

**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: _____ Email: _____

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 LPN license? Yes _____ No _____

If yes, are you applying for the Career Mobility Track? Yes _____ No _____

Have you taken the COMPASS 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. Receipt of completed application for the nursing program (s).
3. Minimum of 2.5 cumulative GPA for students with previous college work.
4. Minimum of 2.5 high school GPA for students without prior college work (GED acceptable).
5. Eligibility for English 101 and Math 116.
6. Good standing with college.
7. Meeting the essential functions or technical standards required for nursing.
8. Must earn a grade of "C" or better in all general education
9. Student must score 76 or higher on the COMPASS Reading Score (or ACT Reading Score of 17 or higher).
COMPASS test score or ACT score must be within the past three (3) years.

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, AND COMPASS SCORE MUST BE SUBMITTED TOGETHER AND ON FILE IN THE NURSING DEPARTMENT NO LATER THAN JUNE 1ST. APPLICATIONS FOR THE MOBILITY PROGRAM ARE DUE NOVEMBER 1ST. 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**