

CCC ID _____ Name _____

Of the 4 boxes below, check one box only and sign/date at the bottom of the page.

If the box you check is the 4th box, you must also include the supporting documents listed below when you submit this form.

- I have completed ≥ 24 graded credits from **Clatsop Community College** between 2015 and 2024.
- I have completed ≥ 24 graded credits **Tillamook Bay Community College** between 2015 and 2024.
- I graduated from a **Clatsop, Tillamook, Columbia (OR); Pacific, or Wahkiakum (WA) County High School** in 2022, 2023 or 2024. I am submitting an official high school transcript showing that I graduated as documentation.
- I am a resident of Clatsop, Tillamook, Columbia (OR); Pacific, or Wahkiakum (WA) county. Complete the residency information below and provide documents from **Category 1 AND Category 2** to prove your residency status.

<p>CATEGORY 1 ALL documents must be dated and must contain your name and permanent address establishing your permanent residence for three consecutive months prior to submission of the Nursing application. The address on these documents must agree with the permanent address on your application form or the previous addresses you have listed below. If you have a PO Box and/or rent from parents or relatives, you must get the documentation notarized. https://www.notarize.com/local/counties/clatsop_oregon •Pick one document type from the list below. •Provide 3 copies of that document - one for each of the three months prior to the date you apply.</p> <p>Example: If you apply in February, you must provide copies of the document for November, December & January.</p>	<p>CATEGORY 2 •One copy of any of the documents listed below for a total of one document for this category.</p>
Rent or Mortgage receipts with your resident address and dates of occupancy (rental agreements are not acceptable).	Oregon or Washington Driver's License
Utility statements (water, power, home phone, cell phone) showing resident address.	Oregon or Washington Vehicle Registration with your resident address.
Local bank account statements showing resident address	State issued ID
Credit card statements showing resident address	Oregon or Washington Voter Registration.
Documents proving you own Oregon or Washington property and that this property is your primary residence	Valid Oregon or Washington Hunting/Fishing license.

Name _____ Phone _____

Please list all addresses you have lived at for the time period involved.

Street _____ City _____ State _____ Zip _____

Street _____ City _____ State _____ Zip _____

List the type of document you are submitting for each category to verify your permanent address.

Category 1 _____
1 copy for each month Month 1 Month 2 Month 3

Category 2 _____
1 copy

I understand that falsification of any of the above information will jeopardize my application and/or admission to the nursing program. I certify by my signature that the above information is a true and accurate statement of my residency.

Signature _____ Date _____