**Pierce College Associate Degree in Nursing**

**Program Application**

|  |  |  |  |
| --- | --- | --- | --- |
| Pierce College & ctcLink ID |  | \*Social Security # |  |
| **Name** | Last | First | Middle |
|  |
| Previous Names |  | DOB:mm/dd/yy |  |
| Mailing Address | Street Address |  |
| City | State | Zip Code |
|  |
| Primary Phone |  | Cell Phone |  |
| Email Address |  |
|  |
| Emergency Contact |  | Relationship |  |
| Primary Phone |  | Cell Phone |  |

**\*\*\*\*\*If personal information changes during this application period – or prior to program start – please let us know.**

**Please answer the following questions:**

|  |  |  |
| --- | --- | --- |
| Yes | No |  |
|  |  | 1. Have you ever been accepted to, attended, dismissed or withdrawn from any nursing program? Year College |
|  |  | 2. Have you or are you presently prohibited from any healthcare facility? |
|  |  | 3. Are you ineligible for rehire at any previous position or healthcare facility? |
|  |  | 4. Have you previously applied to the nursing program at Pierce College Date Bridge ADN |

**Must include: Date and location of your most recent hands on LPN work experience or LPN student clinical experience. (Not applicable for the traditional ADN application cycle)**

**Location:**

 **Date**

**Healthcare Related Employment and/or Volunteer History (all applicants):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company/Employer Name** | **Dates** | **Role/Responsibilities** | **Supervisor Name/Contact** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Declaration of Ability to Meet Essential Qualifications:**

It is essential that nursing students be able to perform a number of physical activities during the clinical portion of the program. These will include, but are not limited to the following: effective communication, lifting/transferring patients, observation/assessment of clients using the physical senses, standing for long periods, performing bending activities, and executing movements required to care for patients in all health care settings. The clinical experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties that impact patients’ lives. Students must be able to demonstrate rational and appropriate judgment and behavior under stressful conditions. Individuals should carefully consider the mental and physical demands of the program prior to applying.

I certify the following to be true:

* **I have provided true, correct and complete information with this application. I have read and understand the information included in this application packet.**
* **I have read and understand the *Declaration of Ability to Meet Essential Qualifications* and certify that I will be able to perform the essential functions as a nursing student in the Pierce College Puyallup Associate Degree in Nursing Program.**

Applicant Signature Date

 \_ \_ \_ Applicant Name (please print)

*\*Your social security number is confidential and, under a federal law called the Family Education Rights Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.*