BARTON COMMUNITY COLLEGE NURSING EDUCATION

Admission Application

Application must be received In the Nursing Office by January 31 of the year you would like to enter the program. A new application is due for each year.

Date					Circle Program: LPN / RN
Name					
rvanic	Last	First		Middle	Maiden
Other Na	ame(s) Used				
					Social Security Number***
Address					Home Phone
City	State		ZIP		Work Phone
E Mail Address					Cellular Phone
applicat	ion considerati	on.			Barton Community College for
	h your primary la				**************************************

Are you Length o	Certified Nurse Auf Emplyment as	Aid? a CNA		-	Year earned
If you do	n't have a Certif	ied Nurse A	Aid certificat	e when c	do you plan to test?
**A certif		and a copy			eeds to be in your file

Are you a Licensed Practical Nurse?	Date license expires					
Year LPN certificate earned:	LPN License #					
**A copy of your license needs to be in you	ur file in the Nursing Office.					
EMPLOYMENT FOR LPNs ONLY	*********************					
Place of Employment:	ace of Employment: Position/Duties:					
Length of employment:	***************					
Have you been a nursing student in anoth						
If so, which program?						
Reason for leaving program						
	gram Director if it has been within the last 2 yrs					
	edge of any misdemeanor or felony conviction.					
Have you been convicted of a misdemear	nor or felony?YesNo					
Please explain if yes:						
(Parking or speeding violations are NOT	misdemeanors or felonies.)					
	ainst persons as specified in article 34 of chapter 21 of the son from getting a nursing license in the state of Kansas.					
Department at 785-296-8401.	se contact the Kansas State Board of Nursing's Legal					
Applicant Signature						
Applicant Printed Name						

***A Social Security number is required in order to get a nursing license in Kansas.