NURSING APPLICATION – INTENT TO APPLY

PCC Nursing Program application deadline is April 1, annually

- Intent to apply – submitted any time
- “Completed” Application Packet (PLEASE SEE INSTRUCTIONS) – deadline April 1

ALL PCC Nursing Programs start the 2nd week of August, annually

ALL PCC Nursing Programs complete the 2nd week of May, annually

This document, when submitted it a statement of your intention to apply to a PCC Nursing Program.

For additional information please go to: prattcc.edu/nursing

Or send an email to: nursinginfo@prattcc.edu

Please submit the “Intent to Apply” containing accurate demographic, certification / license, college and course information at any time.

Prerequisites do not need to be completed to submit this “Intent to Apply”

NURSING APPLICATION PACKET

ALL Prerequisites, tests, scores, courses, licenses and certificates that support your qualifications must be completed by Jan 1, and ALL documentation MUST be enclosed in the Completed “Application Packet”

PLEASE use the “Application Packet” Instructions when compiling all required documentation, and submitting evidence, including transcripts, test scores, certificates, biographical data sheet, and license information.
Nursing Application Form

Prior to completing the nursing application form, students must complete a PCC admissions application for the college. Please review the admission and legal requirements for LPN/RN very carefully.

### Personal Information - ALL information MUST be completed or won't be processed

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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Maiden Name | Other Last Names (That may appear on transcripts) | Date of Birth (MM/DD/YYYY)
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<tr>
<th>Street Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip Code</th>
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Home phone | cell phone | e-mail address (required)
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Alternate e-mail address

Are you a Kansas Resident?  [ ] Yes  [ ] No
Are you a US citizen?  [ ] Yes  [ ] No

### Persons with F-1 or permanent residency or a certificate of nationalization

If you have permanent residency, F-1 VISA, or have obtained US Citizenship you MUST provide supporting documentation before you will be considered for our program.

I have provided the following:
[ ] Permanent Residency  [ ] F-1 Visa(I-20) and TOEFL scores  
[ ] US Citizenship documents  

I agree that the information I have provided is correct.
[ ] Yes  [ ] No

### Program Applying for:

Only one (1) program may be chosen.

- [ ] Winfield PN Program — on-campus
- [ ] Pratt PN Program — on-campus
- [ ] Winfield ADN Program — on-campus
- [ ] Pratt ADN Completion Program — online
- [ ] Pratt ADN Completion Program — on-campus

On-campus and online programs will start in August

- [ ] August 2017
- [ ] August 2018
- [ ] August 2019
**Education**

*ALL* official college transcripts including official high school transcripts are required for the following:

- Nursing Applicants will not be evaluated for program until *ALL* official transcripts have been received
- Financial Aid cannot be completed until all official transcripts have been received

Where did you receive your high school diploma, GED, or home school certificate? __________________________________________

If received diploma, name of high school: __________________________________________

Year of graduation: __________________________________________

List all colleges and universities attended:

1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________
5. __________________________________________
6. __________________________________________
7. __________________________________________
8. __________________________________________
9. __________________________________________
10. _________________________________________
<table>
<thead>
<tr>
<th>Prerequisites required</th>
<th>Status (To be considered ‘complete’ must have a C or better)</th>
<th>Where you completed the course</th>
<th>Date course was or will be completed</th>
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<tbody>
<tr>
<td><strong>Anatomy &amp; Physiology w/ Lab</strong> (Minimum 5 hour course)</td>
<td>□ Completed □ In Progress</td>
<td>□ PCC □ Other (please list)</td>
<td>Completed:__________ Will be complete:______ 5 year expiration</td>
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<td>Course Number ________</td>
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<td><strong>CPR for Healthcare Providers</strong></td>
<td>□ Completed □ In Progress</td>
<td>□ PCC □ Other (please list)</td>
<td>Completed:__________ Will be complete:______</td>
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<td>Course Number ________</td>
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<td><strong>General Psychology</strong></td>
<td>□ Completed □ In Progress</td>
<td>□ PCC □ Other (please list)</td>
<td>Completed:__________ Will be complete:______</td>
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<td>Course Number ________</td>
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<td><strong>English Comp I</strong></td>
<td>□ Completed □ In Progress</td>
<td>□ PCC □ Other (please list)</td>
<td>Completed:__________ Will be complete:______</td>
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<tr>
<td>Course Number ________</td>
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<td><strong>Developmental Psychology</strong></td>
<td>□ Completed □ In Progress</td>
<td>□ PCC □ Other (please list)</td>
<td>Completed:__________ Will be complete:______</td>
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<td>Course Number ________</td>
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<tr>
<td><strong>Microbiology w/ Lab</strong> (Minimum 5 hour course)</td>
<td>□ Completed □ In Progress</td>
<td>□ PCC □ Other (please list)</td>
<td>Completed:__________ Will be complete:______ 5 year expiration</td>
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This section MUST be completed and turned in with application materials.
Qualifications

**ALL INFORMATION IS REQUIRED OR APPLICATION WILL NOT BE PROCESSED**

List licensure or certification: ______________________________________________________

Name as it appears on license/certificate: ____________________________________________

We must receive an official transcript showing program completion for LPN and Paramedic.

Legal Qualifications

**ALL INFORMATION IS REQUIRED OR APPLICATION WILL NOT BE PROCESSED**

Have you been convicted of a misdemeanor or felony?  □ Yes  □ No

If yes, see Legal Qualifications before applying to this program to see if you are eligible. You may find the Legal Qualifications at the following website: http://www.prattcc.edu/sites/all/files/pdf/LegalQualifications_1.pdf

Terms:
I certify that the information provided is correct and complete. I understand that submission of false information and/or failure to submit supporting transcripts is grounds for denial of admissions, re-enrollment, or immediate suspension if enrolled. If accepted as a student at PCC, I agree to abide by the rules and regulations of the college regarding conduct, financial and other obligations. I have read the admission requirements, the legal qualifications for LPN/RN Licensure, and the estimated cost sheet. I affirm my intention to meet these requirements and agree to immediately report any change of status related to information on this application.

I agree with these terms:  □ Yes  □ No

Student Signature: ________________________________________________________________

Today’s Date: ____________________________________________________________________

Pratt Community College is an equal opportunity employer and does not discriminate on the basis of any characteristic protected by law in admission, recruitment, treatment or employment in its programs and activities. Pratt Community College hires only U.S. citizens and aliens lawfully authorized to work in the United States. If you have any questions, please contact the Director of Personnel, Pratt Community College, 348 NE SR 61, Pratt, KS 67124, Title IX/Section 504 Coordinator.

Pratt Community College reserves the right to change program dates and times. Completion of admission checklist items makes candidates eligible for consideration by the selection committee. College Admission does not guarantee admission into the Nursing Program.