

**APPLICATION FOR ADMISSION
 SCCC PRACTICAL NURSING SCHOOL
 613 West First Street
 West Plains, Missouri 65775**

Date: _____ Social Security Number: _____ / _____ / _____

Name: _____
 Last First Middle (Maiden)

Address: _____
 Str./Co Rd /P.O. City State Zip County

Phone: () - _____ - _____ Date of Birth: _____ U.S. Citizen: Yes ___ No ___

Non-resident alien Yes ___ No ___ Hispanic/Latino Yes ___ No ___

Ethnic Group: Check ALL that apply: White/Caucasian Black/African American Asian
 Native Hawaiian/ Other Pacific Islander American Indian/Alaska Native

In case of emergency notify: _____ Relationship: _____

Address: _____ Phone: () - _____ - _____
 Str./Co Rd/P.O. City State Zip

**EDUCATIONAL BACKGROUND
 OFFICIAL 4 YEAR HIGH SCHOOL TRANSCRIPT OR G.E.D. SCORE SHEET REQUIRED**

Date From	Date To	Name of School	City and State	Diploma Received and Date

G.E.D. Certificate #: _____ State: _____ Date: _____ Score: _____

If transcript is under other names; please list here: _____

What are your reasons for selecting nursing as a career? _____

Plans after graduation from this course: _____

Have you ever been a student in a professional or practical nursing program? Yes ___ No ___

If so, give name of school, date of entry, where and reason for and date of termination of your enrollment.

FORMER EMPLOYERS AND WORK EXPERIENCE

Date From	Date To	Title / Position	Employer and Address	Reason for Leaving

According to the Nurse Practice Act 335.066.12 (1-4) as amended 1981. Licensure may be withheld, refused or revoked due to controlled substance abuse, criminal prosecution, and a variety of other offenses.

Have you every been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol or convicted of any crime (excluding minor traffic violations?) No _____ Yes _____

If yes, explain: _____

Applicant=s Signature Date

Your signature indicates completed information on this form is correct and gives permission to the South Central Career Center Practical Nursing School to request, obtain and distribute information relative to the applicant to other interdepartmental agencies including Admissions Committee. Falsification of information may void application and/or result in dismissal from program. A **non refundable** \$60.00 application fee (check or money order) made payable to: SCCC Practical Nursing School, must be *submitted with the application.*

NONDISCRIMINATION STATEMENT

Students, their parents, and employees of the West Plains R-7 School District are hereby notified that this school district does not discriminate on the basis of sex, race, color, national origin, or handicap and is required by Title IX and Section 504 not to discriminate in its educational activities and employment practices. Any person having inquires concerning West Plains School District R-7 compliance with the Title IX and Section 504 is directed to contact the West Plains R-7 Schools Superintendent, 305 Valley View Drive, West Plains, Missouri 65775, Telephone 256-6150 ext. 4510.

