Application Checklist Coversheet for YC Nursing Program
Include this page with your application packet submission
Applications submitted with missing items will be considered incomplete.

Student Name_____

Check & Initial

☐ Completed **Nursing Program Application for Admission** page with signature and date.

☐ Copy of student score report from NLN Accelerated Challenge Exam Foundations of Nursing (NACE-FON v1.2) completion (valid for 2 consecutive application cycles). Failure to provide complete score data will result in an incomplete application. Passing score=69%.

☐ Dosage Calculation competency completed in testing center.
   Date completed _____ **Score**: _____

☐ Nursing Workshop Certificate signed by a workshop presenter (valid for 12 months).
   Date attended _____

☐ Pre-Entry Check Sheet Form (from Advising) for the Nursing Program, signed by the Academic Advisor and the student.

☐ Attach a copy of **all** unofficial transcripts to the Pre-Entry Check Sheet form from Advising (include an unofficial transcript from YC and each college or university attended).

☐ Copy of current Arizona LPN license IV certification/course completion.

☐ Copy of IV certification/course completion.

☐ Copy of Pharmacology refresher certification/course completion.

☐ Proof of Residency part one: **General Student Record** page for the current term (www.yc.edu > **myYC** Portal > Students > My Student Overview

☐ Proof of Residency part two: Copy of front and back of Driver's License. A previous DL or other documentation may be provided as is appropriate to support 12 months of residency within Yavapai County or Arizona

☐ Copy of both sides of Arizona Department of Public Safety Level I Fingerprint Clearance Card: **Card #**_____ **Expiration Date:** _____

☐ I have read and understood this Applicant Information Guide, and have included all the required documents. Reference letters are not to be included as part of my application.

YAVAPAI COLLEGE NURSING PROGRAM APPLICATION FOR AP ADMISSION

Please Print or Type (*Important - Please provide your Middle Name)*

Name: (Last)	(First)	(Middle)
Address: (Street)	(City, State)	(Zip Code)
Mailing Address: (if different from above)		
Telephone Numbers: (Home)	(Work)	(Cell)
Employer/Place of Employment:		
Student YC ID ("Y") No.: YC email: Alt. email:		
I have a physical copy of the YC Student ID One Card: YES ☐ NO ☐ *Yavapai College will issue a physical copy of the YC Student ID One Card for students who need it for clinical purposes.*		

I understand that my application will be considered with the pool of applicants based on my first campus location preference. Once I am accepted to a specific campus, I am aware that no transfers between campuses will be permitted. _____ (Initial)

Please indicate your campus location preference:

Prescott Program _____   ☐   Verde Program ____   ☐

If seats are available at the other campus location, please consider my application for placement: Yes ____ ☐   No ____ ☐

Applications that meet the minimum scores for admittance into the program will be evaluated and placed based on student first campus location preference. All qualified applicants not offered a seat to their preferred campus through the ranking process will be considered if seats are still available with a campus cohort

PLEASE READ CAREFULLY AND
SIGN BELOW

I certify that I have read and understand the information on this application, and it is **complete** and accurate to the best of my knowledge. I understand that omitting, withholding or giving false information may make me ineligible for admission and enrollment. I release from all liability or damages those persons, agencies, or organizations who may furnish information in connection with my application for admission. If accepted, I agree to read and abide by all school and Department policies and procedures.

Signature: _____   **Date:** _____