Thank you for your interest in **Nunez Community College Practical Nursing Technical Diploma Program**. The Practical Nursing Program at NCC is a 16 month (4 semester) program. Upon successful completion, graduates are eligible to apply for licensure through the Louisiana State Board of Practical Nurse Examiners.

The Nunez Community College Practical Nursing program is a limited, competitive admission program. The number of qualified applicants may exceed the number of positions in a class. Individuals who are not selected into the class for which they will be given the opportunity to be considered for the next scheduled class by written request only.

Applicants to the Practical Nursing Program must be registered students at Nunez Community College and meet all admission requirements of the College before applying to the nursing program. To register with the College, please contact the Admissions Office at (504) 278-6467 for further information or visit www.nunez.edu/admissions.

Applications for the **Spring PN entry** will be accepted August 1st through October 31st. Applications for the **Fall 2022 PN entry** will be accepted March 1st through May 31st. If closing date falls on a weekend or holiday, applications will be accepted the following business day.

In order to apply, you must meet the following:

- **U.S. citizen or permanent resident of the U.S.** Copy of permanent resident card will be required.
- **High school diploma or GED** (High School seniors may apply in the Spring of their senior year for the August PN program. Call office (504) 278-6380 for more information)
- **Registered student at Nunez Community College**
- **Minimum cumulative GPA of 2.0 for all previous college work attempted**
- **Acceptable placement exam scores** from one of the listed placement exams: Please contact Jade Warren at jwarren@nunez.edu or call (504) 278-6422 for information regarding ACCUPLACER testing.

<table>
<thead>
<tr>
<th>ACT</th>
<th>Math</th>
<th>Reading</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>ACCUPLACER-Next Gen.</td>
<td>243(QAS)</td>
<td>250</td>
<td>241(Writing)</td>
</tr>
</tbody>
</table>

**Potential nursing students must take the ACCUPLACER Next-Gen/ACT entrance exam and achieve the minimum scores listed to apply to the nursing program.** Scores must be within three (3) years of the application to the nursing program. Students whose scores meet or exceed these scores will be exempted from the specific preparation courses. Students who do not meet these scores must enroll in applicable preparation courses, depending upon scores achieved. Students may retake the ACCUPLACER with a minimum 1 week waiting period between each retest. The student can retest two times only (total of 3 attempts to meet scores). After 3rd attempt, the student must enroll in preparation courses as applicable. After passing the preparation course you will have a maximum of 1 attempt to reach the minimum score for the admission requirements. Only the Dean of Nursing and Allied Health can approve additional testing beyond the maximum of 4 attempts for entry purposes.
• Completed **BIOLOGY 1010 INTRODUCTION TO ANATOMY AND PHYSIOLOGY** and **BIOLOGY 1500 NUTRITION AND DIET THERAPY**
these courses must be taken within the past 3 years and a grade of B or better is required to transferred into the Nursing Program.

Students may substitute Anatomy & Physiology I & II for Introduction to Anatomy and Physiology.
*(B or better is also required in these courses and 3 year time limit on both)*
BIOL 2300 A&P I and BIOL 2400 A&P II

**Application Process**

1. Complete a Practical Nursing Program Application (this is a separate application from the college) which may be found on our Nunez webpage under the Practical Nursing Program.
2. Pay application fee of $20.00 to the Bursar’s office.
3. Submit completed application along with all required documents listed below
   **by MAIL to:**
   Nunez Community College
   Attn: Nursing Department
   3710 Paris Road, Chalmette, LA 70043.
   **In person to:**
   Nunez Community College
   Nursing Department
   Building D, Room 200 or Room 214

   *(All incomplete applications will be returned to applicant and will not be considered for class selection).*

   **The following documentation must be submitted with your Application to the Practical Nursing Department:**
   
   • Admission placement scores (ACT, ACCUPLACER)
   • Certified court documents of any personal arrest and written narrative of arrest (if applicable)
   • Official High School transcript, GED, or HiSet (must be in sealed envelope)
   • Confirmation form verifying request of official transcripts from all colleges/universities attended. All transcripts must be mailed directly from the institution to:
   Nunez Community College
   Attn: Nursing Department
   3710 Paris Road
   Chalmette, LA 70043
   
   Or E-script to:
   nursing@nunez.edu
   
   **Additional documentation to be emailed to nursing@nunez.edu or mailed directly to Nursing Department by application deadline:**
   
   • 2 Letters of recommendation (must be sent by the author)
   • If previously attended another Nursing Program, letter of recommendation/good standing from Nursing Program manager is required.

   **Applicants will be notified via mail and email to address provided on application (if provided) regarding application/selection status.**
APPLICATION FOR ADMISSION
PRACTICAL NURSING DIPLOMA PROGRAM

NUNEZ COMMUNITY COLLEGE
Health & Natural Science Division
3710 Paris Road
Chalmette, LA 70043
Phone: (504) 278-6380
Fax: (504) 278-6381
www.nunez.edu

All applicants must complete the general admissions process to Nunez Community College before applying to the Practical Nursing Program.

Lola ID#:_____________________

Please type or print – Please Print One-Sided only
Semester/year for which you are applying: Spring (Jan): ☐ Fall (Aug): ☐ Year: __________

Name: ____________________________

Last First Middle Maiden
Social Security Number: __________________________

Date of Birth: __________

Physical Address: __________________________

Address/Street/Apt # City State Zip

Mailing Address: __________________________

Address/Street/Apt.# City State Zip

Phone Number: (____) ___________________

Cell Number: (____) ___________________

Email Address: _________________________

Emergency Contact: _______________________

Name Phone

U.S. Citizen ☐ Yes ☐ No If no, type of visa: ☐ Permanent ☐ Resident ☐ Student ☐ Alien

Gender: ☐ Female ☐ Male

The following information is requested for statistical purposes only:

Ethnic Background
☐ Caucasian ☐ Black ☐ Native American ☐ Hispanic ☐ Asian/Pacific Islander

ACT /Compass/TABE year taken/score: _______ Reading: _______ Math: _______ Language: _______

Please attach copy of placement scores (ACT, Compass, Tabe)

Have you ever been dismissed/suspended from a college/program? ☐ Yes ☐ No

If yes, give the name of school/program, reason for action taken, and date __________________________________________________________

__________________________________________________________

Rev: 02/01/2021
List all schools/colleges attended, regardless of whether credit or a degree was earned (include current enrollment). Failure to acknowledge attendance at a school/college/university will result in dismissal from the program. Official transcripts from all schools attended must be mailed to 3710 Paris Road Chalmette, LA 70043 Attn: Nursing.

<table>
<thead>
<tr>
<th>High School Name (or indicate GED)</th>
<th>Degree Earned</th>
<th>Date Completed</th>
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</table>

<table>
<thead>
<tr>
<th>College or University Name</th>
<th>Degree Earned</th>
<th>Date Completed</th>
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Have you ever been enrolled in a health-related education program, including any program taken at Nunez Community College?  □ Yes  □ No

If yes, please provide the following (attach additional sheets as needed)

<table>
<thead>
<tr>
<th>Name of school/program</th>
<th>Type of program</th>
<th>Dates of enrollment</th>
<th>Did you complete?</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>CNA □ PN □ RN □ Other □</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td>CNA □ PN □ RN □ Other □</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td>CNA □ PN □ RN □ Other □</td>
<td></td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

Please submit letter of recommendation from each instructional institution attended.

Have you ever applied to this program before?  □ Yes  □ No  If yes, when?  ________________________________

Are you a member of the Military:  □ Yes  □ No  □ Active  □ Retired  □ Veteran
Legal Requirement: The following questions must be answered completely and honestly. Failure to comply and/or falsification of the documentation given will result in any or all of the following: ineligibility to enroll in the practical nursing program; ineligibility to continue enrollment in the practical nursing program; delay in and/or denial of licensure upon completion of the nursing program.

Have you ever been arrested, charged with, convicted of, pled guilty or no contest to, or adjudged a juvenile delinquent, even if the charges were dropped, dismissed and/or refused, for any criminal offense in any state?  
☐ Yes  ☐ No (if yes, please submit certified court documents pertaining to all arrest along with a detailed written narrative.)

Have you ever been involved in a plea bargain, or in any way been involved with a felony?  ☐ Yes  ☐ No

Have you had, or do you now have pending, any disciplinary action against you by a licensing or certifying board in any state?  
☐ Yes  ☐ No

Have you habitually used or been diagnosed as addicted to drugs or alcohol?  ☐ Yes  ☐ No

Have you ever tested positive on a drug screen provided by an employer, potential employer, probation program, or college program?  
☐ Yes  ☐ No

Do you have any physical or mental impairment that may affect your ability to practice safely as a licensed practical nurse?  
☐ Yes  ☐ No

By signing below, I agree that all information documented above is true and correct. Applicant must report any changes to the above information to the Health & Natural Science office within three (3) business days.

Applicants Signature: ___________________________ Date: ______________________

Please provide the following information if these courses have already been taken:

<table>
<thead>
<tr>
<th>Course Description</th>
<th>Grade</th>
<th>Semester/Yr Taken</th>
<th>Where Taken</th>
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</thead>
<tbody>
<tr>
<td>Introduction to Anatomy &amp; Physiology Lecture</td>
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<tr>
<td>Introduction to Anatomy &amp; Physiology Lab (or)</td>
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<tr>
<td>Anatomy &amp; Physiology I Lecture</td>
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<tr>
<td>Anatomy &amp; Physiology I Lab (and)</td>
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<tr>
<td>Anatomy &amp; Physiology II Lecture</td>
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<tr>
<td>Anatomy &amp; Physiology II Lab</td>
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<tr>
<td>Nutrition and Diet Therapy</td>
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</table>

In the space below please briefly describe your reasons for choosing nursing, and specifically this program.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
I understand this nursing program is physically, emotionally, and intellectually challenging. I have no medical or other condition (history of or current) that would prohibit my performance of the duties of a student nurse.

I certify that all responses, and/or explanations in this application are true. I understand that any falsification or elimination of documentation associated with my application will result in non-admission to or dismissal from the practical nursing program.

Signature

Date