

For Office Use Only
 Year Applying for _____ Please do not write in this space. Application & Fee Received _____

**NEOSHO COUNTY COMMUNITY COLLEGE
 MARY GRIMES SCHOOL OF NURSING**

Bridge Application

Complete and return with **\$90** application fee (Non-Refundable), payable to NCCC, to the Ottawa campus.
 Campus Preference: [] **Chanute** in Class [] **Ottawa** in Class [] ***Hybrid** in Ottawa starting August [] or January []

LPN License # _____ Exp. Date _____ State _____

Name _____ S.S.# _____
Last First Middle Maiden

Any other last names used _____ NCCC ID# _____

Address _____ Cell phone _____
Street City State Zip

County of Residence _____ *Date of Birth _____

E-Mail address _____

U.S. Citizen [] Yes [] No **NURSING INFORMATION MEETING DATE (required)** _____

Emergency Contact Name _____ Relationship _____
 Address _____ Phone _____
Street City State Zip

EDUCATIONAL BACKGROUND

Are you a high school graduate? [] Yes _____ [] No _____
(Year)

If no, do you have a high school equivalent (GED)? [] Yes _____ [] No _____
(Year)

Have you ever attended or applied to any nursing program? [] Yes [] No

If yes, give name and location of school: _____
 _____ Dates attended : _____

Please indicate the year, grade and college of the following courses you have completed or mark an "X" in the currently enrolled box.

Course	Year	Grade	Currently Enrolled	College Abbr.
LPN School				
General Psychology (3cr. hr.)				
Human Anatomy and Physiology with Lab (5-8 cr. hr.)				
English Composition I (3cr. hr.)				
Developmental Psych. (3 cr, hr.)				
IV Therapy Certification				
Microbiology with Lab (5 cr. hr.)				
Pathophysiology (3 cr. hr.)				
English Comp II (3 cr. hr.)				
Computer Lit. 1 cr. hr. OR Applications 3 cr. hr.				

EDUCATIONAL RECORD

Name of School	Location	Dates Attended	Grades or Credits Completed
High School: _____			
Colleges: _____			

Degrees Earned: _____			

WORK EXPERIENCE (within last 3 years)

Type of Work	Name of Employer	Location	Date Employed		Reason for Leaving
			From	To	

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

Are you interested in BSN courses with Grand Canyon University while completing your ADN? Yes No

If yes, explain: _____

Did you graduate from a Kansas Program? Yes No If no, NCCC will need to evaluate your transcript.

Do you hold a current PN license? Yes No If no, contact KSBN to obtain a current license.

Do you have an I-20 with NCCC? Yes No Do you have a resident card? Yes No

Do you have TOEFL scores? Yes No Have you meet with the International Student Coordinator Yes No

AFFIDAVIT: To be completed and signed **BEFORE** a notary public.

STATE OF _____ COUNTY OF _____ ss:

Being duly sworn, I state that I am the person referred to in the foregoing Student Nursing Application; that the statements made therein are true and correct in every respect; and that I have read and understand this affidavit.

Applicant's Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My appointment expires: _____

IF ANY INFORMATION CONTAINED HEREIN IS FOUND TO HAVE BEEN FALSIFIED, THIS APPLICATION MAY BE WITHDRAWN AND APPLICANT MAY BE ASKED TO WITHDRAW FROM THE SCHOOL.

*Information optional. It is the policy of Neosho County Community College not to discriminate on the basis of age, race, religion, color, sex, physical handicaps, national origin, or ancestry in its admission. A statement of race and financial status is used only for statistical information required on state and federal forms.

Applicants are advised that disclosure of their social security number, date of birth, and information regarding conviction of crimes/infractions is required information for state board applications but is not used to determine a student's eligibility into the nursing program.

The applications of students listing crimes/infractions will be reviewed by the Kansas State Board of Nursing's Investigative Committee and may affect the approval of the application by the Board of Nursing.

FORMS/APPLICATION-New App R: 12/08/06 kg 12/8/08 kkh 12/09/08 srp 05/01/09 srp 11/06/09 srp 12/15/09 kkh (01/10/10 srp) 3/22/13 kkh 7/7/15 kkh 10/23/15 kkh 1/7/16 KKH 22318 kkh 9/4/18 kkh 6/7/21 kkh 2/22/22 kkh 62322 kkh 10/24/24 kkh
<http://www.neosho.edu/divisions/Nursing/admissions.asp>