



Iyanola School of Nursing

Knowledge Integration to Promote and Restore Health

Application for Bachelor of Science in Nursing

Iyanola School of Nursing (ISON) is thrilled that you are considering us for your nursing training program. At ISON a team of dedicated faculty and staff awaits to help you thrive in Nursing School and in Life. Our first step is to guide you through the admission process.

Application Deadlines <https://www.isonlc.com/admissions/isons-admissions>

A completed application must be submitted to admissions@isonlc.com

Applicants will be notified by email of their admission status within two (2) weeks after application submission.

Transfer Applicants

Iyanola School of Nursing (ISON) will accept and process transfer requests. However, successful applicants will be placed on a waitlist and considered on a space available basis.

General Admission Criteria

The following is the minimum criteria to apply.

1. Minimum cumulative average of A or B (**G.P.A 2.7**)
2. Minimum age requirement at the beginning of the semester is **17** years.
3. Complete prerequisite courses prior to beginning nursing courses.
4. Obtain a grade of A or B and earn a minimum grade point average of 2.7 in all prerequisite courses.
5. Include a short typewritten personal essay (approximately 250-650 words) with an introduction of yourself and an explanation of your career choice. List any pertinent interests and accomplishments.
6. Submit certified transcripts including any transferred credit, with the completed application.
7. Graduation does not ensure licensure eligibility. Students are responsible for determining if they meet the requirements for the state/country in which they anticipate licensure.

IYANOLA SCHOOL OF NURSING

#14, American Drywall Bldg. Vide Boutielle, Castries, Saint Lucia. Tel 758-572-0115 | info@isonlc.com



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All high school students applying for admission to Iyanola School of Nursing must have completed at least the following requirements* before enrolment:

- English
- Mathematics (Algebra)
- Science (Biology & Chemistry)
- Personal Statement
- In person interview
- Criminal record clearance (police record)
- Admission test
- Physician's certificate of physical and mental fitness
- Laboratory drug screening for illegal substances.

** If you have not taken these courses, you may still qualify for admission.*

An Admissions counsellor will work directly with you to request additional information for admissions consideration and ensure you are prepared for school work.

General Instructions

1. A complete application packet contains:
 - a. Application form – type or print clearly, signed in ink.
 - b. Non-refundable application fee:
Residents \$75.00 USD/Non-Residents \$150.00 USD.
(Payments can be made via PayPal, Visa, Mastercard or other major credit/debit cards).
 - c. Certified Transcripts from ALL colleges attended.
 - d. Short personal essay
 - e. 2 Professional references (From educational institution and/or employer e.g., Advisor, counsellor, instructor, or work supervisor)
 - f. 1 Personal Character Reference
2. The complete application packet can be emailed to admissions@isonlc.com

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APPLICANT INFORMATION		
Last Name:	First Name:	Middle Initial:
Maiden/Previous Name:		
CURRENT ADDRESS		
Street Address:		
City, State Zip/Postal Code:		
Postal Address/Mailbox (if applicable):		
PERMANENT ADDRESS		
Street Address:		
City, State Zip/Postal Code:		
CONTACT INFORMATION		
Email:		
Mobile / Cell Phone:	Home Phone / Land line:	
FOR ACCREDITATION PURPOSES ONLY		
Date of Birth MM/DD/YY:	Gender:	
Ethnicity/Race: <i>(please check one of the following)</i>	<i>Caribbean</i>	<i>American Indian or Alaskan Native</i>
<i>Black or African American</i>	<i>Native Hawaiian or another Pacific</i>	<i>Asian</i>
<i>White or Caucasian</i>	<i>Other</i>	<i>Ethnicity/Race Unknown</i>
HIGH SCHOOL		
Name of School:	Graduation Year:	
City, State Zip/Postal Code:		

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COLLEGE/UNIVERSITY

List all colleges/universities you have attended or are currently attending even if you did not earn a degree or certificate.

Name of College/University:

City, State Zip/Postal Code:

Dates Attended MM/DD/YY:

Degree:

College Advisor (if applicable):

Name of College/University:

City, State Zip/Postal Code:

Dates Attended MM/DD/YY:

Major:

Degree:

Name of College/University:

City, State Zip/Postal Code:

Dates Attended MM/DD/YY:

Major:

Degree:

VOLUNTEER HISTORY (If Applicable)

Name of Organization

Duties

Date (To-From) MM/DD/YY

EMPLOYMENT HISTORY (If Applicable)

Name of Institution

Duties

Date (To-From) MM/DD/YY

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SIGNATURE & PHOTO

Attach Passport size photo below:

- The photograph should be in colour and of the size of 3.5cm x 4 cm
- The photo-print should be clear and with a continuous-tone quality.
- It should have full face, front view, eyes open.
- Photo should present full head from top of hair to bottom of chin.
- Center head within frame.
- The background should be a plain white or off-white.
- There should not be any distracting shadows on the face or on the background.
- Head coverings are not permitted except for religious reasons, but the facial features from bottom of chin to top of forehead and both edges of the face must be clearly shown.
- The expression on the face should look natural.

I understand that if I am accepted into the program, the following is a basic list of requirements for all admitted applicants and that certain healthcare facilities that provide clinical experiences may have additional requirements:

- ✓ Complete a physical examination and health history report;
- ✓ Provide the following vaccination documentation—
 - proof of yearly tuberculosis screening,
 - proof of yearly influenza vaccine, (optional)
 - proof of two varicella vaccines or evidence of immunity through titer,
 - proof of two measles/mumps/rubella vaccines or evidence of immunity through titer,
 - proof of three Hepatitis B vaccines and evidence of immunity through titer,
 - proof of TDAP booster given within the past 10 years;
 - proof of Covid19 vaccination;
- ✓ Take the Kaplan Pre-Admission Test;
- ✓ Complete acceptable background check and drug screen;
- ✓ Provide proof of certification in BLS CPR; (Can be provided by ISON)
- ✓ Provide proof of health insurance (optional)

Signature of applicant:

Date MM/DD/YY:

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