NURSING PROGRAM PERSONAL INFORMATION FORM
APPLICATION -- PART 1 (1 OF 2)

Personal Information:

Name: _____
last first middle previous last names

Address: _____ Phone: ( ) (home)
street city/state zip Alternate ( ) (cell)

EvCC Student ID Number:(Obtained from Enrollment Services)

___ ___ ___ ___ ___ ___ ___ ___ ___

Social Security Number: ___ ___ ___ ___ ___ ___ ___ ___ ___

Birthdate:

__ __ / __ __ / __ __

mm/dd/yy

In case of emergency, contact:

Name: _____

Phone: _____

Education

GED completion date: _____

High School: _____
Name Location Graduation date

College/University: (Please list all; use an additional sheet if necessary)

Name	Location	Dates attended	Degree earned (if any)

Current Licensure

NAC licensure number	state where licensed	Expiration date
LPN/LVN licensure number	state where licensed	Expiration date
Other health care licensure type & #	state where licensed	Expiration date

The following information is for statistical purposes only. Providing this information is voluntary and in no way determines your eligibility for entry into the Nursing Program.

Ethnic Background
- o Korean o Chinese o Spanish/Latino
- o Filipino o Vietnamese o Japanese
- o All other Asian/Pacific Islander
- o Alaskan Native/Native American
- o Black/African American
- o Middle Eastern o Romanian/ Bosnian
- o Russian/ Ukranian o White/Caucasian
- o Multiracial o Other _____

Marital Status
- o Single
- o Married
- o Divorced
- o Widowed
- ___ # Dependent children

Gender
- o Female
- o Male

Current Employment
- o None o <20%
- o 20 – 39% o 40 – 59%
- o 60 – 79% o 80 – 99%
- o 100%

Present Occupation: _____

Signature:

Please read the following statements and sign in the space provided.

1. I have reviewed the information on this form and I agree that it is correct as stated.
2. I request and authorize the Nursing Admissions Committee and the Nursing Records Office to obtain on my behalf the information needed for entry into the Nursing Program.
3. I am aware and agree that this information may be shared with the clinical sites that are a required part of this educational program.

Signature _____ Date _____