## **BLACK HAWK COLLEGE** PRACTICAL NURSING PROGRAM

## **Application for Admission for August 2019 ONLY**

Instructions to Applicant: Please complete the following information fully and accurately. All information will be kept confidential. Please write legibly.

Name:	Maiden Name:		
Address:	City/State/Zip:		
Primary Phone:	Alternate Phone:		
BHC Student ID Number or SSN:			
CHECK LIST			
Pre-admission testing within <b>the past year</b> . TEAS testing. I will complete the TEAS required to be considered for admission anHESI testing. I am also applying to the A testing in the ILC by February 28, 2019.	nd has to be taken within the parassociate Degree Nursing progr	st year.	
My cumulative GPA at Black Hawk College is 2	2.0 or higher		
and include it with application if your cumulative Due to the required Black Hawk College GPA of 2.0 or be program. Upon application for admission to the LPN promeet with a BHC academic advisor to create and sign and your GPA can be maintained at or above 2.0 during the L BHC you will not be allowed to sit for the post-program to Licensure to practice as a Licensed Practical Nurse. Call All unofficial transcripts (including BHC) have prerequisites for the Practical Nursing Program.	etter to graduate, you must maintain gram, if your GPA is below 2.0 or if academic plan to attach to your apple PN program. If you are unable to gest (NCLEX). Successful completion 309-796-5101 to schedule an appoin	you have not yet ead cation. The acader raduate and receive of the NCLEX is re tment with an advis	rned a GPA, you must mic plan must reflect that your certificate from equired to receive or to complete a plan.
	Name of College	Grade	Date
PN 110 Basic Anatomy and Physiology OR BIOL 145 Anatomy Physiology I (had to be taken within the past 5 years)			
COMM 100 Communication Skills OR ENG 101 Composition I			
MATH 078 Pre-Algebra OR MATH 080 Basic Mathematical Skills OR Appropriate placement score			
Application deadline and TEAS  I believe the information in this application packet to be acc falsification of this application may result in denial of admis	urate and accept responsibility for	its authenticity.	
I understand that completion of the practical nursing program NCLEX-PN National Council Licensing Examination for Pr			
Signature:	Date:		
	h Sciences Center, Room 313		

6600 34th Avenue Moline, IL 61265