

NURSING PROGRAM APPLICATION 2025

FORM A

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LAST NAME: _____ FIRST: _____ MIDDLE: _____
 PREVIOUS NAMES: _____ MAIDEN NAME: _____
 MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____
 COUNTY OF RESIDENCE: _____ HOW LONG? _____
 Cochise College

STUDENT ID: C - - - - - E-MAIL: _____@students.cochise.edu

PHONE: (home) (____) _____ - _____ WORK: _____ - _____ CELL: _____ - _____

Currently a Licensed C.N.A., M.A., Paramedic Military Veteran

DESIRED ENTRY STATUS:

FIRST TIME NURSING STUDENT - No nursing courses completed AND **all** prerequisites **have been** completed. Cochise College Policy 3004.1 allows students the opportunity to waive a prerequisite course. Students seeking a prerequisite waiver should consult with an academic advisor and should understand full responsibility for the outcome of the course taken will be on the student.
Pre-nursing students may not waive core nursing courses and required general education courses per degree plan.

COLLEGE EDUCATION HISTORY (other than Cochise College)

COLLEGE: _____ CITY/STATE: _____

COLLEGE: _____ CITY/STATE: _____

AGREEMENT OF UNDERSTANDING

By initialing each of the following, I, the applicant, understand:

- _____ Willful withholding or falsification of the requested information, or failure to submit all requested forms, will indicate that I am no longer eligible for admission to the Cochise College Nursing Program and may constitute fraud and thus may result in denial of licensure by the Arizona State Board of Nursing.
- _____ Forms/documents listed below must be post-marked by April 30 for fall semester and according to the submittal requirements in order to be considered for acceptance into the Cochise College Nursing Program.
- _____ The Cochise College Nursing Department requires a state-issued Fingerprint Clearance Card (as specified by law for participation in the clinical experiences).
- _____ The Cochise College Nursing Department requires a drug screen after admission to the program. Will be assigned by the Nursing department.
- _____ The applicant understands that submittal of the application and all other required documents does not guarantee acceptance. In order to ensure proper notification of acceptance or decline into the program for a student, it is the responsibility of the student to keep the Cochise College Nursing Department informed of important changes such as a name change, a change of address, or a new telephone number.

Applicant's Signature _____ Date ____/____/____

I the applicant understand the following application deadline date: **April 30, 2025**

| APPLICATION CHECKLIST | DUE DATE | SUBMITTAL REQUIREMENTS |
|---|--|--|
| Nursing Application Packet, including: <input type="checkbox"/> Program Application <input type="checkbox"/> Waiver of Licensure Guarantee <input type="checkbox"/> Official Transcript(s) from institutions other than Cochise College (if you have already submitted transcripts you do not have to resend. You do not have to enclose Cochise College transcripts) <input type="checkbox"/> Copy of Fingerprint Clearance Card www.AZDPS.GOV , (CLICK ON APPLY FOR A CARD) *TEAS exam with 66.1 or higher to be considered. Please include copy of TEAS score with application. | April 30, 2025 cannot be post-marked later than this date | Application Packets can be sent via certified mail to: Cochise College - Nursing 901 N. Colombo Ave Sierra Vista, AZ 85635 Application Packets can be dropped off in-person at: Cochise College - Downtown Center 2600 E. Wilcox Drive Sierra Vista, AZ 85635 |



EQUAL OPPORTUNITY STATEMENT

Cochise College is committed to the principles of Equal Opportunities in Education and Employment. No person, on the basis of race, color, creed, religion, sex, or national origin will be denied the benefits of, excluded from, or subject to discrimination under any educational program or activity.