

Navarro College - Associate Degree Nursing
3200 West 7th Avenue
Corsicana, TX 75110
Attn: Betty Shumate, RN, MS

Date Received in Office _____

Signature of A D N faculty/staff _____

**ASSOCIATE DEGREE NURSING PROGRAM APPLICATION
For Fall 2014 Generic Entry**

Application Deadline: February 1, 2014 (Postmark Date)

Please include with completed application form

- *College Transcripts for all colleges attended plus a Navarro College Transcript or Academic Evaluation including with letter of "good standing" from previous Director or Dean, in indicated.*
- *If applicable, a copy of current health certification form(s). (i.e. - EMT, OTA, CNA, CMA)*
- *A copy of your TEAS results*
- *Declaratory order(DO) from the Board of Nursing , **if indicated**. If copy not available, sent proof of A request for the DO.*

Name _____
Last Name First Middle

Other names which may appear on academic records _____

Social Security Number _____ - _____ - _____

Mailing Address _____

City State Zip Code
County _____

Current Telephone Numbers & E-Mail Address

Home () _____ - _____ Cellular () _____ - _____

Please List another Telephone # Where You Could Be Reached () _____ - _____

E-Mail Address _____

Are you currently enrolled in college classes? Yes ___ No ___ If yes, name of college(s)

Have you previously been enrolled in a nursing program- LVN/LPN/ADN/Diploma/BSN? Yes ___ No ___ Is yes, please complete the following information.

Name of School/College Type of Program Dates of Attendance Date of Graduation

If yes, are you eligible for re-admission? Yes ___ No ___ Attach letter from previous Director or Dean regarding eligibility for re-entry or "left in good standing" status if program does not permit re-entry.

Fall 2014 Generic Application continued

List all colleges you have attended, including Navarro College, and/or any current enrollment.

Name of College/University City/State Dates of Attendance #Hours or Degree

Three horizontal lines for listing colleges.

Do you have Current Health Care Certification? (Does not include CPR) Yes _____ No _____

If yes, circle type of certification or list: CNA EMT CMA Other _____

Include a copy of your certification with this application or prior to application deadline.

Do you have health care work experience or health care related work experience? Yes _____ No _____

If yes, list your health care work/related experience, starting with the most recent.

Employer/Address/Location Date (From/To) Position/Type of Work

Two horizontal lines for listing work experience.

Signature & Acknowledgment Section- Please read carefully.

I understand if I am offered admission, all conditions of admission including the following must be met:

- (A) Criminal Background History & Health/Clinical Acknowledgement
A Declaratory Order and approval from NC ADN Program Director for any positive criminal history.
(B) Proof of all required vaccinations and other health or clinical forms must be on file at least 3 weeks prior to the first day of class.
(C) Offers of admission are conditional pending completion of all admission requirements. All deadlines must be met.
(D) I must attend required orientation sessions and respond promptly to all inquiries from the Program Director.

The information I have provided on this application is correct and accurate. I understand that my application must also include college transcripts and other documents as applicable to be considered for admission to the ADN Program.

Signature _____ Date _____

(Revised 11/2008)

Equal opportunity shall be afforded within the Navarro College system to all employees and applicants for admissions or employment regardless of race, color, religion, creed, gender, age, national origin, ancestry, disability, marital status, or veteran status. Navarro College will make reasonable accommodations for persons with disabilities.