



**Clatsop  
Community  
College**

## Fall 2026 AAS Nursing Admissions Application For Phase I

**Application Period:** January 5, 2026 to February 17, 2026

**Application Fee:** \$75.00 (non-refundable)

It is important that you follow the **Nursing Program Application Instructions** as you complete the application. This document is on the CCC Website under Nursing →2026 *Instructions & Application*. The application, all attachments, official transcripts, and \$75.00 application fee are due by 5:00 p.m. (PST) on February 17, 2026.

### 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, including Clatsop Community College, if you have been a student here.

Name _____	City/State _____	From _____	To _____
Name _____	City/State _____	From _____	To _____
Name _____	City/State _____	From _____	To _____
Name _____	City/State _____	From _____	To _____
Name _____	City/State _____	From _____	To _____
Name _____	City/State _____	From _____	To _____

Have you completed a two-or four- year college degree? \_\_\_\_yes \_\_\_\_no If yes, list highest degree, college, and year completed.

College Name	Degree Name	Term/Year Completed
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**SECTION 2**

**Nursing Application Checklist for Attachments**

- \_\_\_ 1. I took the TEAS Test on or after August 17, 2025, **and** I will upload the test results with my application. **(Required)**
- \_\_\_ 2. I have completed the *Pre-Requisite Course Completion Form* **and** will upload it with my application. **(Required)**
- \_\_\_ 3. I have completed the *Phase I Points by Category Form* and will upload it with my application. **(Required)**
- \_\_\_ 4. I have volunteer experience and will upload the *Volunteer Verification Form(s)* and required documentation with my application. **(Optional)**
- \_\_\_ 5. I am claiming residency and will upload the *Declaration of Residency Form* and required documentation, if applicable, with my application. **(Optional)**
- \_\_\_ 6. I have military service that I want to be considered **instead of claiming residency**. I will upload the *Declaration of Military Service Form* and required documentation with my application. **(Optional)**
- \_\_\_ 7. I have relevant work experience and will upload the *HealthCare Work Experience Verification Form* and required documentation, if applicable, with my application. **(Optional)**
- \_\_\_ 8. I have demonstrated proficiency in a second language and will upload the *Declaration of Second Language Proficiency Form* and applied documentation with my application. **(Optional)**
- \_\_\_ 9. I have requested official transcripts from all other colleges that I have attended. I understand that these transcripts must be received by February 17, 2026. **(Required)**  
(Transcripts from CCC do not need to be requested as they are already on file.)
- \_\_\_ 10. If invited to Phase 2, I prefer to sit for the proctored essay on Friday, April 17: **(Required to select one time below)**  
\_\_\_\_\_ 9:00 a.m. to noon \_\_\_\_\_ 1:00 p.m. to 4:00 p.m.
- \_\_\_ 11. I have paid the \$75.00 non-refundable application fee. **(Required)**

**Applicant Signature:** I have read and understand the *Nursing Program Application Instructions for Fall 2026*. 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 required and other relevant application materials listed above.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name \_\_\_\_\_

*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. Refer to page two of the **Nursing Program Application Instructions for Fall 2026** for the complete policy statement.*