



National Park College
 101 College Drive
 Hot Springs, Arkansas 71913
 (501) 760-4222 or (501) 760-4160

Practical Nursing Application Form

PLEASE PRINT OR TYPE

Date: _____ Social Security # _____

Print Name in Full _____
 Last Name First Name Middle Name

Work phone: _____ Home Phone: _____ Cell Phone: _____

(Please check the box of the primary phone number.)

Present Address _____
 Number & Street City State Zip Code

Date of Birth _____ Do you speak English in your home? Yes No Are you a U.S. Citizen? Yes No

Email address _____

High School Graduation: _____
 School Name City State

Date of High School Graduation _____ GED Certification Yes No
 Month Year

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

If you have attended another college, university, or other schools, please list below. Transcripts on file at NPC? Yes No

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

Have you enrolled in a nursing program previously? Yes No

If yes, date and place _____

Have you previously made application to this nursing program? Yes No Date _____

List Work Experience:

Employer	Location	Dates (From - To)	Description of Work

How did you hear about this program?

Because a person can find it difficult, if not impossible, to obtain a License to practice as a Licensed Practical Nurse under certain conditions, please answer the following questions.

1. Have you ever been convicted of a felony or a misdemeanor? Yes No
2. Do you have a felony charge pending? Yes No
3. If yes on either of these questions, submit on a separate sheet of paper an explanation of the felony and or misdemeanor and attach with application.

On a separate sheet of paper, please answer the following question:

1. Give your reasons for choosing nursing as a career.
2. The practical nursing courses are very time intensive. Classroom (Lecture) meets Monday through Friday for 6 hours/day until clinical begins. Clinical meets two days a week for 8 to 9 hours. What have you done to prepare to meet this schedule?

Please attach to the application.

Falsifying any records pertinent to this application can lead to ineligibility or immediate dismissal from the nursing program.

IMPORTANT INFORMATION

I understand that the health care industry requires drug testing upon employment and random testing throughout employment. Also, I understand that the Substance Abuse Policy at NPC Nursing Program may require drug testing during my enrollment for the following reasons: 1) scheduled testing at unannounced designated times throughout the program 2) random testing as required by the clinical agencies or 3) for cause.

Signature _____ Date: _____

Are you applying to more than one nursing program for the summer/fall of 2018? Yes No

If yes, how many _____

(If you are applying to the National Park College RN and PN program, count this as 2). 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.

National Park College does not discriminate on the basis of race, color, national origin, sex or qualified handicap in any of its policies, practices or procedures. This provision includes but is not limited to admissions, employment, financial aid and other educational services. Inquiries regarding Title IX, ADA, and Section 504 should be directed to the Vice President for Student Services in the Gerald Fisher Building (501-760-4203)