



# 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 1<sup>st</sup> and due June 1<sup>st</sup>

**January Start:** Applications are accepted beginning August 1<sup>st</sup> and due October 1<sup>st</sup>

Completed applications are to be submitted to Washburn Tech'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 (Aug. 2023)       Evening - Part Time - (Aug. 2023)       Day - Spring Semester (Jan. 2024)

## Prerequisite Information

Please indicate the college and semester/year 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 two 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 Health Occupations 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:

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**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.

HealthCare Credentials (For student to fill out)		
Credential	Certification Number	Expiration Date
CNA(required)		
CMA		
EMT		
Phlebotomist		
HHA		
Other:		
Other:		

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
Need New Online Application	YES	NO

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_