

FLETCHER TECHNICAL COMMUNITY COLLEGE

DEPARTMENT OF NURSING & ALLIED HEALTH

APPLICATION FOR ADMISSIONS TO NURSING & ALLIED HEALTH PROGRAMS

Directions: Complete all items applicable to you. Submit the application, the checklist for the program you are applying for (which can be found on the program's page on Fletcher's website) and all supporting documents by the deadline date for the program you are applying for.

Program & Semester Applying For

- | | | | | | | | |
|-------------------------|--------------------------|---|---------------------------|--------------------------|--------------------------|--------|--------------------------|
| ASN (RN) | <input type="checkbox"/> | Fall Only | Phlebotomy | <input type="checkbox"/> | Fall | Spring | <input type="checkbox"/> |
| Cardiopulmonary | <input type="checkbox"/> | Summer Only | Practical Nursing | <input type="checkbox"/> | Fall ONLY | | |
| ECG Technician | <input type="checkbox"/> | Summer Only | Surgical Technology (AAS) | <input type="checkbox"/> | Fall ONLY | | |
| Medical Lab Technician | <input type="checkbox"/> | Summer Only | | | | | |
| Nurse Assistant | <input type="checkbox"/> | Fall | <input type="checkbox"/> | Spring | <input type="checkbox"/> | Summer | |
| Patient Care Technician | <input type="checkbox"/> | For this program you will need to complete ECG, Nurse Assistant, and Phlebotomy programs; therefore, please indicate in the space provided below which course, semester and year you wish to enroll. (See courses and semesters they are offered listed above). | | | | | |

(Course)

(Semester, Year)

NAME: _____
(LAST) (FIRST) (MIDDLE)

FLETCHER STUDENT ID: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____
(STREET) (APT. #)

(CITY) (STATE) (ZIP)

TELEPHONE NUMBER(S): _____

E-MAIL: _____

DATE OF BIRTH: _____

Did you earn your high school diploma or HiSET (formally GED)? Yes No

Presently enrolled at Fletcher? ____YES ____NO*

**If you are not enrolled as Fletcher student the semester prior to your anticipated enrollment in ANY clinical program (excluding summers), you must apply to the College and complete the admissions process.*

Do you currently possess a license in a healthcare profession (Ex.: EMT, LPN, etc)? Yes No

If yes, which license do you currently possess? _____

Have you ever been admitted to a nursing/Allied Health program? Yes No If yes, please answer the following:

Which nursing/Allied Health program were you enrolled in (Ex: Practical Nursing, ASN, BSN, surgical technology)? _____

What is the name of the school you attended? _____

Why did you leave? _____

If you did not complete the program, are you eligible for readmission to that program? Yes No

If no, why? _____

Do you have any serious health conditions or other limitations which may prevent you from performing the tasks of the program you are interested in? Yes No If yes, please attach an explanation.

List all colleges or universities attended since high school, including Fletcher.

Name of School	City & State	Dates of Attendance	Degree/Cert. Earned

Have you ever been convicted of a felony? Yes No If yes, you are not eligible for admission into a nursing or allied health program. ¹

Will you be able to provide your own transportation to clinical sites? Yes No If no, how do you plan to get there?

VERIFICATION AND SIGNATURE:

I certify that the information given above is accurate and true to the best of my knowledge. I understand that falsification of this information and any attached documentation may result in denial of my application, denial of permission to progress in clinical nursing courses, dismissal, and/or denial of licensure.

I also certify that I have read and fully understand the entire content of this application, the program's current admissions guide, and the requirements of the program admission policy as stated in the College catalog.

Fletcher Technical Community College does not discriminate on the basis of race, color, national origin, gender, age, religion, qualified disability, marital status, veteran's status, or sexual orientation in its hiring or employment practices or in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of its operations

Applicant Signature

Date

¹ If you are applying to the Nurse Assistant program you cannot have been convicted of a violent crime.