



**APPLICATION FOR ADMISSION  
PRACTICAL NURSING DIPLOMA PROGRAM**

**NUNEZ COMMUNITY COLLEGE**

Health & Natural Science Division  
3710 Paris Road  
Chalmette, LA 70043  
Phone: (504) 278-6380 Fax: (504) 278-6381

All applicants must complete the general admissions process to Nunez Community College before applying to the Practical Nursing Program.

Please type or print in black ink.

Semester for which you are applying: Spring (Jan.):  Fall (Aug.):  Gender:  Female  Male

Name: \_\_\_\_\_  
Last First Middle Maiden

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Address/Street/Apt # City State Zip

Mailing Address: \_\_\_\_\_  
Address/Street/Apt.# City State Zip

Phone Number: ( ) \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Name Phone

U.S. Citizen  Yes  No If no, type of visa:  Permanent  Resident  Student  Alien

The following information is requested for statistical purposes only:

**Ethnic Background**

- Caucasian
- Black
- Native American
- Hispanic
- Asian/Pacific Islander

**Marital Status**

- Single
- Married
- Divorced
- Separated
- Widowed

List all schools/colleges attended, regardless of whether credit or a degree was earned (include current enrollment). Failure to acknowledge attendance at a school/college/university will result in dismissal from the program.

**Schools Attended**

**Date Completed/Degree Earned**

High School (or GED): \_\_\_\_\_

\_\_\_\_\_

College: \_\_\_\_\_

\_\_\_\_\_

**Official transcripts from all schools attended must be included with admission packet.**

ACT /Compass/TABE/Asset score/year taken: \_\_\_\_\_

Have you ever been dismissed/suspended from a college/program?  Yes  No

If yes, give the name of school/program, reason for action taken, date \_\_\_\_\_

Have you ever been enrolled in a health-related education program, including any program taken at Nunez Community College?  Yes  No

If yes, please provide the following (attach additional sheets as needed)

Name of school/program	Type of program	Dates of enrollment	Did you complete?
_____	CNA <input type="checkbox"/> PN <input type="checkbox"/> RN <input type="checkbox"/> Other <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	CNA <input type="checkbox"/> PN <input type="checkbox"/> RN <input type="checkbox"/> Other <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	CNA <input type="checkbox"/> PN <input type="checkbox"/> RN <input type="checkbox"/> Other <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please submit letter of good standing from each instructional institution attended.

Have you ever applied to this program before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been arrested, charged with, convicted of, pled guilty or no contest to any criminal offense in any state, or been adjudged a juvenile delinquent? Yes  No

Are you a member of the Military:  Yes  No  
 Active  Retired  Veteran

**LEGAL REQUIREMENT:** After admission to the nursing program you must be approved by the Louisiana State Board of Practical Nurse Examiners, the legal agency governing Licensed Practical Nursing. The approval process involves answering truthfully the following:

Have you ever been arrested, charged with, convicted of, pled guilty or no contest to, or adjudged a juvenile delinquent, for any criminal offense in any state?

Have you ever been involved in a plea bargain, or in any way been involved with a felony?

Have you had, or do you now have pending, any disciplinary action against you by a licensing or certifying board in any state?

Within the last five years, have you habitually used or been diagnosed as addicted to drugs or alcohol?

Do you have any physical or mental impairment that may affect your ability to practice safely as a licensed practical nurse?

**I have read the above and understand that I will be required to answer these questions truthfully once accepted to the program, and any failure to disclose or falsify any information will result in dismissal from the program.**

**Please Accurately Provide the Following Academic Information:**

Course Description	Grade	Semester/Yr Taken	Where Taken	Validation Passed Grade/Date
Introduction to Anatomy & Physiology Lecture				
Introduction to Anatomy & Physiology Lab (or)				
Anatomy & Physiology I Lecture				
Anatomy & Physiology I Lab (and)				
Anatomy & Physiology II Lecture				
Anatomy & Physiology II Lab				
Nutrition and Diet Therapy				
Introduction to Psychology				
English Composition I				
College Algebra (or) Survey of Mathematical Concepts				

In the space below please briefly describe your reasons for choosing nursing, and specifically this program.

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**I understand this nursing program is physically, emotionally, and intellectually challenging. I have no medical or other condition (history of or current) that would prohibit my performance of the duties of a student nurse.**

**I certify that all responses, and/or explanations in this application are true and to the best of my knowledge. I understand that any falsification or elimination of documentation associated with my application will result in non-admission to or dismissal from this program.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date