

# Application & Information Packet

Technical Certificate in



## Selection

Selection

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NOTE: ~~Repeat~~  
~~eply to all of the~~  
~~questions below~~  
~~if applicable~~

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ADDENDUM

Arkansas State Board of Nursing -- NURSE PRACTICE ACT

17-87-312. Criminal background checks.

(a)(1) Each first-time applicant for a license issued by the Arkansas State Board of Nursing shall apply to the Identification Bureau of the Department of Arkansas State Police for a state and national criminal background check, to be conducted by the Federal Bureau of Investigation.

(a)(2) At the time a person applies to an Arkansas nursing educational program, the program shall notify the

- (29) Promotion of prostitution in the first degree as prohibited in §5-70-104;
- (30) Stalking as prohibited in §5-71-229;
- (31) Criminal attempt, criminal complicity, criminal solicitation, or criminal











Name of Student: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Rate the applicant in terms of quality by checking the appropriate space listed below.

Characteristic	Superior	Good	Fair	Poor	Unknown	Comments
Ability to get along with others						
Attendance						
Attitude						
Dependability						
Ethical Behavior						
Honesty						
Initiative						
Intellectual Ability						
Maturity						
Motivation						
Reaction under stress						
Self Confidence						

Indicate below your level of willingness to recommend this applicant.

\_\_\_\_\_ Highly recommend

\_\_\_\_\_ Recommend

\_\_\_\_\_ Recommend, but with reservation

\_\_\_\_\_ Do not recommend

Use the space below to make any additional comments.

Please print or type the following information of the person providing recommendation:

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Feel free to contact me with any questions; thank you.

Jourdan Scoggins, MS, BSN, RN  
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University of Arkansas Fort Smith  
College of Health Science/WATC  
Practical Nursing Program Recommendation Form

Applicant Instructions:

1. Included are 2 copies of this three page recommendation form. This recommendation form should be given to individuals who are in a position to comment on your qualifications for entering the Practical Nursing Program. One letter must be from a professor in either Basic Anatomy/Physiology or Medical Terminology.
2. The recommendations cannot be from a family member or friend. Suggested recommenders include high school principal, counselors, or teachers; clergy members, religious teachers, or employers who know you well.
3. Fill in your name and address at the bottom of this page on both copies.
4. Give one form to each of your recommenders, along with an envelope. Address envelopes:

University of Arkansas Fort Smith  
Attention: Jourdan Scoggin, CHS 307  
5210 Grand Avenue  
Fort Smith, AR 72913

5. Each recommendation must be in its own envelope with the signature written across the sealed back flap. The recommendations should be submitted with the application or mailed to arrive by the first Monday in November.

Instructions:

The individual requesting this recommendation plans to apply to the Practical Nursing program at the University of Arkansas Fort Smith. Your assistance in completing this form is appreciated. The information will be used by the Program Director and faculty in the selection of students for admission to the program. Please return the recommendation form to the applicant in the sealed envelope with your signature written across the sealed flap. Thank you so much for assisting this applicant.

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

\_\_\_\_\_

Name of Student: \_\_\_\_\_

How long have you known the

\_\_\_\_\_