



# BLADEN COMMUNITY COLLEGE

## APPLICATION FOR NURSING PROGRAMS ONLY

**PLEASE COMPLETE AND TURN IN WITH NURSING ENTRANCE TEST (TEAS)**

*Bladen Community College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4497: Telephone number 404-679-4501) to award Associate Degrees, diplomas, and certificates.*

### PERSONAL INFORMATION

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**SOCIAL SECURITY NUMBER**

**NAME** Last First Middle/Former

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Mailing Address City or Town State Zip Code

**E-MAIL** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_  
Month Day Year

\* **SEX** Female  Male  \* **RACE:**  White  Black  American Indian  Hispanic  Asian  Other  
 \* This information is voluntary and will not be used in a discriminatory manner

**EDUCATION:** CIRCLE HIGHEST GRADE COMPLETED 0 1 2 3 4 5 6 7 8 9 10 11 12  GED  Adult High School Diploma

**COLLEGE:**  Post High School Vocational Diploma  Associate Degree  Bachelor's Degree  Master's Degree

In case of emergency, contact: Name \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### CURRENT EMPLOYMENT STATUS

- 1- Retired
- 2- Unemployed –not seeking
- 3 -Unemployed seeking
- 4 -Employed 1-10 hours per week
- 5- Employed 11-20 hours per week
- 6- Employed 21-39 hours per week
- 7 -Employed 40 or more hours per week

### LEGAL RESIDENCE

Have you completed an updated BCC Admissions Application? \_\_\_\_\_

Have you completed an Online Residency Interview and received a RCN? \_\_\_\_\_ ([www.ncresidency.org](http://www.ncresidency.org))

RCN\_\_\_\_\_

Please, note that an updated BCC Admissions Application and Residency Interview needs to be completed prior to this application or immediately after this application.

Are you a United States Citizen?  Yes  No

### EDUCATION

High school attended: \_\_\_\_\_  
Name County State Graduation Date

GED/Adult High School attended, if applicable: \_\_\_\_\_  
Name County State Date Received

**List Colleges previously attended:**

College Name _____	Location _____
College Name _____	Location _____
College Name _____	Location _____

**PLEASE INDICATE MAJOR SELECTION**

ASSOCIATE DEGREE NURSING PROGRAM (ADN)

FIRST CHOICE       SECOND CHOICE       ONLY CHOICE

PRACTICAL NURSING PROGRAM (PN)

FIRST CHOICE       SECOND CHOICE       ONLY CHOICE

HAVE YOU EVER BEEN IN A NURSING PROGRAM AT BCC?      ADN       PN

HAVE YOU GRADUATED FROM A NURSING PROGRAM AT BCC?      ADN       PN

\*Are you a Provisional Student?    No     Yes

If **yes**, what prerequisite will you be submitting by the May deadline?

BIO       NC Nurse Aide I Registry

I certify that the information that I have given on this application is accurate to the best of my knowledge, and I agree to observe all rules and regulations of Bladen Community College. I further agree to allow BCC to publish personal information pertaining to honor rolls, scholarships, news releases, and to use personal information in other publications normally considered to be that of a two-year college. All students enrolling in classes at BCC shall be deemed to have agreed to publication of personal data as indicated above unless a disclaimer is filed with the Records & Registration Office by the 10<sup>th</sup> day of the semester in which initial enrollment is made.

***I have read and understand the criteria and procedures to apply for admission to the Nursing Programs at Bladen Community College.***

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian if applicant is under 18 years of age

\_\_\_\_\_  
Date

*Admission to any and all educational programs offered by Bladen Community College is made without regard to race, creed, sex, religion, age, disability, or national origin.*