

**APPLICATION FOR ADMISSION**

**ADN**

**CHARITY SCHOOL OF NURSING**

**DELGADO COMMUNITY COLLEGE**

450 South Claiborne Avenue

New Orleans, LA 70112

(504) 571-1270

**Complete the general Delgado Community College admissions procedures before applying to Charity School of Nursing.**

**Application must be typed. THE ADMISSIONS PACKAGE MUST INCLUDE EVERYTHING LISTED ON THE CHECKLIST**

**. The admission package must be submitted to the Office of Admissions at the Delgado Community College Charity School of Nursing campus. Incomplete packages will not be accepted.**

Semester/year for which applying:  RN Spring  RN Fall  LPN/RN Summer  LPN/RN Fall  Advanced Placed

DCC LoLa # \_\_\_\_\_ Must apply to DCC to get LoLa #.

NAME: \_\_\_\_\_  
Last First Middle Maiden

Mailing Address: \_\_\_\_\_  
Number & Street City State Zip Parish

**DAYTIME PHONE NUMBER w/Area Code:** \_\_\_\_\_ **CELL PHONE NUMBER w/Area Code:** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

PERMANENT ADDRESS: (if different from above) \_\_\_\_\_

U.S. CITIZEN: Yes  No

If no, type of visa: Resident  Student  Alien Regis. No. #: \_\_\_\_\_

In an emergency notify: \_\_\_\_\_  
Name Relationship

\_\_\_\_\_ Address Phone Number w/area code

Are you an LPN? Yes  No  DCC PN Graduate  Date graduated: \_\_\_\_\_ (If LPN, include transcript in application packet)

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

<b>SCHOOLS ATTENDED</b>	<b>FROM</b> semester/yr	<b>TO</b> semester/yr	<b>DEGREE RECVD</b> (I.e. BA, AS)
High School (OR GED): _____	_____	_____	_____
Colleges: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Official transcripts of all colleges attended must be included with admissions package to Charity School of Nursing.**

Applicants to the School of Nursing are required to take the HESI pre-entrance exam.

Have you taken the HESI pre-entrance exam? **Yes**  **No**  Copy of exam must be included in application packet.

Have you ever been dismissed/suspended from a college? **Yes**  **No**

If yes, explain. Give name of school, date, reason for action taken. \_\_\_\_\_

Have you ever been enrolled in clinical nursing courses in another program preparing registered nurses? **Yes**  **No**

If yes: When? from \_\_\_\_\_ to \_\_\_\_\_. Name/location of school: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever previously attended Charity School of Nursing? **Yes**  **No**

If yes, when did you attend? \_\_\_\_\_

Have you submitted an application to Delgado Community College? **Yes**  **No**

**LEGAL REQUIREMENT:** After admission to the nursing program and prior to enrollment in the first clinical nursing course you must be approved by the Louisiana State Board of Nursing, the legal agency governing registered nursing. The approval process involves answering truthfully the following five questions:

1. Have you been issued a citation or summons for, or has/have warrants(s) been issued against you related to, or have you been arrested, charged with, arraigned, indicted, convicted of, pled guilty/"no contest"/"nolo contendere"/"best interest of" or any similar plea to; or been sentenced for any criminal offense, including all misdemeanors and felonies in any state or other jurisdiction?
2. Have you had a license to practice nursing or as another health care provider denied, revoked, suspended, sanctioned, or otherwise restricted or limited, including voluntary surrender of license-including restrictions associated with participation in confidential alternatives to disciplinary programs? Have you had disciplinary action pending by a licensing board- other than by Louisiana State Board of Nursing – in any state or jurisdiction?
3. Have you been discharged from the military on ground(s) other than an honorable discharge?
4. Have you been diagnosed with, do you have, or have you had a medical, physical, mental or emotional or psychiatric condition that might affect your ability to safely practice as a registered nurse?
5. Have you had a problem with, been diagnosed as dependent upon, or been treated by mood-altering substances, drug or alcohol? Have you been diagnosed as dependent upon/addicted to, or been treated for, dependence upon medications?

I have read the above and understand that I will be required to answer these questions after I am admitted to the program. **Yes**  **No**

I certify that the answers I have given to each and all of the foregoing questions are true to the best of my knowledge. I know that falsification of any information on this form may adversely affect my admission to the school of nursing.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

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

**Incomplete admission packages will not be accepted.**