

## THE ALABAMA COLLEGE SYSTEM NURSING PROGRAM APPLICATION

**PLEASE SELECT PROGRAM(S)**

Associate Degree Nursing Program YES \_\_\_\_\_ NO \_\_\_\_\_  
Date \_\_\_\_\_

Practical Nursing Program YES \_\_\_\_\_ NO \_\_\_\_\_  
Mobility Program YES \_\_\_\_\_ NO \_\_\_\_\_

**I. PERSONAL DATA**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Maiden: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are You Currently Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Are You Employed Full-Time \_\_\_\_\_ or Part-Time \_\_\_\_\_? Initial Date of Employment: \_\_\_\_\_

**II. EDUCATION**

High School Graduation Year: \_\_\_\_\_ High School Name: \_\_\_\_\_

GED (if applicable): \_\_\_\_\_ Date Completed: \_\_\_\_\_

Do you currently hold a degree in any field? Yes \_\_\_\_\_ No \_\_\_\_\_ List degree earned: \_\_\_\_\_

Have you taken courses at this college? Yes \_\_\_\_\_ No \_\_\_\_\_ List all courses completed.


Have you attended other colleges? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list colleges attended with degrees earned if applicable.

Name of College	City and State	Degree

Have you previously been admitted to this nursing program? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, state reason for withdrawal.

\_\_\_\_\_

Have you ever been enrolled in another nursing program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give the name of the school attended and reason for withdrawal.

\_\_\_\_\_

Do you hold a current Alabama LPN license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are you applying for the LPN Career Mobility Track? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you taken the TEAS V Test? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date \_\_\_\_\_  
and your name, as listed when tested \_\_\_\_\_.

**I understand that completion of this application is a component of the student profile and does not in itself grant admission to the nursing program. I understand this application must be updated if I am not selected. I certify that the information given in this application is true and correct. I understand that providing false information may be deemed sufficient reason to dismiss the student and/or refuse admission.**

**Minimum admission standards include:**

1. Unconditional admission to the college.
2. Complete application for the RN/PN nursing program by June 1<sup>st</sup> and for the LPN mobility program by November 1<sup>st</sup>.
3. Minimum GPA of 2.5 based on the most recent 24 semester hours attempted.
4. Minimum of 2.5 high school GPA for students without prior college work (GED acceptable).
5. Eligibility for English 101 and Math 116 (for PN) or Math 100 (for RN).
6. Good standing with college.
7. Meeting the essential functions required for nursing.
8. Must earn a grade of "C" or better in all academic courses.
9. Must complete the Test of Essential Academic Skills (TEAS) V prior to application.

Admission to the nursing program is competitive, and the number of students is limited by the number of faculty and clinical facilities available. Meeting minimal requirements does not guarantee acceptance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Date received by the Nursing Department: \_\_\_\_\_ Initials: \_\_\_\_\_

**NOTE: THIS APPLICATION, IN ADDITION TO YOUR COLLEGE AND/OR HIGH SCHOOL TRANSCRIPTS MUST BE SUBMITTED TOGETHER AND ON FILE IN THE NURSING DEPARTMENT NO LATER THAN JUNE 1<sup>ST</sup>. APPLICATIONS FOR THE MOBILITY PROGRAM ARE DUE NOVEMBER 1<sup>ST</sup>. IT IS RECOMMENDED THAT YOU CHECK TO SEE IF YOUR FILE IS COMPLETE PRIOR TO THE DEADLINE. CALL (256) 228-6001 OR 638-4418 EXT. 216.**

Please return to:

**Northeast Alabama Community College  
Nursing Program  
P. O. Box 159  
138 Alabama Highway 35  
Rainsville, Alabama 35986**