

Application Procedure

Processing of an application will begin only when the application form, application fee, transcripts, letters of recommendation, and test data as required by the department are received in the Nursing Department. If an applicant fails to complete the application file by *the last Friday of January deadline* for the proposed term, a new date of entry will need to be specified. Students will be selected only in the Spring, to begin the nursing program the following Fall semester, providing they have met all prerequisite requirements.

Prerequisite Courses

To apply for admission the student must have completed the following courses, or their equivalent, with a “C” or better and have an overall GPA of 2.8 or higher.

Engl 103	Freshman English I
Psy 103	General Psychology
Math 134	Intermediate Algebra
Chem 111	Chemistry of Health Science Lab
Chem 113	Chemistry for Health Science
Bio 224	Human Anatomy (must be completed within four years of starting the nursing program)

The required science courses (Chem.111/114, Bio 224, Bio 234, Bio 204) will utilize the nursing department’s grading system for declared nursing students.

It is strongly recommended that the following science courses be taken within the first year nursing courses after admission:

Bio 234	Human Physiology (if transferred in must be within previous 4 years).
Bio 204	Basic Microbiology

The following Lakota courses must be completed before graduation:

Lak 103	Lakota Language I - OR
LSoc 103	Lakota Culture

Complete application files will include:

- Complete, signed application form.
- \$50.00 testing fee, paid directly to Kaplan. This fee is non-refundable, regardless of what action is taken on the application for admission.
 - 3. Official transcripts from each higher education institution attended (TRANSFER STUDENTS ONLY). These transcripts must be sent directly from the institution to the Registrar’s Office of Oglala Lakota College. Transcripts “Issued to Student” are unofficial. Official transcripts must be sent to: Registrar, P.O. Box 490, Kyle, SD 57752.
- Three letters of recommendation. These are required from persons other than relatives and friends, who are familiar with the applicant’s academic and/or employment record. Please have recommendations completed on the accompanying forms.

- Essay – APA format (Five paragraphs of 100 to 150 words each) developing the answers to: Why you have chosen nursing as a career, life events that contributed to your decision, people that have influenced you, what types of nursing interests you and what you hope to do with your nursing degree. Include the four Lakota values of Wisdom, Respect, Generosity, and Courage, in any way you can in your essay, as you related them to aspects of nursing.
- Certificate of degree of Indian blood if applying to OLC for the first time.
- Official high school transcript or GED Certificate if it is not already on file at OLC.
- Applications and all related documents should be mailed to:

Oglala Lakota College-Department of Nursing

P.O. Box 861

1 Nursing Way

Pine Ridge, SD 57770

Selection Criteria

Students who have completed pre-requisites will be selected according to the following criteria:

1. G.P.A. of 2.8 or better
2. Tribal Enrollment priority as follows:
 - a. Enrolled members of the Oglala Sioux Tribe who are veterans
 - b. Enrolled members of the Oglala Sioux Tribe
 - c. Enrolled members of other Lakota Tribes who are veterans
 - d. Enrolled members of other Lakota Tribes (Rosebud Priority)
 - e. Other enrolled Tribal members
3. Reference letters and personal interviews that evaluate personal characteristics desired in health professionals and that are reflective of Lakota values including the following:
 - a. Ability to work with people
 - b. Potential for leadership
 - c. Personal initiative
 - d. Growth potential
 - e. Concern for others
 - f. Motivation
 - g. Integrity

h. Reliability

i. Communication skills

4. When in the judgment of the Nursing Department Admission Committee the program can accommodate additional students, non-Indian applicants who meet all other requirements will be selected according to the following criteria:

a. Commitment to remain in the service area as evidenced by:

i. Living in the service area for more than 5 years thus demonstrating permanent residence

ii. Having permanent family/relative ties in the community

The number of students admitted for each fall semester will not exceed available faculty or clinical laboratory resources and will be determined prior to the convening of the Nursing Department Admission Committee. Admissions Committee membership is comprised of Nursing Faculty/staff and outside members appointed by the Nursing Department Chair, and approved of by the V.P. for Instruction. Provisional selection of students and alternates for the Fall semester will be made pending the successful completion of Spring prerequisite courses. The applicant will be notified at the end of June, prior to Fall entry. You will be asked to come in for an interview and will be scheduled for admission testing.



**DEPARTMENT OF NURSING
OGLALA LAKOTA COLLEGE
APPLICATION FORM**

PO Box 861
Pine Ridge, SD 57770
(605)-867-5856
Fax (605) 867-5724

Instructions: Please type or use black ink to complete this application for admission, sign it, and return it to the Department of Nursing by the last Friday of January. Applying students will receive an email with instructions on paying the entrance testing fee of \$50 directly to Kaplan online.

Applying for the first time at OLC Dept of Nursing Reapplying

Biographical Information

Legal Name _____				
Last	First	Middle	Maiden	
Permanent Address _____				
Street, or Box	City	State	Zip	
Phone (Home) _____ - _____ - _____		Other _____ - _____ - _____		E-mail _____
Birth Date _____				
Emergency Contact _____				
Name	Daytime Phone Number	Relationship		
Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other (specify citizenship) _____				
Tribal Enrollment: <input type="checkbox"/> Oglala Lakota Enrollment # _____ <input type="checkbox"/> Other (please specify) _____				
Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes - Branch _____				

Educational Background

High School Attended _____				
School	City	State		
Date of High School Graduation or GED (MM/YY) _____/_____/_____				
College Preparatory Classes Taken in High School				
Class	Credits	Grade		

Post Secondary Education				
List ALL Colleges/Universities Attended (other than OLC):				
School Name	City	State	Dates Attended	GPA

Are you eligible to return to the institution(s) from which you are transferring? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach a letter of Explanation.				
Have you ever been dismissed from any college? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and for what reason? _____				
Have you previously applied for admission to another nursing school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what college? _____				
Were you admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Information

Have you ever been convicted of a crime other than a traffic violation? Yes No If yes, please explain:

Health related job experience in the last 5 years.

Type of Work _____ Dates of Employment _____

Honors or Awards Received:

Level of Computer Skills. Please circle all that apply:

E-mail Search Internet Word Processing Spread Sheets

Do you have any medical or psychiatric condition that requires follow up? YES NO If yes, please explain: _____

The following information is used for institutional Federal Grant purposes. Your responses will in no way affect your admission. Please circle your answers.

Sex: Male Female **Disability:** Audio Visual Learning Disabled Mobility –Ambulatory Mobility-Wheelchair

Marital Status: Married Unmarried **Ethnic Group:** Am. Indian Asian African- Am Hispanic White Other Unknown

All answers I have given on this application are accurate and true, and any intentional misrepresentation may be cause for revocation of admission. If admitted, I agree to observe the rules of the Oglala Lakota College, Department of Nursing and to pay all fees and charges assessed.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY: Date Received: _____ by: _____