

[First Name] [Middle Name] [Last Name]

[Address]

[Phone Number] / [E-mail address]

BSN Application Resume

EDUCATION*

Attach supporting documentation of completed degrees or certificates.

Years Attended	Institution	Degree	Date Earned

* Does not include CPR. If including CNA and CMA, must include state.

VOLUNTEER EXPERIENCE

Attach supporting documentation of completed Volunteer hours. Documentation must include student name, date, and time of volunteer service. Must be within the last 5 years.

Date(s)	Location	Contact Name and phone number (Person to contact for verification)	Hours Completed

WORK EXPERIENCE*

Dates	Location and Supervisor/Contact Information	Description of Duties

* If less than 6 months, explain why (internship, summer work, etc.); within the last 5 years.

By submitting this form, you are stating that all information within the form is accurate. Applicants with inaccuracies in the MBSON Application Resume will forfeit their application and be denied entry into the program.

Please submit your resume to nursing@uscupstate.edu by the application deadline.