



National Park College 101 College Drive
Hot Springs, Arkansas 71913
(501) 760-4222 or (501) 760-4160

Practical Nursing Application Form

PLEASE PRINT OR TYPE

Student ID Number: _____

Date: _____

Date of Birth: _____

Print Full Legal Name: _____
Last Name First Name Middle Name

Preferred Name (if different from legal name): _____

Personal Email: _____ NPC Email: _____

Cell Phone: _____ Work Phone: _____

Mailing Address: _____
Number & Street City State Zip Code

Social Security Number: _____ Do you have a valid U.S. Social Security number? Yes No

I understand a valid Social Security number is required to apply for nursing licensure in Arkansas: Yes No

Are you a U.S. Citizen? Yes No Do you speak English in your home? Yes No

High School: _____
School Name City State

Date of High School Graduation: Month: _____ Year: _____ G.E.D Certification: Yes No

List information concerning all college, university, or other schools attended:

Name of Institution	City & State	Dates (From - To)	Degree Received

Are all of your transcripts on file at NPC? Yes No

Have you enrolled in a nursing program previously? Yes No If yes, date and place:
(Please submit a letter of eligibility from previous nursing program)

Have you previously applied to this nursing program? Yes No Date: _____

List Work Experience:

Employer	Location	Dates (From - To)	Description of Work

How did you hear about this program? _____

Are you applying to more than one nursing program? Yes No

If yes, how many? _____ (If you are applying to National Park College RN and PN programs, count this as 2)

This information does not influence your admission status, it serves to provide state information regarding number of students interested in pursuing a degree in nursing. Thank you.

On a separate sheet of paper, please answer the following questions:

1. Give your reasons for choosing nursing as a career.
2. The courses in this program are time intensive. Classroom (Lecture) meets Monday through Friday for 6 hours per day until clinical begins. Clinical meets two days a week for 8 to 9 hours. What have you done to prepare to meet this schedule?

Please attach your answers to the questions to this application.

Because a person can find it difficult, if not impossible to obtain a license to practice as a Licensed Practical Nurse under certain conditions, please answer the following questions:

1. Have you ever been convicted of a felony or a misdemeanor? Yes No
2. Do you have a felony charge pending? Yes No
3. Do you have an investigation or complaint pending on any license in any state, jurisdiction, country, or province?
Yes No
4. Have you had any licensing or regulatory authority in any state, jurisdiction, country, or province ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew or otherwise discipline on any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you have held? Yes No

If yes, to any of these questions, submit an explanation of the felony and or misdemeanor including dates and specific details. In addition, if you've held a professional or occupational license/certificate or registration that has been disciplined or revoked please include license type, license #, dates and specific details surrounding the reason for this discipline or revocation. Place the information including your name in a sealed envelope addressed to the Dean of Nursing and attach it to the program application

IMPORTANT INFORMATION:

Please save the completed copy of this application and print. To finalize this application, submit a signed hard copy to the Division of Nursing

National Park College provides academic accommodations as mandated by ADA and 504. Please contact NPC's Compliance officer at 501-760-6388 for reasonable accommodations under the American's with Disabilities Act (ADA) and for disability assistance information.

Falsifying any records pertinent to this application can lead to ineligibility or immediate dismissal from the Nursing Program. I understand that falsifying my application is dishonest and demonstrates a lack of integrity which could compromise my acceptance and/or licensure. _____ (PLEASE INITIAL)

I understand that the health care industry requires drug testing upon employment and random testing throughout employment. Also, I understand that the Substance Abuse Policy at NPC Nursing Program may require drug testing during my enrollment for the following reasons: 1) Scheduled testing at unannounced designated times throughout the program. 2) Random testing as required by the clinical agencies. 3) For cause.

Signature: _____ Date: _____

National Park College does not discriminate on the basis of race, color, national origin, sex or qualified handicap in any of its policies, practices or procedures. This provision includes but is not limited to admissions, employment, financial aid and other educational services. Inquiries regarding Title IX, ADA, and Section 504 should be directed to the Dean of Students Office on the second floor of the Student Commons or by telephoning (501) 760-4229.