



NATIONAL PARK COLLEGE

REGISTERED NURSING PROGRAM APPLICATION FORM

Date: _____ Advisor: _____

Date of Birth: _____ NPC ID: _____

Print Full Legal Name: _____

Last Name
First Name
Middle Name

Preferred Name (if different from legal name): _____

Personal Email: _____ NPC Email: _____

Cell Phone: _____ Work Phone: _____

Mailing Address: _____

Number & Street
City
State
Zip Code

Social Security Number: _____ Do you have a valid U.S. Social Security number? Yes No

I understand a valid Social Security number is required to apply 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: _____ G.E.D 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 **all** 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

IMPORTANT INFORMATION:

Please save the completed copy of this application and print. To finalize this application, submit a signed hard copy to the Division of Nursing

National Park College provides academic accommodations as mandated by ADA and 504. Please contact NPC's Compliance officer at 501-760-6388 for reasonable accommodations under the American's with Disabilities Act (ADA) and for disability assistance information.

Falsifying any records pertinent to this application can lead to ineligibility or immediate dismissal from the Nursing Program. I understand that falsifying my application is dishonest and demonstrates a lack of integrity which could compromise my acceptance and/or licensure. _____ (PLEASE INITIAL)

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. 3) For cause.

Signature: _____

Date: _____

National Park College in compliance with Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972 Higher Education Act does not discriminate on the basis of race, color, national origin, sex, qualified handicap in any of its policies, practices, or procedures. The provision includes, but is not limited to, admissions, employment, financial aid, and other educational services. Any person having inquiries concerning NPC compliance with Title IX is directed to contact the Dean of Students Office on the second floor of the Student commons or by telephoning (501) 760-4229.