

# Madisonville Community College Online Nursing Integrated Program

Program Application (Non-electronic files will not be accepted)

Semester Applying For \_\_\_\_\_ Track Desired: LPN    ADN    Have you taken online courses before    Yes    No

**Application Deadline: October 1<sup>st</sup> (Spring Admission) April 1<sup>st</sup> (Fall Admission)**

## SECTION A - PERSONAL INFORMATION

**Instructions:** Type the information requested below, and indicate your name, as it should appear on all official records and electronically sign your name on the last page of the application. Provide all other information requested.

Full Legal Name	Last	First	Middle	Maiden Name
Mailing Address	Street	City	State	Zip Code
Telephone	Home (Area Code) Number	Work (Area Code) Number, Extension		
Email Address	FAX (Area Code) Number			
Permanent Address	Street	City	State	Zip Code
Telephone	(Area Code) Number			
Birthplace	City, State, Country	Citizenship	Country	USA Visa Type
Of what state are you a legal resident?				
List the state(s) below in which you are a Certified Nurse Aide (CNA) and/or Licensed Practical Nurse (LPN):				
State	License Number	Expiration Date		





## SECTION E - STATEMENT OF PURPOSE

Please provide a written statement in the area below that includes your own assessment of your potential for studying the discipline of nursing, your reason for selecting the Madisonville Community College, and a clear explanation of your goals for obtaining additional education. This is your opportunity to include additional information relevant to the criteria for admission.

## SECTION F - Certification

I certify that I have carefully considered each question and that my statements are true and complete to the best of my knowledge. I authorize Madisonville Community College to contact the colleges, universities, employers and recommenders indicated in my application and accompanying materials to verify the accuracy of anything contained in the application and accompanying material. Further, I understand that cancellation of my admission privileges may result if any information is found to be incomplete or inaccurate.

Further, I have been informed of and understand the technical standards required for admission to the nursing program. I have also been informed and understand the Kentucky Board of Nursing crime policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date