



# NATIONAL PARK COLLEGE

## REGISTERED NURSING PROGRAM APPLICATION FORM

Date: \_\_\_\_\_ Advisor: \_\_\_\_\_

Social Security: \_\_\_\_\_ NPC ID: \_\_\_\_\_

Print Name in Full: \_\_\_\_\_  
Last Name First Name Middle Name

Personal Email: \_\_\_\_\_ NPC Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ 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

Are you an LPN or LPTN? Yes No If Yes, LPN License Number: \_\_\_\_\_ State of licensure: \_\_\_\_\_

License expiration date: \_\_\_\_\_ Hours of work experience as an LPN/LPTN within the past year: \_\_\_\_\_

As an LPN/LPTN, I request advanced placement: Yes No

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

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

List Work Experience:

Employer	Location	Dates (From - To)	Description of Work

If you have ever attended a school of Nursing, RN, or LPN, give the following information:

Name of School	City & State	Dates (From - To)	Reason for Leaving

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

When do you desire to begin the major nursing courses? \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: 8:00 a.m. - 4:00 p.m.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip Code

How did you hear about this program? \_\_\_\_\_

In addition to the NPC RN program are you applying to more than one nursing program? Yes No

If yes, indicate names of other Nursing Programs: \_\_\_\_\_

Please Note: If you are applying to the NPC Practical Nursing Program, you must complete a separate PN application and submit to the Division of Nursing.

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.

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**ON A SEPARATE SHEET OF PAPER PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Give your reasons for choosing nursing as a career.
2. The nursing courses require a great deal of preparation and study time outside of class. What planning have you done to provide for this?
3. What are your future goals?

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**BECAUSE A PERSON CAN FIND IT DIFFICULT, IF NOT IMPOSSIBLE, TO OBTAIN A LICENSE TO PRACTICE AS A REGISTERED NURSE UNDER CERTAIN CONDITIONS, PLEASE ANSWER THE FOLLOWING QUESTION:**

**All Admissions are conditional pending a criminal background check and drug screen**

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. Have you ever had a nursing license in the past? Yes No
4. Do you have an investigation or complaint pending on any license in any state, jurisdiction, country, or province?  
Yes No
5. 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 number, 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**

Refer to the NPC website or the NPC catalog for the essential functions and/or technical standards required for each Nursing and Allied Health program before submission of this application. National Park College provides academic accommodations as mandated by ADA and 504. Please contact NPC's Compliance officer at 760-4227 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 in compliance with Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972 Higher Education Act does not discriminate on the basis of race, color, national origin, sex, qualified handicap in any of its policies, practices, or procedures. The provision includes, but is not limited to, admissions, employment, financial aid, and other educational services. Any person having inquiries concerning NPC compliance with Title IX is directed to contact the Dean of Students Office on the second floor of the Student commons or by telephoning (501) 760-4229.