



Associate Degree of Nursing (RN) Application

Personal Information:

Date _____

Generic _____ LVN AP _____ LVN 30-Unit _____

Last Name _____ First Name _____ MI _____

Previous Last Name _____ Date of Birth _____

Email Address _____

Statistical Information:

*The following questions are asked for statistical purposes only. Your response is optional and will in no way adversely affect your application.

Ethnicity _____

Gender _____

Current Residence:

Street Address _____ Street Address 2 _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Primary Residence: (if different than above)

Street Address _____ Street Address 2 _____

City _____ State _____ Zip Code _____

Emergency Contact Information: (someone not living with you)

Last Name _____ First Name _____

Home Phone Number _____ Cell Phone Number _____

Current Certificates, Degrees, etc. (submit all copies of certificates, degrees, etc.)

Career Care Institute



cccolleges.edu

Associate Degree of Nursing (RN) Application

Educational Background: (submit copies of all transcripts with application)

High School:

School Name _____

City _____ State _____ Zip Code _____

Dates of attendance _____

Graduation Date _____ Degree Earned _____

College:

College Name _____

City _____ State _____ Zip Code _____

Dates of attendance _____

Graduation Date _____ Degree Earned _____

Previous College 2:

College Name _____

City _____ State _____ Zip Code _____

Dates of attendance _____

Graduation Date _____ Degree Earned _____

Previous College 3:

College Name _____

City _____ State _____ Zip Code _____

Dates of attendance _____

Graduation Date _____ Degree Earned _____

Vocational/Practical Nurse Program: (if applicable)

Program Name _____



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City _____ State _____ Zip Code _____

Dates of attendance _____ Date of Completion _____

LVN/LPN License Number _____ Expiration Date _____

Related Work or Healthcare Experience (CNA; LVN; LPN; military medic, etc.; volunteer work in healthcare settings; **submit signed documentation [on official letterhead] verifying work and/or volunteer experience**)

[LVN must have a minimum of one year's experience to be eligible for advanced placement]

Institution of Current Employment/Volunteer _____

Dates of Employment/Volunteer Work _____

Supervisor Name _____

Reason for leaving _____

Institution of Prior Employment/Volunteer _____

Dates of Employment/Volunteer Work _____

Supervisor Name _____

Reason for leaving _____

Institution of Prior Employment/Volunteer _____

Dates of Employment/Volunteer Work _____

Supervisor Name _____

Reason for leaving _____

Institution of Prior Employment/Volunteer _____

Dates of Employment/Volunteer Work _____

Supervisor Name _____

Reason for leaving _____

Acknowledgements:

I am a current or previous CCI student in good financial standing _____

I have submitted an application to CCI's RN program before _____ YES _____ NO

Date (if yes) _____

Have you ever been dismissed from a college? _____



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Have you ever been dismissed from a nursing program?

Have you ever been convicted of a felony, DUIs, arrests, convictions, felonies, or misdemeanors? Please explain

Satisfactory progress through the nursing program requires regular attendance and study application in both theory and clinical courses. Will you commit yourself to the prescribed hours, course of study, and written policies of the nursing program?

Clinical experiences require individual travel off campus. Do you have means of transportation to various clinical facilities that may be located in other counties?

Signature _____

Date _____

Print Name _____

Essay: Submit a 250 to 300 words essay (typed and double spaced) explaining how the candidate believes he or she can make a difference as a registered nurse (RN).
