="checkbox"/> MAILER TO HOME      | <input type="checkbox"/> NEWSPAPER | <input type="checkbox"/> OTHER _____                     |
| <input type="checkbox"/> INTERNET<br><input type="checkbox"/> Facebook<br><input type="checkbox"/> Google | <input type="checkbox"/> CAREER/COLLEGE FAIR | <input type="checkbox"/> RADIO     | <input type="checkbox"/> STUDENT/GRADUATE<br>NAME: _____ |

### CHECK ALL THAT APPLY:

I am a first generation college student:  YES  NO

I am a licensed PN/VN.  
Date of Graduation \_\_\_\_\_  
State of Licensure \_\_\_\_\_

I am a current PN/VN student.  
Expected Date of Graduation \_\_\_\_\_

I am a CNA or an STNA:  YES  NO

Are you serving or have you served in the U.S. Military?  YES  NO

I was previously enrolled in a practical/vocational nurse program/registered nurse program:  YES  NO

I have some prerequisites toward becoming a nurse:  YES  NO

I have a degree in a field other than nursing.  
Specify: \_\_\_\_\_

I plan to become an RN in the future.

*The information given on this application is complete and accurate. I realize that failure to disclose fully and accurately all facts relating to this application shall be grounds for dismissal from Galen. If admitted, I pledge to comply with all rules and regulations of Galen and practicum agencies. I give my permission for Galen to contact the educators and employers listed as references; and I authorize all persons, schools, companies, credit bureaus and law enforcement agencies to supply any confirmation concerning my background, which may include a formal criminal background check.*

SIGNATURE OF APPLICANT

DATE

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SIGNATURE OF PARENT OR GUARDIAN

DATE

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(not required if applicant is over the age of 18)

**EQUAL OPPORTUNITY ADMISSIONS** Galen maintains and enforces a policy of affording equal opportunity to all individuals regardless of individual characteristics. This policy prohibits Galen, its faculty, staff and other employees from discriminating against any applicant or student because of gender, race, age, color, disability, national origin, religion, or other category protected by applicable federal, state or local law.

# High School Transcript Request Form



## Note to Galen Applicant:

If applicable, complete this form and submit directly to your high school. They will submit your transcript to Galen. Many schools charge a small fee for transcripts. Please check with your school prior to mailing.

DATE \_\_\_\_\_

## Attention: Transcript Records Office

I have applied to Galen's nursing program. As part of the application process, I am required to submit a certified copy of my high school transcript.

NAME (print) \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

Please list your name at the time of graduation.

CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL (     ) \_\_\_\_\_

DAY TIME PHONE (     ) \_\_\_\_\_

HOME PHONE (     ) \_\_\_\_\_

I ATTENDED (High School Name) \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_

Please send a copy of this document to the Galen campus I have indicated below:

Galen College of Nursing - KY  
Galen Center  
1031 Zorn Avenue  
Louisville, KY 40207  
502-410-6200  
866-307-0198  
[www.galencollege.edu/louisville](http://www.galencollege.edu/louisville)

Galen College of Nursing - OH  
100 E Business Way, Suite 200  
Cincinnati, OH 45241  
513-475-3600  
877-425-3653  
[www.galencollege.edu/cincinnati](http://www.galencollege.edu/cincinnati)

Galen College of Nursing - TX  
7411 John Smith Drive, Suite 300  
San Antonio, TX 78229  
210-733-3056  
866-458-1419  
[www.galencollege.edu/sanantonio](http://www.galencollege.edu/sanantonio)

Galen College of Nursing - FL  
11101 Roosevelt Boulevard, Suite 201  
St. Petersburg, FL 33716  
727-577-1497  
866-248-6023  
[www.galencollege.edu/tampabay](http://www.galencollege.edu/tampabay)

Thank you in advance for your assistance.

Sincerely,

APPLICANT SIGNATURE \_\_\_\_\_

# Credit Waiver / Credit Transfer Request Form

This form must be submitted with your application for the RN program whether or not you have transfer classes.



DATE \_\_\_\_\_

NAME (print)

Please list all names that may appear on transcripts, i.e., maiden name.

SS# \_\_\_\_\_ APPLICATION FOR CLASS BEGINNING: \_\_\_\_\_

Please check one of these two boxes:

I do not have or wish to submit any previous courses taken for approval as transfer credit to Galen. I understand that I still must submit proof of my high school or GED completion, and if applicable, PN/VN program transcripts.

-or-

I wish to submit previous college courses to be considered for transfer to Galen.

*If you selected this option, please complete the chart on the back of this form. Use only the blue shaded areas of the chart. You are responsible for having official transcripts sent to Galen. Credit requests will be reviewed and approved by Galen's Program Director.*

APPLICANT SIGNATURE \_\_\_\_\_

→ Turn this form over to complete

# Courses you are Requesting for Credit

(Complete applicable blue shaded areas only. Check all that apply.)

## APPLICANT COMPLETES BLUE SHADED AREAS

## GALEN COMPLETES GRAY SHADED AREAS

<b>GALEN Credit-4</b> <input type="checkbox"/> <b>ENGLISH COMPOSITION</b>	DATE COMPLETED	HOURS
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY	

<b>GALEN Credit-4</b> <input type="checkbox"/> <b>INTRODUCTION TO LITERATURE</b>	DATE COMPLETED	HOURS
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY	

<b>GALEN Credit-4</b> <input type="checkbox"/> <b>APPLIED MATHEMATICS</b>	DATE COMPLETED	HOURS
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY	

<b>GALEN Credit-4</b> <input type="checkbox"/> <b>INTRODUCTION TO DEVELOPMENTAL PSYCHOLOGY</b>	DATE COMPLETED	HOURS
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY	

<b>GALEN Credit-4</b> <input type="checkbox"/> <b>INTRODUCTION TO SOCIOLOGY</b>	DATE COMPLETED	HOURS
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY	

<b>GALEN Credit-6</b> <input type="checkbox"/> <b>HUMAN ANATOMY &amp; PHYSIOLOGY I</b>	DATE COMPLETED	HOURS
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY	

<b>GALEN Credit-6</b> <input type="checkbox"/> <b>HUMAN ANATOMY &amp; PHYSIOLOGY II</b>	DATE COMPLETED	HOURS
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY	

<b>GALEN Credit-6</b> <input type="checkbox"/> <b>MICROBIOLOGY</b>	DATE COMPLETED	HOURS
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY	

<b>GALEN Credit-2</b> <input type="checkbox"/> <b>INFORMATION TECHNOLOGY ESSENTIALS FOR THE PROFESSIONAL NURSE</b>	DATE COMPLETED	HOURS
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY	

total transfer credits requested \_\_\_\_\_ total transfer credits approved \_\_\_\_\_  Galen PN/VN graduate  non-Galen PN/VN graduate

GALEN PROGRAM DIRECTOR SIGNATURE

DATE

ACADEMIC OFFICIAL SIGNATURE

DATE

# College Transcript Request Form



## Note to Galen Applicant:

If applicable, complete this form and submit directly to your college(s). Copy this form if you have attended more than one college. They will submit your transcript to Galen.

DATE \_\_\_\_\_

## Attention: Registrar

I have applied to Galen's nursing program. As part of the application process, I am required to submit an official college transcript.

NAME (printed) \_\_\_\_\_

SS# \_\_\_\_\_

Please list your name at the time of graduation.

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

DAY-TIME PHONE ( ) \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_

CELL ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

I ATTENDED (Institution Name) \_\_\_\_\_

FROM (Start Date) \_\_\_\_\_

TO (End Date) \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_

(IF APPLICABLE)

Please send a copy of this document to the Galen campus I have indicated below:

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Galen Center  
1031 Zorn Avenue  
Louisville, KY 40207  
502-410-6200  
866-307-0198  
[www.galencollege.edu/louisville](http://www.galencollege.edu/louisville)

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Thank you in advance for your assistance.

Sincerely,

APPLICANT SIGNATURE \_\_\_\_\_



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to one of the following campuses:**

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877-425-3653  
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1031 Zorn Avenue  
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727-577-1497  
866-248-6023  
[www.galencollege.edu/tampabay](http://www.galencollege.edu/tampabay)

***Congratulations on completing your application.***

✓ Have you remembered to request high school  
and college transcripts if applicable?

