This form is used to apply for admission to the Perioperative Nursing program. Nurses interested in the program must first apply for admission to CWI, complete this application, and meet with the program chair prior to being admitted to the Perioperative Nursing course. Admission as a Registered Nurse ASN, BSN, or MSN does not guarantee admission to the Perioperative Nursing Program. Each fall and spring semester, fifteen students are admitted to the program. The program fills up quickly! Candidates not admitted to a cohort may be placed on an alternate list for admission, in the event an opening occurs in that same cohort. If not admitted, applicants may be considered for the next cohort. **ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED!**

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| **College of Western Idaho - Perioperative Nursing APPLICATION**  |

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LAST NAME FIRST NAME M.I. CWI STUDENT ID

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ADDRESS CITY STATE ZIP EMAIL

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PHONE NUMBER (INCLUDING AREA CODE) OTHER PREVIOUSLY USED NAMES

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| **APPLICATION instructions**  |

You must read and follow all steps to ensure a complete application. Only a complete application will be reviewed. Applications for the fall program start are accepted through August. Applications for the spring start are accepted through December. It is STRONGLY RECOMMENDED that you complete these steps *at least* a month prior to the Perioperative Nursing Program deadline, as this program fills up quickly.

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| **STEP 1: COMPLETE ITEMS *PRIOR TO* PROGRAM APPLICATION SUBMISSION** |

Check to verify you have completed the following steps and have been admitted to CWI as a student:

 **Apply for CWI admission**. <https://forms.cwidaho.cc/registration/app01.php>

 **Pay the $25 APPLICATION fee.**

**Request official transcripts** to be sent to: One Stop Student Services, MS 1000, P.O. Box 3010, Nampa, ID 83653

I have completed the following degree check one: ASN BSN MSN

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| **STEP 2: PERI OPERATIVE NURSING APPLICATION (THIS FORM)**  |

 Complete the Perioperative Nursing APPLICATION (this form)

Please provide proof of RN licensure:

Exact spelling of first and last name that appears on the nursys.com web site

First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nursing License number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Note: [www.nursys.com](http://www.nursys.com)  to look up license number and exact name listed on the nursys.com web site

Contact JoAnn Harrison, Program Chair, by email joannharrison@cwidaho.cc to set up phone interview

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| **STEP 3: INITIAL AND DATE THAT YOU HAVE READ AND COMPLETED EACH OF THE FOLLOWING STATEMENTS**  |

All nurses accepted to the College of Western Idaho Perioperative Nursing Program will be required to have a criminal background check. Details on how to complete the background check will be provided by CWI after acceptance into the program. INITIAL & DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **STEP 4: SIGN THIS APPLICATION**  |

I certify that all the information provided in this APPLICATION is true and correct to the best of my knowledge. I understand that falsification of information is cause for denial of admission/expulsion. Illegal use, possession, and/or misuse of drugs or a felony conviction may prevent me from being admitted into the Perioperative Nursing program.

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STUDENT SIGNATURE DATE

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| **STEP 5: SUBMIT THIS PRE-APPLICATION**  |

Submit this APPLICATION in one large sealed envelope to CWI prior to program deadlines for consideration, (August for fall semester and December for spring semester). Write your name and "PERIOPERATIVE NURSING APPLICATION" on the envelope. Please DO NOT staple any documents to your APPLICATION! Special folders and/or binders are not recommended as they only make it more difficult and cumbersome to process your APPLICATION.

Mail or hand-deliver to One Stop Student Services, College of Western Idaho, 2407 Caldwell Blvd., Nampa, ID 83651

**NO ADDITIONAL MATERIALS WILL BE ACCEPTED TOWARD YOUR PRE-APPLICATION AFTER SUBMISSION OF YOUR PACKET.**