



MILLERS COLLEGE OF NURSING

Congratulations on your decision to pursue your degree in nursing. The Millers College of Nursing offers a career pathway to meet the needs of individuals who are interested in obtaining the baccalaureate degree in nursing. The sequence is designed individuals who have completed general education and nursing prerequisite requirements, as well as individuals with bachelor degrees in an area other than nursing. The pathway provides learning activities that build on prior knowledge and experience.

As you begin the application process, please ensure that you have read all of the information and instructions. If you have questions during any point of the application process, our admissions team is available to answer them.

Millers College of Nursing
2151 Consulate Drive, Suite 10 & 11
Orlando, FL 32837
Tel: 407.846.3636
Fax: 407.846.8581

For additional information on Millers College of Nursing program, visit millerscollegeofnursing.com

2151 Consulate Drive, Suite 10 & 11, Florida 32837 • 407.846.3636

MILLERS COLLEGE OF NURSING

MILLERS COLLEGE OF NURSING APPLICATION

Please mail your completed application package to:

Millers College of Nursing
Office of Admissions
2151 Consulate Drive, Suite 10
Orlando, FL 32837

PLEASE USE INK TO COMPLETE ALL SECTIONS PLEASE USE INK TO COMPLETE ALL SECTIONS

SECTION I: IDENTIFICATION

SOCIAL SECURITY NUMBER: _____ ID# (SCHOOL USE) _____

FIRST NAME: _____ LAST NAME: _____ MI: _____

FORMER NAME(S) _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTY: _____ DATE OF BIRTH: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____

START TERM FALL (October) SPRING (May)

ETHNICITY: Are you Hispanic or Latino? Yes No

Select one or more of the following that best describes you:

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander Caucasian

GENDER: Female Male

VETERAN: Yes No Are you eligible for V.A. educational benefits? Yes No

U.S. CITIZEN: Native Naturalized **COUNTRY OF CITIZENSHIP:** _____

Not a U.S. Citizen:

If a permanent immigrant, enter the alien registration number shown on your I-551 _____

(You must provide USCIS documents and a copy of your driver's license)

EMERGENCY CONTACT: Same Address Same Phone

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SECTION II: ACADEMICS

HIGH SCHOOL INFORMATION

Which of the following have you completed?

- Standard High School Diploma
- State issued High School Equivalency (GED)
- High School Diploma earned outside of the U.S. (*All foreign documents/transcript must be evaluated and translated for advising purposes.*)

PLEASE COMPLETE THE FOLLOWING INFORMATION:

High School Name: _____ Graduation Date: _____

City: _____ State: _____ County: _____

GED Recipients Only: Student must show verification of passing the GED upon submission of application.

Name of GED Agency: _____ Date Issued: _____

City: _____ State: _____ Zip Code: _____ County: _____

COLLEGE/UNIVERSITY INFORMATION

List in chronological order every career school, college and university you have attended prior to enrolling at Millers College of Nursing. All foreign documents/transcript must be evaluated and translated for advising purposes.

COLLEGE/UNIVERSITY	LOCATION	DATES OF ATTENDANCE

NOTE: *If the number of colleges exceeds the space provided above, please attach a separate sheet.*

Send all transcripts in an official, sealed envelope to the

**Office of Admissions
Millers College of Nursing
2151 Consulate Drive, Suite 10**

SECTION IV: STUDENT CONSENT

I consent and agree to uphold the policies of this institution. I further agree to have any transcripts, test scores and GED test scores released to Millers College of Nursing and all information provided is true and correct.

In addition I give Millers College of Nursing permission to send me admissions information and materials to the email address provided on this application.

Student Signature: _____ Date: _____

Please note that all fields are required.

Personal Information:

NAME:

Last	First	Middle	Maiden
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BIRTH DATE: _____ **GENDER:** Female Male Soc. Sec #: _____

ETHNICITY: Are you Hispanic or Latino? Yes No

Select one or more of the following that best describes you:

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander Caucasian

Current Mailing Address: _____

Current Phone : (_____) _____ Mobile Phone (_____) _____

Work Phone (_____) _____ Email Address: _____

Under what other names might your academic records be listed?

Expected Year/Month of Program Entry: _____

Background Check Form

Millers College of Nursing does not discriminate on the basis of race, color, ethnicity, national origin, religion, creed, sex, age, martial status, parental status, physical disability, learning disability, political affiliation, veteran status, or sexual orientation.

FDLE criminal background checks will be conducted by Millers College. A Level II background check FBI /FDLE must also be completed by your local police department as part of the application process. All applicants are responsible for paying the cost of the backgrounds checks and are advised to begin the process well in advance of submitting the application package to the college. Your application cannot be processed without it.

Tuition

The cost of the program is \$18,000.00 not including the \$100.00 application fee. Expenses included in the tuition are one uniform set, student activity fees, malpractice insurance and lab fees. Additional uniforms may be purchased by the student. Equipment is not included in the tuition cost. Tuition and fees are subject to change. Please refer to the Admissions Office each term for current tuition and fee information.

TOEFL

If your native language is not English, provide your scores for the Test of English as a Foreign Language (TOEFL).

Dates(s) Taken: Section 1 _____ Section 2: _____ Section 3: _____

Date(s) Scheduled: _____

The scores you provide are unofficial. Testing services must send official copies of test scores directly to Millers College of Nursing.

References

List the names and addresses of two people in your field of study and/or expertise (e.g., a professor, a supervisor) from whom you have requested letters of reference. Both references must be either from an instructor or direct supervisor. No personal references will be accepted. Reference information must be provided on Millers College of Nursing form included with this application and should be returned in envelopes that have been sealed and signed by the people you have named as references.

Name of Reference	Position/Title	Address/Phone Number And Email

Academic Discipline: Have you ever been dismissed from, disciplined by or placed on probation by a college or university? ___No ___Yes If so, please explain:

Honors and Awards: List any honors and/or distinctions you have received and the dates they were received:

How did you first learn about Millers College of Nursing?

Who or what most influenced your decision to apply to Millers College of Nursing?

Graduation Requirements for the Bachelor of Science in Nursing Degree

Responsibility for meeting the requirements for graduation with a Bachelor of Science Degree in Nursing rests with the student. To be awarded a Bachelor of Science degree from Millers College of Nursing, a student must do the following:

1. Thirty-six (39) credits of General Education courses:

Area 1: Communications	9 Credits
Area 2: Humanities	6 Credits
Area 3: Mathematics	6 Credits
Area 4: Science	6 Credits
Area 5: Social Science	6 Credits
Area 6: Electives	6 Credits

2. Nineteen (19) credits of pre-requisite nursing courses:

Anatomy & Physiology I	4 Credits
Anatomy & Physiology II	4 Credits
Essentials of Nutrition	3 Credits
Microbiology	4 Credits
Chemistry	3 Credits
Medical Terminology	1 Credits



**MILLERS COLLEGE
OF NURSING**

TRANSCRIPT REQUEST

To: _____
Name of Educational Institution Department Date of Request

Street Address City State Zip

Country (_____) Phone Number (_____) Fax Number

From: _____
Student's Full Name at Time of Enrollment Maiden Name (if applicable)

Date of Birth _____ *Dates of Attendance* _____

This is my request and authorization for you to to mail official transcripts to:

**Millers College of Nursing
Office of Student Affairs
2151 Consulate Drive, Suite 10
Orlando, FL 32837**

If you have any questions regarding this form, please contact our admissions representatives at (407)846-3636. Thank you for your attention to this matter,

Sincerely,

_____ *Student Signature*

Fee Enclosed \$ _____

Checklist for Admissions:

APPLICATION DOCUMENTS		
	Completed Application: \$100.00 application fee certified check or money order made payable to Millers College of Nursing.	
	Identification: Florida Driver's license, Social Security Card, Green Card or Citizenship Papers	
	Official Transcripts: High School/GED and all post-secondary transcripts	
	Letters of Recommendation: Two professional letters of recommendation	
	TEST SCORES – TEAS Version V – 70% Composite <i>(if applicable)</i>	
	GPA: Overall 2.5	
	CPR Card	
	Professional License <i>(if applicable)</i>	
	Personal Statement: On a separate page, please submit a typed statement indicating your objectives in undertaking the BSN program of study, your special interest, your plans, and your current strengths and areas for development. Include significant life experiences, accomplishments or special courses that may enhance the strength of your application.	
	Resume	
MEDICAL & BACKGROUND CHECK PAPERWORK		
	Physical	
	TB test	
	MMR	
	Hep B	
	Fit test	

	Drug test	
	Proof of fingerprints	
COURSES YOU MUST HAVE BEFORE ENTERING INTO THE BSN PROGRAM		
	Human Anatomy and Physiology I & II w/ lab	
	Chemistry	
	Microbiology	
	Medical Terminology	
	Nutrition	
	English Composition I	
	College Algebra	

I certify that all the information

submitted in the admission process-including the application, the personal essay, any supplements, and any other supporting materials- is my own work, factually true and honestly presented, and that these documents will become the property of the institution to which I am applying and will not be returned to me. I understand that I may be subject to a range of disciplinary actions including admission revocation, expulsion, or revocation of course credit, grades and degree should the information I have certified be false.

Applicant Signature _____ Date _____