

# License Practical Nursing PROGRAM APPLICATION - SPRING 2025

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_  
 PREVIOUS NAMES: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 COUNTY OF RESIDENCE: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 Cochise College E-MAIL: \_\_\_\_\_@students.cochise.edu  
 STUDENT ID: C \_\_\_\_\_ WORK: \_\_\_\_\_  
 PHONE: (home or cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Currently a Licensed C.N.A., M.A., EMT, Paramedic  Military Veteran

### DESIRED ENTRY STATUS:

FIRST-TIME NURSING STUDENT - No nursing courses completed AND all prerequisites have been completed. Cochise College Policy 3004.1 allows student the opportunity to waive a prerequisite course. Students seeking a prerequisite waiver should consult with an academic advisor and should understand full responsibility for the outcome of the course taken will be on the student.

*Pre-Nursing students may not waive core nursing and required general education courses per degree plan.*

### COLLEGE EDUCATION HISTORY (other than Cochise College)

COLLEGE: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_  
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 COLLEGE: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_  
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### AGREEMENT OF UNDERSTANDING

By initialing each of the following, I, the applicant, understand:

- \_\_\_\_\_ Willful withholding or falsification of the requested information, or failure to submit all requested forms, will indicate that I am no longer eligible for admission to the Cochise College Nursing Program and may constitute fraud and thus may result in denial of licensure by the Arizona State Board of Nursing.
- \_\_\_\_\_ Forms/documents listed below must be postmarked no later than October 1 for Spring semester and according to the submittal requirements in order to be considered for acceptance into the Cochise College Nursing Program.
- \_\_\_\_\_ The Cochise College Nursing Department requires a state-issued Fingerprint Clearance Card (as specified by law for participation in the clinical experiences).
- \_\_\_\_\_ The Cochise College Nursing Department requires a drug/alcohol urine screen after admission to the program. Will be assigned by the nursing department.
- \_\_\_\_\_ The applicant understands that the submittal of the application and all other required documents does not guarantee acceptance. In order to ensure proper notification of acceptance or decline into the program for a student, it is the responsibility of the student to keep the Cochise College Nursing Department informed of important changes such as a **change of name or address**.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

I the applicant understand the following application deadline date: **October 1, 2024**

FORMS/ DOCUMENTS	DUE DATE	SUBMITTAL REQUIREMENTS
Application Packet, include: ✓ Program Application ✓ Waiver of Licensure Guarantee ✓ TEAS Exam with 58.4 score or ✓ Official Transcript(s) <b>from institutions other than Cochise College</b> ✓ Fingerprint Clearance Card <a href="http://www.AZDPS.GOV">www.AZDPS.GOV</a> , (CLICK ON APPLY FOR A CARD)	October 1, 2024 no later than 4:00 pm cannot be post-marked later than this date	It is required that the application packet be sent via <b>certified mail</b> .  <b>Please mail your application to:</b>  Cochise College Nursing 901 N. Colombo Ave, Sierra Vista, AZ 85635



### EQUAL OPPORTUNITY STATEMENT

Cochise College is committed to the principles of Equal Opportunities in Education and Employment. No person, based on race, color, creed, religion, sex, or national origin will be denied the benefits of, excluded from, or subject to discrimination under any educational program or activity.