Nursing Application

Name (print): _____
First Middle Last

CCC Student ID#: _____

Which program are you applying to?

Traditional Associate Degree Nursing _____

Licensed Practical Nurse (LPN) to Associate Degree Nursing (ADN) _____

Campus Location Preference (Columbus, Grand Island, Kearney)

1st Choice: _____ 2nd Choice: _____

The following items are required as part of the of Nursing application. It is suggested that these items be reviewed by Denise Kingery, Pre-Nursing Advisor for accuracy. If you choose to submit your application without review it is your responsibility to ensure all items are complete and submitted with this application**. Incomplete admission items will result in an ineligible application.**

- Online College application indicating Nursing as your area of interest
- OneSource, Background and Drug test completed
- TEAS completed with a 58.7% or higher *(Not required for LPN to ADN students)*
- Active, unencumbered Certified Nursing Assistant (CNA) or LPN license
- Active American Heart Association, Basic Life Support for Healthcare Provider, CPR
- CCC Immunization form complete

On the application date, submit this form and the above documents (excluding background and drug test) to cccnursing@cccneb.edu.

The Nebraska Nurse Practice Act requires the candidate for nursing should possess good moral character, sound mental health and a state of physical wellness, dependable work history, and general accountability and trustworthiness. Applicants who have criminal records, substance abuse problems or health problems that interfere with the safe practice of nursing may be ineligible for admission to the program and licensure.

_____ _____

Student Signature Date