COLLEGE OF SOUTHERN IDAHO
PARAMEDIC TO REGISTERED NURSING TRANSITION PROGRAM
SUPPLEMENTAL APPLICATION

Dear Applicant,

In order to be considered for the paramedic to nursing transition courses (NURR 100 & NURR 150), you must complete this form and all other required paperwork. Please submit this form, a one page letter describing why you believe you should be considered for acceptance to the transition courses, when you would like to take the transition courses, employer documentation of paramedic work experience, proof of current National Registry EMT-P certification, and a copy of your official transcripts showing proof of completion of pre and corequisites to:

Valerie Warner, MS, BSN
CSI
HSHS Department
P.O. Box 1238
Twin Falls, ID 83303-1238

Candidates who submit incomplete applications will not be considered for acceptance into the program.

Name _____ _____ _____
First Middle Last

Home Address_____
Street Address City State Zip Code

Permanent Address (if different from above)_____

Social Security Number_____ Home Phone (_____)_____
Area Code

Business Phone: (_____)_____ Male_____ Female_____
Area Code

POINT CRITERIA FOR ACCEPTANCE TO TRANSITION PROGRAM*

Graduate of the College of Southern Idaho Paramedic Program	25 points_____
Graduate of a Nationally Accredited Paramedic Program (Must attach documentation)	25 points_____
At least 3 years full time work experience as a paramedic (Must attach documentation)	25 points_____
TOTAL	75 points_____

*Note: The above points are for Paramedic to ADN *transition courses* acceptance only. They DO NOT count towards the ADN admission rating form.