



Application Period: January 6, 2025 to February 18, 2025

Application Fee: \$50.00 (non-refundable)

It is important that you follow the **Nursing Program Application Instructions as you complete the application. This document is on the CCC Website under Nursing →2025 Instructions & Application.** The application, all attachments, official transcripts, and \$50.00 application fee are due by 5:00 p.m. (PST) on February 18, 2025.

SECTION 1

Personal Information

CCC Student ID Number _____ Date _____
Last Name _____ First Name _____ MI _____
Other Last Names Used _____ Date of Birth _____
Personal Email Address _____ Phone Number _____
CCC Email Address _____

ALL COLLEGES ATTENDED Please list all colleges/universities, location and dates in the order of your attendance, **including Clatsop Community College**, if you have been a student here.

Name _____ City/State _____ From _____ To _____
Name _____ City/State _____ From _____ To _____
Name _____ City/State _____ From _____ To _____
Name _____ City/State _____ From _____ To _____
Name _____ City/State _____ From _____ To _____
Name _____ City/State _____ From _____ To _____

Have you completed a two-or four- year college degree? ____yes ____no If yes, list highest degree, college, and year completed.

College Name Degree Name Term/Year Completed



SECTION 2

Nursing Application Checklist for Attachments

- 1. I took the TEAS Test on or after August 18, 2024, **and** I will upload the Test results with my application. **(Required)**
- 2. I have completed the *Pre-Requisite Course Completion Form* **and** will upload it with my application. **(Required)**
- 3. I have completed the *Phase I Points by Category Form* and will upload it with my application. **(Required)**
- 4. I have volunteer experience and will upload the *Volunteer Verification Form(s)* and required documentation with my application. **(Optional)**
- 5. I am claiming residency and will upload the *Declaration of Residency Form* and required documentation, if applicable, with my application. **(Optional)**
- 6. I have military service that I want to be considered **instead of claiming residency**. I will upload the *Declaration of Military Service Form* and required documentation with my application. **(Optional)**
- 7. I have relevant work experience and will upload the *HealthCare Work Experience Verification Form* and required documentation, if applicable, with my application. **(Optional)**
- 8. I have requested official transcripts from all other colleges that I have attended. I understand that these transcripts must be received by February 18, 2025. *(Transcripts from CCC do not need to be requested as they are already on file.)* **(Required)**
- 9. I have paid the \$50.00 non-refundable application fee. **(Required)**

Applicant Signature: I have read and understand the *Nursing Application Instructions for Fall 2025*. I certify that I have provided accurate information and understand that if it is found otherwise, my application will be considered invalid. I have included all required and other relevant application materials listed above.

Applicant Signature _____ Date: _____

Applicant Printed Name _____

*It is the policy of Clatsop Community College (CCC) that there will be no discrimination or harassment on the grounds of race, color, sex, gender, marital status, religion, national origin, age, sexual orientation, gender identity or expression or disability in any educational programs, activities, or employment. Refer to page two of the **Nursing Program Application Instructions for Fall 2025** for the complete policy statement.*