

REGISTERED NURSING PROGRAM APPLICATION FORM

Date:	ADVISOR				
Social Security #					
Print Name in Full	First Name		Middle N	lame	
Cell Phone					
Mailing Address					
Number & Street	City	State	Zip Co	de	
Date of Birth	Do you have a valid l	J.S. Social Se	curity number	?yes	_No
I understand a valid Social Security # (SS#) is rea	quired to make application for	or nursing lice	nsure in Arkan	nsasYes	No
Are you a U.S. Citizen?YesNo	Do you speak English in you	ur home?	Yes	No	
High School:					
School Name	City		State	9	
Date of High School GraduationMonth _	Year GED Certifi	cation	_Yes	_No	
Are you an LPN or LPTN?Yes	_No If Yes, LPN License I	number	stat	e of licensure)
License expiration date Hours of work expe	erience as an LPN/LPTN wit	thin the past ye	ear:		
As an LPN/LPTN, I request advanced placement	YesNo				
List information concerning college, university, or	other schools attended:				

Name of Institution	City & State	Dates (From - To)	Degree Received

List Work Experience:

Employer	Location	Dates (From - To)	Description of Work

If you have ever attended a school of Nursing, RN, or LPN, give the following information:

Name of School	City & State	Dates (From - To)	Reason for Leaving

In addi	ition to the NPC RN program are you a	applying to more than		aram ² ves po	
	please indicate with an X		rone nursing pro		
NPC F	Practical Nursing program Oth	er Nursing program	s) indicate name	e (S)	
	ormation does not influence your admission statu Thank you.	s – it serves to provide state	information regarding	number of students interested in pursuing a degree i	
Have y	you previously made application to this	nursing program?	Date:		
When	do you desire to begin the major nursir	ig courses?			
How di	id you hear about this program?				
	USE A PERSON CAN FIND IT DIFFIC STERED NURSE UNDER CERTAIN CO				
1.	Have you ever been convicted of a felony or a misdemeanor?YesNo If yes, please submit an explanation to the Dean of Nursing.				
	Do you have a felony charge pending If yes, please submit an explanation t			All admissions are conditional pending Criminal Background	
2.	Have you ever had a nursing license	in the past? y	res no	check and Drug Testing.	
ON A S	SEPARATE SHEET OF PAPER PLEA	SE ANSWER THE FOI	LOWING QUEST	IONS:	
1.	Give your reasons for choosing nursi	ng as a career.			
2.	The nursing courses require a great deal of preparation and study time outside of class. What planning have you done to provide for this?				
3.	What are your future goals?				
PERSO	ON TO BE NOTIFIED IN CASE OF EN	IERGENCY: 8:00 a.r	m 4:00 p.m.		
Name_		Telephone Numb	er		
Addres Numbe	er & Street	City	State	Zip Code	
	FYING ANY RECORDS PERTINENT T SSAL FROM THE NURSING PROGRA		N CAN LEAD TO I	NELIGIBILITY OR IMMEDIATE	
IMPOF	RTANT INFORMATION				
Also, I the foll	rstand that the health care industry req understand that the Substance Abuse owing reasons: 1) scheduled testing a ed by the clinical agencies or 3) for cau	Policy at NPC Nursing t unannounced designation	Program may req	random testing throughout employment. uire drug testing during my enrollment for out the program 2) random testing as	

Signature____

Date: _____

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