



Associate Degree Nursing Program Application for Admission

Completed application packets may be taken to Odessa College, Department of Nursing. If submission accommodations are needed, email ADN@odessa.edu for further instructions.
(include copies of all required documents)

The program will communicate to applicants via email. Please provide the email you wish to receive communication to: _____

Applicant Information: PLEASE TYPE

Name (As it appears on Driver's License):

Last Name _____ First Name _____ Middle Name _____

Last 4 of S.S. _____ Date of Birth _____ U.S. Citizen(yes/no) _____

Address: _____

Street City State Zip

Mailing Address if different from above: _____

Other Name(s) on Transcript: _____

Phone Number with Area Code Home: _____ Work: _____ Cell: _____

Emergency Contact: _____
Name Relationship Phone Number (s) with Area Code

Educational Background: High School/GED

Name of School	Location	Dates Attended	Date Conferred

College/University: List most recent first; list ALL attended

Name of School	Location	Dates Attended	Maj. Course of Study	Degree Earned/Date

List any health-related work experience, beginning with the most recent: _____

Certified as or Successfully Completed course for CNA (yes/no): _____ Currently licensed as a L.V.N. (yes/no): _____

Notice:

Completion of the Nursing Program does not guarantee eligibility to take the licensing examination to become a registered nurse (R.N.). Eligibility is determined by the Board of Nurse Examiners for the State of Texas (BNE). Some events, such as having a felony or misdemeanor conviction, including expunged offenses and deferred adjudication with or without prejudice of guilt, pleading no contest to any crime, having unresolved arrest, having pending criminal charges, having action taken against your health care provider license, having certain mental health disorders or a history of substance abuse **MAY** disqualify a candidate for licensure. The Associate Degree Nursing Program has selective admission criteria. Not all candidates who apply are accepted. See the Program Fact Sheet, advisory or school catalog for further information on admission criteria.

I certify that all the information I have entered on this application is accurate and complete to the best of my knowledge. I understand that falsification of an application is cause for program rejection or dismissal.

Date: _____ Signature: _____

Odessa College does not discriminate in regard to race, color, age, ethnic/national origin, religion/creed, marital status, veteran status, or disability.