



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: _____

Social Security Number: _____

Full Name: _____

Last Name

First Name

Middle Name

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Current Address: _____

Number & Street

City

State

Zip Code

Date of Birth: _____

Do you speak English in your home? Yes No.

Are you a U.S. Citizen? Yes No

Email Address: _____

High School Attended: _____

School Name

City

State

Date of High School Graduation: _____

G.E.D. Certification: Yes No

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

If you have attended another college, university or other schools, please list them below.

Table with 4 columns: Name of Institution, City & State, Date (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: _____

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

List Work Experience:

Table with 4 columns: Employer, Location, Date (From- To), Description of Work

How did you hear about this program? _____

Are you applying to more than one nursing program for summer/fall 2020? 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 practical nursing courses are very 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 answers to the 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

If yes on either of these questions, submit an explanation of the felony and/ or misdemeanor, including dates and specific details. Place in a sealed envelope addressed to the Dean of Nursing and attach it to this application.

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

Falsifying any records pertinent to this application can lead to ineligibility or immediate dismissal from the nursing program. _____ Please initial)

IMPORTANT INFORMATION

I understand the health care industry requires a criminal background check and drug screening upon employment and random drug testing throughout employment. I also understand that a criminal background check will be required at the time of admission to the program. I understand that the Substance Abuse Policy of NPC Nursing Programs may require drug testing during my enrollment for the following reasons: 1) Upon admission into the program. 2) Scheduled testing at unannounced times throughout the program. 3) Random testing as required by the clinical agencies. 4) 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.