

License Practical Nursing PROGRAM APPLICATION - SPRING 2026

LAST NAME: _____ FIRST: _____ MIDDLE: _____
 PREVIOUS NAMES: _____ MAIDEN NAME: _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 COUNTY OF RESIDENCE: _____ HOW LONG? _____
 Cochise College E-MAIL: _____@students.cochise.edu
 STUDENT ID: C _____
 PHONE: (home or cell) _____ - _____ - _____ WORK: _____ - _____ - _____

- Currently a Licensed C.N.A., M.A., EMT, 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 student 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 and required general education courses per degree plan.

COLLEGE EDUCATION HISTORY (other than Cochise College)

COLLEGE: _____ CITY/STATE: _____

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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 postmarked no later than October 1 for Spring 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/alcohol urine screen after admission to the program. Will be assigned by the nursing department.
- _____ The applicant understands that the 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 **change of name or address**.

Applicants Signature _____ Date _____

I the applicant understand the following application deadline date: **October 1, 2025**

FORMS/ DOCUMENTS	DUE DATE	SUBMITTAL REQUIREMENTS
Application Packet, please include: <input checked="" type="checkbox"/> Program Application - Form A <input checked="" type="checkbox"/> Waiver of Licensure Guarantee - Form B <input checked="" type="checkbox"/> TEAS Exam with 58.4 score <input checked="" type="checkbox"/> Official Transcript(s) from institutions other than Cochise College <input checked="" type="checkbox"/> Copy of Fingerprint Clearance Card www.AZDPS.GOV , (CLICK ON APPLY FOR A CARD)	October 1, 2025 no later than 4:00 pm 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, based on 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.