

LoLA #: _____

APPLICATION FOR ADMISSION FOR THE CERTIFIED NURSING ASSISTANT PROGRAM
DELGADO COMMUNITY COLLEGE
450 South Claiborne Avenue
New Orleans, LA 70112
(504) 571-1270

Please complete form and email to csn@dcc.edu.

NAME: _____
Last First Middle Maiden

MAILING ADDRESS: _____
Number & Street City State Zip Parish

CELL PHONE: (____) _____ HOME PHONE NUMBER: (____) _____

EMAIL: _____ Date of Birth: _____

In an emergency notify: _____
Name Relationship Phone Number

List all schools/colleges attended, regardless of whether credit or a degree was earned (include current enrollment). Failure to acknowledge attendance may result in dismissal from the program.

High School (OR GED): Schools/Colleges (list most current enrollment first)

DEGREE / CERTIFICATE	FROM Mo/Yr.	TO Mo/Yr.	(Date rec'd)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If not currently enrolled at Delgado Community College, an application for admission must be completed at www.dcc.edu.

Have you ever been dismissed/suspended from a school? Yes () No ()
If yes, explain. Give name of school, date, reason for action taken. _____

Have you ever previously applied to or been enrolled in Delgado Community College Certified Nursing Assistant Program, Practical Nursing Program, or the A.D.N. (RN) Program, **or any other NURSING SCHOOL/PROGRAM?** Yes () No ()
If yes, when did you apply? _____ When did you attend? _____
Reason for leaving: _____

Have you ever been arrested or, charged with, convicted of, or plead guilty to a crime (felony)? Yes () No ()

Fingerprinting and a criminal record check are performed PRIOR to enrollment in the Certified Nursing Assistant courses. **Advising/Health/DHH policy** and orientation is MANDATORY. Fingerprinting and documentation of criminal record check will be due at MANDATORY orientation and advising.

I certify that the answers I have given to each and all of the questions on this application are true. I know that falsification of any information on this form may adversely affect my admission to and enrollment in the program.

SIGNATURE: _____ DATE _____

Please keep this office informed of any changes in the information submitted on this application. Thank you.