

COLORADO MESA UNIVERSITY
Department of Health Sciences
Application for Practical Nursing (PN)

Please Note: This application MUST be submitted via *.pdf* format (ONLY): healthscience@coloradomesa.edu by March 1st.

Full legal name _____
Last First Middle Initial Maiden Name

CMU ID No. _____ **CMU** email (please print clearly): _____@mavs.coloradomesa.edu
(This is the email address that will be used to contact you for anything regarding your application)

Mailing address: _____
(address where letter regarding acceptance should be mailed) City State Zip

Phone number with area code: () _____ Cell: () _____

Are you a current Colorado Mesa University student? Yes No

Have you applied to the CMU PN program before? Yes No If yes, which semester: _____

Do you have any medical certifications? **Provide proof of certifications with application** *(must involve direct patient care)*

Have you completed the following prerequisites?

Course	Class	Yes	No	In Progress	Completion Semester
ENGL 111	English Composition I				
ENGL 112	English Composition II				
MATH 113	College Algebra				
BIOL 209	Anatomy & Physiology I				
BIOL 209L	Anatomy & Physiology I Lab				
BIOL 210	Anatomy & Physiology II				
BIOL 210L	Anatomy & Physiology II Lab				
BIOL 241	Pathophysiology				
PSYC 150	General Psychology				
PSYC 233	Human Growth & Development				

Employment Experience:

Dates employed		Name and location where employed	Duties (briefly)
From	To		

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Healthcare Experience:

From	To	Any other healthcare experience not previously defined	Duties (briefly)

The admissions committee reserves the right to select the applicants who shall be admitted. Acceptance is contingent upon receipt of all required application materials by the Department of Health Sciences and the completion of all essential learning and prerequisite requirements. Maintaining acceptance in the PN program is contingent upon passing a background check.

This application must be received by the Department of Health Sciences no later than **March 1** for admission consideration to the Practical Nurse Program.

I certify that all the information on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal from the program. Further, I am granting permission for the Department of Health Sciences to access my Colorado Mesa University records; including, but not limited to, transcripts and transcript evaluations from the Office of the Registrar.

Applicant Signature (electronic submission via CMU e-mail address indicates personal signature)

Date