NURSING PROGRAM APPLICATION

Name (print): _____ _____ _____
First Middle Last

Student ID#: _____

Campus Location Preference (Columbus, Grand Island, Kearney)

1st Choice: _____

2nd Choice: _____
(if desired)

License Number: _____

☐ I am a Nurse Aide

☐ I am a Licensed Practical Nurse

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.

Applicant Signature: _____ **Date:** _____

Submit this Application, with other required materials, to cccnursing@cccneb.edu during the open application period. Thank You