



NATIONAL PARK COLLEGE
REGISTERED NURSING PROGRAM APPLICATION FORM

Date: _____

ADVISOR _____

Social Security # _____ - _____ - _____

NPC ID# _____

Print Name in Full _____

Last Name

First Name

Middle Name

Cell Phone _____ Home Telephone _____

Mailing Address _____

Number & Street _____ City _____ State _____ Zip Code _____

Date of Birth _____ Do you have a valid U.S. Social Security number? ____yes ____No

I understand a valid Social Security # (SS#) is required to make application for nursing licensure in Arkansas ____Yes ____No

Are you a U.S. Citizen? ____Yes ____No Do you speak English in your home? ____Yes ____No

High School: _____

School Name

City

State

Date of High School Graduation _____ Month _____ Year _____ GED Certification ____Yes ____No

Are you an LPN or LPTN? ____Yes ____No If Yes, LPN License number _____ state of licensure _____

License expiration date _____ Hours of work experience as an LPN/LPTN within the past year: _____

As an LPN/LPTN, I request advanced placement ____Yes ____No

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

If yes, please indicate with an X

This information does not influence your admission status – it serves to provide state information regarding number of students interested in pursuing a degree in nursing. Thank you.

How did you hear about this program? _____

All admissions are conditional pending Criminal Background check and Drug Testing.

U:Nursing/Forms-Admissions/application : (Revised 17)