



Washburn Tech Practical Nursing Program Application

Note: You **MUST** submit an online application prior to submitting this application: applytech.washburn.edu.

Fall Cohort (August Start): Applications are accepted March 1 through June 1
Spring Cohort: (January Start): Applications are accepted August 1 through October 1
Completed applications are to be submitted to Washburn Tech's Admissions Office.

Applicant Information

Name

(First) (Middle) (Last)

Current Mailing Address

Decision letter will be mailed to this address

Street City State, ZIP Phone

Email Washburn ID Number (WIN)

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

☐ Fall 2024 Full-Time Day

☐ Spring 2025 Part-Time Evening

☐ Spring 2025 Full-Time Day

Prerequisite Coursework

Prerequisite	Institution	Semester and Year	Grade Received
Anatomy & Physiology Completed within the past 5 years			
Nutrition			
Human Development			

TEAS Assessment

Completed within the past two years

Date:	Score:
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Education

Please list any degrees received, if any (i.e., associate degree, bachelor's degree)

Institution	Degree Received

Healthcare Credentials

Credential	Certification/Licensure Number	Institution/Organization Granting Certification/Licensure	Expiration Date

PN Program Questionnaire

Have you ever been accepted into the Washburn Tech PN nursing program?

☐ Yes, Date: (MM/YY): ____/____

☐ No

Have you ever been accepted into a nursing program?

☐ Yes, Program: _____

☐ No

If yes, do you plan to transfer any nursing credits to Washburn Tech and request advanced standing in our nursing program?

☐ Yes

☐ No

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

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

Signature

Date

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)			
	Test Score	College Course	Comments
Accuplacer Reading			
Accuplacer Arithmetic			
SOAHOLD	<input type="checkbox"/> Has Holds	<input type="checkbox"/> No Holds	
EFEE Needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Readmit to core	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Need New Online Application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	