



NATIONAL PARK COLLEGE  
REGISTERED NURSING PROGRAM APPLICATION FORM

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

ADVISOR \_\_\_\_\_

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 \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

High School Graduation: \_\_\_\_\_  
School Name City State

Date of High School Graduation \_\_\_\_\_ Month \_\_\_\_\_ Year GED Certification \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you an LPN or LPTN? \_\_\_\_\_ Yes \_\_\_\_\_ No LPN/LPTN license number and state of licensure:

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

**In addition to the NPC RN program** are you applying to more than one nursing program? \_\_\_ yes \_\_\_no.  
If yes, please indicate with an X

NPC Practical Nursing program \_\_\_\_ Other Nursing program(s) indicate name (s) \_\_\_\_\_

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.

**Have you previously made application to this nursing program?** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

**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:**

1. **Have you ever been convicted of a felony or a misdemeanor?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
If yes, please submit an explanation to the Dean of Nursing.

**Do you have a felony charge pending?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
If yes, please submit an explanation to the Dean of Nursing.

2. **Have you ever had a nursing license in the past?** \_\_\_\_\_ **yes** \_\_\_\_\_ **no**

All admissions are conditional pending Criminal Background check and Drug Testing.

**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?

**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** \_\_\_\_\_

**FALSIFYING ANY RECORDS PERTINENT TO THIS APPLICATION CAN LEAD TO INELIGIBILITY OR IMMEDIATE DISMISSAL FROM THE NURSING PROGRAM.**

**IMPORTANT INFORMATION**

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 or 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 Vice President for Student Services Office on the third floor of the Gerald Fisher Campus Center or by telephoning (501) 760-4203.