



Nursing Program Application Checklist

For the Nursing Program Application to be considered **complete**, the applicant **must have completed** the following list of requirements. Applicants must initial next to each item to indicate their **understanding** of the requirement.

INT

_____ **CCC Admission Application** – If not currently enrolled in CCC, complete an Application for Admissions to Clovis Community College by **July 1st**. *Your Nursing Program Application will not be processed if you do not have a current application for admission to CCC on file.*

_____ **Nursing Program Application** – Complete **all** sections of the Nursing Program Application and turn into Admissions prior to **July 1st**.

_____ **Transcripts** – Official copies of **all** college transcripts must be sent directly to the Office of Admissions and Records and arrive prior to **July 1st**.

_____ **Prerequisite Courses** – Applicants must have **completed ALL** prerequisite courses as detailed on the ADN degree plan prior to enrollment in to the Nursing program. Applicants who are enrolled in the last of these prerequisites may still submit their application for the following semester but will only be considered if they successfully complete the prerequisite(s) enrolled in.

_____ **Applicants who are completing prerequisites at another college, must** notify Admissions when turning in their Nursing application. Official transcripts must be sent to CCC immediately upon completion of the class. Failure to do so will result in the application being considered incomplete.

_____ **BIOL 2210C, BIOL 2225C, BIOL 2310C** (*previously BIO 113, BIO 212, BIO 222*) must have been completed within five (5) years prior to the semester applying for. *See Degree Plan for more details.*

_____ **Grade Point Average** – Applicants must have a **minimum prerequisite grade point average (GPA) of 3.0**, including all colleges and universities attended, to be **considered** for the Nursing program.

_____ **Academic Advising** – Applicants are encouraged to meet with Academic Advising prior to submitting their application to ensure that all requirements are satisfied.

_____ All of the Health Science Programs at Clovis Community College require **criminal background checks and drug screenings** prior to admittance into the clinical setting. Failure to pass one or both could result in dismissal from the program. Applicants with felony convictions and certain misdemeanors may not be allowed in the clinical sites. Disqualifying convictions are determined by the Department of Health and not CCC.

ACKNOWLEDGEMENT

_____ I understand that **admission into the Nursing Program is competitive** and strictly based on the prerequisite GPA of all applicants. *A minimum GPA of 3.0 does not guarantee acceptance.*

_____ I understand that **determinations on acceptances** for the Spring semester are not made until after grades are posted by the **CCC Registrar** for the Fall semester.

_____ I understand that all **correspondence regarding my application and acceptance** into the Nursing Program will be conducted through CCC email. *Failure to check my CCC email may result in missed information or deadlines.*

_____ **For students who have successfully completed an LPN program only:** I understand that admission to the RN program is based on class sizes and clinical availability for the Spring semester.

ADVISING

Applicants are responsible for meeting with an Academic Advisor to file a current Nursing degree plan and to review the information contained in the Clovis Community College Catalog. The policies and regulations contained in this catalog apply to all applicants, including those who have filed and are following degree plan requirements of an earlier catalog. Some policies and requirements may be subject to change based on program requirements. If you have any questions regarding the degree plan, contact the Academic Advising Center, located in the Dr. H.A. Miller Student Services Center, or call (575)-769-4020.

I, _____, have fully read and understand the application requirements for consideration for the CCC Nursing Program. I understand that my application will not be forwarded to the Nursing Program for consideration if I fail to complete any of these requirements.

Applicant's Signature

Date



Nursing Program Application Fall 2021

For important application and transcript deadline information, please refer to the Nursing Program Application Checklist.

*Level I - applicants who **do not** have their LPN and want to obtain their LPN and then ADN.*

*Level II - for applicants who have **successfully completed** an LPN certificate from an accredited program and want to obtain their ADN.*

Applicant Information

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LEVEL I (LPN) LEVEL II (RN/ADN)

TRADITIONAL PROGRAM ONLY

EITHER PROGRAM

Please indicate 1st and 2nd choice or leave blank if no preference.

YEAR ROUND PROGRAM ONLY

____ Traditional
____ Year Around

Please print legibly

First _____ Middle _____ Last _____ (Maiden)

Date of Birth _____

Male Female

Address _____

City/State/Zip _____

Contact Information

Primary Phone _____ Home Cell

Secondary Phone _____ Home Cell

CCC Email (required) _____

Emergency Contacts

Name _____

Phone _____

Name _____

Phone _____

Note: If you change your address or telephone number, you must notify the Admissions and Records Department in a timely manner.

Is this your first application to the program: Yes _____ No _____

If no, list the year of previous application: _____

Have you attended another college since your last application: Yes _____ No _____

Where did you attend _____

If yes, you must request an official copy of your transcript(s) to be mailed to the Office of Admissions and Records, or you may walk in an official, sealed copy.

Signature

Applicant's Signature _____

Date _____

Provisional Agreement

Name _____

Student ID # C _____

I understand that my application to the Nursing Program at Clovis Community College is on a PROVISIONAL BASIS pending receipt of transcripts from the following school(s)/college(s)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

I agree to complete my nursing application file no later than the published deadline for the semester in which I am applying.

Applicant's Signature: _____ Date: _____