

# Central Community College Nursing Program Application

DATE: \_\_\_\_\_

A photo must be attached to application

Copy of current driver's license or student ID required

1+1 Program application open: January 1 - March 31

LPN to ADN application open: March 1 - April 30

\*once seats are filled for nursing program, application site will be closed. Email complete application packet documents to: **Admissions4Nursing@cccneb.edu**

## I. Personal Data

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Maiden: \_\_\_\_\_

CCC Student ID Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: Personal (one used most often) \_\_\_\_\_  
CCC \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

First choice for site where nursing program will be completed:

Columbus      Grand Island      Kearney

If first choice of site for program is filled, would you consider a secondary location? YES      NO If  
yes, what site: Columbus      Grand Island      Kearney

## II. Education

High School Graduation Year: \_\_\_\_\_ High School Name: \_\_\_\_\_

GED (if applicable) \_\_\_\_\_ Date completed: \_\_\_\_\_

Are you currently taking college courses: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what college \_\_\_\_\_

List ALL courses currently enrolled in: (List additional courses on separate sheet of paper if necessary)

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|  |  |  |
|  |  |  |
|  |  |  |

List ALL colleges ever attended and the date (s) attended (include Central Community College)

| College Attended | Dates Attended | Major | Completed |    |
|------------------|----------------|-------|-----------|----|
|                  |                |       | YES       | NO |
|                  |                |       |           |    |
|                  |                |       |           |    |
|                  |                |       |           |    |

Have you ever been admitted to ANY Nursing Program? YES \_\_\_\_\_ NO \_\_\_\_\_

Was program completed: YES \_\_\_\_\_ NO \_\_\_\_\_

If not completed, state reason (included Central Community College Nursing Program)

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If no, a letter from the Dean/Director of the previously attended program must be sent to the CCC Associate Dean of Nursing indicating you were not dismissed due to any ethical, legal, or moral issues. Must be on official school letterhead, original signed copy only will be accepted.

**For Career Mobility (LPN to RN) applicants only:**

Do you hold a current, unencumbered Nebraska LPN license? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, License Number: \_\_\_\_\_

**I understand that completion and submission of this application is a component of the student profile, and does not in itself grant admission to the nursing program. I also understand an application must be resubmitted if I am not selected. I certify that the information given in this application is true and correct. I also understand that providing false information may be deemed sufficient reason to dismiss the student and/or refuse admission.**

**Minimum admission standards include (must be submitted with this application):**

1. *Unconditional admission into Central Community College.*
2. Original transcripts from ALL colleges attended must be in and evaluated by the Registrar Office by the nursing application deadline.
3. Receipt of completed application for the nursing program prior to stated deadline.
4. A TEAS exam score that meets proficiency stated at 58.7%.
5. A current copy of CPR-Healthcare Provider from Red Cross or American Heart
6. A current copy of unencumbered Nebraska nursing assistant certificate or LPN license. Must be on the DHHS website for Nebraska Nurse Assistant Registry.
7. Completed Immunization document with healthcare provider signature and/or supporting documents.
8. Eligibility for or completion with a "C" or higher in ENGL 1010, ENGL 1020, PSYC 2890, and BIOS 2460.
9. Eligibility for or completion with a "B" or higher in BIOS 2250 and BIOS 2260.
10. Good standing with college.
11. Name on application is current legal name and matches copy of photo ID and name in CCC's system.
12. Current picture ID (driver's license or student ID only) submitted with application.

**Admission to the Nursing Program is selective, and the number of students accepted is limited by the number of seats available from each site. Meeting minimal requirements does not guarantee acceptance. All information must be submitted by the stated deadline or the application will be considered incomplete. Applicants will be selected on a first come basis that have submitted a completed application packet.**

**\*\*If your application is incomplete and/or false information is provided, your application will NOT be considered.**

Email application packet to: [Admissions4Nursing@cccneb.edu](mailto:Admissions4Nursing@cccneb.edu)

**NO faxed or paper copies will be accepted!**

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Student Signature

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Date

**\*If you feel that there may be issues concerning a background check or a urine drug screen, please contact Paulette Woods-Ramsey, Dean of Health Science, at 308-398-7960 or email at [paulettewoodsramsey@cccneb.edu](mailto:paulettewoodsramsey@cccneb.edu).**

**This application along with CPR, Immunization Form, TEAS score, certificate from nursing assistant OR LPN license, and picture ID (can driver's license or college ID).**