



# NATIONAL PARK COLLEGE

## REGISTERED NURSING PROGRAM APPLICATION FORM

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

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

Social Security: \_\_\_\_\_

NPC ID: \_\_\_\_\_

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

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? \_\_\_\_\_

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

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.

**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?

**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

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

3. Have you ever had a nursing license in the past? Yes No

**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: \_\_\_\_\_