



Washburn Tech Practical Nursing Program Application

Note: You **MUST** apply online to the college prior to submitting this application.

August Start: Applications are accepted beginning March 1st and due June 1st

January Start: Applications are accepted beginning August 1st and due October 1st

Completed applications are to be submitted to the Washburn Institute of Technology's Admissions Office.

Demographic Information

Name _____
(First) (Middle) (Last)

(Current Mailing Address) (City) (State) (Zip) ***We will mail your decision letter to this address

WIN (Washburn ID Number) _____ Phone _____

Email Address: _____

Indicate the start date you are requesting. Please note that your request date does not guarantee your acceptance into that specific date.

- Day-Fall Semester (August)
 Day-Spring Semester (January)
 Evening-August 2020

Prerequisite Information

Please indicate the course number and college where you took your prerequisites and received a passing grade of C or greater.

Prerequisite	College	Year taken	Grade
Anatomy & Physiology <small>(Completed within the past 5 years, no exceptions)</small>			
Nutrition			
Human Development			
Educational Background			
Degree/Certificate		Institution	
Degree/Certificate		Institution	
Degree/Certificate		Institution	
TEAS (Completed within the past year)			
Date:		Score:	



PN Program Questionnaire:

1. Have you ever been accepted into the Washburn Tech nursing program? Yes No

2. Have you ever been accepted into another nursing program? Yes No
 Program Name: _____

3. Excluding prerequisites, are you planning to transfer any nursing credits to Washburn Tech and requesting advanced standing in our nursing program?
 Yes No Program Name: _____

Please note: Transfer students must follow our policy for transferring nursing credits. The Director of Practical Nursing will discuss this policy with you, if/when you are accepted into the nursing program.

4. Please list the nursing courses that you plan to transfer to Washburn Tech:

Please Note: Applicants to the nursing program should be aware that certain criminal convictions would deny or restrict access to a Kansas nursing license. Specific information about these convictions is identified in Kansas Law (KSA-65-1120). Please check with the Kansas State Board of Nursing (785-296-4929) if you have questions.

For Office Use Only (Please leave blank)		
Circle one:	Test Score	College Course
Accuplacer Reading		
Accuplacer Arithmetic		
SOAHOLD	Has Holds	No Holds
EFEE Needed	YES	NO
Readmit to core	YES	NO

HealthCare Credentials		
Credential	Certification Number	Expiration Date
CNA(required)		
CMA		
EMT		
Phlebotomist		
HHA		
Other:		
Other:		

In signing, I certify that the information listed above is truthful and accurate.

Student Signature _____ Date _____