

COLBY COMMUNITY COLLEGE
Department of Nursing

APPLICATION FOR ADMISSION



Please Attach a
Professional
Current Color
Head Shot
Here

Date of Application: _____

CCC Student ID: _____

Date of Birth: _____
(Month/Day/Year)

Circle your Program Application: PN or ADN

Legal Name: _____
(Last Name) (First Name) (Middle Name) (Maiden Name)

Address: _____
(Street or Box Number) (City) (State) (Zip Code + Four)

Home Telephone Number: (_____) _____ **Cell Telephone Number:** (_____) _____

Social Security Number: _____ **E-Mail Address:** _____

List any other name(s) under which you have previously used: _____

Is English your first language? YES _____ NO _____ If NO, attach a copy of your TOEFL score.

Person to be notified in case of emergency:

(Full Name) (Relationship) (Phone Number)

Admission Information:

If you have previously attended a nursing program (including LPN) please indicate the reason for leaving: _____

Are you currently a CNA? Yes No If Yes: License Number _____ State _____
Are you currently an LPN? Yes No If Yes: License Number _____ State _____
Are you currently an MICT? Yes No If Yes: License Number _____ State _____
Are you currently an RRT? Yes No If Yes: License Number _____ State _____

Which of the following is your campus designation preference?

PN Campus: _____ Colby _____ Norton _____ Either _____
ADN Campus: _____ Colby _____

Previous College Information:

College, University, Vo-Tech	City, State, Country	Dates Attended	Degree/Certificate Earned

List the dates/grades of the following prerequisites (PN)/Co-Requisites (ADN) that have been completed:

	Course (Cr=Credits)	Date Complete	Grade Received	College where Credits Received
PN	Medical Terminology (1 Cr)			
PN/ADN	Anatomy & Physiology (5 Cr)			
PN/ADN	Developmental Psychology (3 Cr)			
PN/ADN	Basic Nutrition (3 Cr)			
ADN	Principles of Microbiology (4-5 Cr)			
ADN	General Psychology (3 Credits)			
ADN	English Composition I (3 Credits)			
ADN	Communications Course-Gen Ed (3 Cr)			

Legal Qualifications Information:

Have you ever been convicted of a misdemeanor or felony? Yes No

It is important that the student is aware that: The Kansas State Board of Nursing has the power to deny, revoke, limit, or suspend any license to practice nursing as a licensed practical nurse or a registered professional nurse that is issued or applied for. Please see the following information for students who may be subject to licensure denial under K.S.A. 65-1120. <https://ksbn.kansas.gov/wp-content/uploads/NPA/65-1120.pdf>



My signature below indicates that all of the above information is accurate to the best of my knowledge. I have read the admission requirements and legal qualifications information for licensure.

Legal Signature

Date

Please mail application along with complete packet to:

Colby Campus
Department of Nursing
Colby Community College
1255 S Range
Colby, KS 67701

Norton Campus
Department of Nursing
Colby Community College
711 North Norton
Norton, KS 67654

Notice of Non-Discrimination: Colby Community College provides equality of opportunity to its applicants for admission, enrolled students, graduates, and employees. The College does not discriminate with respect to hiring, continuation of employment, promotion, tenure, other employment practices, application for admission or career services and placement on the basis of race, color, gender, age, disability, national origin or ancestry, sexual orientation or religion. For inquiries regarding the nondiscrimination policies, contact the Vice President of Students Affairs, Title IX and ADA Coordinator, Colby Community College, 1255 S. Range Ave., Colby, KS 67701 or call 785-460-5490.