

NATIONAL PARK COLLEGE

REGISTERED NURSING PROGRAM APPLICATION FORM

Date:			Advisor: —————						
Date of Birth:	NPC ID:								
Print Full Legal Name:			First Name			Middle Name			
Preferred Name (if different from	om legal nam	e):							
Personal Email:			NPC E	mail:					
Cell Phone:			Work I	Phone:					
Mailing Address:Number & Street				City			State Zip Code		
Social Security Number:			Do you l	nave a valid l	J.S. Social Secu	rity number?	Yes	No	
I understand a valid Social	Security no	umber is req	uired to apply	for nursing li	censure in Arkar	nsas: Yes	No		
Are you a U.S. Citizen?	Yes	No		Do yo	ou speak English	in your home?	Yes	No	
High School:		ol Name			City		State		
Date of High School Gradu			_ Year:		G.E.D Certifica	ation: Yes			
Are you an LPN or LPTN?	Yes	No	If Yes, LPN	N License Nu	mber:	State of	licensure:		
License expiration date: —			Hours of wo	ork experienc	e as an LPN/LP1	ΓN within the pa	st year: —		
As an LPN/LPTN, I request	t advanced	placement:	Yes	No					
List information concerning	all college	e, university,	or other scho	ols attended:					
Name of Institution		City & S		Dates ((From - To)	Degree	e Received	eived	
List Work Experience:									
Employer Location		on	Dates (From - To)		Description of Work				
If you have ever attended a	a school of	Nursing, RN	, or LPN, give	the following	information:				
Name of School		City & State			(From - To)	Reason	for Leavir	ıg	

Have you been enrolled in a nursing program proof (If yes, submit a letter of eligibility with this appli		Yes	No			
Have you previously applied to this nursing prog	gram?	Yes	No	Date: ———		
When do you desire to begin the major nursing	courses? -					
PERSON TO BE NOTIFIED IN CASE OF EMEI	RGENCY:	8:00 a.	m 4:00	p.m.		
Name:				Telephone Nu	mber: ——	
Address:						
Number & Street		City		State		Zip Code
How did you hear about this program? ————						
In addition to the NPC RN program are you app	lying to mo	ore than o	ne nursir	ng program?	Yes	No
If yes, indicate names of other Nursing Program	ıs: ———					
Please Note: If you are complete a separate Pt						ust
This information does not influence your admission status, i nursing.	t serves to pro	ovide state	information	regarding number	of students int	erested in pursuing a degree in
ON A SEPARATE SHEET OF PAPER PLE	ASE ANS	SWER TI	HE FOLI	OWING QUE	STIONS:	
1. Give your reasons for choosing nursing	as a caree	er.				
The nursing courses require a great dea to provide for this?	al of prepar	ration and	d study tir	me outside of cl	ass. What	planning have you done
3. What are your future goals?						
BECAUSE A PERSON CAN FIND IT DIFFI AS A REGISTERED NURSE UNDER CER All Admissions are condition	TAIN CON	NDITION	NS, PLEA	ASE ANSWER	THE FOL	LOWING QUESTION:
1. Have you ever been convicted of a felor	ny or a mis	demean	or?	Yes No		
2. Do you have a felony charge pending?	Yes	N	0			

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

Do you have an investigation or complaint pending on any license in any state, jurisdiction, country, or province?
Yes

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

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:
eignature: —	Bato.

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.