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 apply 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 15th through October 15th. Applications for the **Fall PN entry** will be accepted February 1st through March 30th.

**Requirements for Application:**
- **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**
- **Acceptable placement exam scores** from one of the listed placement exams:

<table>
<thead>
<tr>
<th></th>
<th>Math</th>
<th>Reading</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>18</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>ACCUPLACER CLASSIC</td>
<td>48</td>
<td>65</td>
<td>74</td>
</tr>
<tr>
<td>ACCUPLACER-Next Gen.</td>
<td>243(QAS)</td>
<td>250</td>
<td>241 (Writing)</td>
</tr>
</tbody>
</table>

**Placement Exam Score (Accuplacer or ACT) must be within three (3) years of the application to the nursing program.** Examinees may test a maximum of 2 times per year with a waiting period of 30 days between exams. **Applicants must complete any required remedial English, Reading and Math courses if they are unable to achieve required placement score on 2nd attempt. Please note that after completing remedial courses, student will need to retake Placement Exam and achieve acceptable placement scores.**

- **Acceptable score on HESI Pre-nursing Admission Assessment exam**
  - Links to placement and HESI PN Admission Assessment testing information may be found at [http://www.nunez.edu/pn](http://www.nunez.edu/pn) You must contact the coordinator of the Testing Center at (504) 278-6422 to schedule exam.
- **Minimum cumulative GPA of 2.0 for all previous college work attempted**
- **U.S. citizen or permanent resident of the U.S.** Copy of permanent resident card will be required.
Completion of **BIOLOGY 1010/1020 INTRODUCTION TO ANATOMY AND PHYSIOLOGY** (theory and lab) and **BIOLOGY 1500 NUTRITION AND DIET THERAPY** is **highly recommended prior to enrollment** in the Practical Nursing Program. For these courses a **grade of B or better is required**, and must be taken within the past 3 years to be transferred into the Nursing Program.

For students planning to continue their education on the RN track it is recommended that you take the following sequence to meet A&P requirements (both A&P I & II with respective labs must be taken for substitution of Intro to A&P / LAB) **(B or better is also required in these courses and 3 year time limit and both)**

- BIOL 2300 A&P I / BIOL2310 A&P I LAB
- BIOL2400 A&P II / BIOL2410 A&P II LAB

**Application Process**

1. Complete a Practical Nursing Program Application (this is a separate application from the college)
2. Take your completed application to the Bursar’s office to make payment of application fee in the amount of $20.00.
3. Submit completed application along with “paid” receipt and all required documents listed below **by MAIL** to:
   - Nunez Community College
   - Attn: Nursing Department
   - 3710 Paris Road, Chalmette, LA 70043.

   *(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)
- HESI PN Admission Assessment Scores
- Certified court documents of any personal arrest and written narrative of arrest (if applicable)
- Official High School transcript or GED (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

**Additional documentation to be mailed directly to Nursing Department by application deadline:**

- 2 Letters of recommendation (must be mailed to above address by author)
- If previously attended another Nursing Program, letter of recommendation/good standing from Nursing Program manager is required.

**Applicants will be notified via mail 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.

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/Accuplacer 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 ________________________________
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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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>College or University Name</th>
<th>Degree Earned</th>
<th>Date Completed</th>
</tr>
</thead>
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</table>

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>
</tr>
</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>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Anatomy &amp; Physiology Lecture</td>
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<td></td>
<td></td>
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<tr>
<td>Introduction to Anatomy &amp; Physiology Lab (or)</td>
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<td></td>
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<tr>
<td>Anatomy &amp; Physiology I Lecture</td>
<td></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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<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy &amp; Physiology II Lab</td>
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<td></td>
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<tr>
<td>Nutrition and Diet Therapy</td>
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</tbody>
</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 or dismissal from the practical nursing program.

______________________________  _____________________________
Signature                                      Date