

Nursing Application

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

Last Name	First Name	Middle Name	
Other Last Names (That may appear on transcripts)		Date of Birth (MM/DD/YYYY)	
Street Address ()	City ()	County	State Zip Code
Home phone	cell phone	e-mail address (required)	
Alternate e-mail address			
Are you a Kansas Resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a US citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Program Applying for:

Only one (1) program may be chosen.

- | | |
|---|---|
| <input type="checkbox"/> Winfield PN Program — on-campus | <input type="checkbox"/> Pratt ADN Completion Program — online |
| <input type="checkbox"/> Winfield ADN Program — on-campus | <input type="checkbox"/> Pratt ADN Completion Program — on-campus |
| <input type="checkbox"/> Pratt PN Program — on-campus | |

On-campus and online programs will start in August

- ☐ 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. _____ |

Prerequisites / Requirements

Pre-Requisites (Transferability to be determined by the PCC Registrar)	Status (To be considered 'complete' must have a C or better)	Where you completed the course	Date course was or will be completed
Anatomy & Physiology w Lab (Min. 5hr course) Course Number _____	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress	<input type="checkbox"/> PCC <input type="checkbox"/> Other (please list)	Completed: _____ Will be complete: _____ 5 year expiration
CPR for Healthcare Providers Course Number _____	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress	<input type="checkbox"/> PCC <input type="checkbox"/> Other (please list)	Completed: _____ Will be complete: _____
General Psychology Course Number _____	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress	<input type="checkbox"/> PCC <input type="checkbox"/> Other (please list)	Completed: _____ Will be complete: _____
English Comp I Course Number _____	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress	<input type="checkbox"/> PCC <input type="checkbox"/> Other (please list)	Completed: _____ Will be complete: _____
Developmental Psychology Course Number _____	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress	<input type="checkbox"/> PCC <input type="checkbox"/> Other (please list)	Completed: _____ Will be complete: _____
Microbiology w/ Lab (Minimum 5 hour course) Course Number _____	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress	<input type="checkbox"/> PCC <input type="checkbox"/> Other (please list)	Completed: _____ Will be complete: _____
Nurse Aid Course Number _____	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress	<input type="checkbox"/> PCC <input type="checkbox"/> Other (please list)	Completed: _____ Will be complete: _____
Beginning Algebra or Higher Course Number _____	State Completed _____	<input type="checkbox"/> PCC <input type="checkbox"/> Other (please list)	Completed: _____ Will be complete: _____
CNA Certificate Course Number _____	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress	Active? <input type="checkbox"/> Yes <input type="checkbox"/> No	Exp. Date: _____
PN Program	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress	<input type="checkbox"/> PCC <input type="checkbox"/> Other (please list)	Completed: _____ Will be complete: _____
Paramedic Program	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress	<input type="checkbox"/> PCC <input type="checkbox"/> Other (please list)	Completed: _____ Will be complete: _____
LPN License	State Completed _____	Active? <input type="checkbox"/> Yes <input type="checkbox"/> No	Exp. Date: _____
Paramedic Registry	State Completed _____	Active? <input type="checkbox"/> Yes <input type="checkbox"/> No	Exp. Date: _____

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.**