



Applicant			
DEADLINE: MAY 20 (For Fall/Spring) YEAR: _____		If you are an LPN, are you applying for the LPN Bridge Course? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name: _____		First Name: _____	Middle: _____
Other Names Used: _____		Social Security #: _____	Student ID#: _____
Address: _____		City: _____	State: _____ Zip: _____
Phone 1: _____		Phone 2: _____	Date of Birth: / /
Email: _____			

Demographics (This information is voluntary)			
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Are You a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Country of Legal Permanent Residency: _____ If not a U.S. Citizen, what is or will be your immigrant status or visa type? _____	
Ethnicity: <input type="checkbox"/> 1. Caucasian <input type="checkbox"/> 2. African American <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 4. Asian <input type="checkbox"/> 5. Pacific Islander <input type="checkbox"/> 6. Unknown <input type="checkbox"/> 7. Native American <input type="checkbox"/> 8. Other:			

Education	
Are you currently a KCTCS Student? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, have you taken classes in a KCTCS school in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	
High School: _____ City: _____ State: _____	Obtained a previous college degree or LPN? <input type="checkbox"/> Yes <input type="checkbox"/> No
Grad Date: ____/____/____ OR GED Date: ____/____/____ State: _____	What Degree: _____ Where: _____ Date: ____/____/____.

Have you taken the NLN PAX-RN Exam? Yes No Date: ____/____/____. Location: JCTC Other--(Please see note below)

A "Copy" of your PAX results must be included with this application. If the test was taken at a school other than JCTC, you must also request your scores be sent to the Program Coordinator, Debbie White, by the May 20th deadline (see link below). DO NOT have a separate copy of your results "mailed" to the ADN Program.

List ALL colleges attended (beginning with most recent, including JCTC):				
Name of College or University	State	Major	Grad Date	
1.				
2.				
3.				
4.				

IMPORTANT!! Additional attachments will not be accepted after Application has been submitted.

Please Note:

- An unofficial copy of all transcripts must be included with this Application prior to the May 20th deadline.** JCTC & other KCTCS Schools can print transcripts from PeopleSoft, however, **transcripts from other schools must be copied front and back with the exception of the following schools: UofL, UofK, Spalding, Bellarmine. Transcripts from these schools can be an unofficial online transcript or a copy of just the front of an unofficial transcript will be accepted.** It is also your responsibility to have "official" transcripts from schools outside the KCTCS system sent to the Registrar & evaluated if you haven't already done so when applying to JCTC. **DO NOT** have an official transcript mailed to the Nursing Program—instead, have one mailed to yourself to copy for this application if necessary.
- All credits & grades earned at JCTC cannot be waived. Credits & grades earned at other colleges within the past 2 years CANNOT be waived – they must be counted. **Complete** transcripts are either waived or counted – waiver of partial transcripts is not permitted.

To be Considered for the ADN Program, ALL Required Documentation below MUST be "stapled" to THIS Application.

1. Unofficial transcripts from all schools including KCTCS. **IMPORTANT: See above note.**
2. MNA Certification that includes the Abuse Registry information: Two Options:
 - 1) A **letter** verifying proof of state Medicaid Nursing Assistant (MNA) Certification, **OR**
 - 2) the certification verification from the KBN website: <https://secure.kentucky.gov/kbn/bulkvalidation/basic.aspx>.
3. A copy of the PAX-RN test results **must** be included with this application, whether it was taken **OUTSIDE OF JCTC** or taken at JCTC.
4. The JCTC Registrar Course Evaluation of all transfer courses.
5. If available, provide a **copy** of your APP (Academic Program Plan) & Course Substitution Form from a Nursing Advisor.

NOTE: Please do not attach letters of reference or documentation that is NOT required for this application. The PAX-RN results are also sent to the Program Coordinator and the Student through the National League for Nursing Testing Center. You can use the following link to request that your results be forwarded to the Program Coordinator: www.NLN.org (Under testing services, select the Duplicate Request Form.) or call NLN at this number: 1-800-732-8656.

By signing below, I am confirming that I have read the admission process & requirements as stated in the ADN Curriculum Guide, & attached the required documentation to this application to be considered for admission to the JCTC ADN Nursing Program. Please sign in BLACK or BLUE ink.

Signature: _____	Date: _____
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