

DAYTONA STATE COLLEGE  
**NURSING APPLICATION**

Application submission does not guarantee program acceptance

Please check one box for program desired:

**Practical Nursing Program** (Daytona Campus)  
*Daytime Classes*

**Practical Nursing Program WEB ENHANCED** (DeLand Campus, **Spring only**)  
Must have computer and basic computer skills  
*Afternoon/Evening Classes*

Students are not guaranteed a campus, only a seat, and could be placed at Daytona, DeLand, Flagler/Palm Coast, Deltona or New Smyrna Campuses.

**Associate Degree Nursing Program** (Registered Nursing)  
*Daytime Classes*

**Associate Degree Nursing Program** (Registered Nursing)  
*Afternoon/Evening Classes*

**Transition into Professional Nursing**  
(Daytona Campus)

Please complete the following:

SOC. SEC. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or STUDENT ID # \_\_\_\_\_

NAME  
(Please Print) Last First Middle Maiden

ADDRESS \_\_\_\_\_  
Street  
City State Zip

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

*Daytona State College pledges nondiscrimination, equal access, equal educational opportunity and equal employment opportunity to all persons regardless of race, ethnicity, religion, national origin, age, gender, disability, marital status, ancestry or political affiliation. Our pledge covers recruitment, admission, registration, financial assistance, counseling, advising, course offerings, extracurricular programs, facilities, health services, athletics, employment and its privileges and benefits. For more information about the College's equal access and equal opportunity policies, procedures and practices, call the Director of Institutional Equity at (386) 506-3916.*

Have you ever been convicted of a criminal offense, plea-bargained, entered a plea of no contest, or had adjudication withheld? (Falsification of this question will disqualify an applicant from consideration for admission.)  
If yes, please explain briefly.

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Have you ever had your civil rights removed? No \_\_\_\_\_ Yes \_\_\_\_\_

\*\*Any applicant who has been arrested, convicted, or found guilty of a crime, which directly relates to the practice of nursing, or the ability to practice nursing regardless of adjudication, should consult with the Chairperson of the School of Nursing. There is a possibility the offense will prevent the privilege of taking the National Council Licensing Examination (NCLEX) or of being licensed by the Florida State Board of Nursing.

**SUBMISSION OF APPLICATION MATERIALS:** Bring the following to an advisor so that a nursing check down can be completed during the months of May or September:

- A completed Nursing Application form
- TEAS (Test of Essential Academic Skills) test scores
- Unofficial copy of transcript(s)
- A copy of current Florida license or certification (if LPN, Paramedic, or Respiratory Therapist)
- Proof of recent LPN employment within one year.

NOTE: Paramedic and Respiratory Therapist applicants for the Transition into Professional Nursing program must have Certified Nursing Assistant (CNA) certification, or proof of completion of CNA course.

**APPLICATION DEADLINES:** Applications are accepted only during regular office hours in the months of May and September.

Students receiving a letter of acceptance will be granted provisional acceptance to the nursing program. Final acceptance into the program is contingent upon satisfactory results from a physical examination and FDLE Background Check/Level II Screening to include fingerprinting and drug testing. Information on obtaining these reports will be provided to students once provisional acceptance has been granted.

I understand that clinical assignments may be at any facility in Volusia or Flagler County and I will be responsible for reliable transportation to and from the clinical sites.

I certify that all information on this application is accurate and/or true.

With a clear understanding of what is required of me to be admitted to the \_\_\_\_\_  
\_\_\_\_\_ program, I will date and sign this application.

Student  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit completed application packet to:** Melissa Brown, Academic Advisor, Health Sciences Hall (Bldg. 320), Room 549 on the Daytona Campus, or to an Academic Advisor on all other campuses.

***Applications sent via the mail will not be accepted.***