



BLADEN COMMUNITY COLLEGE

APPLICATION FOR NURSING-LPN to RN Transition

Must Have General Application Submitted--Must Take TEAS

Bladen Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate degrees, diplomas, and certificates. Questions about the accreditation of Bladen Community College may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).

PERSONAL INFORMATION

/ /	/ / /
SOCIAL SECURITY NUMBER	NAME Last First Middle/Former
/ / /	
Mailing Address	City or Town State Zip Code
E-MAIL _____	TELEPHONE _____ / _____ / _____ BIRTHDATE _____ / _____ / _____ <small>Month Day Year</small>
* SEX Female <input type="checkbox"/> Male <input type="checkbox"/> * RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> 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 <input type="checkbox"/> GED <input type="checkbox"/> Adult High School Diploma	
COLLEGE: <input type="checkbox"/> Post High School Vocational Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> 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)

RCN _____

Please, note that an updated BCC Admissions Application and Online Residency Interview needs to be completed prior to 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 _____

OVER

Have You Completed the TEAS? Date _____ Score _____

NC LPN License Number _____ Expiration date _____

Have you completed the following prerequisites?

BIO 168 Yes ___ No ___

BIO 169 Yes ___ No ___

ENG 111 Yes ___ No ___

HUM 115 Yes ___ No ___

PSY 150 Yes ___ No ___

ACA 115 or ACA 122 Yes ___ No ___

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 10th 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 LPN to RN Transition Program 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.