



# CENTRAL LAKES COLLEGE NURSING APPLICATION AN ASSOCIATE DEGREE (AD) NURSING PROGRAM ACADEMIC YEAR 2012-2013

Please indicate below the CLC AD Nursing Program campus to which you are applying. If you wish to be considered for either campus, please indicate order of preference (1 and 2): **If no second choice is listed, you will not be considered for second site should space be available.**

\_\_\_\_\_ Brainerd Campus

\_\_\_\_\_ Staples Campus

CLC General Application: Have you applied as a general applicant to CLC\*? Yes \_\_\_ No \_\_\_  
Have you attended CLC in the past? Yes \_\_\_ No \_\_\_

\*A new general application is required if you have been gone from CLC for over one term.

A new AD Nursing Program application is required **for each year** you seek acceptance into the AD Nursing Program.

An essential component of the nursing programs at CLC is the care of patients/clients in clinical settings. To provide this experience, the college contracts with local clinical facilities. All clinical facilities require that students are immunized against certain diseases. A clinical agency may refuse student participation in clinical experiences at their facility if a student is not immunized **including students who are conscientious objectors to immunizations. The nursing program at CLC does not guarantee an alternative facility placement for students who have not been immunized. If no alternative facility placement is available, the student cannot meet the clinical requirements and is therefore ineligible to enter the nursing program.**

**All items listed below must be completed before applying for the AD Nursing Mobility Program.**

**PLEASE SEND THIS APPLICATION FORM TO THE ADMISSIONS DEPARTMENT OF CLC, BRAINERD CAMPUS TO ESTABLISH A FILE.** Complete only if you plan to seek admission for **FALL 2012** to the AD Nursing program.

Today's Date: \_\_\_\_\_

## STUDENT INFORMATION

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

## EDUCATION

University/College Technical College: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

High School/GED \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Liberal Arts/Science Credits needed (30):

- I. All five required science courses must be completed (or you must be currently enrolled) with a grade of “C” or higher (a C- does not count) upon completion and a GPA of 2.75 or greater is required for all prerequisite courses.

- \_\_\_\_\_ BIOL 2457 (Microbiology) or transfer equivalent – 4 cr.  
 \_\_\_\_\_ BIOL 2467 (Anatomy & Physiology I) or transfer equivalent – 4 cr.  
 \_\_\_\_\_ BIOL 2468 (Anatomy & Physiology II) or transfer equivalent – 4 cr.  
 \_\_\_\_\_ CHEM 1405 (Life Science Chemistry) or transfer equivalent – 3 cr.  
 \_\_\_\_\_ CHEM 1406 (Life Science Chemistry Lab) or transfer equivalent – 1 cr.

If the above courses were not taken at CLC, please indicate the following information for each course:  
 Where course was taken.

When course was taken (year and semester).

Course name, prefix, and number at other college.

**This information must be supplied to the CLC registration transfer specialist, ext.8034, to request that official transfer be completed or transfer equivalency be determined.**

- II. Other required non-science liberal arts courses are **recommended** prior to application and completed with a grade of “C” or higher (a C- does not count) and GPA of 2.75 or higher for these courses.

- \_\_\_\_\_ ENGL 1410 (Composition I) or transfer equivalent – 4 cr.  
 \_\_\_\_\_ PHIL 2420 (Ethics) or transfer equivalent – 3 cr.  
 \_\_\_\_\_ PSYC 2421 (General Psychology) or transfer equivalent – 3 cr.  
 \_\_\_\_\_ PSYC 2431 (Human Development) or transfer equivalent – 3 cr.

If the above courses were not taken at CLC, please indicate the following information for each course:  
 Where course was taken.

When course was taken (year and semester).

Course name, prefix, and number at other college.

**This information must be supplied to the CLC registration transfer specialist, ext. 8034, to request that official transfer be completed or transfer equivalency be determined.**

- III. Practical Nursing Program completion information needed. (it is required that students in the AD Nursing Program at CLC are LPN’s in Minnesota by the 1<sup>st</sup> of August for the fall entry to the program as it is a “Mobility” program (a mobility program requires that all students demonstrate proof of a current unrestricted LPN license in the State of Minnesota).

Practical Nursing School grades:

Name of College: \_\_\_\_\_

GPA of Practical Nursing course: \_\_\_\_\_

Year of graduation: \_\_\_\_\_

**ATTACH OFFICIAL TRANSCRIPTS!!** (unofficial if from Central Lakes College)

**\*\*It is the responsibility of the student to request transfer credit evaluations (when applicable) and ensure that all required general education and practical nursing courses have been transferred for credit to CLC prior to the deadline for applying.\*\***

**LPN WORK EXPERIENCE: (beginning with your most recent work experience)**

	SITE	DATES OF EMPLOYMENT
LPN		
LPN		
LPN		

**MISREPRESENTATION OF APPLICATION INFORMATION IS GROUNDS FOR CANCELING ADMISSION. I CERTIFY THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION FORM AND ALL OTHER ADMISSION APPLICATION MATERIALS IS COMPLETE, ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.**

**STUDENT PRINTED NAME:** \_\_\_\_\_

**STUDENT SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTE:** Central Lakes College is asking you to provide information that includes private and/or confidential information under state and federal law. Central Lakes College is asking for this information in order to process your application.

You are not legally required to provide the information; however, Central Lakes College may not be able to effectively process your application if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- To other schools in which you seek or intend to enroll, or are enrolled, if you are first notified of the release;
- To federal, state or local officials for purposes of program compliance, audit or evaluation;
- As appropriate in connection with your application for, or receipt of, financial aid;
- To your parents, if your parents claim you as a dependent student for tax purposes;
- If the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law, and
- To an organization engaged in educational research or an accrediting agency.

**ADA statement:**

CLC is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon a 48-hour advance request by contacting Paula Huss in Disability Services, office C111 at 800-933-0346 ext 8175. Deaf and Hard of Hearing users or TTY communication contact the "Minnesota Relay Service at 7-1-1 or 1-800-627-3529." 10/10  
revised 9.6.11 rt