

License Practical Nursing PROGRAM APPLICATION – Spring 2024

FORM A

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LAST NAME: _____ FIRST: _____ MIDDLE: _____
PREVIOUS NAMES: _____ MAIDEN NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
COUNTY OF RESIDENCE: _____ HOW LONG? _____
Cochise College E-MAIL: _____@students.cochise.edu
STUDENT ID: C _____
PHONE: (home or cell) _____ WORK: _____

☐ Currently a Licensed C.N.A., M.A., EMT, Paramedic

☐ Military Veteran

DESIRED ENTRY STATUS:

- ☐ FIRST-TIME NURSING STUDENT - No nursing courses completed AND all prerequisites have been completed. Cochise College Policy 3004.1 allows student the opportunity to waive a prerequisite course. Students seeking a prerequisite waiver should consult with an academic advisor and should understand full responsibility for the outcome of the course taken will be on the student.

Pre-Nursing students may not waive core nursing and required general education courses per degree plan.

COLLEGE EDUCATION HISTORY (other than Cochise College)

COLLEGE: _____ CITY/STATE: _____

COLLEGE: _____ CITY/STATE: _____

AGREEMENT OF UNDERSTANDING

By initialing each of the following, I, the applicant, understand:

- _____ Willful withholding or falsification of the requested information, or failure to submit all requested forms, will indicate that I am no longer eligible for admission to the Cochise College Nursing Program and may constitute fraud and thus may result in denial of licensure by the Arizona State Board of Nursing.
- _____ Forms/documents listed below must be postmarked no later than October 1 for Spring semester and according to the submittal requirements in order to be considered for acceptance into the Cochise College Nursing Program.
- _____ The Cochise College Nursing Department requires a state-issued Fingerprint Clearance Card (as specified by law for participation in the clinical experiences).
- _____ The Cochise College Nursing Department requires a drug/alcohol urine screen after admission to the program. Will be assigned by the nursing department.
- _____ The applicant understands that the submittal of the application and all other required documents does not guarantee acceptance. In order to ensure proper notification of acceptance or decline into the program for a student, it is the responsibility of the student to keep the Cochise College Nursing Department informed of important changes such as a **change of name or address**.

Applicants Signature _____

Date _____

I the applicant understand the following application deadline date: October 1, 2023

FORMS/ DOCUMENTS

- Application Packet, include:
- ✓ Program Application
 - ✓ Waiver of Licensure Guarantee
 - ✓ TEAS Exam with 58.4 score or
 - ✓ Official Transcript(s) from institutions other than Cochise College
 - ✓ Fingerprint Clearance Card www.AZDPS.GOV, (CLICK ON APPLY FOR A CARD)

DUE DATE

October 1, 2023
no later than 4:00 pm
cannot be post-marked later
than this date

SUBMITTAL REQUIREMENTS

It is required that the application packet be sent via **certified mail**.

Please mail your application to:

**Cochise College Nursing
901 N. Colombo Ave, Sierra Vista, AZ 85635**



EQUAL OPPORTUNITY STATEMENT

Cochise College is committed to the principles of Equal Opportunities in Education and Employment. No person, based on race, color, creed, religion, sex, or national origin will be denied the benefits of, excluded from, or subject to discrimination under any educational program or activity.