



**Clatsop
Community
College**

Fall 2024 AAS Nursing Admissions Application For Phase I

Application Period: January 8, 2024 to February 15, 2024

Application Fee: \$50.00 (non-refundable)

It is important that you read the **Nursing Program Application Instructions** very carefully before you complete this application form. Following these instructions will assure that you submit a complete application and the \$50.00 application fee by the application deadline, February 15, 2024.

- Application, attachments, and TEAS test scores may be submitted as outlined in the **Nursing Program Application Instructions**, page 4.
- Digital official transcripts from other colleges must be sent to transcripts@clatsopcc.edu by college attended. (Clatsop will not accept digital transcripts forwarded to CCC by the student.)
- You do not need to submit a Clatsop Community College transcript if you have been or are a student here.

SECTION 1

Personal Information

CCC Student ID Number _____ Date _____

Last Name _____ First Name _____ MI _____

Other Last Names Used _____ Date of Birth _____

Personal Email Address _____ Phone Number _____

CCC Email Address _____

ALL COLLEGES ATTENDED Please list all colleges/universities, location and dates in the order of your attendance. **It is your responsibility to ensure that CCC receives official transcripts from all colleges attended with the exception of Clatsop Community College. (These transcripts will already be on file.)**

Name _____ Location _____ Year(s) Attended _____

Name _____ Location _____ Year(s) Attended _____

Name _____ Location _____ Year(s) Attended _____

Name _____ Location _____ Year(s) Attended _____

Have you completed a two or four-year college degree? ____ yes ____ no If yes, list degree, college, and year completed.

College Name

Degree Name

Term/Year Completed



SECTION 2

Nursing Application Checklist for Attachments

- ___1. I have taken the TEAS Test on or after August 15, 2023, **and** I will upload the Test results showing I have achieved a score rated as Proficient, Advanced or Exemplary. **(Required)**
- ___2. I have completed the Pre-Requisite Course Completion Form **and** I will upload it with my application. **(Required)**
- ___3. I have read the *Nursing Application Instructions for Fall 2024* for calculating my possible points that can be considered for the Phase I application process. I have added them to the Phase I Category Form and will upload it with my application. **(Required)**
- ___4. I have volunteer experience that I want to be considered with my application and will complete the Volunteer Verification Form and upload it with my application. **(Optional)**
- ___5. I am uploading documentation indicating active-duty military/spouse, retired military, or veteran with honorable discharge status with my application. **(Optional)**
- ___6. I am claiming residency and will upload the Declaration of Residency Form that I have completed with documentation as required on the form with my application. **(Optional)**
- ___7. I have relevant work experience and will upload the HealthCare Work Experience Verification Form and a copy of my license or certification, if applicable, with my application. **(Optional)**
- ___8. I have submitted all my transcripts from other colleges that I have attended by the application deadline per the instructions on the first page of this application.

You must upload all attachments listed as (Required) in order have a complete nursing application on file. The attachments listed as (Optional) must also be uploaded with your application if you wish to have them considered in the review of your nursing application.

Applicant Signature: I have read and understand the *Nursing Application Instructions for Fall 2024*. I certify that I have provided accurate information and understand that if it is found otherwise, my application will be considered invalid. I have included all relevant application materials listed above.

Applicant Signature _____ Date: _____

It is the policy of Clatsop Community College (CCC) that there will be no discrimination or harassment on the grounds of race, color, sex, gender, marital status, religion, national origin, age, sexual orientation, gender identity or expression or disability in any educational programs, activities, or employment. Questions or complaints should be directed to the Affirmative Action/Gender Equity (Title IX) Officer, 503-338- 2406; or the Student Access Services Coordinator, 503-338-2313; TDD: Oregon Relay- Dial 711.