

## Application for Nursing, BSN (Pre-Licensure) Program

Name:		AU ID#:		Dat	e:/	
Date of Birth://	Male	Fe	male			
Local Address:						
Local Address: Street		Apt#	City	State	Zip	
Permanent Address:(If different from local address)	Street	Apt#	City	State	Zip	
Home #:	Cell#:		E-mail	E-mail:		
Admission Requirements						
NOTE: All documents must	be summited by I	MAY 15, of t	he admission ye	ar.		
The following cognate classes semester, and year for the following cognate classes					ase list the grade,	
		Grade	Semeste	er & Year	currently taking	
Anatomy & Physiology I	(4 sem. hr.)					
Anatomy & Physiology II	(4 sem. hr.)					
Chemistry 110	(4 sem. hr.)		<del></del>			
Human Development	(3 sem. hr.)					
Intro to Psychology	(3 sem. hr.)					
*Transfer students: Please no class must be retaken.	te that the above c	classes cannot	be older than 5	years. If more	e than 5 years, the	
Test of Essential Academic Skills (TEAS)  (taken in the last five years or less)		Sc	ore			
Minimum Proficiency Score acco						
Overall GPA of 3.0 or great	ater					

Cognate GPA of 3.0 or greater

Have you previously taken any nursing courses at any other college or university? **Yes** No If yes, the following may be required:

- An interview may also be required if you are transferring from another nursing program.
- Written permission to talk with faculty regarding your academic performance in that nursing program.

The requirements of: background check, drug test, physical examination, vaccinations, and CPR are managed by Castle Branch. The Department of Nursing has partnered with them to make this process as convenient, secure, and safe as possible. During the order placement you will be asked personal identifying information needed for security and compliance purposes. Supplying accurate and comprehensive information is important to the speed at which your order is completed. The fee for your background check and drug test is paid to the company. Please follow the steps below to complete the requirements for admission into the Department of Nursing process





## STEP 1: Go to Castle Branch at http://portal.castlebranch.com/NS39

- 1. Click on Place Order (Big Red Button).
- 2. Click Please Select, then Student Screening.
- 3. Choose option NS40bgdt: Background Check-Drug Test.
- 4. Read Order Instructions and check 'I have read this information,' and Click to Continue (do twice).
- Complete all needed information on myCB to place your order.
   If questions, concerns, or need help, please contact myCB at their direct line to the service desk at 888-723-4263
- 6. The email address you enter will be your username. Please remember the email and password that you entered in case you need to pause and to login for future use.
- 7. After setting up your account, please check your email to complete the login, background check, and drug test process.
- 8. Once you are notified that both requirements are clear, please contact Department of Nursing to receive the code to order and complete your Medical Document Management portion. Nursing Office (269) 471-3311/toll free 800-877-2863 or nursing@andrews.edu

## STEP 2: Go to myCB at <a href="https://mycb.castlebranch.com">https://mycb.castlebranch.com</a>

- 1. Login into your account
- 2. Click on Place Order (White Tab in top right corner above myCB logo).
- 3. Enter Package Code and PIN given by School of Nursing and submit. Complete all needed information that follows.
- 4. To-Do Lists. Only complete items 1 through 8 (10-13 will be fulfilled within the program). Please contact myCB at their direct line to the service desk at **888-723-4263**, if you have questions, concerns, or need help.

I am applying for entry into the Nursing, BSN (Pre-Licensure) Program. I fully realize my application will not be accepted for evaluation until all of the above requirements are met:

DEADLINE MAY 15, of the admission year. This application can be emailed to nursing@andrews.edu

Signed:	

BSN Pre-Lic App Revised Jan. 2021