



APPLICATION for the FOREIGN TRAINED NURSE APPLICANT

Year Round Application Review

Submit Application to Admissions & Records

Check each box to ensure your application is complete.

- Foreign Trained Nurse Applicant requesting admission to start the nursing program.
- Proof of Nursing 205 & 212 equivalents or challenge exam.
- Application to Contra Costa College via opencccapply.net.
- Personal Statement Letter addressed to CCC Nursing Dept.
- Copy of the Board of Registered Nursing Letter.
- Mail or walk-in your completed nursing application packet to.

Contra Costa College
Admissions & Records SSC #115
ATTN: Nursing Application
2600 Mission Bell Drive
San Pablo, CA 94806

- **Incomplete applications will not be accepted.**



CONTRA COSTA COLLEGE

Office Use Only

Forwarded To Committee

YES NO: _____

APPLICATION

Print Clearly & Do Not Leave Blanks. If not applicable, please write N/A in the pertaining section. Please Read the Entire Application Carefully.

Registered Nursing Program

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Last Name

First Name

Middle Name

List ALL Previous Names Used:			
____-____-____	____-____-____	@insite.4cd.edu	

Social Security Number

CCC Student ID# xxxxxxx

Email Address

**For Statistical Purposes Only*

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Home Address

City

State

Zip Code

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Home Phone

Cell Phone

Birthdate

MM/DD/YY

Did you previously apply to the CCC Nursing Program?: Yes No If YES, list the year you applied: _____

US Citizen: Yes No If No, Indicate Status: _____

If you have ever been enrolled or accepted in any R.N. nursing program, please state:

College: _____ Year: _____ Phone: _____

Courses Completed: _____ Reason for withdrawal: _____

Emergency Contact Information	Name: _____	Relation to you: _____
	Day Phone Number: _____	Evening Phone Number: _____
	Name: _____	Relation to you: _____
	Day Phone Number: _____	Evening Phone Number: _____

I, _____, understand that any omission(s) and/or information stated on my CCC nursing program application found to be inaccurate and/or fraudulent may be cause for my application to be withdrawn from the qualified applicant pool.

Signature: _____

Date: _____



CONTRA COSTA COLLEGE

Full Name: _____ CCC Student ID: _____

Print Clearly & Do Not Leave Blanks. If not applicable, please write N/A in the pertaining section.

Required Course	Course Number/ Name	Units	Grade	College/City	Year	Repeated? No. of Times	OFFICE USE ONLY Reviewer: _____
Area A:							
Drug Dosage Calculation Nurs-205							Minimum 2.0 units
Pharmacology for Nursing Nurs-212							Minimum 2.0 units

Prerequisite courses or challenge exam must be completed before the applicant will be considered eligible for admissions to the nursing program. Student who have not completed all prerequisites with the minimum GPA requirements will be omitted from consideration for the program. Incomplete applications will not be accepted.

I, _____, certify that all information provided in connection with my application is true, correct, and complete. I understand that providing false information or omitting required information is grounds for denial of enrollment from the Nursing Program.

Signature: _____ Date: _____