



# Practical Nursing Certificate Program

## Application for Admission

Staple cover sheet to application and return to:  
Health Sciences Division, Nursing Program  
3710 Paris Road, Building D  
Chalmette, Louisiana 70043  
(504) 680-2358 Fax (504) 680-2359

Please print or type the information in black ink.

Date: \_\_\_\_\_

Applicant's Name:

\_\_\_\_\_  
First Middle Initial Maiden Last

Social Security Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street Apartment Number

\_\_\_\_\_  
City State Zip Code

**Mailing Address:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ email address: \_\_\_\_\_  
Month/Date/Year

Phone Numbers (home/work/cell) (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Area Code Home Work Cell

Gender  Female  Male U.S. Citizen  Yes  No

The following information is requested for statistical purposes only:

Predominant Ethnic Background	Marital Status	Type of Visa
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Single	<input type="checkbox"/> Permanent
<input type="checkbox"/> Black	<input type="checkbox"/> Married	<input type="checkbox"/> Resident
<input type="checkbox"/> Native American	<input type="checkbox"/> Divorced	<input type="checkbox"/> Student
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Separated	<input type="checkbox"/> Alien
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Widowed	

### IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Schools Attended \_\_\_\_\_ Date Completed/Degree Earned \_\_\_\_\_

\*High School: \_\_\_\_\_

\*GED: \_\_\_\_\_

**\*An official transcript must be mailed directly from the institution that granted the H.S. or GED diploma to the Nunez Health Sciences Division Office ATTENTION: Nursing Program**

College: \_\_\_\_\_

**NOTE: All colleges must be listed, whether or not a semester was completed or a degree earned. Failure to comply will result in dismissal from the program.**

