

LPN-BSN Winter 2023 Application

Please check the boxes as you complete the following	3:
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- \square Application form on pages 1 and 2
- ☐ Link to youtube video pasted onto page 3
- ☐ Current resume attached starting on page 4

Once complete, please email this entire document to: srapoza@columbiabasin.edu

Questions? Contact Sarah Rapoza at srapoza@columbiabasin.edu



LPN-BSN Program Winter 2023 Application

Demographic Informa	tion				
Last Name	First	Middle	CBC Stu	CBC Student ID Number	
Previous Name(s)					
Address		City	State	Zip	
Preferred Phone Number	Alternate Phone Number		E-mail Address		
Employer (if applicable)					
Prior Education					
High School:					
Name of School	City		State	Graduation Date	
G.E.D. :					
If high school equivalency v	was obtained through	G.E.D., state where and	when tests we	re taken.	
Location	Date				
LPN Program:					
Name of School	City	State		Graduation Date	

Other Colleges/Universities Attended:

Name of College / University	Location (City/State)	Dates Attended	Program or Course of Study	Degree Earned

Nurse Licensure

Do	you hold a Washington State LPN License: Yes No
	If you answered yes, please provide the following: License Number Expiration Date
	If you answered no, please indicate the state(s) in which you have LPN licensure:
На	ave you applied for LPN licensure in Washington State: Yes No
Н	ow many years have you been practicing as an LPN:
Pe	ersonal History and Experience
1.	Do you speak a second language other than English? a. If yes, please indicate which language: b. Please indicate your level of fluency: ☐ I can read, write, and speak the language ☐ I can speak the language, but have limited or no ability to read/write
2.	Do you have any leadership experience within a school or organization? Yes If yes, please describe:
3.	Are you a first-generation college student? Yes No
4.	Are you or have you ever been an active member of the U.S. armed forces? Yes No If yes, were you granted honorable discharge? Yes No
	Please use this space if there is anything specific you would like us to know about your academic history that is not covered in other parts of the application. ertify that the above information is accurate and complete.
1 C	ertify that the above information is accurate and complete.
Ar	oplicant Signature Date



Instructions for your 2-3 minute video essay:

- 1. Using recording software of your choice (i.e., Screencast-O-Matic, Panopto, Quicktime, etc), please record a 2-3 minute video of yourself answering the following question:
 - Give an example of an important goal you set for yourself. Did you accomplish that goal? How did you ensure you accomplished it? If you did not accomplish it, what types of barriers did you face and what did you learn from this experience? Looking back on the original goal, would you have made any changes knowing what you know now?
- 2. After you have recorded your video, upload it to youtube using the following instructions:

To upload a video to YouTube:

- Sign into YouTube or create an account.
- o Click the Upload button at the top of the screen. (Create a video or post)
- o Change the privacy settings to Unlisted.
- o Select the video to be uploaded.
- 3. After the video is uploaded, copy and paste the video URL HERE:

(Copy/paste your resume starting at the top of this page)