

**Associate of Applied Science Nursing Program
APPLICATION FOR ADMISSION**

Traditional _____
Accelerated LPN-RN Traditional _____
Accelerated LPN-RN Hybrid _____

Name:

Last	First	Middle	Maiden
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Address:

Street/PO Box	City	State	Zip Code
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Phone:

Home	Cell	Work
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ID #: _____ **E-mail:** _____

Please indicate type of nursing admission:
___ **Initial Application** ___ **Readmission** ___ **Transfer**

Are you currently enrolled in high school or college? _____ **YES** _____ **NO**

If yes, please list name of current high school/college:

List all college/universities/technical/high schools **ever** attended. (Continue on back, if necessary)

College/High School	Dates Attended
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College/High School	Dates Attended
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College/High School	Dates Attended
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Unofficial Transcripts attached: **Yes** _____ **No** _____ **Requested** _____

Current Certified Nursing Assistant in AR: **Yes** _____ **No** _____

If yes, must attach copy of certification to application.

Ever held a license in any healthcare profession? **Yes** _____ **No** _____

If yes, type:

Ever been enrolled in any Nursing/Allied Health program including EACC?

Yes _____ **No** _____

If yes, name of program

Dates attended:

I acknowledge that all information provided is true and that misrepresenting the truth can lead to permanent dismissal from EACC's Associate Degree Nursing program. I understand that if I have been convicted of a crime, I will need permission from the Arkansas State Board of Nursing to write the NCLEX-RN.

Note: Each transcript must be sent even if grades are recorded on another transcript. All transcripts must be mailed directly from the institution to be considered official. All requested transcripts and information must be received by the application deadline.

I certify that the above information is accurate. Applicants who misrepresent/omit information from the application form become ineligible for admission or subject to dismissal after admission has been granted.

SIGNATURE: _____ **DATE:** _____