

DAYTONA STATE COLLEGE
NURSING APPLICATION

Application submission does not guarantee program acceptance

***Applicants must have a current Daytona State College application on file prior to applying to the nursing programs**

Please check one box for program desired:

Practical Nursing Program Daytona Campus, Daytime Classes *apply in May only*

Students accepted 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, Afternoon/Evening Classes

Please complete the following:

STUDENT ID # _____

NAME _____
(Please Print) Last First Middle Maiden

ADDRESS _____
Street
City State Zip

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Email _____

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) 506-3973.

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: _____

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 in the Academic Advising Office 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. Tests may not be combined to show minimum score achievement, the scores must be achieved in each category on the same test attempt. TEAS test must be taken at any Daytona State College campus location.
- Unofficial copy of transcript(s). Courses in progress without a grade will not be included.
- A copy of current Florida license or certification (if LPN, Paramedic, or Respiratory Therapist)
- Transition applicants must submit documentation of minimum one-year work as an LPN, Paramedic or Respiratory Therapist

NOTE: Paramedic and Respiratory Therapist applicants for the Transition into Professional Nursing program must provide proof of employment as a Certified Nursing Assistant, completion of CNA program of study, CNA review program or provide evidence of a current Florida Certified Nursing Assistant license.

APPLICATION DEADLINES: Applications are accepted only during regular office hours in the months of May and September. **All official transcripts must be received by Daytona State College at the time of application submission.**

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 both a negative drug screening and cleared Level II background check conducted through the FDLE/FBI. 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: an Academic Advisor on any campus. Applicants must obtain an advisor signature prior to submitting to Melissa Brown.

Applications sent via the mail or email will not be accepted.