



APPLICATION FOR ADMISSION TO THE NURSING PROGRAM

This application is to be completed by the candidate and returned to the Admissions Office, Jamestown Community College, Jamestown Campus, 525 Falconer St., PO Box 20, Jamestown, NY 14702-0020 or the Admissions Office, Jamestown Community College, Cattaraugus County Campus, 260 N. Union St., PO Box 5901, Olean, NY 14760-5901. This form must be used by all students who have previously filed a SUNY or JCC application for admission to JCC.

Name _____
(last name) (first name) (middle name)

Home address _____
(number and street or R.D.)

(city, village or post office) (state) (zip)

If you have any educational records under a different name, give former name(s):

Date of birth _____ Social Security Number _____

Telephone number _____ Last semester attended at JCC _____

E-mail address _____ Year of high school graduation _____

Did you graduate from high school, withdraw, and/or complete the GED?

graduated withdrew GED

School name and address _____

Have you been convicted of a felony? yes no

If yes, complete necessary forms with JCC's admissions office.

Graduates of the nursing program are eligible to apply for the National Council Licensing Examination for Registered Nurses (NCLEX-RN). At the time of submission of an application for licensure and first registration, the applicant is required to report a history of a felony or misdemeanor, or if such charges are pending. State boards of nursing will review the information submitted by the applicant and will determine if the applicant is eligible for licensure. A history of a felony or a misdemeanor may jeopardize the applicant's eligibility for licensure by state boards of nursing. Prospective applicants with a felony or misdemeanor are encouraged to discuss their situation with the board of nursing in the state where licensure will be sought. Persons intending to practice nursing in New York should contact the New York State Board of Nursing, 89 Washington Ave., Albany, NY 12234-1000 (www.op.nysed.gov or 518/474-3817). Those intending to practice nursing in Pennsylvania should contact the Pennsylvania State Board of Nursing, PO Box 2649, Harrisburg, PA 17105-2649 (www.dos.state.pa.us or 717/783-7142).

Have you ever been found to be in violation of the "Academic Integrity" or "Student Conduct" policies set forth in Appendix II of JCC's *Constitution of the Student Body*, or found to be in violation of equivalent policies governing academic integrity or student conduct at other postsecondary institutions you have attended? yes no

LIST ALL EDUCATIONAL INSTITUTIONS ATTENDED AFTER HIGH SCHOOL:

(This section to be completed by transfer students and reapplicants to JCC if applicable)

<i>name of school</i>	<i>city and state</i>	<i>date entered month/year</i>	<i>date left month/year</i>
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Ask each college you previously attended to mail an official transcript of your record to:

Admissions Office

Jamestown Community College

525 Falconer St., P.O. Box 20, Jamestown, NY 14702-0020 (Jamestown Campus)
260 N. Union St., PO Box 5901, Olean, NY 14760-5901 (Cattaraugus County Campus)

Do you have any previous health care experience? If yes, explain:

Are you an LPN, paramedic, or transfer from another program? yes no

If yes, from what school? _____

If yes, are you planning to challenge NUR 1510: Foundations of Nursing? yes no
(For LPNs, paramedics, or transfer students with permission of JCC's director of nursing.)

Are you planning to challenge NUR 1520: Health Restoration? yes no
(For LPNs or transfer students with permission of JCC's director of nursing.)

Have you taken NUR 1500? yes no If yes, when? _____

Semester for which you are applying:

1st semester (NUR 1510-Fall) 2nd semester (NUR 1520-Spring)
(for first-time nursing students)

3rd semester (NUR 2510-Fall) 4th semester (NUR 2520-Spring)

Semester you expect to enter JCC's nursing program:

Fall Spring _____ (Year) full-time part-time

Note: The nursing program begins in the fall semester. Students wishing to enter JCC prior to the beginning of the fall nursing program can apply for the math/science-pre-nursing program.

Please indicate if you would like to be considered for the **math/science - pre-nursing program** if you aren't eligible for the nursing program: yes no

Semester you expect to enter JCC's pre-nursing program:

Fall Spring _____ (Year) full-time part-time

JAMESTOWN COMMUNITY COLLEGE

State briefly why you want to enter the nursing program:

If applicable, state briefly what you have been doing since your last attendance at JCC:

I have read the admissions criteria for the nursing program as listed in JCC's nursing brochure and believe that I meet all of the requirements. If it is discovered that I am not currently eligible or placed on the waiting list for the nursing program, I may attend JCC as a math/science pre-nursing major until a time I am eligible, accepted, and ready to enroll in the nursing program.

With my signature, I attest that I have read and understand the previous paragraph and that all the information submitted on the Application for Admission to the Nursing Program is true to the best of my knowledge.

student's signature

date

Items needed on file:

- student SUNY application*
- student nursing application*
- student transcripts*
 - high school*
 - college*
- LPN license*