

NURSING PROGRAM APPLICATION - 2024 (LPN and RN programs **Re-entry**)

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

DESIRED ENTRY STATUS: _____ DESIRED ENTRY YEAR: _____

- COCHISE REENTRY PROCESS – (Cochise College student within past year) Please **Circle** one:
 - Reentry into: 113 116 123 124 232 233
- FALL (116 / 232)
 SPRING (123 / 124 / 233)
 SUMMER (113)

COLLEGE EDUCATION HISTORY (other than Cochise College)

COLLEGE: _____ CITY/STATE _____
 - - - - -
 COLLEGE: _____ CITY/STATE _____
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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 post-marked by the listed due date below 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 drug screen after admission to the program. Will be assigned by the Nursing department.
- _____ The applicant understands that 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 name change, a change of address, or a new telephone number.

Applicant's Signature _____ Date ____/____/____

FORM	DUE DATE	SUBMITTAL REQUIREMENTS
Nursing Application Packet, including: ✓ Program Application ✓ Waiver of Licensure Guarantee ✓ Official Transcript(s) (NOT Cochise College transcripts, or transcripts turned into the college already) ✓ LPN License in good standing if applicable ✓ A copy of your Fingerprint Clearance Card (www.AZDPS.GOV) click on <u>apply for card</u> .	March 1, 2024 (NUR 116 and NUR 232)	<u>Application Packets can be sent via certified mail to:</u> Cochise College - Nursing 901 N. Colombo Ave Sierra Vista, AZ 85635
	October 1, 2024 (NUR 113)	<u>Application Packets can be dropped off at:</u>
	August 10, 2024 (NUR 123/124 and NUR 233)	Cochise College - Downtown Center 2600 E. Wilcox Drive Sierra Vista, AZ 85635



EQUAL OPPORTUNITY STATEMENT

Cochise College is committed to the principles of Equal Opportunities in Education and Employment. No person, on the basis of 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.