

Lee College
Student Application for Admission
Transitional (VN-RN)

Type or complete in ink.

Desire DATE OF ENTRY into program: _____
Semester Year

Social Security Number: _____ - _____ - _____ (Optional)

Lee College I. D. #: _____

You are also required to turn in an application to Lee College in the Admission and Records Office. Have you turned this application in? Yes No

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: (____) _____ **Work Phone:** (____) _____ Ext. _____

Cell Phone: (____) _____ **Pager #:** _____

E-Mail Address: _____

CITIZENSHIP:
U. S. Citizen Yes No Country of Citizenship: _____

In Case of Emergency Notify:
Name: _____ Relationship: _____
Telephone Number: (____) _____

EDUCATIONAL HISTORY:

College/Universities Attended	City/State	Dates of Attendance	Degree Awarded
1. _____			
2. _____			
3. _____			
4. _____			

Have you ever attended ANY school under another name? Yes No
If YES, by what name(s) were you listed: _____
Have you ever enrolled in a NURSING or ALLIED HEALTH Program? Yes No
If YES, Name of Program/School: _____
Date of Graduation: _____
Reason of Withdrawal? _____

CREDENTIALS:

If you are presently licensed/certified in NURSING or an ALLIED HEALTH specialty, please answer the following:

Licensed/Certified by: _____ Date: _____

Licensure/Certificate Expiration Date: ____/____/____ License/Certification #: _____

Has your license/certificate ever been suspended or revoked? Yes No

If YES, explain: _____

Date of Reinstatement: ____/____/____

Please indicate any Allied Health experience: _____

WORK EXPERIENCE:

Employer: _____

Do you administer medications? Yes No

GENERAL:

Have you served in the U. S. Armed Forces? Yes No Dates: From: _____ to _____

Are you in the U. S. Armed Forces Reserves? Yes No

LICENSURE:

The Texas Nursing Practice Act provides a process for individuals who have reason to believe they may be ineligible for licensure to request the Board of Nurse Examiners for the State of Texas to make a determination of that issue. A frequent reason for seeking such a determination is a prior criminal conviction, a misdemeanor that involves moral turpitude, offense involving the abuse of drugs, including alcohol, or conduct resulting in the revocation of probation imposed under a conviction. Declaratory forms are available in the Allied Health Office or by contacting the Board of Nurse Examiners at (512) 305-7400.

I certify that the above statements are true and correct. It is understood that withholding or giving false information on this application will invalidate the application and/or acceptance to the program and will result in your dismissal from the program.

Signature of Applicant

Date

Revised 11/06

If mailing application, please return the completed application to:

*Lee College
Allied Health Office
P.O. Box 818
Baytown, Texas 77522-0818*