

PN

APPLICATION FOR ADMISSION
PRACTICAL NURSING PROGRAM

DELGADO COMMUNITY COLLEGE
CHARITY SCHOOL OF NURSING ADMISSIONS OFFICE
450 South Claiborne Avenue, Room 613C
New Orleans, LA 70112
(504) 571-1270 (office) - (504) 568- 5494 (fax)

Form must be typed. Birth certificate and official high school transcript must be turned in with application to be complete. Return to the Office of Admissions, Charity Campus.

LoLA# _____

NAME: _____
LAST FIRST MIDDLE MAIDEN

ADDRESS: _____
NUMBER & STREET CITY STATE ZIP PARISH

CELL PHONE NUMBER: () WORK PHONE NUMBER: ()

HOME PHONE: () EMAIL: _____

MAILING 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
(day) (evening)
ADDRESS PHONE NUMBERS

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

Table with 4 columns: School/College Name, FROM (mo/yr), TO (mo/yr), DEGREE/CERTIFICATE Date received. Includes rows for High School and Schools/Colleges.

All official transcripts from all schools attended must accompany application. By signing this form, the student gives the School of Nursing permission to forward this transcript to the Louisiana State Board of Practical Nurse Examiners as part of the application for licensure in Louisiana.

PREVIOUS NURSING SCHOOL ENROLLMENT

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 been enrolled in another **Nursing Program**? Yes () No ()
If yes, RN____? PN____?

Reason for leaving: _____

Have you applied to the Delgado Community College Registered Nursing Program? Yes () No ()

Have you ever previously applied to, or been enrolled, in Delgado Community College Practical Nursing Program? Yes () No ()

If yes, when did you apply? _____ When did you attend? _____

FINGERPRINTING, DRUG SCREENING, CRIMINAL RECORDS CHECK

Are you currently serving a court imposed order of supervised probation with any felony conviction(s), plea agreement, or any agreement pursuant to Louisiana Code of Criminal Procedure? Yes () No ()

Fingerprinting and a criminal record check are performed at the beginning of enrollment in the practical nursing courses.

Drug testing and credentials evaluation are performed at the beginning of the program and for cause.

I certify that the answers I have given to each and all of the questions on this application are true. I understand 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.