PN Application

* Required

* This form will record your name, please fill your name.

[   ]

General Information

1. Full Legal Name *

[   ]

2. Date of Birth *

[🗓]

:::

3. Please enter your CTC Link ID number *

[   ]

4. Email address *

[   ]

5. Current address

[   ]

6. CTC Link ID # *

[   ]

7. Home address *

8. Are you a current student at Clover Park Technical College? Students applying for the nursing program must be a CPTC student at the time of application. We will check to ensure you are a student. *

○ Yes

○ No

9. Have you provided your official transcript to the evaluations department at CPTC?

**It takes up to three weeks for our transcript evaluators to process official transcripts. We must have evidence that you have completed all of your pre-requisite courses with a cumulative overall GPA of a B or better throughout all of your pre-requisite courses.

If pre-requisite courses are taken at CPTC:
- No further documentation will need to be provided
If prerequisites are not taken at CPTC:
- Complete the request for the Transfer Credit Form and submit it to Enrollment Services
   This form can be found at Transfer Website: http://www.cptc.edu/transfer-to

Contact previous school(s) and request official transcripts be sent to CPTC via:
Mail: Enrollment Services
Clover Park Technical College 4500 Steilacoom Blvd SW Lakewood, WA 98499-4098 ·
Email: evaluator@cptc.edu

Students may also hand deliver official *(unopened)* transcripts to Enrollment Services, Building 17.

If you are completing a prerequisite, please submit an unopened official transcript once course is completed. Once grades have been verified for the course(s) you have completed, you will be notified of acceptance to the program. *

○ Yes

○ No

10. If desired, have you already applied for Financial Aid through the FAFSA?

Complete the Free Application for Federal Student Aid at www.fafsa.ed.gov.

**Please apply early! It takes 16 weeks to process financial aid applications at CPTC once the application packet is complete. One missing document could prevent the processing of your application. *

◯ Yes

◯ No

11. Have you contacted the financial aid department at CPTC?

Check student Financial Aid Portal frequently at www.cptc.edu/financial-aid/portal

**Please contact them as soon as possible if you haven't already. *

◯ Yes

◯ No

Immunizations

Please upload your evidence of the required immunizations for the Practical Nursing program. The following will be required:

Measles, Mumps & Rubella (MMR)
o 2 MMR doses of vaccinations, **_OR_**
o Proof of immunity by positive antibody titer of each of the three components -Rubella, Mumps & Measles. **_(Lab report required)_**

Varicella (Chicken Pox)
o 2 doses of the Varicella vaccinations, **_OR_**
o Positive antibody titer **_(lab report required)_**

Hepatitis B
o 3 vaccinations **_OR_**
o Heplisav-B (2-step vaccination series) **_AND_**
o Positive HepB sAB **_(Surface Antibody)_** titer **_(lab report is required)_**

Tuberculosis (2 Step, 1 Step or Blood Test)
Provide one of the following:
o **Option A:** Negative 2 step PPD test (2 separate tests done 1-3 weeks apart) within the past 12 months (you must show placement date and read date for both of the 2 steps) **_OR_**
o **Option B:** Past negative 2 step PPD test **_PLUS_** all subsequent annuals (you must show placement date and read date for all of the tests; your most recent test **_MUST_** have been completed within the last 12 months) **_OR_**
o **Option C:** Negative QuantiFERON Gold Blood test within the last 12 months. You must submit a copy of the laboratory report to meet this requirement. **_OR_**
o **Option D**: If you have positive results on either a PPD **_OR_** QuantiFERON Gold blood test, you must provide a clear Chest X-Ray report within the past 3 years **_AND_** a current year symptom-free report from your healthcare provider

Tetanus, Diphtheria & Pertussis (TDaP)
o There must be documentation of a Tdap vaccination. If the Tdap vaccine was administered more than 10 years ago, you must also submit a recent TD booster.

Influenza
o Submit documentation of a seasonal flu shot administered after October 1 of the current year. If after flu season (October to March), flu shot will be needed when available. Must be within the last 12 months.

COVID
o **_Must be fully vaccinated_**. Either 2-dose vaccine **_OR_** the most current COVID vaccine offered.

PLEASE --> Be sure your documents include your name, test result, date of result, and provider's name.
If any documents are missing or not valid, your application will be rejected and returned to you and you will need to resubmit your application once corrections have been made.

12. Please upload documents regarding your MMR immunization status *

Please make sure your name, provider name, test result, and date are on the document.

⤒ **Upload file**

File number limit: 1   Single file size limit: 10MB   Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

13. Please upload documents regarding your Varicella immunization status *

Please make sure your name, provider name, test result, and date are on the document.

⤒ **Upload file**

File number limit: 1   Single file size limit: 10MB   Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

14. Please upload documents regarding your Hepatitis B Immunization status *

Please make sure your name, provider name, test result, and date are on the document.

⇧ Upload file

File number limit: 1   Single file size limit: 10MB   Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

15. Please upload documents regarding your Tuberculosis Immunization status *

Please make sure your name, provider name, test result, and date are on the document.

⇧ Upload file

File number limit: 1   Single file size limit: 10MB   Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

16. Please upload documents regarding your TDaP Immunization status. Additionally, upload TD if boosted. *

Please make sure your name, provider name, test result, and date are on the document.

⇧ Upload file

File number limit: 1   Single file size limit: 10MB   Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

17. Please upload documents regarding your Influenza Immunization status *

Please make sure your name, provider name, test result, and date are on the document.

⇧ Upload file

File number limit: 1   Single file size limit: 10MB   Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

18. Please upload documents regarding your COVID-19 Immunization status *

Please make sure your name, provider name, test result, and date are on the document.

⇧ Upload file

File number limit: 1   Single file size limit: 10MB   Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

Additional Information Required

19. Please upload your receipt for the application fee.

**If you applied for the nursing program for Fall 2023, you may use the same receipt. If don't have it because you gave it with your previous application, just upload a statement stating you are a reapplicant. This can be a word document stating that you are reapplying.

⤒ **Upload file**

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

20. As you apply to the Clover Park Technical College Nursing Program, please be aware that there will be two orientation dates that are required for you to attend in order for you to be able to begin the program in Spring.

Date 1 - Nursing Student Success Orientation: February 5, 2024. TIME: 2:00 pm - 5:00 pm
Date 2 - Nursing Program Orientation: March 18, 2024. TIME: 8:00 am - 4:00 pm

Will you be able to attend these dates if you are accepted into the nursing program? Remember, they are mandatory.

◯ Yes

◯ No

21. Signature

22. Signature date

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