

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

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

There are **TWO** separate applications for the PN Program: one for the Montrose cohort, and one for the Grand Junction cohort.

Please fill out and submit only **ONE** application for the cohort you are interested in. Applicants will only be considered for **ONE** cohort.

Full legal name: _____
LastFirstMiddle InitialMaiden 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: _____
CityStateZip

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: _____

Please list any medical certifications you have **and** submit copies of those license(s) as **PDF** attachments via email with application (**must involve direct patient care – ONLY current C.N.A., medical assistant or EMT certifications are eligible for extra points**).

Kaplan Nursing Entrance Exam: Date taken or scheduled: _____

(Please note: you must take your Kaplan exam by the application deadline in order for you to be eligible for the program.)

Have you completed the following prerequisites?

Course	Class	Yes	No	In Progress	Completion Semester/ Where Completed
ENGL 111	English Composition I				
ENGL 112	English Composition II				
MATH 110	College Mathematics				
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 233	Human Growth & Development				
Social and Behavioral Sciences Course	Any Social and Behavioral Sciences course				

Employment Experience (include healthcare experience if applicable): If you have work experience as a C.N.A., medical assistant or EMT please submit proof via email in PDF format. Examples of proof documents include: employer pay stub, letter from employer on official letterhead.

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

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