

APPLICATION for the FOREIGN TRAINED NURSE APPLICANT

***Year Round Application Review***

Submit Application to Admissions & Records

**Check each box to ensure your application is complete.**

* Foreign Trained Nurse Applicant requesting admission to start the nursing program.
* Proof of Nursing 205 & 212 equivalents or passing score on the challenge exam.
* Application to Contra Costa College via opencccapply.net.
* Personal Statement Letter addressed to CCC Nursing Dept**.**
* Copy of the Board of Registered Nursing Letter.
* Mail or walk-in your completed nursing application packet to.

**Contra Costa College Admissions & Records SSC #115 ATTN: Nursing Application** 2600 Mission Bell Drive

San Pablo, CA 94806

* + **Incomplete applications will not be accepted.**

**Last** Name **First** Name CCC Student ID



APPLICATION



***O f f i c e U s e O n l y***

Forwarded To Committee

**Print Clearly &Do Not Leave Blanks. Ifnotapplicable, pleasewrite N/Ain the pertaining section. Please Read the EntireApplication Carefully.**

# R e g i s t e r e d N u r s i n g P r o g r a m

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Last** Name **First** Name **Middle** Name

|  |  |  |
| --- | --- | --- |
| List ALL Previous Names Used: |  | |
| - - |  | @insite.4cd.edu |

Social Security Number CCC Student ID# *XXXXXXX* Email Address

**\***For Statistical Purposes Only

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**Home** Address City State Zip Code

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ( | ) | ( | ) |  |

**Home** Phone **Cell** Phone Birthdate

*MM/DD/YY*

**Did you previously apply to the CCC Nursing Program? US Citizen:** Yes No If **No**, Indicate Status:

**Language spoken in the home:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No If **YES**, list the year you applied:

**If you have ever been enrolled or accepted in any R.N. nursing program, please state:**

College: Year: Phone:

Courses Completed: Reason for withdrawal:

***Emergency Contact Information***

Day Phone Number: Relative that doesn’t live with you:

Name: Relation to you:

Evening Phone Number: Name: Relation to you:

Day Phone Number: Evening Phone Number:

*I, , understand that any omission(s) and/or information stated on my CCC nursing program application found to be inaccurate and/or fraudulent may be cause for my application to be withdrawn from the qualified applicant pool.*

Signature: Date:

Contra Costa College



Full Name: CCC Student ID:

**Print Clearly & Do Not Leave Blanks. If not applicable, please write N/A in the pertaining section.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Required Course | Course Number/ Name | Units | Grade | College/City | Year | Repeated?  *No. of Times* | OFFICE USE ONLY  Reviewer: |
| **Area A:** |  |  |  |  |  |  |  |
| **Drug Dosage Calculation**  **Nurs-205** |  |  |  |  |  |  | Minimum  2.0 units |
| **Pharmacology for Nursing**  **Nurs-212** |  |  |  |  |  |  | Minimum  2.0 units |
|  |  |  |  |  |  |  |  |

**Required GPA: 3.0**

**Prerequisite courses or challenge exam must be completed before the applicant will be considered eligible for admissions to the nursing program. Students who have not completed all prerequisites with the minimum GPA requirements will be omitted from consideration for the program. Incomplete applications will not be accepted.**

I, , certify that all information provided in connection with my application is true, correct, and complete. I understand that providing false information or omitting required information is grounds for denial of enrollment from the Nursing Program.

Signature: Date:

Contra Costa College