**Southeast Kentucky Community & Technical College**

* New
* Readmission
* Cumberland
* Middlesboro
* LPN to RN
* Evening Weekend PN
* Attended another nursing program

**Associate Degree Nursing Program**

**PRE-ADMISSION CONFERENCE RECORD**

 ***2019 - 2020***

 ***Semester: Fall\_\_\_\_\_ Spring:\_\_\_\_\_***

***Course if for readmission: \_\_\_\_\_\_\_\_***

**I. Social Security Number:**  - - **and** SKCTC Student ID  **and** Birth Date\_\_\_\_\_\_\_\_\_\_\_\_

**III. Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle or Maiden

**IV. Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 City State Zip

 **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**V. County of Residence:**  Phone: (home) (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI. Previously attended a Nursing Program?** No Yes (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, where? Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for exiting program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Medicaid Nurse Aide:**
	1. On Kentucky Medicaid Nurse Aide Registry No Yes

* 1. Completed Medicaid Nurse Aide Course No Yes - completion date: \_\_\_\_\_\_\_\_\_
	2. Currently enrolled in Medicaid Nurse Aide Course No Yes
	3. I anticipate taking the Medicaid Nurse Aide Course at on\_\_\_\_\_\_\_\_\_

 (Location) (Date)

* ***You do not have to be on Nurse Aid Registry***

**XI. LPN:**  No Yes

 If yes, graduation date from LPN Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, number of years employed as a LPN:\_\_\_\_ Currently employed as LPN? No Yes

If employed as LPN, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**XII.** I have been informed that in order to comply with clinical requirements of affiliating health care agencies, if I am admitted to the program, I must obtain a criminal background check and a drug screening test. Some affiliating agencies may deny students the right to participate in clinical learning experiences at their facilities based on the results of the above documents.

The Kentucky Board of Nursing may deny a nursing graduate admission to the licensure exam if an individual has been convicted of a misdemeanor or felony which involves acts that bear directly on the qualifications of the graduate to practice nursing.

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

 Interviewer \_\_\_\_\_\_\_\_\_\_\_\_

Revised Spring 2019